

Public Document Pack



Children Young People and Families Policy and Performance Board

Monday, 12 September 2016 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn

A handwritten signature in black ink, appearing to read 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chair)	Labour
Councillor Geoffrey Logan (Vice-Chair)	Labour
Councillor Lauren Cassidy	Labour
Councillor Pauline Hignett	Labour
Councillor Susan Edge	Labour
Councillor Margaret Horabin	Labour
Councillor Charlotte Gerrard	Labour
Councillor John Stockton	Labour
Councillor Stan Parker	Labour
Councillor Peter Lloyd Jones	Labour
Councillor Christopher Rowe	Liberal Democrat

*Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Monday, 31 October 2016*

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

Part I

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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: 12 September 2016

REPORTING OFFICER: Strategic Director, Enterprise, Community 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: 12 September 2016

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Children and Young People Portfolio which have been considered by the Executive Board are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Extract of Executive Board Minutes relevant to the Children, Young People and Families Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 16 JUNE 2016

EXB2	CLOSURE OF WESTFEILD PRIMARY SCHOOL RESOURCE PROVISION BASE FOR PUPILS WITH HEARING IMPAIRMENT AND SPECIFIC LEARNING DIFFICULTIES
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The Board considered a report of the Strategic Director, People and Economy, which sought permission to commence consultation on the closure of the Primary Hearing Impaired Resource Provision Base at Westfield Primary School.

The Board was advised that Westfield Primary School had a Resource Provision Base for six pupils with hearing impairment (HI) and specific learning difficulties at Westfield Primary School. It was reported that parents are choosing to educate their children with such difficulties in mainstream provision rather than in specialist HI provision. It was noted that from September 2016, there would be three children accessing provision.

The Board was further advised that in 2015/16, Halton ceased the secondary specialist Resource Provision base at Wade Deacon High School, due to lack of numbers. The funding this released was invested in strengthening and increasing the level of peripatetic specialist teaching and non-teaching support. It was noted that the three pupils at Westfield Primary would remain in the mainstream school and would be allocated additional teaching assistant support and support from the peripatetic specialist team.

The pre-statutory consultation would commence on 22 June 2016 for four weeks, with the outcome reported to Executive Board, with a planned statutory consultation commencing in September 2016, as detailed in the report.

RESOLVED: That the commencement of consultation on the closure of the Hearing Impaired Resource Provision Base at Westfield Primary School be approved.

EXB3	WHITE PAPER “EDUCATION, EXCELLENCE EVERYWHERE” – KEY DECISION
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The Board considered a report of the Strategic Director, People and Economy, which provided a summary of the White Paper “Education Excellence Everywhere” and the key elements of the proposed Education Bill.

The Board was advised that on 17 March 2016, the Secretary of State launched the document “Education Excellence Everywhere” and the Department for Education’s five year strategy “World-class Education and Care”. It was reported that

these two documents set out the Government's plans and vision for education over the next five years. The proposed reforms sought to radically reshape education and reduce and redefine the role of the local authorities.

There were seven key areas covered within the White Paper, which were detailed in the report and noted as being:-

- Great Teachers;
- Great Leaders;
- A School-led system with every school and Academy;
- Preventing under Performance;
- A World-leading curriculum;
- Accountability; and
- The right resources in the right hands.

Under the current arrangements, every time a school converted to Academy status, the local authority's Education Services Grant (ESG) reduced. It was reported that this funding had previously funded a range of education services including Education Welfare, School Improvement, Asset Management, Premature retirements and a range of statutory services. The School Improvement element of the ESG would be re-routed to teaching schools to support their new role.

Reasons(s) for Decision

To explore the options and opportunities available to the local authority and its maintained schools.

Alternative Options Considered and Rejected

Not applicable.

Implementation Date

June 2016.

RESOLVED: That

- 1) the implications of the White Paper "Education Excellence Everywhere", and proposed Education Bill be noted; and
- 2) the Board approves the development options for the future role of the Council in supporting schools.

EXECUTIVE BOARD MEETING HELD ON 14 JULY 2016

EXB19	HOME TO SCHOOL AND COLLEGE TRAVEL AND TRANSPORT POLICY FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) – KEY DECISION
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The Board considered a report of the Strategic Director, People, which sought approval to commence a consultation on sustainable travel and transport for children and young people with special educational needs and disabilities.

The Board was advised that under the Education Act 1986 (the Act), the Local Authority had a duty to ensure suitable travel arrangements were in place for eligible children and young people. The Act applied to all children and young people permanently resident in Halton and who attended a qualifying school named in their Statement of Educational Needs (SEND) or Education Health and Care Plan (EHCP).

It was reported that currently there were 385 pupils with SEND receiving support from the local authority to access educational provision, either within the Borough or outside of Halton. The cost of this service for 2015/16 academic year was £1,273,776, and it was proposed to consult parents, carers, educational establishments and other interested parties on revised travel solutions. The consultation exercise would run for 8 academic weeks commencing September 2016, with the results and a recommendation on future arrangements reported to Executive Board.

Reason(s) for Decision

The decision was required to fulfil the Council's statutory duty to promote the use of sustainable travel and transport.

Alternative Options Considered and Rejected

None.

Implementation Date

Any revised policy would be implemented for the September 2017 intake.

RESOLVED: That the commencement of a consultation with stakeholders and partners with regard to implementing a new Home to School and College Travel Transport Policy for Children and Young People with Special Educational Needs and Disabilities from September 2017, be approved.

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

DATE: 12 September 2016

REPORTING OFFICER: Chief Executive

SUBJECT: Special Strategic Partnership Board minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None.

5.2 Employment, Learning and Skills in Halton

None.

5.3 A Healthy Halton

None.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

None.

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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



Halton Children's Trust: Minutes 28.4.16 – Boardroom, Municipal Building, Widnes

Present:

Cllr Ged Philbin	Lead Member for Children's Services HBC (Chair, Part A)
Simon Banks	Chief Executive Halton CCG
Tracey Coffey	Operational Manager, Children & Families, HBC
Tracy Ryan	Assistant Policy Officer, People & Economy, HBC (Minutes)
Kelly Collier	Policy Officer, People & Economy, HBC
Richard Strachan	Chair, Halton Safeguarding Children Board
Paula Walker	Young Addaction
Vicky Jolly	5 Boroughs Partnership
Ann McIntyre	Operational Director, Children's Organisation and Provision, HBC
Anne Simmons	Saints Peter & Paul Catholic College
Chloe Buglass	Halton Family Voice
Teresa Tierney	Executive Director of Customer Services, Halton Housing Trust
Mary Murphy	Principal, Riverside College
Nigel Wenham	Cheshire Police
Gareth Jones	YOS
Pam McGuffie	Our Lady of Perpetual Succour Catholic Primary
Louise Coren	Children in Care Council (CiCC)/Riverside College
Julia Rosser	Public Health Consultant, HBC
Olukemi Adeyemi	Public Health Registrar, HBC
Benjamin Hardy	CRMZ/Cronton College
Sarah Jones	Participation and Inclusion Officer, HBC
Lewis Thomas	CiCC
John Hunt	Halton SpeakOut (HSO)
Charlotte Avis	HSO
Lily Sherburn	HSO
Thomas Norris	HSO/Speak Up not Down/Youth Parliament - MYP
Tasha Clieve	Halton Youth Cabinet
Liam Prescott	Halton Carer's Centre/Spoken & Heard Group
Rebecca King	Spoken & Heard Group
Rebecca Farrell	Spoken & Heard Group
Chloe Buglass	Halton Family Voice

Apologies:

David Parr	Chief Executive HBC
Gerald Meehan	Strategic Director of Children's Services, HBC
Cllr Dave Cargill	Community Safety Police and Crime Panel
Eileen O'Meara	Director of Public Health for Halton
Caroline Williams	Associate Director of Operations, Bridgewater

Item		Action	Deadline
	PART A		
A1.0	Children's Trust – Way Forward		
	Ann explained the new ways of working for the Children's Trust, around the way the meetings are structured, membership and ideas to improve how young people could take more control and		

	<p>ownership of the topics discussed.</p> <p>Young people from both Riverside and Cronton College, Children in Care Council, Halton SpeakOut (HSO) and Young Carers Spoken & Heard Group joined in with the healthy discussion about how the Trust meetings could be done differently in the future. Support Workers for the young people (John, Liam, Paula and Sarah) agreed that in its current format young people wouldn't engage in the formal approach of the meeting. They said that the agenda, reports and other papers were difficult for young people to understand as they were not very user-friendly, wordy and included jargon. Membership to include Foster Carer reps - Tracy R could discuss with reps from the SEND Local Offer Group and invite them onto the Trust. New members/guests to be invited as and when appropriate for specific agenda items. Existing members welcomed this feedback and sought their ideas on how to make changes that would allow young people to not only feel more comfortable and confident to engage in the meetings but also help lead the meeting discussions.</p> <p>Everyone agreed it was important to change the format of the Trust meetings and the existing formal approach. Learning more about the values and behaviour that young people want from professionals and professionals from young people was felt would help in moving forward. It was understood that the changes to the Trust would take time to bed in and may still require tweaking over the next few meetings.</p> <p>The following new approach was agreed:</p> <ul style="list-style-type: none"> • A later start time of 4.30pm would allow young people more time to get to the meeting from school/college • Meetings to be held in a venue that young people felt more familiar with - CRMZ. • A more informal 'casual' meeting style would be introduced to allow members to sit at small tables for discussions with someone at each table making flipchart notes. • The Agenda would be planned and agreed with young people/parents and have fewer items. • Part 1 topic items would allow discussion in half-hour slots • Part 2 business items with reports/papers being submitted in a shorter and more understandable format. <p>Action:</p> <ul style="list-style-type: none"> • Invite Foster Carer reps • Change meeting time and venue • Meet with young people to plan and agree agenda's • Develop a new shorter/simpler Report template 	<p>TR TR AMc/TR AMc/TR</p>	<p>14.7.16 ASAP June '16 14.7.16</p>
	<p>PART B</p>		
<p>B1.0</p>	<p>MINUTES AND ACTIONS FROM MEETING 17.12.15 Minutes were accepted as accurate.</p>		

	<p><u>1.1 INVOLVE/Halton Youth Cabinet project</u></p> <p>Tasha informed members that Halton Youth Cabinet have been working with several schools to help engage more children and young people. Lewis and Louise from CiCC suggested they might want to try and include pupils that don't attend mainstream education.</p>		
B2.0	INFORMATION ITEMS		
B2.1	<p>One Halton – Children & Families (Women's) Priority</p> <p>Ann explained how One Halton is a new way of working that will involve joining up all the services that deliver care and wellbeing to people in Halton ensuring that they have the right support, at the right time, in the right way to provide the best possible outcomes. The programme has a number of different areas of focus which all aim to ensure families have the right support, at the right time, in the right way to provide the best possible outcomes. Ann is taking the lead on the Children & Families Area of Focus and will keep us updated on this.</p>		
B2.2	<p>Ofsted Inspections Report</p> <p>Ann informed members of the Special Educational Needs and/or Disability (SEND) Local Area Inspection which can take place from May '16 onwards. The inspection will assess the effectiveness of the local area in:</p> <ul style="list-style-type: none"> • identifying children and young people who have special educational needs and/or disabilities • assessing and meeting the needs of children and young people who have special educational needs and/or disabilities • improving outcomes for children and young people who have special educational needs and/or disabilities. <p>Ann noted that this is a new inspection approach as local authorities and partners organisations have not previously been inspected on SEND.</p> <p>Ann also mentioned that we may be inspected by Ofsted using the Joint Targeted Area Inspection of services for vulnerable children and young people. This type of inspection uses a themed approach with the current theme being Child Sexual Exploitation and Missing From Home, Care or Education. From September '16 Ofsted will select a new theme to inspect local areas.</p>		
B2.3	<p>Adult Health and Social Care: Accountable Commissioning System Report</p> <p>Ann explained how this project is being introduced to develop closer working between health and adults and children's services to improve the quality of services provided. It should also reduce the costs for the Council in delivering these services.</p>		

