



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

**Monday, 21 February 2011 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chairman)	Labour
Councillor Margaret Horabin (Vice- Chairman)	Labour
Councillor Philip Balmer	Independent
Councillor Peter Browne	Conservative
Councillor Mike Fry	Labour
Councillor Robert Gilligan	Labour
Councillor Miriam Hodge	Liberal Democrat
Councillor Peter Lloyd Jones	Labour
Councillor Kath Loftus	Labour
Councillor Joan Lowe	Labour
Councillor Margaret Ratcliffe	Liberal Democrat
Miss Elizabeth Lawler	Co-optee

*Please contact Michelle Simpson on 0151 471 7394 or e-mail
michelle.simpson@halton.gov.uk for further information.*

The next meeting of the Board is on Date Not Specified

**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 personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and 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: 21 February 2011

REPORTING OFFICER: Strategic Director, 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: 21 February 2011

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 16 DECEMBER 2010

EXB77 TRADED SERVICES FOR LEARNING AND ACHIEVEMENT – KEY DECISION

The Board received a report of the Strategic Director Children and Young People on the proposal to develop a Joint Venture model for School Improvement.

The Board were advised that, since the establishment of the Coalition Government in May 2010, the emerging political landscape and economic constraints had begun to reshape the way in which local authorities were expected to deliver services to schools. This included the national policy position of devolving power from local authorities to Headteachers as commissioners of school improvement services.

The Schools White Paper – The Importance of Teaching – was published on 25 November 2010 and the report outlined the Government's stated commitment to:

- make clear that schools – governors, headteachers and teachers had responsibility for improvement. Also end the requirement for every school to have a local authority school improvement partner (SIP) and end the current centralised target-setting process;
- ensure that schools had access to evidence of best practice, high-quality materials and improvement services, which they could choose to use;
- as the National Strategies and other field forces come to an end, support of a new market of school improvement services with a much wider range of providers and services available for schools to choose from;
- free local authorities to provide whatever forms of improvement support they choose, with expectations that alternative business models would be explored by local authorities; and
- ensure that schools below the floor standard received support.

Senior officers from Halton and Warrington Borough Councils had worked together to develop a service proposal to deliver school improvement functions in partnership with a private provider. This would increase the volume of schools

potentially purchasing the service and therefore improve the viability. The report gave details of the options appraisals and the joint venture model timeline for Members' consideration.

Reason(s) for decision

The rationale for preferring a Joint Venture was due to the lack of contractual control of the income, i.e. the services would be procured via the school budgets and not the local authority budgets. In looking for this partner, the authorities should be able to mitigate the redundancy liability of school improvement staff whose funding would end on 31 March 2011. This was a significant saving to the Council, but also offered the employees concerned a continuity of their employment.

Alternative Options Considered and Rejected

The alternative of Joint Venture had been considered as part of the option appraisal and this model demonstrated the best solution to the Council.

Implementation Date

The selected bidder would be formally announced on 12 July 2011 for mobilisation by 1 September 2011.

<1>RESOLVED: That

- 1) the development of the preferred approach of the Joint Venture Model for the delivery of school improvement services in conjunction with Warrington Borough Council and a private provider be agreed, subject to schools contributing funding to the delivery of the service between April and August 2011; and
- 2) the Joint Venture Model timeline, as set out in the report, be agreed.

EXB78 OFSTED'S ANNUAL CHILDREN'S SERVICES ASSESSMENT

The Board received a report of the Strategic Director, Children and Young people on Ofsted's Annual Children's Services Assessment.

The Board were advised that in reaching the assessment of Children and Young People's Services, Ofsted had taken account of all inspected and regulated services, arrangements for Child Protection along with performance against national performance indicators. The overall judgement that Halton was performing well was derived from a wide ranging assessment of services, listed in the report. The letter from Ofsted, attached as Appendix 1, would be the

subject of detailed consideration and action by the Halton Safeguarding Children Board and Halton's Children's Trust.

<1>RESOLVED: That the Board note

- 1) Ofsted's judgement that Children and Young People's Services in Halton continue to perform well; and
- 2) the large majority of services, settings and institutions inspected by Ofsted are good or better.

EXB79 SHARED SERVICES

The Board was advised that Cheshire West and Chester Council had approached Halton Council to explore the possibility of having a Shared Service for Children and Young People. It was reported that this would be an opportunity for the Council to share skills and expertise it had as a Children and Young People's Directorate more widely. There was also the scope to explore a range of efficiencies over time.

It was anticipated that proposals for a Shared Service would develop on a stepped basis, where it was viewed by both Councils as meeting its needs. Each Council would remain sovereign in terms of its responsibilities for services to children and young people. Members would remain responsible and accountable for their own population. Further reports would follow detailing how the issues listed below would be taken forward:

- Legal Agreements;
- Accountability and Governance arrangements;
- Councillor involvement;
- Financial arrangements;
- Personnel matters;
- The scope for the arrangements and their timing;
- Reporting arrangements; and
- Risk Register.

Reason(s) for decision

The Council has the opportunity to provide expertise in Child Protection and Children and Young People's Services to a wider community.

The Shared Service is intended to provide a range of efficiencies for the Council in the medium term.

Alternative Options Considered and Rejected

The Council does not take up Shared Service Opportunities. Given the current financial context this does not appear in the Council's best interests.

Implementation Date

The first step in agreeing the initial management arrangements is January 2011.

<1>RESOLVED: That

- 1) the Chief Executive, in consultation with the Leader and Strategic Director of Children & Young People's Services, agree the first steps in having a Shared Service for children and young people with Cheshire West and Chester Council. This would initially only involve arrangements for the Strategic Director of Children's Services and the Safeguarding Unit Manager.
- 2) the stepped approach to shared arrangements beyond this, with reports at each stage of the process be agreed. This is with specific reference to items within Paragraph 3.5 contained in this report and other areas identified for shared arrangements.

REPORT TO: Children, Young People and Families
PPB

DATE: 21st February 2011

REPORTING OFFICER: Strategic Director
Children & Young People's Directorate

SUBJECT: Teenage Pregnancy

1.0 PURPOSE OF REPORT

1.1 To update progress, regarding teenage conceptions for 2009/10 YTD

2.0 RECOMMENDED that

(i) Progress is noted

3.0 NATIONAL PERFORMANCE

The National Teenage Pregnancy strategy was launched in 1998 with the aim of halving the under 18 conception rate by 2010. Whilst 2008 saw the lowest conception rates in England for over 20 years (-13.8% reduction from 1998) this is still way short of the 50% target. The updated National Strategy: beyond 2010 sets out what has been achieved so far and what is proposed post 2010.

Halton's performance has fluctuated in recent years; however a 25.7% reduction was achieved in 2008 in comparison to 2007.

The latest data from ONS that we have is to Quarter 3 2009 (the full year 2009 will be released later in February 2011):

Provisional first quarter 2009 conception data for England shows:

- The rate of under-18 conceptions was 39.4 per 1000 girls aged 15-17 (6.4% lower than the rate of 42.1 for first quarter 2008)

Provisional second quarter 2009 conception data shows:

- The rate of under 18 conceptions was 40.1 per 1000 girls aged 15- 17 (3.6% lower than Quarter 2 2008.)

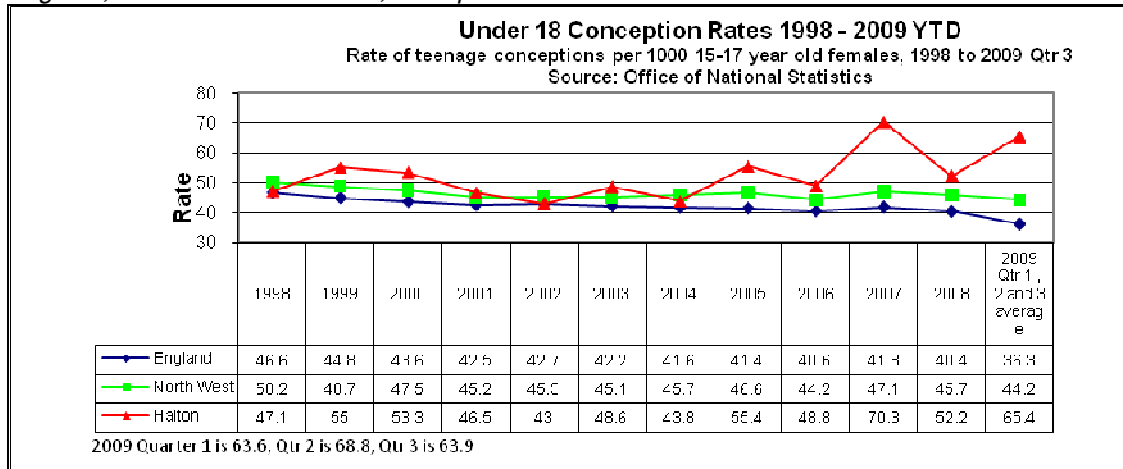
Provisional third quarter 2009 conception data shows:

- The rate of under-18 conceptions was 36.3 per 1000 girls aged 15-17 (6.2% lower than the rate of 38.7 for third quarter 2008).

(Source: *Teenage Pregnancy Unit, Department for Education*)

4.0 HALTON PERFORMANCE – Latest ONS data

England, North West and Halton, ONS provisional 2009 to Quarter 3



ONS provisional data for Halton to quarter 3 2009 shows us that:

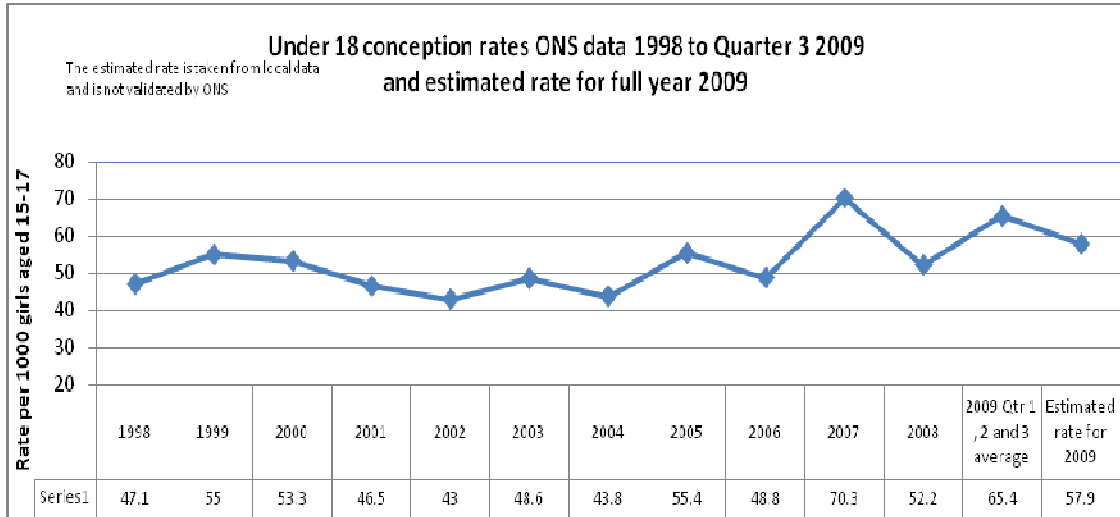
- Halton’s Quarter 3 actual rate is 63.9 per 1000 girls aged 15-17 (This is 42.9% above the quarter 3 2008 rate of 44.7)
- Halton is 76% above the national rate for quarter 3.
- Halton’s average rate for Qtr 1, 2 and 3 2009 is 65.4 (2008 full year rate was 52.2)