<p>B2.4</p>	<p>Cheshire and Merseyside Women’s and Children’s Services Partnership</p> <p>Simon advised that the Partnership was established to introduce a new way of care for women’s and children’s services across Cheshire and Merseyside. Work has started to identify changes to allow in services to be delivered and provided in a different way.</p>		
<p>B2.5</p>	<p>Review of Children and Young People Plan (CYPP)</p> <p>Kelly explained that the review is a supplement to the main Plan (CYPP 2014-17) which provides an update on:</p> <ul style="list-style-type: none"> • Progress over the last year towards achieving Halton Children’s Trust’s strategic priorities; • The 9 Children & Young People’s Plan promises, that together form the Trust’s action plan; • Key national and local policy developments; • Success stories of Halton Children’s Trust over the last 12 months. <p>Kelly advised members that this review is the final one for the current Plan. The Trust will be due to produce a new Children and Young People Plan covering 2017-2020 and the format of the this could be using a very different approach e.g. infographic.</p> <p>Action:</p> <ul style="list-style-type: none"> • Comments to be sent to Kelly about the review • INVOLVE and Halton Family Voice to review draft to help identify any possible changes 	<p>ALL KC</p>	<p>14.7.16 June ‘16</p>
<p>B2.6</p>	<p>Early Intervention Report</p> <p>Tracey C advised members that i-CART which provides one-front door for complex children and families is now LIVE. This allows cases to be dealt with by different partners working together in the same team together (called a multi-agency approach).</p>		
<p>B3.0</p>	<p>AOB</p> <p>Halton Youth Cabinet relaunching Halton Against Hate in August ’16 to celebrate the diversity in Halton. For more information, contact Tasha Clieve and Thomas Norris.</p> <p>Cllr Ged Philbin took the opportunity to offer his best wishes to the Trust is moving forward working closer with young people and that he would no longer be ‘Chair’ due to his commitments in taking up duties as the next Halton Mayor. Tracey C on behalf of the Trust thanked him for all his work and support in leading the Board. All members acknowledged this and wished him every success in his future role.</p> <p><u>Future Meeting Dates – new venue CRMZ and time 4.30-6.30pm</u></p> <ul style="list-style-type: none"> • 14 July • 8 September • 24 November 		

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

DATE: 12 September 2016

REPORTING OFFICER: Operational Directors – Children and Families Services; and Education, Inclusion and Provision Services

SUBJECT: Annual Report 2014/15

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 2015/16.

2.0 RECOMMENDED: That the 2015/16 Annual Report be received.

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

8.0 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 2015 – MARCH 2016**



Cllr. Mark
Dennett
Chairman
Children &
Young People
PPB

“I always like to start by looking back over the previous twelve months. The focus of the Board was very much around the scrutiny of our social care services, ensuring that we continue to provide the 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. The critical need for these services has been highlighted by the cases in Rotherham, and we continue to make sure they are fully supported, especially in these times of savage government cuts.

We have also examined how the education reforms have affected our schools. All of our primary schools are still wrestling with how they can assess our children's progress without levels of attainment to measure against. This is even more highlighted when Her Majesty's Chief Inspector singled out Halton for it's high performance in our schools notably, the proportion of disadvantaged pupils (pupils on Free School Meals (FSM) achieving 5+ A*- C including English and Mathematics at GCSE was the highest in the North West and in the top 10 nationally. Unfortunately, proving these kinds of successes will be even more difficult now with the educational reforms.

As I have done over the last few years, I would like to take this opportunity to congratulate our students who did so well this year, 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 ninth 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.

Going forward I intend to look further at the educational reforms and look at ways we can help our family of schools to come together and ensure that our children continue to get the best educational start in life. We will also continue to scrutinise our social care and safeguarding services, ensuring that we do everything we can to support our most vulnerable children and young people.

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 44) 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 2015/16 the Board comprised Eleven Councillors – Councillors M. Dennett (Chairman) Cllr G. Logan (Vice Chairman), L.Cassidy, P.Hignett, M. Horabin, K Loftus, A McInerney, J.Roberts, J. Stockton, A. Wall, B.Woolfall, and Co-optee 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.

Working with Our Family of Schools

The Board formed a topic group to see how the Authority could better support our family of schools, in light of reducing resources within the authority and increased autonomy of schools. The topic group met four times and made a number of recommendations back to the Board that it felt could improve our support to schools.

Early Years Review

The Board received a report which provided a summary of the school performance data for early years in Halton. The report identified the challenges the Borough faced and described the actions to be taken to raise standards. It also provided details on the progress the Borough was making in terms of the national child measurement programme and similarly the challenges faced in the early years development.

Education Structure

The Board supported a report on the development of Halton’s Education Service. Following the resignation of the Operational Director, Learning and Achievement, the departmental management arrangements were revisited and revised. The report set out the restructure of the roles within the newly named ‘*Education Division*’, which had now transferred to the Organisation and Provision Department, along with the *0-25 Inclusion*, to form the *Education Inclusion and Provision Department*. The restructure would be augmented by Halton’s existing Strategic System Leadership Group which was explained to the board.

Domestic Abuse Service

The board considered a report on a commissioned service from Core Assets Children's Services to deliver a new domestic abuse service for children, young people and families ensuring a co-ordinated approach to support offered. The service provides information, advice and direct support to families in a variety of ways and works directly with parents to reduce the impact of domestic abuse on parenting capacity. The service is supported by HBC Children's Social Care with the Cheshire and Merseyside Local Authority Pre-Proceedings Protocol.

Care Leavers Charter

Members endorsed a revised Care Leavers Charter that reflected their aspirations and expectations in their own words. The Charter had been produced by the young people through consultation with young people to fully reflect the issues that were important to them.

Transformation Plan For Mental Health Services

The Board received a presentation from the NHS Halton Clinical Commissioning Group (CCG) which provided an update on the transformation of the Emotional Health and Wellbeing Services for the Young People of Halton. The presentation outlined the following areas:

- National Policy – '*Future in Mind*';
- What was currently in place in Halton;
- What had been achieved to date;
- What was hoped to be achieved by March 2016;
- The transformational Plan and links to the *All Age Mental Health Strategy*; this included areas for additional investment;
- Eating disorders services; and
- Future opportunities.

Further Developing Links Between Halton's Businesses And Schools

The Board received a report on the work being undertaken to further develop the relationship between the Education and Business sectors in Halton. It was noted that there were a number of interventions that already contributed to promoting strong links between schools and businesses and the report summarised some recent positive activities that had taken place to achieve this. The report also outlined some additional proposals which would inform and complement future design plans, particularly in regard to how schools were supported in engaging with and supporting local employers; but also how students were provided with effective and valuable careers information, advice and guidance.

The report also set out the Liverpool City Region devolution arrangements with Government on this agenda, the main asks are :

- Establish Liverpool City Region Careers Hub
- Government place a duty to co-operate on all nationally funded organisations delivering careers initiatives in the City
- Government to devolve the funding for the National Careers Service to the City Region.

The report concluded by setting out the restructuring of the Education Business Partnership to become the Careers Education and Employment Advice service that will be available to provide services to both schools and employers strengthening the links that already exist in the Halton.

Council Single Business Plan

The Board approved the final draft of the Children, Young People and Families elements of the Council's Single Business Plan for 2016-19. It was noted that since 2010 each Directorate had been required to produce a medium term Business Plan which covered a three year period however a Single Business Plan would now be constructed for the Authority as a whole.

To ensure the production of a Business Plan that enabled the Authority to meet the priorities identified within the Corporate Plan, the information from each Directorate would be set out under the Council's priority headings:

- Children and Young People;
- Employment, Learning and Skills;
- A Safer Halton;
- A Healthy Halton;
- Environment and Regeneration; and
- Corporate Effectiveness and Efficiency

Members regularly considered matters relating to Safeguarding in particular in the work of the Halton Children's Trust and Safeguarding Children's Board. Members received a presentation on Child Sex Exploitation and also reports on Inglefield's Short Break Service, Locality Early intervention, Special Educational Needs Reforms, Complaints and Compliments services and the learning from these. Reports were also received on Independent Living, Children and Families Service, Youth Council Priorities, Prevent Duty, The Education Outcomes for Children in Care and a Scrutiny Topic Update on how we are working with our family of schools.

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 and Families Policy and Performance Board
DATE:	12 th September 2016
REPORTING OFFICER:	Operational Director, Education, Inclusion & Provision
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Early Years Review
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide a verbal presentation on the Early Years Review.

2.0 RECOMMENDED: That the Policy and Performance Board

i) The Board note the presentation and request a further report in January 2017.

3.0 SUPPORTING INFORMATION

3.1 Early Education (The British Association for Early Childhood Education) was commissioned to undertake a review of Early Years in Halton. Halton also participated in a review of early years provision with a focus on those likely to be disadvantaged.

4.0 POLICY IMPLICATIONS

4.1 A One Halton Task Group has been established to address how improvements can be made to early years outcomes across Halton

5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Early development is important for what we achieve as adults.

7.0 RISK ANALYSIS

7.1 Poor outcomes impact on both the health and the achievement of children in the Borough by improving early years we can improve not just children's physical wellbeing but their socio economic outcomes in later life.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that we improve outcomes in early years and secure the best start in early life for all pupils.

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

Document	Place of Inspection	Contact Officer
Early Education (The British Association for Early Childhood Education) – Review of Early Years Halton Borough Council – April 2016	Rutland House	Ann McIntyre
Unknown Children destined for disadvantage – OFSTED – July 2016	Rutland House	Ann McIntyre

REPORT TO:	Children, Young People & Families Policy & Performance Board
DATE:	12 th September 2016
REPORTING OFFICER:	Operational Director – Education, Inclusion & Provision
PORTFOLIO:	Children, Young People & Families
SUBJECT:	Summary of 2016 Provisional Unvalidated Attainment Outcomes
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To receive a summary of changes to this year's school assessment process and a presentation on the provisional outcomes for Halton's Children and Young People and their performance in comparison to unvalidated National data and North West Regional Data.

2.0 **RECOMMENDATION: That Members of the Board:**

- i) receive the presentation; and**
- ii) ask any questions about the implications of these results**

3.0 **SUPPORTING INFORMATION**

- 3.1 The Children's Policy and Performance Board have an overview and scrutiny role for children's services in as they operate in Halton.
- 3.2 The Interim Divisional Manger for Education will provide a summary of the provisional unvalidated attainment results.

4.0 **POLICY IMPLICATIONS**

- 4.1 None

5.0 **OTHER IMPLICATIONS**

- 5.1 Local Attainment results are summarised, the current national data is unvalidated until the Statistical First release due in December 2016. Due to this being a new assessment process, progress data is not yet available for this year until DFE release the details, due in December 2016.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Outcomes for children and young people are not comparable to previous years results for Key Stage One and Key Stage Two. However relative position to regional and unvalidated national figures can be reported. This information will inform the priorities, training, support and challenge available to schools.

Progress data will be released in December and any schools who are below the floor standard and those meeting the coasting school criteria will be identified. Schools at risk of coasting will be eligible for formal action by the Regional Schools Commissioner (RSC) as detailed in the DFE "Schools Causing Concern" document, March 2016. These coasting schools may be identified for an intervention plan that could lead to a sponsored Academy solution for the school.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

None identified.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 Local information is being used to anticipate potential progress results (dependent upon DFE formulas) and identify those schools with a trend that places them at risk of coasting or at risk of being below floor standard. School Improvement will prioritise vulnerable schools.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

Document	Place of Inspection	Contact Officer
Interim teacher assessment framework at the end of KS2", Standards and Testing Agency (STA), September 2015	Rutland House	Jill Farrell
"Statement on the interim recommendations of the Rochford Review", December 2015	Rutland House	Jill Farrell
National Curriculum Assessments at Key Stage 2 in England, 2016 (interim) SFR 30/2016, 5 th July 2016	Rutland House	Jill Farrell
"Progress 8 Measure in 2016, 2017 and 2018" DFE, July 2016	Rutland House	Jill Farrell
Schools Causing Concern Guidance: Guidance for Local Authorities and RSC's" , DFE, March 2016	Rutland House	Jill Farrell

REPORT TO:	Children, Young People & Families Policy & Performance Board
DATE:	12 th September 2016
REPORTING OFFICER:	Director of Children's Services
PORTFOLIO:	Children, Young People & Families
SUBJECT:	Common Assessment Framework (CAF) activity by schools
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide an update on CAF activity by schools, support available to school staff undertaking level 2 support to families, and developments in early intervention in Halton.