ONS data Qtr 1 to 3 Numbers of conceptions- comparison of 2008 and 2009

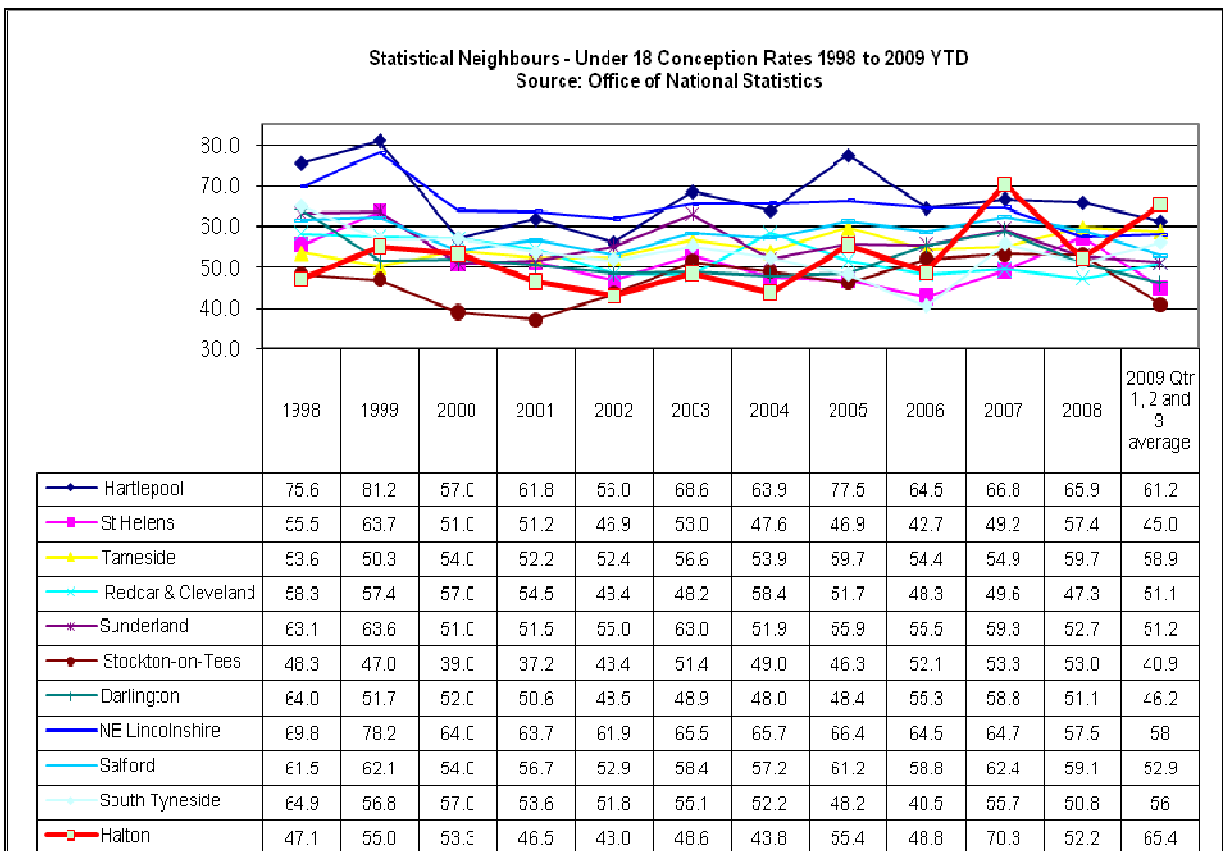
	2008	2009	Difference
Qtr 1	32	38	+6
Qtr 2	33	41	+8
Qtr 3	28	38	+10
Total	93	117	+24

4.1 Estimated population figures for females aged 15 -17 residing in Halton show a reduction in population. Therefore, even if the actual numbers of conceptions were exactly the same as the previous year, the rate will show an increase. This could make a percentage increase in the rate of conception look worse than the reality due to the borough being a relatively small population. We expect the actual number of conceptions in 2009 to increase in comparison to 2008 (but it is estimated that the number will not be as high as 2007), Local data (not validated by ONS) shows that we have 8 more conceptions leading to live birth for the full year 2009 in comparison to 2008. However, ONS data for quarters 1 to 3 shows that we have 24 more conceptions in comparison to 2008. (For the same period in 2007, there were 133 conceptions. So, although there has been a marked increase in conceptions in comparison to 2008, it is not as high as in 2007)

It is estimated that the rate for quarter 4 and the full year 2009 will come down from the high rates in quarters 1 to 3. However, due to lower population figures the rate will be higher than in 2008. Provisional data from BPAS indicated that the number of under 18 conceptions leading to termination has decreased.



Halton compared to statistical neighbours, ONS provisional 2009 to Quarter 3



The above graph shows that:

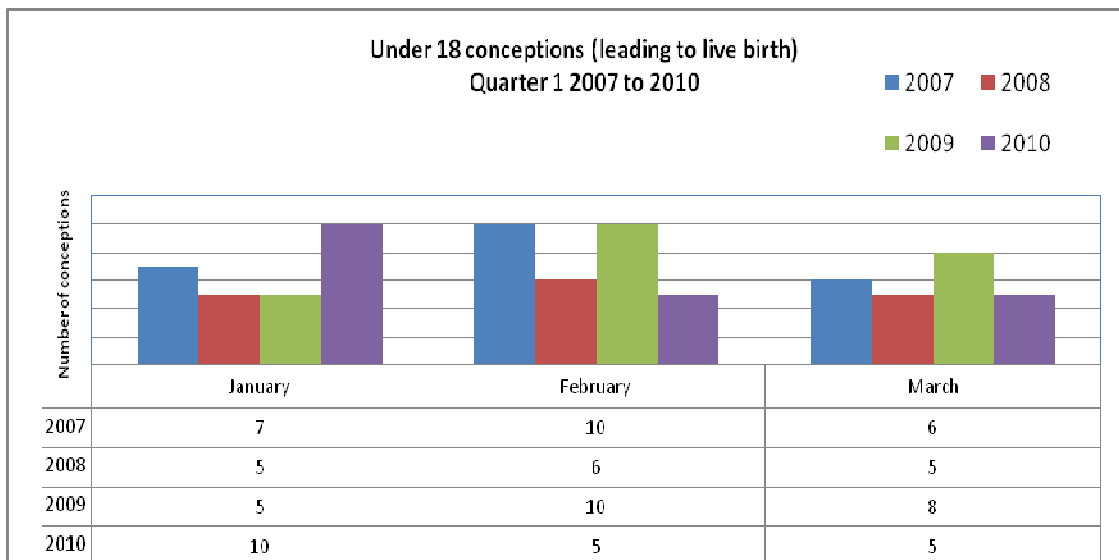
Halton has the highest average rate of 65.4 for Quarter 1, 2 and 3 2009.
 (Although Halton's average rate in quarter 3 has fallen from 66.2 in quarter 1 and 2)

Out of the 11 authorities 4 of them have seen an increase in the rate of conception.

5.0 HALTON PERFORMANCE - Local data (not validated by ONS) - Quarter 1 2010, Conceptions leading to live birth

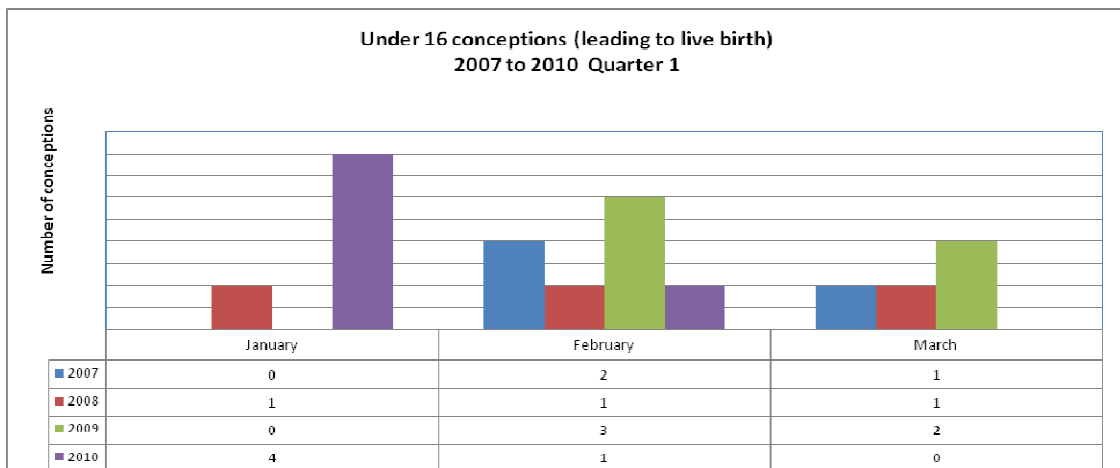
The latest local data that we have is to Quarter 1 2010. All numbers are estimates and have not been validated by ONS. The data is for conceptions that led to live birth only- it does not include any terminations.

Number of conceptions leading to live birth- under 18



- The above graph illustrates that in January 2010 there was an increase in conceptions leading to live birth. However, in February and March we see an improvement, with a reduction in conceptions, in comparison to 2009.
- For the full first quarter of 2010, the number of conceptions reduced in comparison to 2009. In quarter 1 2009, there were 23 conceptions leading to live birth; in quarter 1 2010 this reduced to 20.

Number of conceptions leading to live birth- under 16

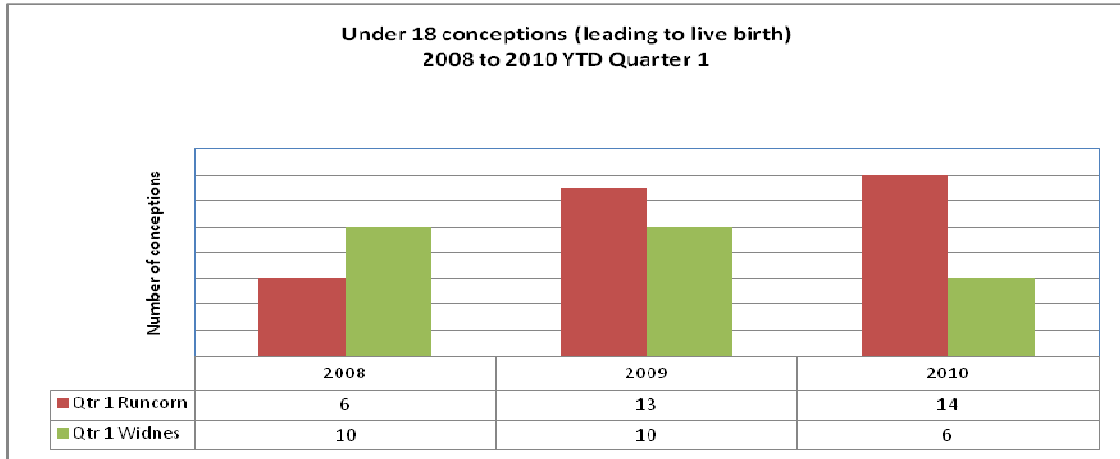


- The number of conceptions leading to live birth in those under 16 has remained the same in comparison to 2009- there were 5 conceptions.
- In quarter 1 2010, the majority of conceptions were by those aged 17

Age 14 2 conceptions
Age 15 3 conceptions

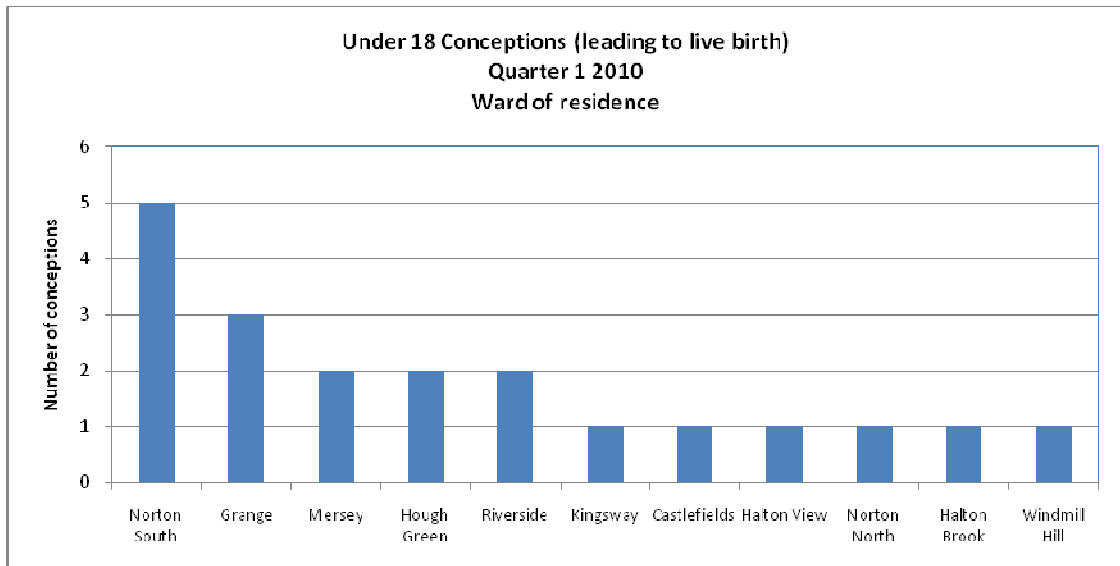
Age 16 1 conception
 Age 17 14 conceptions

Runcorn/Widnes split of conceptions leading to live birth



- The above graph illustrates that in quarter 1 2010, the majority of conceptions were by those who resided in Runcorn. The number of conceptions in Widnes reduced in comparison to 2009.

Ward of residence- conceptions leading to live birth Quarter 1 2010



2010 Quarter 1

2009 Quarter 1

Ward	Number of conceptions	Ward	Number of conceptions
Norton South	5	Halton Brook	4
Grange	3	Kingsway	4
Hough Green	2	Mersey	3
Mersey	2	Riverside	3
Riverside	2	Broadheath	2
Castlefields	1	Grange	2
Halton Brook	1	Castlefields	1
Halton View	1	Halton Lea	1
Kingsway	1	Halton View	1
Norton North	1	Heath	1
Windmill Hill	1	Norton South	1

- The chart above shows that 8 wards had conceptions in both 2009 and 2010. In 2010 there were also conceptions in Hough Green, Norton North, and Windmill Hill; In comparison to 2009, Broadheath, Halton Lea and Heath had no conceptions and there have been reductions in Kingsway and Halton Brook.

There appears to be an increase in conceptions in Norton South.

6.0 WHAT DO WE KNOW ABOUT THE CAUSES OF TEENAGE CONCEPTIONS

- 6.1 Most teenage pregnancies are unplanned and around half end in termination. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child.
- 6.2 Consultation events carried out to support the development of our Children and Young People's Plan 2009 – 2011, provided anecdotal evidence that the choices and ambitions available are not considered open to all. Some young people report feeling excluded from these opportunities and that therefore it is possible that having a child is a viable and valuable alternative.
- 6.3 The majority of young people do use contraception, most of the time. But some young people do not access advice and support before they have their first sexual experience and /or do not use contraception consistently thereafter.
- 6.4 Peer pressure is a significant factor as it may result in individuals placing themselves in vulnerable situations, to have sex, or to choose not to use contraception. Peer pressure may also result on young people drinking to excess. The TellUs survey told us that at least 50% of young women as opposed to 25% of young men exceed the adult weekly alcohol limit. A third

admits to feeling out of control. Through consultation in Halton, we have also identified links between alcohol use and teenage pregnancy.

- 6.5 Historically families in Halton have children earlier than the national average, and research tells us that this pattern tends to be followed across generations and this certainly appear to be the situation locally as the average age of delivery in England in 2006 was 29.5 years of age (source: ONS), the average aged of delivery in Halton was 28. (Source: Local data).
- 6.6 Condoms remain the only way to protect sexually active young people against STIs. They also remain the most widely accessible form of contraception, as well as the only kind that can be used by men, It is therefore important that we target young men in Halton to access condom provision.
- 6.7 Additionally some of our communities can be quite closed to services from outside, and any efforts made to support changes in these areas takes time to embed. In some respects within certain areas of Halton we are not just talking about behaviours we are also talking about cultural expectations and definitions about the hopes for and of young people, families and communities.

7.0 WHAT HAVE WE DONE TO TACKLE UNDER 18 CONCEPTIONS?

- 7.1 We have promoted sexual health within a wider generic health agenda
 - Made local sexual health service information available through a range of locations including youth clubs, doctors, pharmacies, workplaces, nightclubs and other community settings.
 - We have used a variety of media resources to promote sexual health services to young people such as text messaging, facebook and radio
 - We have reduced the number of conceptions in hotspot areas by increasing the number of targeted outreach sessions provided by the VRMZ outreach bus.
 - Raised awareness through facilitating marketing campaigns in indentified hotspot areas, aimed at the negative effects alcohol and drugs have on positive sexual health
 - We continue to encouraged parents and carers through Speakeasy and radio campaigns to talk with their children about relationships and risk taking behaviour.
 - Facilitated sexual health awareness training to frontline workers across Halton
 - Through the IYSS operational subgroups we have ensured preventing Teenage Pregnancy and STIs is a key priority for all key partners.
- 7.2 Invested significantly to increase accessibility and range of services.

- Increased the number of sexual health clinics and made them young people focused.
- Used the VRMZ outreach bus in schools and colleges to provide young people with information and advice on positive sexual health and abstaining from associated risk taking behaviour
- We have increased the number of SRE sessions in schools through the TP outreach team based in Connexions
- We have further developed and co-ordinated the C-Card condom distribution scheme through Halton Youth Service and increased the uptake of provision by young people.
- Continue to encourage schools to develop teen drop-ins in some schools which include information and advice on relationships and contraception.

7.3 We have pooled resources more efficiently

- Service delivery is based around the agreed priorities and actions that are in both the Teenage Pregnancy Strategy and the PCT's Sexual Health strategy
- Multi-agency working is taking place with on a consistent basis in sexual health clinics and the VRMZ outreach bus.
- Teenage parents are using children's centres so they are able to attend education, employment or training opportunities in the borough.
- We are working closer with Safer Halton Partnership and Health Improvements teams ensuring effective use of resources in various locations across Halton.
- Implemented the strategy and action plans.
- Developed a strategy and comprehensive action plan which is monitored rigorously at the TP partnership board
- Formed robust partnerships and engagement with relevant partners who are able to offer detailed information and guidance about the specific needs in hot spot areas.
- Teenage pregnancy is recognised as a priority within the IYSS and we have effective co-ordinations of actions across both strategic and operational planning arrangements.

7.4 Developed the workforce

- We have developed a competency framework for staff working across the range of sexual health, services for young people in Halton Borough Council.
- Promoted and co-ordinated an IYSS Training programme to the wide workforce to ensure frontline staff are competent in talking to young people about risk taking behaviour.
- All schools are being supported and encouraged to develop their PHSEE/SRE curriculum by Governors.

7.5 Improved our data sharing systems to help us plan better

- Local intelligence is being routinely used to inform service planning and delivery.
- Evidence gathered locally is being used to inform operational and future planning arrangements.

- Information Sharing Protocols in place to support effective information sharing.
- We have agreed clear processes for collating data from identified datasets on a regular basis.

8.0 WHAT DO WE PLAN TO DO NEXT

- Embed and implement young people's services in the community and increase the number of information and advice sessions in schools, community settings and the new CRMZ building in Widnes
- Evaluate the contribution existing teenage pregnancy programmes and initiatives make to a reduction in child poverty.
- Undertake cost benefit analysis of current initiatives
- Ensure robust care pathways are in place for prevention and support
- Fully utilise CRMZ for integrated services developments.
- We will continue to ensure the VRMZ outreach bus provision is accessible to young people across Halton providing universal and targeted interventions.
- Further develop young person focused sexual health services that are more responsive and flexible and take into account the differing needs of young people.
- Further increase the provision of governor training as an additional mechanism in supporting the delivery of PHSE and SRE in schools as part of the curriculum.
- Review the workforce development plan in order to make sure we have the right staff, with the right skills in the right places to support young people in managing their sexual health and reducing risk taking behaviour.
- Further improve the Integrated Youth Support Programmes and deliver the sexual health and SRE agenda through the joint commissioning process.
- Continue developing our intelligence capabilities and make additional efforts to understand the links between the different aspects of the lives of young people locally and how each aspect impacts on another to make sustained reductions in the numbers of under age conceptions.

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

DATE: 21st February 2011

REPORTING OFFICER: Strategic Director, Children & Young People

SUBJECT: Halton Multi Agency Transition Strategy for Young People Aged 14- 25, 2010-2013

WARD(s) Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present the updated Halton Multi Agency Transition Strategy for Young People Aged 14-25 2010-2013 (Transition Strategy).