2.0 **RECOMMENDATION: That Members of the Board:**

i) note the contents of the report;

ii) note the support available to staff in schools to complete and lead on CAFs;

iii) note the developments underway to support early intervention across the Borough.

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 Halton's approach to early intervention, endorsed through various policies, strategies and procedures, since 2010, depends on all partners ensuring that the delivery of universal services plays a key role in identifying and supporting children, young people and families when issues first emerge.

3.1.2 Halton uses the Halton level of needs framework across all partner agencies to enable practitioners and services to determine if a child or families' needs should be met through universal, level 1 services, need a co-ordinated multi-agency approach at level 2 or meet safeguarding criteria and need a level 3, children's social care response.

3.1.3 Halton is committed to CAF being the appropriate mechanism whereby all practitioners and all services can take responsibility for

carrying out holistic assessments of need and coordinating a package of support services when needs have emerged at level 2 on the Halton level of needs framework. Halton also encourages and supports the use of the pre-CAF as a means of establishing if needs within a family lie at level 2 or can be supported at level 1.

- 3.1.4 For the approach to early intervention to work and ensure appropriate services and interventions are delivered to families, all services and front line practitioners need to play their part in identifying families who need additional help and support and enabling that support either through referral or introductions to services or through acting as lead professional for a CAF.
- 3.1.5 Halton Borough Council has a relatively small number of its own staff who are dedicated to level 2 early intervention support. They are based in 2 Early Intervention locality teams, one in Widnes and one in Runcorn, and within the new iCART team, which acts as the one front door to both early intervention and children's social care services for children and families.
- 3.1.6 Halton Borough Council staff in other service areas such as children's centres, early years settings, health engagement, etc., all deliver services at a universal and/or universal plus level and will act as lead professional for a CAF when they are deemed the most appropriate service to do so. As such they are fulfilling a role similar to that expected of all other partner agencies practitioners.
- 3.1.7 The dedicated HBC early intervention workers who are working with families at level 2, are primarily working with children and families at the more complex end of level 2, where there are several unmet needs, significant vulnerabilities, family members with differing needs and/or when cases are near to stepping up to children's social care or have just stepped down from children's social care. The locality teams are also responsible for coordinating the Weekly Working Together Meeting for their locality, offering support to other lead professionals within their locality, linking with schools and early years settings in the area, supporting the roll out of the eCAF system, and offering parenting group interventions such as the Nurturing Parenting Programme and the Gateway Programme.
- 3.1.8 iCART – In the first quarter of this year, there were 650 EI contacts in iCART, of which 450 resulted in information, advice and guidance to the referrer or family. The other 200 resulted in other outcomes. Whilst it is entirely appropriate that the early intervention arm of iCART have a role in providing information, advice and guidance to the wider workforce, it is also the case that when more than 66% of contacts are for information, advice and guidance, this is taking time that would otherwise be spent undertaking screenings and 360 reviews for those children and families where needs have been identified, or are likely to be identified as level 2 on the Halton level

of needs framework.

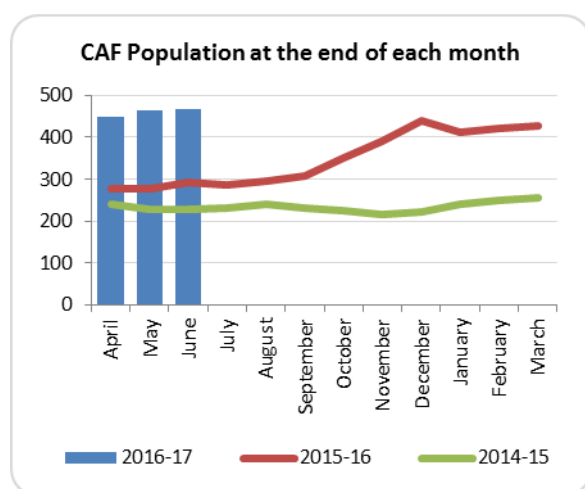
3.1.9 As part of the complex dependency programme iCART are planning to develop an online directory of services that will help support professionals to signpost and refer children, young people and families directly to other services. As the referral pathways from iCART have developed since the launch of iCART, fewer referrals have been coming out via Working Together Meetings. This is enabling these weekly meetings to develop a role as a forum for multiagency professionals to share information and advice about services and possible interventions for families they are working with. Alongside the launch of on line directory we would encourage all staff working with families within universal or level 2 services to attend the Working Together Meeting in their area to network and share information about services available in the area, and to make use of these forums as a first point of call for additional information, advice and guidance on possible interventions for families.

3.2 Current CAF data and schools

3.2.1 CAF activity in Halton

As at the last reporting period, end of Q1 2016/17, the total number of CAFs open in Halton is showing as 467.

This appears to be stabilising after a number of years of fluctuating figures. Due to a new eCAF system being introduced and the new iCART team introducing some new systems and processes there may still be some further fluctuations in numbers over the remainder of this reporting year.



3.2.2 Schools and CAFs

The following table shows the split of lead professional organisation

for open CAFs on the system as at 30th June 2016. We are currently running 2 systems side by side as we introduce the new eCAF, so some of the figures may not be fully accurate, however the proportions of CAFs led by different agencies have remained relatively stable over a number of years.

CAFs open at end of quarter by Lead Professional

Lead professional organisation	Count	%
Locality Teams	152	33%
Primary Schools	84	18%
Family Work Service	45	10%
Not Recorded	51	11%
Children's Centres	23	5%
Secondary schools	22	5%
HBC	22	5%
Social Care	16	3%
Special Schools	16	3%
Bridgewater Health Visitor	10	2%
Nursery Schools	10	2%
Bridgewater School Health	6	1%
IFWS	5	1%
Woodview	4	1%
NHS Bridgewater	1	0%

3.2.3 It should be noted that by far the biggest proportion of CAFs are led by HBC staff. When the locality teams, Family Work Service, HBC, social care, and children's centres are added together HBC staff from these teams lead on a total of 233 of the 467 open CAFs, which equates to over 55%.

3.2.4 **Primary schools** currently lead on 84 of the open CAFs representing 18% of the total open CAFs in the Borough. Last year they led on approximately the same number, 82 which represented 16% of the total number.

However if this is looked at in terms of the numbers of children aged 5 – 11 years old with an open CAF, for 2015/16, 182 of the children with an open CAF were aged 5 – 11 years, and of these Primary Schools led on 82 of them or approximately 45%. At the end of Q1 for this reporting year the figures are 213 children aged 5 – 11 years with an open CAF, Primary schools leading on 84, which is approximately 40%.

3.2.5 **Secondary schools** currently lead on 22 of the open CAFs

representing just 5% of the total open CAFs in the Borough. Last year they also led on 22 which represented 4% of the total open CAFs during the year.

In terms of the age of children subject of CAFs, currently 142 of CAFs are for children aged 11 – 15 years, so secondary schools lead on 15% of the CAFs for secondary aged children. For the reporting year 2015/16 there was a total of 76 CAFs for secondary aged children, of which secondary schools led on 22, which equates to 35%.

3.2.6 Table

	2015/16	Q1 2016/17
Total open CAFs	550	467
Open CAFs for 5 to 11 year olds	182	213
Open CAFs for 11 to 15 year olds	76	142
CAFs led by primary schools	82	84
CAFs led by primary schools as % of total open CAFs	16%	18%
CAFs led by Primary Schools as % of open CAFs for 5-11 yr olds	45%	40%
CAFs led by secondary schools	22	22
CAFs led by secondary schools as % of total open CAFs	4%	5%

CAFs led by secondary schools as % of open CAFs for 11-15 yr olds	22%	15%
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3.2.7 The percentage of CAFs being led by Primary Schools is a significant proportion of the open CAFs for primary age children. The percentage of CAFs led by secondary schools is significantly lower. However it is possible that given the support staff and services which some secondary schools have access to via their own internal structures or as part of wider networks that more level 2 support is being offered to children at secondary school level which is not being managed via CAFs and therefore is not as easily quantifiable.

3.3 **Issues and pressures and support available**

3.3.1 It is acknowledged that for schools, as is the case for other universal services such as health visiting and school nursing, there are pressures to support and input into core groups and other meetings for not just children with CAFs but also children who are within the children's social care remit with a Child in Need, Child Protection or Child in Care plan. This can put considerable pressure on schools in areas with high levels of deprivation and need who have high numbers of children with multi agency plans of support across all levels of need.

3.3.2 Nevertheless it is important to re-endorse the commitment across the whole of the Halton Partnership to early intervention. As our more co-ordinated and coherent response to early intervention, supported by programmes such as the complex dependency programme and by responsive needs led commissioning, starts to show better outcomes for children, the numbers of children requiring support at level 3 should start to reduce.

3.3.3 There are a number of ongoing or new ways in which school based and other front line practitioners can seek support for themselves and/or for children, young people and families they are working with:

- Ongoing support from locality teams to schools and school based family support workers.
- The changing remit of the Working Together Meetings to enable more time for practitioners to bring issues and seek support from a multi-agency forum when they are unsure of the best way to proceed with a child or family, or services which might be available to support families.
- The new eCAF system which will be rolled out from this summer onwards, which should support practitioners in undertaking

CAFs.

- The proposed development of a new on line directory of services.
- More robust multi-agency screenings within the early intervention arm of iCART, and the use of 360 reviews for children and families with more entrenched and complex needs should lead to more initial information being gathered for some children and families in the front door, so that for those families where a CAF is subsequently advised the lead professional will have more information to inform the ongoing assessment and planning process.

4.0 **POLICY IMPLICATIONS**

4.1 This report reiterates previous agreed policy and strategy regarding early intervention.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications arising from this report.

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

6.1 **Children & Young People in Halton**

Early intervention supports vulnerable children and young people, and contributes to ensuring that in Halton children and young people are safeguarded, healthy and happy, and receive their entitlement of high quality services that are sensitive to need, inclusive and accessible to all.

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

None identified.

6.3 **A Healthy Halton**

Early intervention supports vulnerable children and young people and contributes to creating a healthier community and offers opportunities for people to take responsibility for their health with the necessary support available.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None.

REPORT TO:	Children, Young People and Families Policy and Performance Board
DATE:	12 th September 2016
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Public Health
SUBJECT:	Child Health
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

To provide a summary of the health and wellbeing of children and young people in Halton.

2.0 RECOMMENDED: That

- 1) The Board note the contents of the report 2016.**
- 2) Feedback any comments to the reporting officer.**

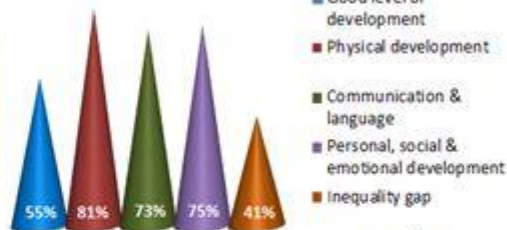
3.0 SUPPORTING INFORMATION

- 3.1 The purpose of this report is to provide a summary of the health needs of children, young people and their families in Halton, including information on areas of particular interest, such as children's dental health. It will also give a brief summary of the work that is taking place to improve health outcomes for families.
- 3.2 Children and young people (CYP) under the age of 20 make up a quarter of the population of Halton, which is a similar proportion of CYP as for England as a whole. In 2014 there were 1,556 live births. The health of CYP and their families is directly influenced by the environment and circumstances within which they live and is closely linked to levels of deprivation. Halton is the 27th most deprived borough in England (out of 326 boroughs) and 24.5% of children under the age of 16 are currently living in poverty (compared to 18.6% in England). Overall this is reflected in the health and wellbeing of children in Halton which is generally worse than the England average.
- 3.3 Overleaf there is a summary of the health outcomes of children and young people in Halton.

Health & wellbeing amongst children & young people in Halton



Life expectancy increased by 2.3 years for females and 3.0 years for males in last decade (same as England average)



2014/15



24.5% children under age 16 live in poverty (England 18.6%)



18% children under 16 live in households where at least adult is out of work (England 14%)



Significant increase in rate of children in need and children in care. Now above England levels

	2014	2037	% change
0-4	8100	7000	-13.6%
5 to 19	22600	22000	-2.7%
20 to 24	7500	6800	-9.3%

population estimates 2037 compared to 2014

Maternity and first year of life



Smoking at time of delivery now **18.5%**, down from **27%** in 2006/07 (England 10.6%)

Low birth weight (of term babies) **1.9%** (England 2.9%, NW 2.8%)



Breastfeeding initiation **52.8%** and at 6-8 weeks **21.8%**. Below England (74.3% initiation, 43.5% at 6-8 weeks) but some improvements have been made.

Infant mortality rate reduced to **2.7**, and now below England (4.0)



Immunisations due by 1st birthday, above **94%** and generally higher than England & NW. Flu uptake amongst pregnant women **49.1%** (England 42.3%)

Early years



MMR at 2 years **95%** (England 92%)

Children achieving a good level of development at the end of reception is **62%** (England 69%; provisional 2015/16 data)



Admissions due to injury amongst 0-4 year olds significantly higher than England

Fewer 3 and 4 year olds take up free early education **90%** (England 96%)



Decayed, missing or filled teeth: **10.3%** of 3 year olds (England 11.7%, NW 14.3%; 2013) and **26.2%** of 5 year olds (England 24.7%, NW 33.4%; 2014/15)

School age and transition



73% reduction in alcohol admissions for under 18s (2006 to 2015). Now similar to England.

Obesity in Reception Year **11%** (England 9.1%)

Obesity in Year 6 is **20.7%**. (England 19.1%)



Admissions due to self harm 10-24 year olds higher than England



Significant reduction in teenage conception rate (**54% reduction** 2007 to 2014; but remains higher than England (45% reduction))

GCSE attainment above England rate **68.7%** (England 66.5%)

Reduction in NEET to **5.2%** (England 4.2%)

Reduction in youth unemployment **1.3%** (England 1.5%)

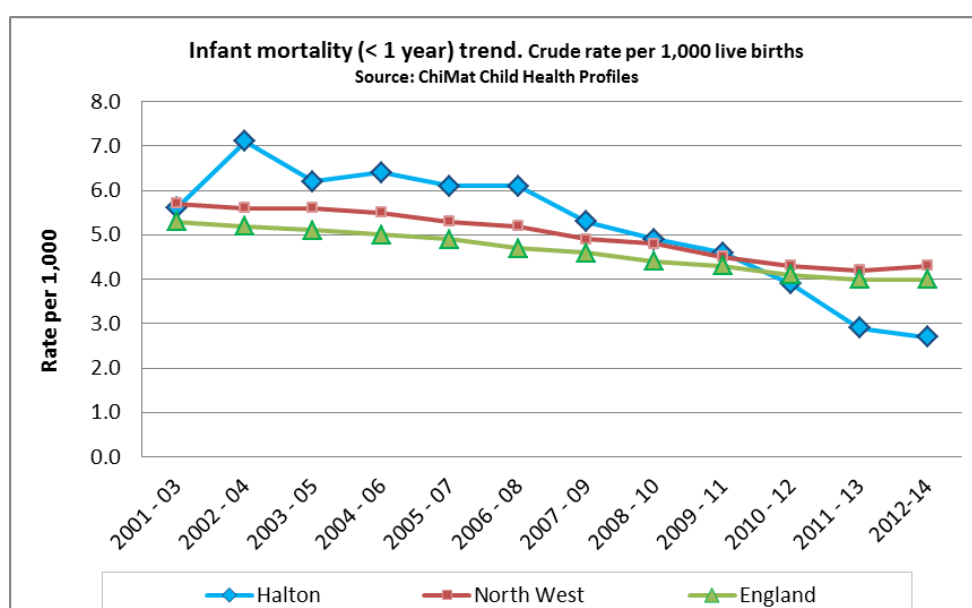


3.5 Overview of child health data

A summary of CYP health data is published in the CHIMAT report annually. The advantage of this report is that it gives us the opportunity to benchmark our performance against the rest of England. There are 32 health and wellbeing indicators included in the CHIMAT report (see Appendix 1 for breakdown). In the 2016 report out of the 32 areas, 17 have improved since the 2015 report (green arrow), 3 have stayed the same (=) and 7 are worse (red arrow). Results cannot be compared for 5 outcomes, due to changes in data collection, numbers being too small or there being no update available. Below is a more detailed description of a selection of relevant health issues and examples of the work that is taking place to improve outcomes.

3.6 Infant mortality

Rates of infant mortality are steadily declining and are now below, but not significantly different to, the England average.



This is a great success, given that infant mortality is affected by maternal health, adverse events and environmental factors. Work to prevent infant mortality includes:

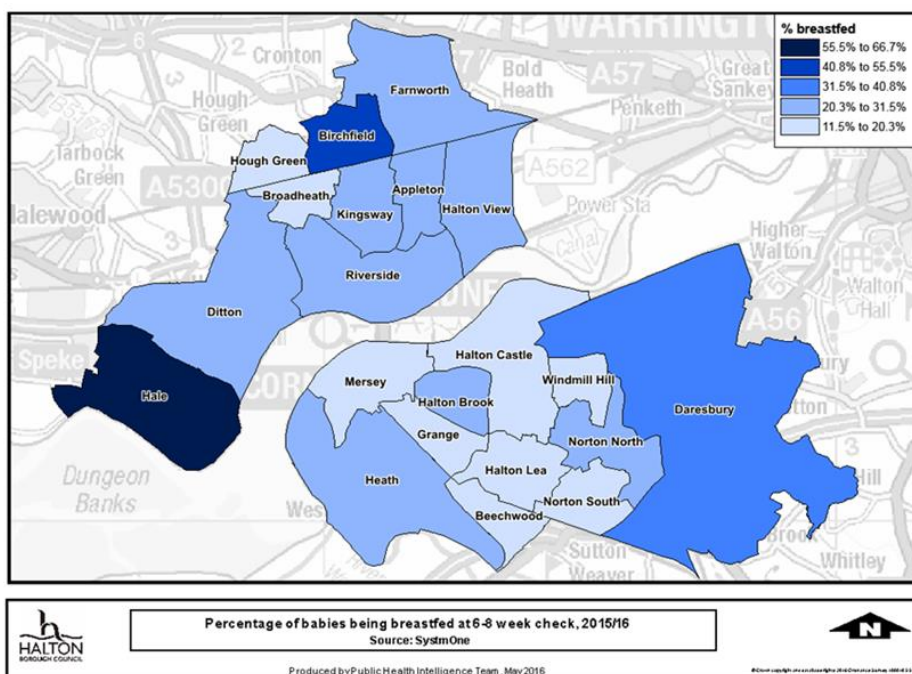
- Improving maternity services particularly ensuring that women book to see a midwife early in their pregnancy, and ongoing monitoring and support throughout the pregnancy.
- Accident prevention work through the healthy child programme, the Halton HELPs scheme, and awareness raising activities.
- The prevention of sudden infant deaths (SIDs) through giving information and support to parents through the Healthy Child Programme, such as ensuring safe sleeping arrangements and not smoking near the baby

3.7 Low Birth Weight

The number of low birth weight term babies in Halton is reducing and is significantly better than the England average. Improvements in birth weight are achieved through maternity services, smoking cessation programmes and improving maternal health.

3.8 Breastfeeding

Breastfeeding rates are making slow progress but breastfeeding initiation and continuation at 6-8 weeks are significantly lower than the England average. The map below shows the variation in breastfeeding rates at 6-8 weeks by ward, ranging from 11% to 66%.



Halton has a ratified infant feeding strategy and comprehensive action plan. Work includes:

- UNICEF inspects community health services (midwives and health visitors) to ensure they are compliant with UNICEF Baby Friendly standards. These standards measure the ability of health services to actively support women to breastfeed. Bridgewater Community Health Care Trust the providing organisation for midwives and health visitors has achieved: Stage 1 (policy's and processes), Stage 2 (staff) and Stage 3, the final stage which tests women's experiences. Currently we are preparing for re-inspections which will additionally include children's centres.
- Infant feeding sessions are offered to all pregnant women as part of the antenatal offer.
- A team of breastfeeding support workers hold regular groups in community venues across the borough.
- A press release and awareness raising events took place in June for Breastfeeding awareness week.
- A leaflet was sent to schools, to support them to incorporate breastfeeding into the national curriculum.

3.9 **Smoking at time of delivery**

Smoking during pregnancy increases the risks of complications during pregnancy and impacts upon the health of the child. In Halton just under one in five women smoked during their pregnancy and although the rate decreased during 2014/15, it is significantly worse than the England average. The community midwives have attended 'Baby clear' training, which is bespoke training for midwives to improve the support provided to women to help them to quit smoking during pregnancy. Midwives have also been given training to support women to manage their stress levels. This was as a result of insight work that found stress to be a barrier for women stopping smoking when they are pregnant.

3.10 **Immunisations**

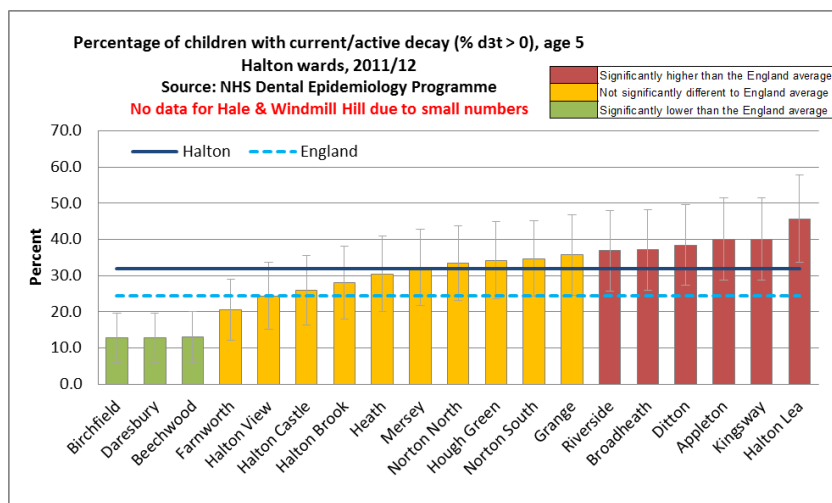
MMR rates (for the first dose by age 2 years) continue to exceed the 90% target for local authorities. Having over 95% of children immunised gives protection against the spread of diseases to the child as well as the overall population. Similarly the coverage of diphtheria, tetanus, polio, pertussis & Hib immunisations (by age 2 years) exceeds the 90% target. Immunisation coverage for children in care in Halton has also improved and exceeded 90%.

While overall the level of childhood immunisations is equal to or better than the England average, there has been a decline in uptake in recent years. There are also differences between practices uptake rates. For example 74% of five year olds have been immunised against measles mumps and rubella in Windmill Hill practice compared to 97% in Brookvale practice.

3.11 **Dental Health**

Population measures of dental health are captured through a cycle of epidemiological surveys, recording the number of children who have decayed, missing or filled teeth in different age groups. Recent surveys have suggested that dental health is improving for children in Halton. A survey in 2012/13 showed that Halton had significantly lower numbers of children aged three who had decayed, missing or filled teeth. The survey also showed that active dental decay in children aged three was similar to the England average. Hospital admissions due to dental caries in children aged 1 to 4 years in Halton are significantly better than both the North West and England averages.

Just over a quarter (26.2%) of five year olds in Halton have one or more decayed missing or filled teeth, which is a reduction from 33.6% in 2011/12 and is similar to England and below the north west average. The 2014/15 data is not yet available at ward level, however the graph below shows that there was inequalities in the dental health of five years olds between wards in 2011/12.