2.0 RECOMMENDATION: That the Policy & Performance Board

1) **note and comment on the contents of the report**

3.0 SUPPORTING INFORMATION

3.1 The Strategic Transition Group which oversees the Transition Strategy has worked to expand the Strategy from 14 -19 to 14-25 and to refresh the existing Strategy to ensure that this is focused and purposeful.

3.2 The Strategic Transition Group has representatives from Halton Adults Social Care, Halton Children & Young People's Directorate, NHS Halton and St Helens, Riverside College, Transport Services, Housing commissioning and Greater Merseyside Connexions Partnership.

3.3 A Focus Group of young people is supported by the Transition Co-ordinator to input into the Strategy. Halton Speak Out has also made a positive contribution.

3.4 The Strategy sets out very simply the domains in the transition from Children's to Adult services, what we are doing already and how we can improve. It is hoped that this format will be more attractive to parents and carers of young people who need to access transition services.

3.5 The experience of young people moving through transition is greatly assisted through the joint Children and Adults Transition Co-ordinator post which is currently vacant. The previous post holder has managed to lever in additional funding and was pivotal in raising the profile of Halton.

3.6 Currently transition strategies and services are monitored in each Local Authority by a Transition Support Worker who reports to the Department of Education. This is a three year programme and each year each Local Authority has been required to submit a self assessment of its performance in transition. This year Halton's rating was improved with the consequence that it was eligible to apply for funding from the innovations fund. This fund may cease given the current financial climate.

3.7 The lead for Transition in Halton has been with the Operational Director Prevention and Commissioning, Adults & Community and this will transfer to Children's & Young People's Services from 1st April 2011.

4.0 POLICY IMPLICATIONS

4.1 This Transition Strategy is in line with Government guidance on transition.

5.0 OTHER IMPLICATIONS

5.1 Financial

To date £50,000 is available to spend this year, which sits within the Sure Start budget.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

This Strategy will ensure that the needs of children and young people are met.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

This Strategy will ensure that the most vulnerable children and adults needs are met.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 Transition is always the focus of any inspection in Children and Adult Social Care. Good, robust arrangements need to be in place to ensure that all services work together to support a young person moving into adulthood.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Young people who need to move through transition are some of the most vulnerable and socially excluded in the community. This Strategy seeks to ensure that they can participate in mainstream community life.

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

Document	Place of Inspection	Contact Officer
Halton Multi Agency Transition Strategy for Young People Aged 14-25, 2010-2013	People & Communities, 2nd floor, Runcorn Town Hall	Emma Sutton-Thompson

HALTON MULTI-AGENCY TRANSITION STRATEGY

FOR

YOUNG PEOPLE AGED 14-25

2010 - 2013



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INFORMATION SHEET

Service area	All service areas
Date effective from	November 2010
Responsible officer(s)	Policy Officer
Date of review(s)	Annually
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory
Target audience	All staff
Date of committee/SMT decision	A&C SMT 22/09/10 & 17/11/10 C&YP SMT 01/12/10
Related document(s)	N/A
Superseded document(s)	Halton Multi-Agency Transition Strategy for Young People with Complex Needs (2007-2010)
File reference	CC0034/Nov2010

PREFACE

This Strategy supersedes the Halton Multi Agency Transition Strategy for Young People with Complex Needs (2007-2010).

The Transition that this Strategy refers to is the process of change between being a young person to being an adult. This is a time of great change and opportunity for all young people, but it can also present challenges, particularly for young people who have social and health care needs arising from sensory and physical disabilities, long-term conditions, learning disabilities or mental health problems. These young people are the focus of this strategy.

Young people with social and health care needs are likely to require support from a variety of professional organisations during the transition process, and this strategy looks at how those organisations can work together in the interests of the young people and young adults and their families who need their support. The strategy covers a broad area, and links with a number of other strategies and work streams. Where appropriate these are referenced in the document.

In Halton we recognise that planning for this transition needs to start early, and the planning processes will be geared to this from Year 9 at school (when the young person is about 14). Although young people officially reach adulthood at 18, we recognise that young adulthood continues to be a time of considerable change, and so the transition arrangements will continue until the age of 25. This widens the remit of this strategy over its predecessor.



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SECTION ONE: TRANSITION IN CONTEXT

THE NATIONAL CONTEXT

The Transition Support Programme is a government programme to improve support for disabled young people in their transition to adulthood, and sets out five focus areas for improving support at transition in local areas:

1. **Participation** of disabled young people and their families
2. Effectiveness of **personalised approaches**
3. **Joint assessments** processes within children's trusts and adult services
4. Realistic **post 16 opportunities** for living life
5. Strategic **multi agency working**

It is part of a wider programme called Aiming High for Disabled Children (AHDC), which is transforming local services in England for all disabled children, young people and their families (*National Transition Support Team, February 2010*).

THE LOCAL CONTEXT

The Transition Support Programme exists because although many local areas have improved the way they support disabled young people in their transition to adulthood, there is still significant progress that needs to be made before all disabled young people have positive outcomes and are supported to live the lives that they choose. For Halton, this might mean:

- Effective engagement with and participation from disabled young people and also their families;
- Effectiveness of personalised approaches including person centred planning, use of individual budgets and direct payments;
- Joint assessment processes within Children's Trust services, including schools and with adult social care;
- Realistic post 16 opportunities for living life and to help reduce the numbers of disabled young people who are not in education, employment or training;
- Strategic partnership working including commissioning, to ensure that all agencies are fully engaged in providing transition support. In addition ensuring that other AHDC activity and universal offers, like the youth strategy, take into account the needs of disabled young people at transition.

A VISION for HALTON

Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.'

Halton's Strategic Partnership Board has set out five strategic priorities for the Borough, in its Community Strategy, which will help to build a better future for Halton:

- **A Healthy Halton**
- **Halton Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

Our vision in Halton is that young people with social and health care needs should enjoy the same rights to citizenship and inclusion as all young people.

Support services should therefore be directed towards helping young people to develop choices that are right for them, to realise their full potential, and participate fully in the wider community.

In the sections that follow, the vision is broken down into specific Aims. In each section, there is an evaluation of how far these Aims are being met already, and how we can improve further, leading to specific actions, which are summarised in Sections 15 and 16.

POPULATION AND SOCIO ECONOMIC DATA

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The population of Halton was in decline for over a decade, but has recently started to increase. Between 1991 and 2002 the estimated Borough population decreased by 6,500 people from 124,800 to 118,300.

At present, Halton has a younger population than the national and regional averages. The mid-year population estimates, population projections for under 19's, in Halton shows that there has been an increase in the numbers in the 0-4 year olds, the 5-9 and 15-19 year old populations have remained static over the past few years but the 10-14 year old population has decreased. Population projections show that the 10-14 and 15-19 population is predicted to decrease in the next few years.

However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

ASSESSMENT OF NEED

The following tables details actual and projected areas of need, based on young people currently receiving or likely to need Adult Social Care, those expected to leave school in 2010 – 2012 and those currently receiving services from connexions for clarity and future service and commissioning development.

Young People receiving or likely to need adult social care (Financial Year):

	2010/11	2011/12
Turning 18 – still in school	6	9
Leaving school (may go on to college)	7	7
Leaving college	8	12

Young People expected to Leave School in 2010 - 2012

School year beginning	ASC (inc Aspergers)	Physical Disability	Learning Disability	Social & Communication Difficulties for Severe Learning Disabilities
Sept 10	27	9	27	1
Sept 11	36	13	28	3
Sept 12	26	9	21	3

Young People 19-25 with Learning Disability & Difficulties currently receiving services from Connexions

ASD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Aspergers Syndrome	6	2	2	1	0	0	11
Autism	1	1	0	5	1	0	8
Total	7	3	2	6	1	0	19

PHYSICAL	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Cerebral Palsy	1	0	1	1	0	1	4
Cystic Fibrosis	1	0	0	0	0	0	1
Head Injuries	0	1	0	0	0	0	1
Hydrocephalus	1	0	0	0	0	0	1
Other Mobility Problems	1	1	0	1	0	0	3
Restricted Growth (Achondraplasia)	0	1	0	0	0	0	1
Spina Bifida	2	0	0	0	0	1	3
Wheelchair User	0	2	0	1	2	1	6
Total	6	5	1	3	2	3	20

SLD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Severe Learning Difficulties	10	8	2	5	2	1	28
Total	10	8	2	5	2	1	28

DEPRIVATION

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services.

Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (a ranking of 1 indicates that an area is the most deprived). This is 3rd highest in Merseyside, behind Knowsley and

Liverpool, and 10th highest in the North West: St Helens (47th), Wirral (60th) and Sefton (83rd) are way down the table compared to Halton.

The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's (Super Output Areas) that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA (Super Output Areas) within Castlefields, ranked 32nd most deprived nationally.

HEALTH

Health is also key determinant of a good quality of life and the first priority of Halton's Community Strategy states that 'statistics show that health standards in Halton are amongst the worst in the country and single it out as the aspect of life in the Borough in most urgent need of improvement'.

The Joint Strategic Needs Assessment (JSNA) published in 2008 summarizes the needs of Halton's residents. The key findings relevant specific populations and specific conditions to this strategy are highlighted below:

Children

- Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.
- Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.
- Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.
- A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average

Pregnant Women & Newborns

- Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Conditions

- **Mental Health and Emotional Well-being** – it is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

- **Obesity in Adults** – nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority
- **Diabetes** – If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.
- **Substance Misuse** – Whilst the rates of Substance Misuse have remained stable from 2008 to 2009 in England and the Northwest, Halton has seen an increase of 2.9% to 12.3%, placing Halton higher than the average for Northwest (11%) and England (9.8%). The adult needs assessment is seeing changing patterns in drug use amongst those aged up to 25. This group of young adults are presenting to services using a combination of alcohol, cocaine & cannabis, or are injecting steroids. The number of individuals injecting steroids far out weighs the number of heroin and crack cocaine injectors in the Borough. There are also indications that there is a rise in the use of 'legal highs' by young adults, however, there is currently no local data available with regards to this particular issue.
- **Alcohol** - Halton has been identified as the eighth worst local authority area in England for alcohol related harm¹ and estimates are that 1 in 4 adults would benefit from reducing their alcohol intake to within safe recommended levels; this estimate does not include dependent drinkers. Halton is the second worst local authority in England for alcohol specific hospital admissions for under 18s, i.e. 325th out of 326 Local Authorities and this does not include hospital attendances. 51% of pupils indicated that they had had an alcoholic drink at some point. In relation to consumption in the previous 4 weeks however 64% had not had an alcoholic drink although 18% indicated they had been drunk at least once.
- **Smoking** – The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.
- **Food and Nutrition** – males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits
- **Sexually Transmitted Infections** – in addition, the number of young people diagnosed with sexually transmitted infections is increasing.