The last survey of 12 years olds took place in 2008/09 and showed higher rates in Halton of decayed missing or filled teeth, and active dental decay than the England average.

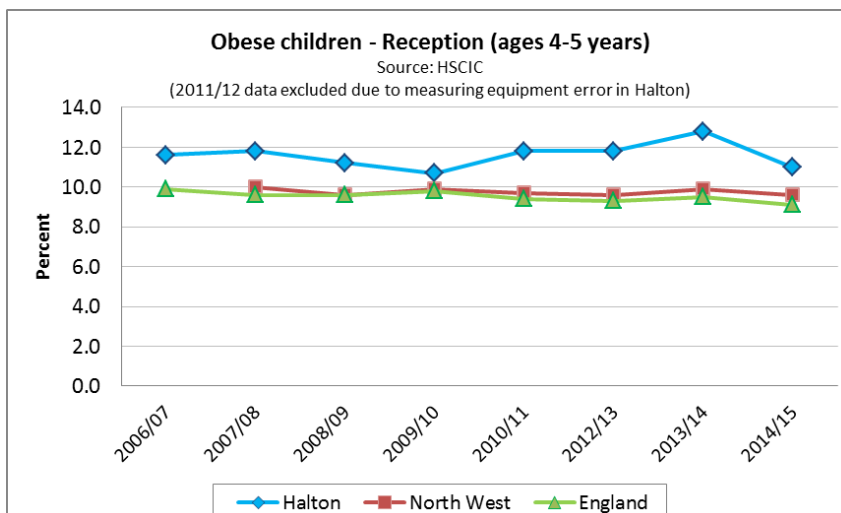
Evidence suggests that the most effective method of improving dental health for a whole population is through toothbrush and toothpaste distribution schemes and encouraging regular check-ups with a dentist. A toothbrush and toothpaste distribution scheme is in place and delivered to school aged children in Halton. Data suggests that slightly fewer CYP access a dentist regularly, with 62% of 0-17 year olds accessing dental care in the past two years, compared to 69.5% on average in England.

3.12 Child Development

The measure of child development of reception aged children has improved from 45.6% to 54.7%. However performance remains well below the England average of 66.3%. Provisional data for 2015/16 indicates another improvement to 62% in Halton, closing the gap between England from 14% in 2013/14 to 7%. Child development is one of the priority areas for the Health and Wellbeing Board and One Halton, and a steering group is driving this work forward. Examples of work to improve child development through health initiatives include: an increased focus on improving detection and support for maternal mental health, working to support bonding and attachment and an integrated assessment, between health visitors and early years settings of a child's development at aged 2-2 1/2. This work is beneficial due to the evidence that strong relationships directly impact upon the brain development of the infant and the importance of early development on lifelong health.

3.13 Obesity

Historically Halton has had higher than the England average rates of children who are obese. There has been progress in slowing the year on year rise of obesity and the percentage of obese children in Year 6 (age 10-11) remained similar to the previous year and similar to the England average. The reception year obese percentage decreased from the previous year; however it remained significantly worse than the national average.



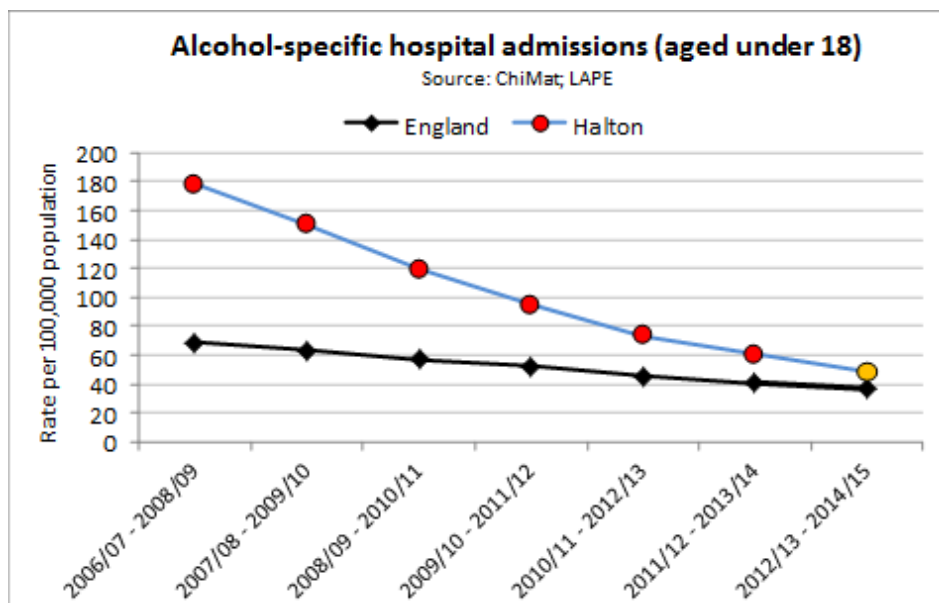
The healthy child programme (midwives, health visitors and school nurses), health improvement team and children's centres deliver a wide range of services to support women through pregnancy and young families to achieve a healthy weight. This is through advice in pregnancy, infant nutrition, active play and family programmes. Examples of work include: breastfeeding support, sessions to support families to introduce solid foods at six months, the schools Healthitude programme and Fit for life, a healthy weight programme delivered in schools for the whole family.

3.14 Teenage conception and deliveries

In 2014/15 1.2% of all babies born in Halton were to a teenage mother, which is close to the England average of 0.9%. The teenage conception rate reduced to 31.5% in 2014, which is a great improvement. The rate is worse than the England average, but similar to the North West average. A range of interventions are in place to reduce teenage pregnancies, such as the 'Teens and tots' programme, C card and the Healthitude programme in schools.

3.15 Admissions to hospital due to alcohol

Halton has seen a reduction in the rate and number of 0-17 year olds being admitted to hospital for alcohol specific conditions. The chart below shows the improvements that have been made since 2006/7-2008/09 and that the rate is now similar to the England average. In Halton there has been a lot of work on reducing alcohol consumption, coordinated through the alcohol strategy and admission rates for alcohol are now similar to the England average.



3.5 A Joint Strategic Needs Assessment for children and young people is available at www.halton.gov.uk/JSNA, this provides a more in depth overview of the health needs of CYP in Halton, the evidence of what works and further details of existing services. There is also currently an ongoing programme of work to refresh all the data in the JSNA. Children's ward health profiles have also been produced, which include all the data available at a ward level. An example of a children's ward health profile can be found in Appendix 2, and individual ward's profiles can be found at www.halton.gov.uk/JSNA.

4.0 POLICY IMPLICATIONS

4.1 The paper highlights a number of key health issues for Halton. The Health and Wellbeing Strategy together with a number of related strategies are working to address many of the issues highlighted.

5.0 FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications as a result of this report. Actions identified within the Health and Wellbeing Strategy and associated strategies however, may have implications that will be reported to the relevant boards as they arise.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES ([click here for list of priorities](#))

6.1 Children and Young People in Halton

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

6.2 Employment, Learning and Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents.

6.3 A Healthy Halton

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

6.4 A Safer Halton

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

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and, should therefore, be a key consideration when developing strategies that examine the wider determinants of health and wellbeing.

7.0 RISK ANALYSIS

There are no financial risks associated directly with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

Appendix 1

Health outcomes for children and young people in Halton, comparing 2016 CHIMAT data to the 2015 profile.

Halton Child Health Profile: changes 2015 to 2016

Please click indicator for trend chart where available

Indicator Number	Indicator	2015		2016		↑/↓/=
		Halton value	Signif to Eng	Halton value	Signif to Eng	
1	Infant mortality rate	3.3		2.7		↓
2	Child mortality rate (age 1-17 years)	8.4		9.7		↑
3	MMR immunisation (by age 2 years)	96.3		95.3		↓
4	Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	97.7		98.0		↑
5	Children in care immunisations	95.2		96.6		↑
6	Children achieving a good level of development at the end of reception	45.6		54.7		↑
7	GCSE achieved (5A*-C inc. Eng and maths)	57.2		56.5		↓
8	GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	-	-	no's too small
9	16-18 year olds not in education, employment or training	8.4		6.2		↓
10	First time entrants to the Youth Justice System	364.0		328.9		↓
11	Children in poverty (aged under 16 years)	25.6		24.5		↓
12	Family homelessness	0.6		0.5		=
13	Children in care	75.0		81.0		↑
14	Children killed or seriously injured in road traffic accidents	26.7		22.6		↓
15	Low birthweight of term babies	2.3		1.9		↓
16	Obese children (age 4-5 years, residents)	12.8		11.0		↓
17	Obese children (age 10-11 years, residents)	20.4		20.7		=
18	Children with one or more decayed, missing or filled teeth	33.6		33.6		no update
19	Hospital admissions for dental caries (1-4 years)	N/A	N/A	80.2		not comparable
20	Teenage conception rate (age under 18 years)	33.3		33.3		no update
21	Teenage mothers (age under 18 years)	1.4		1.2		=
22	Hospital admissions due to alcohol specific conditions	60.5		60.5		no update
23	Hospital admissions due to substance misuse (age 15-24 years)	177.9		195.5		↑
24	Smoking status at time of delivery	19.0		18.3		↓
25	Breastfeeding initiation	51.6		52.8		↑
26	Breastfeeding prevalence at 6-8 weeks after birth	21.7		23.1*		↑
27	A&E attendances (age 0-4 years)	1303.0		1265.0		↓
28	Hospital admissions caused by injuries in children (0-14 years)	155.0		159.1		↑
29	Hospital admissions caused by injuries in young people (15-24 years)	229.9		188.0		↓
30	Hospital admissions for asthma (age under 19 years)	282.7		356.8		↑
31	Hospital admissions for mental health conditions	92.4		70.8		↓
32	Hospital admissions as a result of self-harm (10-24 years)	779.1		689.8		↓

* Data not included in published 2016 profile, so local data used above

N/A Not included in previous profile/new indicator

- Data suppressed or not available

	not significantly different to England average
	significantly better than England average
	significantly worse than England average
	significance not tested

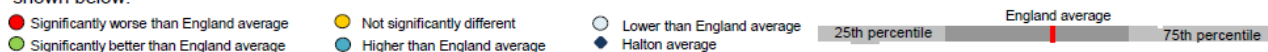
For the definitions of the indicators please see the ChiMat profile

Appendix 2

Child Health Profile for Grange

Summary of child health and well-being

The chart below shows how children's health and well-being in this area compares with England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.



	Indicator	Local number	Local value	England ave.	England worst		England best
Life expectancy, poverty, breastfeeding & low birthweight	1 Life expectancy at birth - Males		76.3	79.5	74.7		83.3
	2 Life expectancy at birth - Females		80.4	83.2	79.8		86.7
	3 Children in poverty (under 16 years)	445	29.0	18.6	34.4		5.9
	4 Low birthweight babies (<2500g)	45	9.2	7.4	12.3		1.7
	5 Breastfeeding at 6-8 weeks	48	18.9	43.8	19.1		81.5
NCMP data	6 Reception year children who are obese	33	12.8	9.3	13.6		5.1
	7 Year 6 children who are obese	43	19.2	19.0	26.9		10.1
	8 Reception year children with excess weight	73	28.3	22.2	28.9		15.5
Development, dental, FSM & SEN	9 Year 6 children with excess weight	72	32.1	33.4	43.4		22.4
	10 Good level of development (at end of Reception)	108	37.9	59.5	40.0		73.6
	11 Children's tooth decay (at age 5)	10	35.7	24.5	51.0		0.0
	12 Pupils receiving free school meals	489	40.2	15.2	40.2		1.8
Hospital attendances & admissions	13 Pupils will Special Education Needs support	213	17.5	12.6	20.5		7.9
	14 A&E attendance 0-4 years	370	795.7	540.5	1,761.8		263.3
	15 Emergency admissions due to injuries (0-14 years)	76	178.3	109.6	199.7		61.3
	16 Emergency admissions due to self-harm (10-24 years)	48	1,166.8	398.8	1,388.4		105.2
	17 Emergency admissions due to lower respiratory tract infections (0-18 years)	31	536.2	326.6	806.5		91.1
	18 Emergency admissions due to asthma (0-18 years)	16	174.3	216.1	553.2		73.4
GCSE, conceptions, NEET & benefits	19 GCSE - 5A*-C including English & Maths	135	47.4	56.8	35.4		73.8
	20 Teenage Conceptions	-	-	27.8	52.0		8.8
	21 Not in education, employment or training	20	6.5	4.7	9.0		0.0
	22 Benefit Claimants (16 to 24 years)	120	2.9	1.5	3.4		0.4

1 Male life expectancy at birth (in years), 2011-15 (England, 2012-14)

2 Female life expectancy at birth (in years), 2011-15 (England, 2012-14)

3 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2013 (England 2013)

4 % low birthweight babies (<2500g), 2010-14 (England, 2014)

5 % of women breastfeeding at 6-8 week check, 2013/14 to 2015/16

6 % school children in Reception year classified as obese, 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

7 % school children in Year 6 classified as obese, 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

8 % school children in Reception year with excess weight (overweight and obese), 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

9 % school children in Year 6 with excess weight (overweight and obese), 3 year average, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

10 % of children achieving a good level of development at end of reception, 2012/13 to 2014/15 (England, 2012/13 to 2014/15)

11 % of children at age 5 with active decay, 2011/12 (England, 2011/12)

12 % of pupils receiving free school meals, January 2016 (England, January 2015)

13 % of pupils with Special Education Needs support, January 2016 (England, January 2015)

14 A&E attendance rate per 1,000 in the 0-4 population, 2014/15 (England, 2014/15)

15 Emergency admission rate for injuries per 100,000 population aged 0-14 years, 2012/13 to 2014/15 (England, 2014/15)

16 Emergency admission rate for self-harm per 100,000 population aged 10-24 years, 2012/13 to 2014/15 (England, 2014/15)

17 Emergency admission rate for lower respiratory tract infections per 100,000 population aged 0-18 years, 2012/13 to 2014/15 (England, 2014/15)

18 Emergency admission rate for asthma per 100,000 population aged 0-18 years, 2010/11 to 2014/15 (England, 2014/15)

19 % of pupils at end of key stage 4 achieving 5 GCSE's at grades A*-C, including English and Maths, 2012/13 to 2014/15 (England, 2013/14)

20 Teenage conception rate per 1,000 population (aged under 18 years), 2011-13 (England, 2012)

21 % of 16-18 yr olds not in education, employment or training, January 2016 (England, 2014)

22 people aged 16-24 years claiming benefits, as a proportion of resident population aged 16-64, August 2015 (England, August 2015)

Available from: <http://www4.halton.gov.uk/Pages/health/JSNA.aspx>

Notes and definitions

Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

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

DATE: 12 September 2016

REPORTING OFFICER: Operational Directors – Children and Families Services; and Education, Inclusion and Provision Services

SUBJECT: Performance Management Reports for Quarter 1 2016/17

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 first quarter period to 30 June 2016.

1.2 Key priorities for development or improvement in 2016-17 were agreed by Members and included in the Local Authority Business Plan, for the various functional areas reporting to the Board as detailed below:

- Children and Families Services
- Education, Inclusion 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 first 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

Children and Young People Priority Based PPB Report

Reporting Period: Quarter 1, 01 April 2016 – 30 June 2016

1.0 Introduction

- 1.1 This report provides an overview of issues and progress that have occurred during the period of the report towards the priority of Children and Young People. The way in which traffic light symbols have been used to reflect progress is explained within Appendix 1 (section 8).
- 1.2 Please note initials have been provided to indicate which officer is responsible for the commentary to aid Members, as requested by the Children and Young People Policy and Performance Board. A key is provided in Appendix 1 (section 8).

2.0 Key Developments

- 2.1 **National Funding Formula (AMc)**
The new Secretary of State, Justine Greening, has announced that the government remains committed to introducing a new system of funding schools, high needs and early years but has now deferred its introduction until 2018/19 instead of 2017/18. Plans will be announced shortly for the introduction of a national funding formula for early years.
- 2.2 **Primary Hearing Impaired Provision (AMc)**
A pre-statutory consultation has been undertaken on the proposal to close the Resource Base Provision for pupils with Hearing Impairment and Specific Learning Difficulties at Westfield Primary School. The consultation was undertaken between 22 June 2016 and 20 July 2016. The reason for the proposal is that numbers are reducing at the base and that more parents of children with a hearing impairment are seeking provision within a mainstream setting. If this proposal is approved the funding released from the closure will be invested into providing support for pupils with a hearing impairment in mainstream schools. The outcome of the pre-statutory consultation will be considered by Executive Board 15 September 2016.
- 2.3 **Early Intervention & Complex Dependency Programme (AMc & TC)**
The Halton iCART (Integrated contact, advice referral team) service has now been operational since April 2016. The multi-agency team are based on the first floor at Municipal Building, and comprise of Children's Social Workers, Children's Social Care Managers, Family Workers, a Specialist Nurse, Education Welfare Officer, Adult Social Care manager, Police Officer and administrative support. Additionally, members of the Police referral unit have now co-located. During the quarter one over 600 early intervention screenings were undertaken and 360 profile assessments have been introduced. This has had positive feedback from recipients around the level of useful information identified in order to inform care planning. Work is now being undertaken to develop multi-agency locality working.
- 2.4 **Halton's Local Offer (AMc)**
The [Local Offer](#) is a website for everyone to find information about available services or signpost to other sources for information or support, it is particularly relevant for:
- Children and young people with a Specialist Educational Need and/or Disability;
 - Parents/Carers;

- Professionals.

The monthly media statistics indicate a substantial increase in the number of people accessing the Local Offer, this is due to ongoing awareness sessions being held with parents/carers, children and young people and teaching staff in schools. It is also due to the continual update and ongoing development of the website content that is led by feedback from children, young people, their families and professionals to ensure the information meets their needs. Local offer ambassadors are being trained and recruited (young people, parents/carers and professionals) to encourage further usage, awareness and assist through peer support. A detailed work plan identifies key areas of development in progress.

2.5 National Dataset for Children in Care (AMc)

A new national data project for children in care educational outcomes is underway. This will be in its pilot stage during the Autumn term 2016-17 with a view to going fully live in the New Year 2017. In addition there are a number of revisions of the attainment and progress dataset for children in care underway nationally. This may mean a delay in the publication of national attainment and progress outcomes and will restrict trend analysis from previous years.

2.6 Early Years Capital Funding (AMc)

In June 2016, the Education Funding Agency (EFA) notified local authorities that they could submit capital applications from Early Years providers to support the increase in the 3 and 4 year old free entitlement from 15 hours to 30 hours per week, from September 2017.

Application forms and supporting guidance was sent to all Private Voluntary and Independent (PVI) providers, Nursery and Primary schools, requesting applications by 22 July 2016. Following receipt and assessment of the applications, the local authority will be able to submit up to four projects to support the proposed capital developments by 31 August 2016.

2.7 Single Assessments for Children's Social Care (TC)

Since April 2016, Single Assessment performance has significantly improved, with April, May and June seeing 100% completed within 45 working days. This is an area which is closely monitored through the weekly Single Assessment and Plan (SAP) report.

2.8 Re-referrals for Children's Social Care (TC)

A regional report was recently shared, which highlighted Halton as having the lowest re-referral rate amongst the North West authorities. This has been a particular area of scrutiny which has resulted in more robust step downs and contingency planning when a case is being closed to social care.

2.9 Children in Need workforce (TC)

The workforce within the Child in Need and Child Protection Division has continued to increase in stability with all management posts being filled with permanent workers. There has been a significant reduction in the use of agency workers with only five agency social workers within the division.

3.0 Emerging Issues

3.1 Children and Social Work Bill, Putting Children First, Education Excellence Everywhere, Social Work Reform Inquiry July 2016 (TC & AMc)

The government has made a number of legal and policy announcements for children's services. [The Children and Social Work Bill](#) is currently going through parliament and may make a number of fundamental changes to how social care is delivered in the future. These are outlined in more detail in the policy paper [Putting Children First](#). These include an expectation that by 2020 a third of local authorities will either have children's social care services delivered outside of a local authority via a new delivery model or be working towards it. The government has also outlined its plans to give freedoms to local authorities and other delivery models to apply for exemptions from current statutory duties and regulations for up to possibly six years to encourage the testing and development of creative and innovative ways to deliver services for children.

Other changes included within the [Children and Social Work Bill](#) include extending the rights and duties for care leavers, with duties extended until 25 years of age, and plans to regulate the social work profession more closely by an executive government agency, including a process of registration and accreditation for social workers, practice supervisors and practice leaders.

An advisory group to the Department for Education, chaired by Alan Wood, is considering the local authority's role in response to the proposed changes outlined in [Putting Children First](#) and [Educational Excellence Everywhere](#). This group is looking at the local authority's role in place planning, quality assurance, early years, SEND and alternative provision. This will also lead them to examine the current statutory role of the Lead Member for Children and the Director for Children's Services. This report is due October 2016, with a consultation on any proposed changes.

The papers also indicated that the role of the Virtual Headteacher could be extended to encompass support and advice for children who have left care through adoption or child arrangement orders. Consideration will need to be given to the impact these proposed changes will have on the capacity of the Virtual School.

The Education Select Committee has published a highly critical report of the government's proposals ([Social Work Reform Inquiry, 13 July 2016](#)) and the Children and Social Work Bill has had a number of challenges to it in its progress in the House of Commons and House of Lords.

- 3.2 Local Safeguarding Children's Board (TC)
Alan Wood has also completed a [review](#) on the role and function of Local Safeguarding Children Boards (LSCB). His recommendations have been largely accepted by the government with the main one being that the role, function and form of LSCBs should be determined by the local authority, police and the NHS. Statutory changes will need to be made into regulations before any changes could be implemented.
- 3.3 Complex Needs of Children in Care (AMc)
Due to the increasingly complex needs of children entering the care system, there is a high demand for trauma and attachment assessments and support for schools to meet their needs. The assessments and support need to be commissioned from external agencies, which have cost implications for the local authority.
- 3.4 Special Educational Needs and Disability (SEND) provision review (AMc)
Colleagues from the Clinical Commissioning Group (CCG), Riverside College, Schools and Early Years settings are jointing local authority officers in reviewing the provision in Halton








for children with Special Educational Needs and Disabilities. This is to reflect the changes in the SEND population and maximising the efficient use of the High Needs budget to meet projected future need.

- 3.5 Special Educational Needs and Disability Strategy (AMc)
Halton's [Special Educational Needs and Disability Strategy](#) (SEND) has been developed, consulted upon and published. The strategy outlines the vision for the local area from 2016 to 2020. It sets out what we do well, what we need to improve and outlines our key priorities. Halton continues to engage the Clinical Commissioning Group, schools, Early Years settings, post-16 providers, parents, carers and young people as key stakeholders in implementing the strategy.
- 3.6 Nurture Group network (AMc)
In order to help meet the needs of children and young people with social, emotional and mental health issues (SEMH), Inclusion 0-25 are working with the Nurture Group Network in providing training to support nurture provision in schools. To date three schools are providing Nurture groups based on the networks model in the local authority. Further training to encourage schools to become nurture champions is being undertaken in September 2016. It is anticipated that these will help promote other schools to take up this initiative which is evidenced to produce good outcomes for children with social, emotional and mental health challenges.
- 3.7 SEND Transport Review (AMc)
At the end of 2015/16 financial year there was an overspend on the transport budget of £205,000. As the current transport arrangements for pupils and students with SEND are no longer sustainable, the Executive Board has approved the proposal to consult parents and carers, young people, educational establishments and other interested parties on a range of revised travel solutions. The consultation will commence on 4 September 2016 and close 3 November 2016. The outcome of the consultation will be considered by the Executive Board.
- 4.0 Risk Control Measures**
- 4.1 Risk control forms an integral part of the Council's business planning and performance monitoring arrangements. As such, directorate risk registers were updated in tandem with the development of the 2016-17 business plan.
- 4.2 Progress concerning the implementation of all high risk mitigation measures relevant to this priority will be reported at quarter two.
- 5.0 Progress against high priority equality actions**
- 5.1 Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force April 2011.
- 5.2 The council's latest annual progress report in relation to achievement of its equality objectives is published on the Council's website.