The updated position of Halton's Joint Strategic Needs Assessment (JSNA), published in Autumn 2009, highlights:

- improved Chlamydia screening coverage in under 25s, with rate of positive infections decreased
- increased number of under 18 conceptions, but decreased number of under 16 conceptions
- child obesity levels continue to be a challenge and a priority

The overall aim for health as detailed in the Community Strategy is: To create a healthier community and work to promote well being and a positive experience of life with good

¹ LAPE 2010

health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

To achieve this aim NHS Halton and St Helens produced two key documents, 'Ambition for Health' and the 'Commissioning Strategic Plan' in 2008.

Ambition for Health is a key document for NHS Halton and St Helens in terms of improving the health of the local population. The document set out key 'ambitions' that are based on understanding the needs of the local populations. These are as follows:

- To support a healthy start to life
- To reduce poor health that results from preventable causes
- To ensure that when people do fall ill from some of the major disease, they get the best care and support
- To provide services which meet the needs of vulnerable people
- To make sure people have excellent access to services and facilitates
- To play our part in strengthening disadvantaged communities

The Ambition most relevant to this strategy is 'To provide services which meet the needs of vulnerable people'; which will be measured via the below outcomes:

- Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life
- Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them

Following on from this NHS Halton and St. Helens then produced the *Commissioning Strategic Plan*. This document turns the Ambition for Health goals into action by delivering transformational change in a number of key areas that support the strategic priorities.

The six priority areas identified in the Commissioning Strategic Plan are:

- Alcohol
- Obesity
- Early detection: Diabetes, respiratory, heart disease, cancer
- Early Detection: Depression
- Prevention: Tobacco Control
- Safety, Equality and Efficiency: Planned and Urgent Care

SECTION TWO: OVERSEEING THE TRANSITION PROCESS

AIMS

- Relevant agencies are engaged fully in supporting young people through the transition process, and work together in the interests of the young people.
- Professionals working with young people in transition are clear about their roles and responsibilities and discharge them fully and in a timely manner.
- At Year 9, there is a process to identify all young people who are likely to require support in the future.
- These young people are monitored between the ages of 14 and 25, to ensure that agencies that can help are involved in a timely way.

WHAT ARE WE DOING ALREADY?

A Transition Protocol agreed by key agencies identifies professional roles at each stage in the transition process.

Connexions have a key role in providing a personal advisor service to all young people with a Statement of Special Educational Needs

A transition coordinator was appointed by Halton Borough Council in 2007 to support transition, working closely with Adult and Children and Young People's Services. This has been effective in identifying any problems, and helping people to understand what is expected. The transition coordinator can help answer people's queries, and help to collate information, and chase up things that need to happen. The transition coordinator has a remit to work across all adult service areas, including learning disability and mental health services, and services for people with physical disabilities or sensory impairments.

A termly tracking meeting considers young people from Year 9 who are the subject of a Special Educational Needs Statement, identifying young people who are likely to require future support from Adult Services, and coordinating processes such as reviews and referrals. Operational Managers attend monthly meetings to monitor the progress of young people known to the Children and Young People Directorate who will require Adult Services. Young people can be added to these systems at any time after Year 9 if it becomes clear they will need support in the future.

Looked After Children are included in these arrangements, and discussions include a consideration of the respective roles in each case of the Leaving Care service, which has statutory responsibilities to support Looked After Children into early adulthood, and Adult Services which have responsibilities to undertake Community care Assessments on eligible adults.

The system has worked well - different agencies have worked well together - and this has largely avoided the situation where planning has to take place at the last minute for young people who have not been identified early enough.

One recent exception to this was a young person who developed mental health problems and needed specialist placement at age 17, but Adult Services were not involved.

A Children & Adults Transition Strategy Group attended by senior managers meets every 4 months to look at broader issues around the transition process, representatives include:

- Operational Director – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council (Chair)
- Operational Director – Children & Families Services, Children & Young Peoples Directorate, Halton Borough Council
- Divisional Manager – Assessment, Adult & Community Directorate, Halton Borough Council
- Divisional Manager – Adult Learning Disabilities, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Child Protection & Children in Need Services, Children & Young Peoples Directorate
- Divisional Manager – Inclusion 0-25, Children & Young Peoples Directorate, Halton Borough Council
- Assistant Director of Child & Family Health Services, NHS Halton & St Helens
- Assistant Director (Halton) – Greater Merseyside Connexions Partnership Ltd
- Head of Student Services – Riverside College Halton
- Senior Commissioning Manager – Partnership Commissioning, NHS Halton & St Helens
- SEN Inclusive Advisor – Greater Merseyside Connexions Partnership Ltd
- North West Regional Advisor, National Transition Support Team

HOW CAN WE IMPROVE?

- Special Schools and local Colleges are key partners in improving transition for young people and young adults. Their increased participation in strategic planning for transition will be sought.
- The tracking of young people through transition has been an important part of the transition arrangements agreed between the relevant agencies. It has become clear that this needs to formally include young people and young adults from 14 – 25.
- It is in everyone's interests that meetings to develop and oversee the transition process are efficient and their purpose is clear.

WHAT ARE WE GOING TO DO?

- Review all meetings to develop and oversee the transition process for efficiency and purpose
- Update Transition Protocol

SECTION THREE: PLANNING WITH INDIVIDUALS

AIMS

- Year 9 and subsequent annual reviews involve the young person meaningfully, as well as their families and relevant professionals, and look at broad issues around each young person.
- Arising from the Year 9 Review, a person centred transition plan is prepared that touches on every area of future life, and this informs the support the young person receives
- There is a smooth hand over between professionals who work with children and professionals who work with adults, with adults' professionals involved early enough to ensure this happens

WHAT ARE WE DOING ALREADY?

During 2009/10, staff responsible for arranging Special Educational Needs (SEN) reviews in both mainstream and special schools are being given training in making reviews more participative and focussed on broad issues, not just education. Health practitioners are typically involved in reviews, including education-led reviews, of young people with complex health needs.

During 2009/10, Halton Borough Council worked with Helen Sanderson Associates to develop skills around supporting individual plans in relation to developing Individual Budgets.

Halton Speak Out was commissioned to support young people from Year 9 to develop their own person centred transition plans.

Improved tracking of individuals going through the transition process has facilitated allocation of social workers from adult teams when young people are 17.

Halton are in the process of introducing individual budgets for people. This gives people greater opportunities for people to arrange their own services and customise them to their own requirements. Individual budgets for children are being piloted in Halton.

HOW CAN WE IMPROVE?

- Although individual planning has undoubtedly improved, we need to develop a system for checking the quality of individual planning on an ongoing basis, so that we can be sure that progress is sustained
- For young people with more complex needs who clearly meet eligibility requirements for adult services, the arrangements are working well, but there are concerns that some young people who do not meet the eligibility requirements for social care services remain potentially vulnerable. We need to improve the safety net for young people aged 18-25 in this position by strengthening preventative services.

- Individual planning is likely to be inspired by positive role models, and this gives a responsibility to promote and celebrate the successes of young disabled people, and where possible use peer encouragement to help motivate others.
- The introduction of individual budgets provides a good opportunity for newcomers to adult services to arrange services on that basis - also for any children already receiving direct payments or individual budgets to continue to receive them into adulthood, where eligibility continues.
- It has become clear that for some young people with more complex needs allocation of a social worker from an adult team needs to be arranged before the young person's 17th birthday to allow sufficient time to plan and arrange the services required as an adult.

WHAT ARE WE GOING TO DO?

- Extend the scheme to support person centred Transition Plans, building on the work from Halton Speak Out, to capture the new cohort of Year 9s and ensure that annual reviews continue to embrace person centred principles, with Year 10 reviews building on ideas of citizenship.
- Develop a system to quality check SEN Reviews and Transition Plans.
- Extend the existing Prevention & Early Intervention Strategy 2010-2015 to include special consideration of 18 - 25 year olds, and within this develop additional preventative services for this age group in conjunction with other stakeholders, e.g. Leaving Care service and Halton Youth Service.
- Continue to roll out individualised budgets, and within this prioritise young people, who are new entrants to adult services.
- Ensure direct payments from Children and Young People's Services continue smoothly where eligibility continues into adulthood
- Develop rule of thumb criteria for allocation of social workers from adult services earlier than a young person's 17th birthday. This will include young people likely to need specially commissioned services.

SECTION THREE: COMMISSIONING SERVICES

AIMS

- A mechanism to aggregate individual plans into commissioning plans as part of a proactive approach to anticipating future needs.
- Robust local services, reducing the need for young people to move away from their local communities to receive the services they need.

WHAT ARE WE DOING ALREADY?

The tracking of young people from age 14 – 25 who are likely to need support into the future provides useful information to help plan future services. It also gives potential early warning of future gaps in services that need to be addressed in commissioning plans.

The Transition Coordinator produces an annual report for the Transition Strategy Group, which includes summary data of young people in the transition tracking process.

When children and young people move out of the local area to receive special schooling or college placements, this has long-term implications for future care and support, as well as diverting resources away from local provision. Commissioners of such placements therefore look first at utilising local options to meet identified needs.

Although there are good practice examples of creatively developing local services in response to local need, there is room for improvement and development in the future.

HOW CAN WE IMPROVE?

Commissioning partners for health and social care services are the NHS Primary Care Trust, and the Local Authority. The Education Funding Agency (EFA) / Skills Funding Agency (SFA) commissions education and training provision. In April 2010 Halton Borough Council took over responsibility for the planning and commissioning of training and education for 16-19 year old learners, and up to 25 years old for learners with learning difficulties and disabilities (LLDD), from the EFA / SFA. The Coalition Government has confirmed that local authorities have a strategic commissioning and influencing role that should include maintaining the strategic overview of provision and needs in their area by identifying gaps, enabling new provision and developing the market and work closely with the EFA / SFA in order to maintain control of the available budget.

- The local authority will then be responsible for Strategic Commissioning and the Education Funding Agency will be responsible for the funding post 16 provision.. All partners need to develop a proactive and collaborative approach to commissioning services as part of their overall strategy for young people and adults, in partnership with local providers.
- Within the strategy, particular attention will need to be paid to promoting local options, reducing the need to commission out of area provision, which has the effect of depleting local resources.

WHAT ARE WE GOING TO DO?

- Strengthen local commissioning partnerships to support the development of local resources for disabled young people and young adults.
- Ensure young people and young adults with health and social care needs are positively represented in emerging local strategies.
- Look at innovative ways of combining education and social care funds within individual budgets, so that flexible person centred programmes of learning and support can be tailored to individual needs.

SECTION FOUR: SUPPORT FOR FAMILIES

AIMS

- Support to enable young people to continue to live with their families, where they choose to do so.
- Ensure there is recognition and practical support for family and other informal carers.

WHAT ARE WE DOING ALREADY?

Halton's Joint Commissioning Strategy for Carers, produced with wide carer participation, provides a comprehensive analysis of needs, summarises the range of current services available for carers, and sets out plans for developing services further. The key present and future role of family carers is highlighted in the strategy, which underlines the local commitment to offer carers recognition and support. The particular needs of young carers are included, some of whom are involved in the care of siblings with complex needs.