6.0 Performance Overview

6.1 The following information provides a synopsis of progress for both milestones and performance measures across the key business areas that have been identified by the local authority contributing the priority of Children and Young People.

Objective: Improve outcomes for children and young people through effective multi-agency early intervention (PED01)

Ref	Measure	15/16 Actual	16/17 Target	Current	Direction of Travel	Quarterly Progress
PED01 01	Monitor the average length of time between a child returning home and their return interview (Commissioned Service)	72 hrs	72 hrs	72 hrs	N/A	
PED01 02	Reduce the number of young people who repeatedly run away in Halton	127	115	32	N/A	
PED01 03	Monitor the number of young people who go missing in the year	223	N/A	82		N/A
PED01 04	Monitor the number of young people flagged as at risk of child sexual exploitation (snapshot at the end of the quarter)	17	N/A	11	N/A	N/A
PED01 05	Reduce the Secondary School persistent absence rate	Refer to commentary below				
PED01 06	Reduce the number of children subject to fixed term exclusions	303	270	Data available Q2 relating to 2016-17 academic year		
PED01 07	Reduce the rate of permanent exclusions	0.04%	0.035%	Data available Q2 relating to 2016-17 academic year		
PED01 08	Increase the number of children involved in early intervention (e.g. CAF) (All those who have had a CAF involvement recorded during the year)	593	650	577		
PED01 09	Monitor the rate of referrals to childrens social care per 10,000 0-18 yr olds	336	N/A	Forecast 259	Reduced forecast	N/A
PED01 10	Reduce the number of children and young people who enter the care system	81	75	30		

Supporting commentary:

PED01 01: Catch22 (Commissioned Service) report that return interviews are being completed within 72 hours on average.

PED01 02: This quarter there have been 172 notifications from police and 13 from social care in relation to 82 individuals. In regard to repeat individuals there are 32 individuals that have created 128 episodes with only three individuals reported missing five or more times.

PED01 03: Within this quarter in Halton, Catch 22 (Commissioned service) have seen an increase in the number of notifications received from Police and Social Care services by 12%. This is an increase in the number of Absent notifications although the number of individuals going missing has stayed the same.

PED01 04: Regular monitoring of the children who are flagged as at risk of Child Sexual Exploitation takes place and a weekly report is shared with senior managers. Every child on this list has recently had their case files audited and action plans agreed.

PED01 05: From September 2015 (start of 2015/16 academic year) schools are judged against a persistent absence rate of 10% rather than 15% used previously. Alongside this change, there is a change in methodology used to identify pupils as persistent absentees. Data expected to be available Q2 2016/17.

PED01 08: Levels of CAF is being monitored on monthly reports. Roll out of eCAF will provide live data around who is subject to a CAF within the local authority area.

PED01 09: There were 191 referrals during quarter 1 which has been a decrease on previous levels, and is mainly related to a small number in April, with May and June returning to previous levels. This is an area that is scrutinised and monitored closely.

PED01 10: There has been a recent increase in the number of children entering the care system in Halton. The majority of these children were already known to children's social care and had been subject to child protection plans. Some analysis of the profile of these children is currently being undertaken and is an area that will continue to be monitored closely.

Ref:	Milestones	Quarterly Progress
PED01a	Establish a multi-agency front door for complex dependency programme (April 2016).	
PED01b	Establish and implement a multi-agency locality provision (March 2017).	
PED01c	Multi-agency information Sharing Agreement to be in place (March 2017).	
PED01d	Implement the Cheshire IT Portal (March 2017).	
PED01e	Implement the regional adoption agency (March 2017).	
PED01f	Use performance information effectively to ensure that early intervention is responsive to trends of those being referred to childrens social care (March 2017).	

Supporting commentary:

PED01a: As reported above the iCART became operational in April 2016. iCART screens all referrals and requests for support in connection to children and families. For families whose needs are considered to be multiple and complex (but not safeguarding concerns) a new 360 profile assessment can be offered. The 360 brings together a range of multi-agency information in order to ensure that children and families are offered the correct package of support. A recent audit looked at the early intervention assessments being undertaken in iCART and found them to be of good quality.

PED01b: This is on track.

PED01c: This has been completed.

PED01d: This has been delayed because of the complexity of the specification. It is now in the final stages and the award of the contract should be confirmed in September 2016 with a date of implementation to be agreed.

PED01e: This is currently on track but with some risks as the project plan has had to be revised as the Department of Education allocated a significantly reduced sum for the next phase of development.

PED01f: Performance reports are now in place supported by a fortnightly performance meeting.

Objective: Close the gap in attainment at Key Stage 2 including between vulnerable groups and their peers (PED02)

Ref	Measure	15/16 Actual	16/17 Target	Current	Direction of Travel	Quarterly Progress
PED02 01	Reduce the gap in attainment for pupils attaining the expected standard at Key Stage 2 in Reading, Writing and Maths between disadvantaged pupils and their peers	17%	16%	Provisional data available Q2, validated data available Q3		
PED02 02	Increase the percentage of pupils achieving the expected standard at KS2 in Reading, Writing and Maths	79%	82%			
PED02 03	Increase the percentage making sufficient progress in Reading KS1 to KS2	91%	92%			
PED02 04	Increase the percentage making sufficient progress in Writing KS1 to KS2	93%	95%			
PED02 05	Increase the percentage making sufficient progress in Maths KS1 to KS2	90%	92%			
PED02 06	Increase the percentage of Children in Care achieving expected outcomes at KS2	Due to small cohorts and statistical variation, targets are not provided. Analysis of the small cohort is conducted on an individual basis for these children to underpin resulting performance.				

Supporting commentary:

PED02 06: There were nine children in care in this cohort. All of these were on the SEN Code of Practice and all accessed their Pupil Premium Plus.

There has been a slight increase in the gaps for reading and maths, but the gap has closed for writing.

L4+: Reading 67%, Writing 67%, Maths 56%, Reading Writing Maths combined 33%

L4b+: Reading 56%, Maths 44%

Progress from KS1 to KS2:

Reading 2 levels progress 78%, 3 levels progress 44%

Writing 2 levels progress 89%, 3 levels progress 33%

Maths 2 levels progress 78%, 3 levels progress 22%
Reading Writing Maths combined 2 levels progress 67%, 3 levels progress 11%

Ref:	Milestones	Quarterly Progress
PED02a	Based on data analysis and feedback from the Cross Service Monitoring Group, undertake categorisation process for all schools by October 2016 and identify actions, including levels of support and intervention, required to improve inspection outcomes.	
PED02b	Conduct the annual analysis of school performance data for all primary schools during September to December 2016 (with further reviews undertaken at key points in the data release cycle).	
PED02c	Analyse, evaluate and report end of Key Stage 2 achievement outcomes, including success in closing the gap (December 2016).	
PED02d	Identify areas of need and support for Children in Care and Free School Meals pupils (December 2016).	
PED02e	With schools, monitor the impact of Pupil Premium in closing the gap between Free School Meals and non-Free School Meals pupils (March 2017).	
PED02f	Ensure appropriate deployment of school improvement support for identified schools and settings, including school to school support as appropriate (March 2017).	
Supporting commentary:		
PED02a: Categorisation will be completed in the Autumn Term 2016.		
PED02b: Available after start of academic year 2016.		
PED02c: A report will be available in October 2016 and will be presented to October PPB meeting. A second report will be presented to January PPB meeting in relation to closing the gap.		
PED02d & PED02e: The Children in Care and care leaver strategy has been reviewed and identifies areas for support. These include the development of more apprentice opportunities, support for schools in managing attachment issues, and supporting CIC to achieve their potential. Progress of implementing the strategy is monitored through the Children in Care Partnership Board.		
PED02f: Commentary to be provided in Q4.		



Objective: Raise achievement in Early Years (PED03)

Ref	Measure	15/16 Actual	16/17 Target	Current	Direction of Travel	Quarterly Progress
PED03 01	Increase the percentage of children achieving a good level of development in Early Years Foundation Stage	55%	65%	62% Provisional		
PED03 02	Reduce the good level of development attainment gap between those previously in receipt of 2 year old early years entitlement and their peers at EYFS	21%	12%	Data available at Q4		
PED03 03	Increase the take up of Early Years Entitlement for vulnerable 2 year olds	536	600	536		
PED03 04	Increase the take up of Early Years Entitlement for 3 to 4 year olds	92%	95%	104%		
PED03 05	Monitor the percentage of Early Years settings (pre-schools, day care, out of school clubs, childminders) with overall effectiveness of Good or Outstanding	84%	84%	85%		
PED03 06	Reduce the good level of development attainment gap for disadvantaged children and their peers at EYFS	19%	16%	Data available at Q4		
Supporting commentary:						
PED03 01: Provisional data suggests an increase of 7% whilst not meeting the ambitious step change target required.						
PED03 03: Although the actual number of children accessing has remained constant and below the target set for 2016/17, the DfE target has been reduced. Halton's take up in the monitoring period was 78% and the trend is increasing.						
PED03 04: An increase in the take up of the entitlement resulting from the ongoing targeted promotional campaigns.						
PED03 05: Although this aggregate figure is high, if only group-based providers are considered the figure increases to 93% which is above the England average.						

Ref:	Milestones	Quarterly Progress
PED03a	Analyse the outcomes of children who have accessed funded two year old placements to ensure this provision is closing the gap between the most vulnerable children and their peers (January 2017).	
PED03b	Complete RAG categorisation process for all EYFS setting by October 2016 and identify actions, including levels of support and intervention required to improve inspection outcomes.	
PED03c	Through the annual conversation, ensure that the performance of all children's centres is in line with expectations. This will need to take into account any changes required as a result of revised Ofsted frameworks (March 2017).	
PED03d	Analyse, evaluate and report on the outcome of the Early Years Pupil Premium (March 2017).	
PED03e	Act on research findings from the Early Years Review undertaken by Ofsted and commissioned research (March 2017).	
<p>Supporting commentary:</p> <p>PED03a: Information available in quarter 3.</p> <p>PED03b: Information available in quarter 3.</p> <p>PED03c: The Ofsted framework has been further delayed as the government has not yet published the consultation on the roles of Childrens Centres and Ofsted have currently suspended inspections. The annual conversation is still in place for the business plans for all children's centres.</p> <p>PED03d: Information available in quarter 3.</p> <p>PED03e: A One Halton steering group has been established with a focus on improving Child Development in Halton. An improvement in performance has been seen in 2016 with good level of development increasing from 55% to 62%.</p>		

Objective: Improve the offer for children and young people with SEND through effectively implementing the SEND Reforms (PED04)

Ref	Measure	15/16 Actual	16/17 Target	Current	Direction of Travel	Quarterly Progress
PED04 01	Increase participation in the POET survey from parents/guardians/carers	33	35	Data available in Q4		
PED04 02	Increase the percentage of Education Health and Care Plans completed within 20 weeks	26.8%	50%	84%		
PED04 03	Increase the number of schools identified as Nurture champions	0	8	0	N/A	
PED04 04	Increase the percentage of Statements converted to Education Health Care Plans to meet published timescales	22.9%	80%	Refer to commentary		
PED04 05	Increase the number of people accessing the Local Offer (proxy measures of sessions measured annually in October)	3868	3950	4038		
<p>Supporting commentary:</p> <p>PED04 01: Available in quarter 4</p> <p>PED04 02: During the period September 2015 – June 2016, 84% of the plans were completed within the 20 week timescale, exceeding the target set.</p> <p>PED04 03: Work to take place in September to initiate the Nurture champion programme.</p> <p>PED04 04: During the year the following year groups have the following performance: Y5: 4 completed, 18 ongoing Y6: 100% completed Y10: 15 completed, 23 ongoing Y11: 53% completed 33% not moving school, 14% ongoing Y14: 88% completed</p> <p>PED04 05: Whilst the measure is taken annually in October, provisional data for October 2015 to June 2016 are already in excess of the target.</p>						
Ref:	Milestones					Quarterly Progress
PED04a	Conduct the annual analysis of progress data for children and young people with additional SEND					

	funding through Enhanced provision or Education health care plans (March 2017).	
PED04b	Improve provision in Halton for young people with social, emotional and mental health challenged (March 2017).	
PED04c	Evaluate qualitative data through Personal Outcomes Evaluation Tool (POET) of family and individual views within the SEND reform process in Halton to increase satisfaction with their experience (March 2017).	