Currently there are specific assessors attached to Children and Adult teams providing assessments for carers.

The whole range of services referred to in this strategy is important for supporting family life. However short break services are particularly important for many families.

Increasingly, families are able to exercise choice and flexibility over short break services. The Aiming High for Disabled Children programme has delivered an increased range of provision, and capital funding has been used to improve access to a range of community facilities, benefiting children, young people and their families, benefits that continue into adult life.

Choice is further enhanced by the opportunity to access direct payments, which may be part of an individualised budget (self directed support), or as an alternative to a service identified following traditional assessment. Where services are received in this way by a young person, provided there is continuing eligibility for adult services, services can continue in the same way when the young person becomes an adult.

Despite the growth of respite provision and direct payments, some young people still access more traditional short break facilities at a residential unit. These have been targeted on children and young people with the greatest need. Corresponding services are available to adults, but in some cases the number of nights available per year to adults will reduce.

In April 2010 a joint commissioning unit was established with members from the local authority, health and the voluntary sector. The joint commissioning unit will explore the emerging health, education and social care agenda for children and young people.

HOW CAN WE IMPROVE?

- Where families of young people are receiving a high level of short break support, this is a likely indicator of the need for early intervention from adult services (i.e. before 17th birthday) to allow sufficient time for planning.
- Although an increasing number of carers have received assessments, this needs to be a systematic part of the transition process.
- We need to build on good practice to increase access to direct payments and self directed support.

WHAT ARE WE GOING TO DO?

- Where young people living with family carers are being assessed for adult services, a separate assessment of carers' needs will be undertaken (unless declined). To confirm this is happening, the Transition Coordinator's annual report will summarise details of carer assessments carried out relating to young people in transition.
- Halton will continue to promote the increasing take up of direct payments and self directed support.
- The receipt of high levels of short break services as a young person will be one of the criteria for early allocation of a social worker from an adult team.

SECTION FOUR: SUPPORT WITH ACCOMMODATION

AIMS

- When young people want to leave home and live independently, there is a range of signposted accommodation options available

WHAT ARE WE DOING ALREADY?

The Halton Learning Disabilities Partnership Housing and Support Strategy provides a detailed analysis of housing options for people with learning disabilities available locally. Over the years, Halton has worked with a range of housing providers and support providers to provide a high level of supported accommodation for adults with disabilities.

Further work has taken place to create a register of local adapted properties, suitable for people with mobility and other related needs. Floating support schemes funded by Supporting People are available for people who need a few hours support a week

There is little local reliance on residential care, reflecting a local commitment to helping people to access community housing. This has been strengthened further by the publication of information about how people can access a range of housing options (“Six Ways to get a Home”).

Improved tracking of young people through transition, supported by the work of the Transition Coordinator, has enabled housing needs to be picked up at an early stage. As a result, some young people with complex needs have been supported to find local accommodation, accessing vacancies within supported houses, or working with local providers to create new shared schemes.

PERSONAL STORY

The transition planning process started for Rose as she got closer to her 17th birthday. Rose has complex needs so to support her making the transition in adulthood multi agency meetings were arranged in order to provide the necessary foundations to work with Rose and develop her own transition plan, using the Person Centred Planning Framework.

By using this approach it allowed Rose and her family to work with the range of professionals to explore the options and empower the family to make positive choices and maintain those positive relationships which had been built up over Rose’s childhood. Due to the extensive planning and preparation Rose was able to move into her own supported tenancy where she was supported by staff and where her family were confident in the care and support she would receive.

HOW CAN WE IMPROVE?

- Although there are good examples of work in individual cases, there is a lack of an overarching process involving all the key stakeholders to support the planning and allocation of resources in response to accommodation needs of adults with

disabilities. This means that accommodation needs identified during the transition period have been dealt with in an ad hoc, rather than a systematic, way.

- Despite the signposting of options within “Six Ways to get a Home”, there is little evidence that these options are being actively pursued (for example, there has been no take up of Shared Ownership). An overarching steering group would help give further impetus to this. It would also help identify gaps in provision.
- There is anecdotal evidence that the range of schemes offering low-level support needs to be developed (e.g. the development of “key-ring” services”). Such schemes would need to be competent to support people with Higher Functioning Autism (Aspergers Syndrome).
- Appropriate housing is also the key to offering local alternatives to young people who due to their complex needs have required placement out of area, or who for similar reasons have been placed in out of area colleges in young adulthood.

WHAT ARE WE GOING TO DO?

- Partners to review the overarching mechanisms to carry out a sustained audit of current provision and future need for accommodation, including young people in transition, and implement a more robust system.
- Within this, review the need for all kinds of accommodation, including low level support schemes, and adapted or specialised properties.
- Also within this, provide more detailed guidelines for professional staff who will be instrumental in signposting people towards housing options.

SECTION FOUR: SUPPORT WITH DAY TIME ACTIVITY

AIMS

- Support for people to live fulfilling lives, with well signposted choices
- Support routes into employment for those who are able

WHAT ARE WE DOING ALREADY?

Over the last few years, day services for disabled adults and adults with mental health problems have been transformed, with a move away from using large segregated bases, towards a greater variety of activities based in ordinary community settings, including small community businesses, and the service is looking to expand this further with new ideas and opportunities.

This has been given greater momentum by the development of direct payments and self-directed support, increasing the choice and flexibility open to people.

The Community Bridge Building Service now provides the gateway to activities, by working with people to identify their needs and wishes, and helping them to arrange individual programmes of activity, using all the resources the community has to offer. Young people are able to access the Community Bridge Building Service as part of their transition plan.

The Community Bridge Building Service has carried out successful pilots working with young people at College to help plan next steps in advance of their college leaving dates, and also to arrange supplementary activities where young adults are looking for a five-day programme, and college provision is only available on limited days.

PERSONAL STORY

When Community Bridge Builders received a referral to help Barry, he had recently been admitted to a local psychiatric hospital, and things were not going well. Barry's person centred plan had explained he was a long time supporter of Widnes Vikings and had been doing a photography course at a local college.

When Community Bridge Builders told Barry there was a possibility he might be able to help on the turnstiles at the Stobart Stadium on match days, it certainly hastened his recovery! Barry has been working on the turnstiles for several months, now. During that time he has been able to pursue his interest in photography by joining the official photographers on match day. Barry says these new experiences are helping him to gain fulfilment and confidence and stay well.

Various local organisations offer schemes to support people into work, including Halton into Jobs, the Shaw Trust and the Richmond Fellowship. A certain level of "readiness for work" has to be demonstrated before these schemes are likely to be able to help, but they are seeking to extend their eligibility criteria to support a wider group, e.g. by seeking funding to offer schemes to people accessing work for a few hours per week, which would offer a helpful stepping stone for some.

HOW CAN WE IMPROVE?

- Build on the pilot work carried out by the Community Bridge Building Service, to reach into students with disabilities attending local colleges.
- Extend eligibility for Bridge Building Services to vulnerable young adults between 16 and 25 as part of a preventative service to people who are on the borderline of meeting the eligibility criteria for social care services, creating extra capacity within the Bridge Building Service to meet this demand.
- Halton is in the process of drawing up an Employment Strategy, which will provide more details of routes into employment, and will look in more detail at the needs of 16 – 25 year olds.
- Where young people are indicating that they would like to consider employment options, we need a concerted person centred approach to support that aim from an early stage, so that preparation and training, work experience, and links with potential employers can be prioritised and coordinated, backed up by positive support from professionals. To facilitate this, there needs to be access to advocacy and brokerage for individuals, helping them to break down barriers, including lack of expectations.

WHAT ARE WE GOING TO DO?

- Allocate development funding to target advocacy and brokerage to develop and implement a supported Employment Pathway for young people who want to choose employment.

SECTION FOUR: PERSONALISATION AND SELF DIRECTED SUPPORT

In January 2008, the Department of Health issued a Local Authority Circular entitled “Transforming Social Care”. The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

The Government approach to personalisation can be summarised as “**the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive**”. This approach is one element of a wider cross-government strategy on independent living, due for publication in 2009.

The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have **choice and control** over how this support is delivered. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

Halton is in the process of developing the Personalisation agenda; through Self Directed Support and Personal Budgets. A Self Directed Support Group has been established (which reports to the Transforming Adults Social Care Group) whom aim it is to establish effective arrangements across the whole of adult social care to deliver self-directed support and personal budgets.

SECTION FIVE: EDUCATION AND TRAINING

AIMS

- A range of flexible local Education and Training options accessible to disabled young adults, designed to maximise individual potential.
- Minimise the number of young disabled adults who due to lack of suitable local provision are forced to move away from home to obtain education and training.

WHAT ARE WE DOING ALREADY?

In 2009/10, the Education / Skills Funding Agency supported a local Transition Brokerage Project. This was designed to ensure that young people wanting to pursue college options were able to consider a local offer, tailored to the particular individual requirements of the student.

Government plans to disband the Learning and Skills Council (which funds post-14 education and training) from April 2010. Its functions will be split between Local Authorities (for 14-19 provision) supported by the Education Funding Agency, and the Skills Funding Agency for Adult (19+) training provision. This is likely to begin to affect provision from the 2010/11 academic year. The Government has pledged that the changes will be effected smoothly. It is too early to predict the likely affect of this, and it may take a time for changes in provision to occur.

HOW CAN WE IMPROVE?

- We need to ensure that education and training provision is tailored to individual learning needs, linked with plans for the future. We need to explore more imaginative and flexible ways of doing this to improve outcomes for individuals, and use available funding and resources more efficiently.

WHAT ARE WE GOING TO DO?

- The development of an Employment Pathway (see Section 7) will involve education and training providers, and will help model good practice for the future.

SECTION FIVE: FRIENDSHIPS AND RELATIONSHIPS

AIMS

- Opportunities and support for vulnerable and disabled young people to make and sustain safe friendships and relationships.

WHAT ARE WE DOING ALREADY?

Connexions offer a Teenage Pregnancy and Sexual Health support service.

Many young people find that the transition from comparatively sheltered special school environments into college life and beyond presents particular social difficulties, and local agencies including Connexions, local Colleges, the PCT, Brook, Terence Higgins Trust and the Local Authority have been looking at ways to develop specific targeted advice and guidance services, under the banner “Ready, Steady, College”.

Person centred planning addresses all areas of life, and making and sustaining friendships and relationships is an important area. For some this will mean taking care that there are opportunities for friendships created during long years at school to continue.

People with more complex needs can easily find that when opportunities at school and college are no longer available, their only “friends” are the staff who support them. The development of person centred approaches means that these issues are increasingly addressed in a way that is right for the person, and with the person at the centre of decision-making about their future.

HOW CAN WE IMPROVE?

- There is a need to continue to develop and embed the ethos of person centred planning and person centred services, backed up by staff training and the development of appropriate policies.
- Social isolation can be a problem for vulnerable young adults with less intensive support needs who have often been on the margins of social care services. Among this group are young people with Asperger Syndrome and ADHD. Failure to recognise their support needs can contribute to mental health breakdown, drug and alcohol problems, and other social problems in the future. Development of low-level support schemes, which include social networking, is required to help address these problems.

WHAT ARE WE GOING TO DO?

- Multi agency “Ready Steady College” Project to continue, supporting the social transition from school, developing opportunities for vulnerable young people to develop awareness and skills. Innovation Funding bid to support the programme, developing multi-media curriculum materials for use with young people and others.

- Refresh guidelines for staff on supporting relationships and maintaining appropriate professional boundaries.
- Plan the development of low-level support schemes for vulnerable young adults

SECTION FIVE: STAYING HEALTHY

AIMS

- Young people and young adults with disabilities have equal access to general health advice and health care
- In recognition of the particular health challenges faced by disabled people, all disabled young adults are introduced to appropriate health screening programmes.
- All young people in transition are encouraged to complete a Health Action Plan as part of their person centred Transition Plan.

WHAT ARE WE DOING ALREADY?

Work is currently underway to ensure all adults with learning disabilities known to social care services are identified by their General Practitioners, and receive the offer of an annual health check. This has been promoted by the designation by the NHS of annual health checks for people with learning disabilities as a Directed Enhanced Service. The scheme has required General Practitioners to receive special training. Over 80% of local General Practitioners have signed up for the scheme, and the Community Learning Disability Team is completing work to ensure that appropriate registers are updated.

A variety of Health Promotion programmes are accessible to all children and young people, including universal healthy school programmes, Mend, Fit for Life, Family Cook and Taste, and schemes for education about smoking and the Stop Smoking support service.

HOW CAN WE IMPROVE?

- A systematic approach to developing Health Action Plans for young people in transition needs to be developed to ensure that everyone has support to develop a Health Action Plan as part of their planning from Year 9.
- As the system for offering adult health checks for adults with learning disabilities is being newly introduced, this will be monitored and supported closely in the initial stages by the community Learning Disability Team, with support and encouragement to eligible people to take up their offer. This will particularly apply to young adults, some of which will have received most of their healthcare as children from specialist paediatric services and within school.

WHAT ARE WE GOING TO DO?

- Record and monitor statistics of take up of both Health Action Plans for young people in transition (aged 14 – 25) and Health Checks of young adults (aged 18 – 25).

- Develop a Care Pathway for young disabled people in transition, clearly identifying the roles of each professional, including the School Nursing Service and community nurses to ensure that Health Action Plans are included as part of transition planning from Year 9, and transition to adult health services is smooth, and appropriate information is shared.
- A community nurse within the Community Learning Disability Team will be given oversight of young people in transition to support relevant processes, including ensuring that each young person is supported to receive a Health Action Plan.

SECTION FIVE: SPECIALIST HEALTH SUPPORT

AIMS

- Young people with complex health needs receive the specialist services they need, with smooth transition between specialist children and specialist adult services

WHAT ARE WE DOING ALREADY?

The Adult Complex Needs Panel looks at social care funding proposals for individuals and approves on a case-by-case basis. This enables plans to be agreed in advance. Separate applications for Continuing Healthcare funding are submitted to the PCT. However there is now a single combined Panel to explore ways in which Health and Social Care needs can be met in a coordinated way, and funding agreed.

Pathways for transfer from CAMHS into both adult Learning Disability services and adult Mental Health services have been developed within the 5 Boroughs Partnership NHS Trust.

HOW CAN WE IMPROVE?

- We need to ensure there is early planning for transition of young people with complex health needs, with identification of key health worker to manage the transition process.
- Previous difficulties in coordinating health and social care funding have led to recent improvements, but it is necessary to keep these arrangements under review to ensure effective mechanisms for assessing and allocating appropriate funding for people with complex needs.
- Access to Acute Hospital settings when required can be a particularly difficult experience for people with disabilities. Although there is currently some support from community teams, the approach needs to be further developed.
- We would like to offer individualised Health Budgets, and support their development locally.

WHAT ARE WE GOING TO DO?

- Review the pathway for managing the transition of young people with complex health needs into adult services, including use of key workers. The pathway must ensure that plans are founded on comprehensive needs assessment, including specialist assessments, and that timely mechanisms for completing these are in place.
- Review of palliative care services and development of equipment and wheelchair services are expected to lead to increased availability of appropriate support to young people.

- Review the arrangements for supporting young people who need to access Hospital settings, including consideration of introducing a “Health Passport”.
- Community learning disability services will continue to be modernised to deliver care, support and treatment closer to home.
- Funding for a Specialist Community Positive Behaviour Service has been agreed, and this will be developed from 2010. This is designed to support people of all ages, from children to adults, and part of the rationale for this was to support planning for people with complex needs by a single team through the transition process. The service will target people with severe learning disabilities who present the most challenges.
- Be ready to offer individualised Health Budgets when mechanisms are agreed nationally, and assist the development process.

SECTION SIX: TRANSPORT

AIMS

- Local public transport is affordable, accessible and convenient to allow young disabled people access the community facilities of their choice.
- Young people are given support to access a range of transport options that meet their individual needs and develop opportunities for independence and choice.

WHAT ARE WE DOING ALREADY?

Across the Borough, work to implement the Local Transport Plan (2006-11) has included upgrading all bus stops to allow disabled access. This work has been progressing well. A good proportion of local taxis are accessible to people with mobility difficulties.

Halton has two posts created to deliver the Travel Training scheme. A DVD is available to publicise and explain the scheme, and help raise expectations about using public transport independently. This is used widely in schools and with other groups. Further travel training is carried out by the Community Bridge Building service, as part of introducing people to community activities of their choice.

The national Concessionary Fare scheme is available locally to eligible disabled people, giving free off-peak travel by bus. Halton has used its discretion to extend this scheme to the use of Dial-a-Ride, a service operated by Halton Community Transport with financial support from the Borough Council, allowing flexible door to door access to community facilities for eligible people.

Halton Community Transport also runs an Accessible Learner Service, liaising with Riverside College to transport disabled students to and from college to accommodate their individual timetables. It also arranges transport to and from the Independent Living Centre in Runcorn.

The Neighbourhood Travel Team is able to offer subsidised taxi travel to work in individual cases, where other public transport is unavailable, and are about to introduce a Scooter Commuter Scheme to assist young people.

An annual "Wheels for All" event showcases the range of bikes suitable for use by disabled people, and Halton has encouraged the use of bicycles as part of School Travel Plans, with financial incentives to cycle where there is eligibility for assisted transport.

HOW CAN WE IMPROVE?

- Halton still operates a fleet of fully accessible vehicles providing transport to specific Centres across the Borough. This is supplemented by individual taxi contracts where these are cost-effective. Discussions are underway with the PCT to consider whether non-emergency patient transport can be managed as part of an integrated service.

- Provision of transport is operating in a fast changing environment where services may be expected to become more personalised. Halton recognises that provision of transport needs to keep pace with this changing agenda.

WHAT ARE WE GOING TO DO?

- In 2010, Halton will complete an Accessible Transport Study, to take account of the developing personalisation agenda, and future demographic changes. This will include consideration of the needs of young disabled people.
- Findings of the above will inform the development of the next Local Transport Plan.

SECTION SEVEN: SAFEGUARDING

AIMS

- Ensure that there is continuity of protection for young people as they move into adulthood

WHAT ARE WE DOING ALREADY?

Halton has established procedures for both Child Protection and Adult Safeguarding, with agreements in place between relevant agencies, and programmes of staff training. Although arrangements for children and adults are necessarily different due in part to different legislation affecting children and adults, they are nevertheless underpinned by similar principles, and safeguarding strategies have much in common.

Strategic continuity is aided by the appointment of the Operational Director for Adults and Community Directorate (Prevention & Commissioning) as the chair of the Halton Safeguarding Children Board, which will be taken over by Children and Young People's Services in April 2011.

A key priority in ensuring continuity is the sharing of information when key roles are transferred during the transition period. Where young people approaching adulthood have been subject to child protection concerns, and where those young people are being considered for adult services:

- It is the responsibility of Children and Young Persons' Services to alert Adult services to those concerns as part of the handover arrangements.
- It is the responsibility of Adult Services to consider how Safeguarding Adults procedures will need to be applied in each individual case.

The introduction of clear arrangements for transfer of responsibility from Children and Young Persons' Services to Adults' services means that this handover is managed systematically. Training of staff from Adult Services in Child safeguarding procedures is helpful in ensuring that they are aware of how safeguarding issues would have been previously addressed.

In adults' services, in each case a community care needs assessment is undertaken and considered carefully against Fair Access to Care Services (FACS) criteria, taking account of any safeguarding issues.

Needs assessed as critical, substantial or in some cases moderate meet the criteria for service provision through the care and support planning process.

Where young people are not eligible for adult services (for example, due to their having been assessed as having no disability or mental health issues resulting in eligibility for services), there is no basis for the involvement of adult services, although young people who fit the relevant criteria are eligible to receive continuing support from Children and Young Persons' Services under leaving care arrangements.

Where young people are on the borderline of eligibility for adult services, Adult teams work cooperatively in situations where there may be doubt about which team should

assume responsibility for supporting vulnerable young adults, and there are written protocols setting out these arrangements.

We are proud of our social care services in Halton, and judged "excellent" in the 2010 Safeguarding Adults Inspection and 2009-10 Annual Assessment conducted by the Care Quality Commission.

HOW CAN WE IMPROVE?

- The arrangements for safeguarding in transition appear to be working well, but this will be subject to scrutiny in 2010 as safeguarding adults arrangements will be one of the focal points of an inspection of adults' services to be carried out in Halton by the Care Quality Commission. This will look at not only adult social care, but how agencies work together to the benefit of services users.
- Safeguarding children, young people and vulnerable adults (i.e. those whose circumstances render them vulnerable to abuse) is everyone's responsibility. We should ensure that all employees, including both paid staff and unpaid volunteers, are able to recognise possible indicators of abuse and know how to report concerns. This includes staff predominantly working with adults knowing what to do if they have a concern about a child or young person. Also, children and young people, parents/carers and the general public should be clear that safeguarding is their responsibility too, and be aware of how to report any concerns and where to seek support. Awareness raising is key to achieving this and should be co-ordinated by Halton Safeguarding Children Board and Halton Safeguarding Adults Board.
- Halton Safeguarding Children Board will continue to ensure that training and development opportunities are available to staff, ensuring that workers from both children's and adults' services train alongside one another. Training courses will also be evaluated to ensure that the additional vulnerabilities of children with complex needs are highlighted.
- Children and young people with complex needs may be additionally vulnerable for reasons such as receiving intimate personal care, having special communication needs or having a high number of workers or agencies involved in providing services to them.
- We need to be confident that the workforce, including volunteers, is as safe as possible by ensuring that safer recruitment practices are in place and that organisations operate a "safe culture" which deters individuals who pose a risk of harm to vulnerable groups entering the workforce.