Supporting commentary:

PED04a: Available in quarter 4.

PED04b: There have been a number of local initiatives which have impacted on the service provision locally. Transformation of the provision will continue over the next three to five years. The re-procurement of local Tier 2 CAMHS and the emotional health and well-being service for children in care has improved access and the support available for young people in the Borough with emotional well-being or mental health issues.

PED04c: The 2015 POET survey was conducted with analysis of views from young people, parents, carers and professionals. Overall the experience of the assessment process and settings was good. Areas for development were feeling safe in the community and increased opportunities for leisure activities and community participation. The survey will be repeated next year for continued analysis of outcomes and will be reported in quarter 4.




Objective: Improve participation and skills for young people to drive Halton's future (PED05)

Ref	Measure	15/16 Actual	16/17 Target	Current	Direction of Travel	Quarterly Progress
PED05 01	Reduce the percentage of 16-18 year olds not in education, employment or training	5.1%	5%	6%		
PED05 02	Reduce the percentage of 16-18 year olds whose activity is not known	3.7%	3.5%	2%		
PED05 03	Increase the percentage of 19 year olds achieving a Level 2 qualification	86.9%	87.5%	Data available in quarter 4		
PED05 04	Increase the percentage of 19 year olds achieving a Level 3 qualification	56.5%	57.5%			
PED05 05	Monitor the percentage of young people progressing to Higher Education	25%	25%			

Supporting commentary:

PED05 01: .This measure (historic performance for 2015/16) is an average of the 3 months of November, December and January and therefore the next comparison will be available in February 2017. Current performance for May 2016 is 6% and it is normal for this figure to be higher at this time of the year when academic courses are coming to an end.

PED05 02: As above, next comparison will be available in February 2017. Current performance for May 2016 is 2%

Ref:	Milestones	Quarterly Progress
PED05a	Develop the 14-19 Commissioning statement to reflect Local Enterprise Partnership priorities (March 2017).	
PED05b	Implement the European Social Fund coaching programme, integrated to Raising the Participation Age strategy (March 2017).	
PED05c	Develop a Post-16 monitoring framework to demonstrate how providers are supported and challenged in the borough (March 2017).	

Supporting commentary:

PED05a: Collation of data for the development of the document is in progress.

PED05b: A contract is in place with a company to deliver this programme from 1 July 2016.

PED05c: An area based review of Post 16 education is currently being undertaken across Greater Merseyside. The development of the Post 16 monitoring framework will be reviewed once this Area Based Review has been completed and reported on.

7.0 Financial Summary

7.1 Children and Families Services Department

Revenue Budget as at 30 June 2016

	Annual Budget	Budget To Date	Actual To Date	Variance to Date
	£'000	£'000	£'000	(Overspend) £'000
<i>Expenditure</i>				
Employees	8,637	2,266	2,300	(34)
Premises	276	94	90	4
Supplies & Services	887	300	317	(17)
Transport	6	1	14	(13)
Direct Payments/Individual Budgets	161	30	100	(70)
Commissioned Services	317	39	39	0
Out of Borough Residential Placements	3,387	929	1,183	(254)
Out of Borough Adoption	80	25	25	0
Out of Borough Fostering	414	76	290	(214)
In House Adoption	242	66	86	(20)
Special Guardianship	1,092	269	310	(41)
In House Foster Carer Payments	1,950	456	447	9
Care Leavers	140	46	24	22
Family Support	82	14	17	(3)
Agency Related Expenditure	89	0	0	0
Capital Financing	6	0	0	0
Total Expenditure	17,766	4,611	5,242	(631)
<i>Income</i>				
Adoption Placements	-44	0	0	0
Fees & Charges	-123	-16	-18	2
Dedicated School's Grant	-77	-25	-25	0
Reimbursements & Other Grant Income	-220	-210	-213	3
Government Grants	-62	-62	-62	0
Transfer from Reserves	-33	-33	-33	0
Total Income	-559	-346	-351	5
Net Operational Expenditure	17,207	4,265	4,891	(626)
Recharges				
Premises Support Costs	434	108	108	0
Transport Support Costs	42	13	13	0
Central Support Service Costs	2,178	539	539	0
Net Total Recharges	2,654	660	660	0
Net Department Expenditure	19,861	4,925	5,551	(626)

Commentary:

Expenditure relating to Employee costs is above budget to date, which is expected to be the trend for the financial year. The use of Agency staff, particularly within the Child Protection and Children in Need Division has reduced considerably, although some Agency staff are still being utilised within the Children in Care Division. There is also an overspend relating to the Management costs within the Children's Safeguarding Unit.

Expenditure relating to Supplies and Services is above budget to date. All controllable budgets within the Department will be carefully monitored throughout the financial year to ensure that only essential goods and services are purchased.

Expenditure relating to Direct Payments/Individual Budgets is above budget to date. Over the medium term there has been increased demand around the Individual Budgets for Children with Disabilities, with less joint funding from the Halton Clinical Commissioning Group (CCG). The high cost packages will continue to be reviewed throughout the financial year to see if any costs can be reduced, but still making sure the needs of the individual child are being met. This continues to be a significant pressure area.

Expenditure relating to Out of Borough Residential Placements is above budget to date, which is expected to be the trend for the whole financial year. This unpredictable budget is influenced by a number of uncontrollable factors, such as emergency placements (long or short term), placements continuing for longer, or ending sooner than first anticipated. Depending on the needs of the individual child it is not always possible to utilise in house services, which means that Out of Borough Residential placements need to be sought at a much higher cost.

The number of children in residential placements currently totals 44, at an average annual cost per package of £88,202. Despite additional budget being allocated this financial year this continues to be a significant financial pressure

Expenditure relating to Out of Borough Fostering is above budget to date, which is expected to be the trend for the whole financial year. As with Residential placements, every effort is made to utilise Foster Carers from within the Borough, but this is not always possible. This results in Out of Borough Placements being sought at a much higher cost. This continues to be a significant pressure area.

Expenditure relating to In-House Adoption is above budget to date, which in the main relates to Residence and Special Guardianship Orders. Despite additional budget being given this financial year, expenditure relating to Special Guardianship Orders continues to be a significant pressure area.

Managers will continue to try and reduce the impact of budget pressure areas by monitoring expenditure closely, keeping controllable expenditure to a minimum and utilising in house services. Based on service use throughout Q1 it is anticipated that the net expenditure for the Department overall will be above annual budget by approximately £2.5m.

7.2 Education, Inclusion and Provision Services Department

Revenue Budget as at 30 June 2016

	Annual Budget	Budget To Date	Actual To Date	Variance to Date
	£'000	£'000	£'000	(Overspend) £'000
<i>Expenditure</i>				
Employees	6,355	1,461	1,416	45
Premises	442	17	13	4
Supplies & Services	2,996	563	539	24
Transport	5	2	2	0
School Transport	934	109	184	(75)
Commissioned Services	2,647	538	528	10
Agency Related Expenditure	1,474	464	462	2
Independent School Fees	2,463	824	824	0
Inter Authority Special Needs	175	0	0	0
Pupil Premium Grant	191	1	1	0
Nursery Education Payments	2,980	1,053	1,053	0
Schools Contingency	469	100	100	0
Special Education Needs Contingency	2,016	500	500	0
Capital Finance	3	0	0	0
Early Years Contingency	50	0	0	0
Total Expenditure	23,200	5,632	5,622	10
<i>Income</i>				
Fees & Charges	-351	-4	-5	1
Government Grant	-569	-545	-545	0
Reimbursements & Other Income	-1,112	-81	-78	(3)
Schools SLA Income	-252	-222	-233	11
Transfer to / from Reserves	-781	-506	-506	0
Dedicated Schools Grant	-12,938	-3,398	-3,398	0
Inter Authority Income	-578	-91	-91	0
Sales Income	-38	-2	0	(2)
Rent	-102	0	0	0
Total Income	-16,721	-4,849	-4,856	7
Net Operational Expenditure	6,479	783	766	17
Recharges				
Central Support Services Costs	1,982	455	455	0
Premises Support Costs	288	71	71	0
Transport Support Costs	253	1	1	0
HBC Support Costs Income	-79	0	0	0
Net Total Recharges	2,444	527	527	0
Net Department Expenditure	8,923	1,310	1,293	17

Commentary:

There is an anticipated under spend on Employees in relation to the Inclusion and Education Divisions. This is due to a number of vacancies within the two areas that are not going to be filled until the new academic year is under way in September.

Further small underspends are projected within Policy Provision , Integrated Youth and COP Management Divisions due to vacancies, which are planned to be filled. Troubled Families Grant has also been used to offset a Commissioning Managers post.

Every effort is being made within all Divisions to keep expenditure to an absolute minimum. This means that there is an expected small under spend on supplies and services. It is difficult to predict the future needs of the children and therefore projections are based on current need, but this could change in year. These volatile budgets will be closely monitored within the year.

Commissioned Services is below budget to date within contracts expenditure, whilst this will be the case for the remainder of the year it is difficult to forecast the outturn position as not all services have yet been commissioned.

The School Transport budget is projected to be significantly over budget due to demand for Special Educational pupils transport provision, which is a statutory responsibility. Efforts are in place to identify how efficiencies in the provision of the service can be achieved.

There is some concern that the income targets within the Inclusion division will not be met as in previous years, and therefore the under spends achieved on employees and supplies and services could be offset by the under achievement of income.

All efforts are being made throughout the Department to ensure that expenditure is kept to a minimum as budgets are considerably tight. There is also a complete review of SEN processes currently being carried out, in the hope that this will bring down any further budget pressures.

Capital Projects as at 30 June 2016

Capital Expenditure	2016/17 Capital Allocation £'000	Allocation to Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Asset Management (CADS)	7	1	1	0
Capital Repairs	735	75	75	0
Fire Compartmentation	37	25	25	0
Asbestos Management	20	1	1	0
Schools Access Initiative	80	2	2	0
Education Programme General	110	4	4	0
St Edwards – Basic Need	27	0	0	0
Basic Need Projects	848	0	0	0
Fairfield – Basic Need	1,194	189	189	0
Halebank	20	20	20	0
Weston Point Primary	45	0	0	0
School Modernisation Projects	506	21	21	0
Two year old capital	52	1	1	0
Universal Infant School Meals	2	0	0	0
Hale Primary	118	27	27	0
Total Capital Expenditure	3,801	366	366	0

Commentary:

Asset Management (CADS) works and the Education General Programme (General) will continue on an Ad Hoc basis or in line with any emergency Health and Safety issues. Asbestos programme is waiting on results of surveys.




Final accounts are due on Fire Compartmentation, Free School meals and 2 year old Capital programme.

St Edwards work has been tendered due to start in June 2016, and Hale is due to be completed at that time.

Fairfield Primary infant building works is due to be complete September 2016, and a model village to be installed in the summer whilst remodelling of the junior school takes place. This is due to be completed April 2017.




8.0 Appendix I

8.1 Symbols are used in the following manner:

Progress		Milestone	Measure
Green		Indicates that the milestone is on course to be achieved within the appropriate timeframe.	Indicates that the annual target is on course to be achieved.
Amber		Indicates that it is uncertain, or too early to say at this stage whether the milestone will be achieved within the appropriate timeframe.	Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.
Red		Indicates that it is unlikely or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

8.2 Direction of Travel indicator

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

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

8.3 Key for responsible officers:

- AMc** Ann McIntyre, Operational Director, Education, Inclusion and Provision Service
- TC** Tracey Coffey, Operational Director, Children and Families Service