WHAT ARE WE GOING TO DO?

- Safeguarding children, young people and vulnerable adults is everyone's responsibility. Raising awareness of this key message will be undertaken by the Halton Safeguarding Adults Board and Halton Safeguarding Children Board and will involve some joint work.
- Halton Safeguarding Children Board Training Sub group to evaluate single and multi-agency training programmes.

- A joint Safer Recruitment Sub group will report to both Safeguarding Boards, overseeing Safer Recruitment practices in organisations.
- Implement any changes to “Working Together” guidance following the Monroe review.

SECTION EIGHT: INFORMATION

AIMS

- Helpful information packs for parents and young people to explain the support and services available in clear and appropriate formats

WHAT ARE WE DOING ALREADY?

In 2007, a “Guide to Transition for Parents and carers” was written, with a simplified, easy read version available for young people with learning disabilities. These documents are available at Halton Direct Link, and are given to families as part of the planning process when young people are in Year 9.

At the same time a Transition Protocol was written, designed to clarify roles and responsibilities of professionals at different stages of transition.

HOW CAN WE IMPROVE?

- Information contained within the Guide and the Transition Protocol now needs to be updated to reflect current policy and practice, including the move towards personalisation.

WHAT ARE WE GOING TO DO?

- “Guide to Transition for Parents and Carers” to be updated, and revised accessible version.
- Transition Protocol to be updated.

SECTION NINE: INVOLVING YOUNG PEOPLE & FAMILIES

AIMS

- Developments in policy and services affecting young people going through transition are made with the involvement of young people and their families.
- Young people are empowered to speak out about their own wishes and feelings, and are listened to.

WHAT ARE WE DOING ALREADY?

The involvement of Halton Speak Out to help young people in Year 9 to develop Person Centred Plans (see Section 2, above) has been positive in helping young people to think about choices and articulate their thoughts. Appendix 1 is a report on this.

Halton Speak Out arranged an event - the “Supermarket of Life” - for young people approaching school leaving age, where young adults who have recently faced similar issues were invited to give the benefit of their experience. Appendix 2 provides a report on this event.

The Learning Disability Partnership Board has a cabinet of people including a portfolio holder for Transition.

Parent partnerships arising from the Aiming High for Disabled Children initiative have provided opportunities for involvement in shaping services. Families have been involved in local Parent Partnership conferences, and local parents have been active participants and contributors to regional events set up as part of the Transition Support Programme. A focus group of parents has contributed to this Strategy.

HOW CAN WE IMPROVE?

- Empowering young people to speak out is a major contributor to improving opportunities for themselves, improving the ways in which services are delivered, and raising the awareness and expectations of professional staff, and sometimes families. These expectations may relate to aspiring to living independently, using public transport, obtaining paid employment, and many other areas. Existing programmes such as “Planning for Life” that had been agreed on a time-limited basis need to be established into the future and built upon.
- It is important that voices of families of young people with complex needs are heard, and that they are encouraged to participate in relevant forums.

WHAT ARE WE GOING TO DO?

- Continue the “Planning for Life” programme, building in additional preparatory workshops in Year 9, and extending the programme to include reviews. Annual report from programme informs service development.

- Arrange workshops along the lines of “the Supermarket of Life” each year for young people approaching school leaving age.
- Support the Learning Disability Partnership Board portfolio holder for Transition to contribute to service development and planning.

REFERENCES

National Transition Support Team (2010), *“Transition Support Programme Year 2: Initial Report from the Self Assessment Questionnaire Analysis – February 2010”*, National Transition Support Team [online]. Available from:

<http://www.transitionssupportprogramme.org.uk/pdf/Initial%20Report%20from%20the%20SAQ2%20Analysis%20February%202010.pdf>

ACTION PLAN

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Overseeing the transition process/ Information	Update Transition Protocol, and arrange staff training for professional groups affected	Transition Coordinator	Feb / Mar 11	Update and revise protocol in accordance with legislation changes
Planning with individuals/ Involving young people and families	Extend "Planning for Life" programme to next cohort of Year 9s, and Reviews of existing Plans	Halton Speak Out, in conjunction with CYPD / PCT Commissioners	Ongoing	All Year 9s should have an up to date & accurate health action plan completed prior to transferred to Adult Services
Planning with individuals	Develop system to quality check SEN Reviews and Transition Plans from Year 9	Special Needs Division	Oct 10	A stage 1 and stage 2 audit process is already established but is open to further refinement & is on-going. The SEN Assessment Team has established key targets in the Team Plan for 2010-2011 to monitor that all review documents are returned in time, to gather views on annual review process from schools and parents, to amend the Statements if necessary, as an outcome of Annual Review & transition, to continue to record participation/contribution to Annual reviews by parents & pupils and to continue with the case file monitoring.
Planning with individuals	Extend the existing Prevention & Early Intervention Strategy 2010-15 to include specialist consideration of 18-25 yr olds	Older People's Commissioning Manager in conjunction with Transition Coordinator, Leaving Care Service & Halton Youth Service	Feb 12	As part of the review process, extend the Prevention & Early Intervention Strategy 2010-15 to include transition.
Planning with individuals	Develop Criteria for early allocation of Adult Workers	Operational Management Group	Mar 11	Adult allocation is timely.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Commissioning	Coordinated commissioning mechanisms between Education Funding Agency / Skills Funding Agency, LA and NHS	Divisional Manager for Inclusion	Mar 11	Clear evidence of co-ordinated commissioning being undertaken.
Commissioning	Devise mechanisms to combine education and social care funds within individual plans for young people and adults unable to access traditional college routes.	Connexions	From Sept 10	Funding qualified at an early stage.
Support for families	Carer assessments undertaken (unless declined) alongside community care assessments for young people in transition.	Care Management Teams	Ongoing	Assessments are collated and monitored by the Transition Co-ordinator.
Support for families	Transition Coordinator's Annual Report details carer assessments	Transition Coordinator	Mar 11	Maintain accurate & timely carers assessment data within the Annual Report.
Support with accommodation	Review of mechanisms for auditing future needs for accommodation, including options for young adults	Adults Commissioning Manager	Jan 11	Clear information for professionals, young adults and families on options for accommodation.
Support with day time activity	Improve advocacy and brokerage to implement a supported Employment Pathway for young people interested in this option	Transition Coordinator	Mar 11	Increasing employment opportunities for young people to gain paid employment based on their aspirations.
Specialist health support	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Halton Speak Out to develop accessible materials based on existing consultation, information & statistics following the school/college's scheme of work. Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Specialist health support – cont'd	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them.
Staying healthy/ Specialist health support	Develop Care Pathway, identifying roles of each professional, for developing HAPs and smooth transition to adult health services.	PCT via Healthcare for All	Jan 11	Increase the numbers of HAPs.
Staying healthy	Record and monitor statistics for Health Action Plans (14-25 year olds) and Health Checks (18-25 year olds).	Senior Commissioning Manager - PCT	Ongoing	Refer to Ambition 19 & 21 above.
Staying healthy	Community Nurse within Adults with Learning Disability Team to oversee transition work	Divisional Manager for Assessment	Mar 11	Refer to Ambition 19 above.
Staying Healthy	Review arrangements for supporting young people who need to access hospital settings, including consideration of introducing a “Health Passport”	PCT	March 11	Refer to Ambition 19 & 21 above.
Transport	Carry out an Accessible Transport Study to take account of the needs of young disabled people, the developing personalisation agenda & future demographic changes	Lead Transport Co-ordinator	Mar 11	Undertake Accessible Transport Study and link findings into the development of the next Local Transport Plan.
Information	Update “Guide to Transition for Parents and Carers”, with accessible version	Transition Coordinator / Principal Manager for Disabled Children's Services	Jan / Feb 11	Use of DVD or other media formats to be adopted to improve accessibility and understanding of information for young people and their families.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Involving young people and families	Annual report from Planning for Life programme used to inform developments in services	Transition Coordinator	Ongoing	Transition Coordinator has to consult with parents / carers and provide evidence of
Involving young people and families/ Planning with individuals	Workshops for young people approaching school leaving age	Connexions in conjunction with Halton Speak Out	Apr 11	Halton Speak Out / Connexions to plan one-off workshop to consult with young people approaching school leaving age.
Involving young people and families	Support LDPB portfolio holder for transition to contribute to service development and planning	Halton Speak Out	Ongoing	Halton Speak Out to consult with young people and families to inform service planning and development.

TRANSITION IN OTHER WORKSTREAMS

AREA	WORKSTREAM	WHAT TRANSITION ISSUES ARE RELEVANT	LEAD	BY WHEN
Planning with individuals	Adult Preventative Strategy	<ul style="list-style-type: none"> 18-25 year olds to be considered 	Commissioning Team	Ongoing
Planning with individuals	Individualised Budgets	<ul style="list-style-type: none"> Young people in transition prioritised for individual budgets. Continuity of Direct Payments from C&YP to Adults Services 	Care Management Teams	Ongoing
Commissioning	Commissioning Strategies	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Commissioning Team	Ongoing
Support for families	Carers' Strategy	<ul style="list-style-type: none"> Ensure needs of carers of young people in transition are addressed 	Carers' Lead	Ongoing
Support with accommodation	Housing Strategies	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Commissioning Team	Ongoing
Support with accommodation	Guidelines for professional staff on routes into housing	<ul style="list-style-type: none"> Staff able to signpost young adults appropriately 	Divisional Manager for Assessment	Jan 11
Friendships and relationships	Guidelines for staff on supporting relationships and maintaining appropriate professional boundaries	<ul style="list-style-type: none"> Affects all young people and young adults in supported settings 	TBA	Jun 11
Specialist Health Support	Palliative Care Review; Equipment/Wheelchair service development	<ul style="list-style-type: none"> Increased availability of appropriate support for young people 	PCT	Ongoing
Specialist Health Support	Reconfiguration of Intensive Learning Disability Community Health Team	<ul style="list-style-type: none"> Increased availability of therapeutic support for young adults 	PCT with NHS Providers	Sept 11
Specialist Health Support	Development of Specialist Positive Behaviour Team	<ul style="list-style-type: none"> Support planning for young people with behaviour that challenges 	Complex Care Division	From Sept 10
Specialist Health Support	Individualised Health Budgets (when available)	<ul style="list-style-type: none"> Opportunity for qualifying young people and young adults 	NHS leads	TBA
Transport	Accessible Transport Study & Local Transport Plan	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Transport Leads	Sept 10
Safeguarding	Action Plans arising from 2010 Inspection	<ul style="list-style-type: none"> Any suggested improvements in adult safeguarding arrangements 	Prevention and Commissioning	Jan 11

Halton Speak Out

**Planning For Life
Report**

2009/2010

1. Purpose of this report

This report has been requested to evaluate the effectiveness of the Planning for Life Project and its impact on services locally during April 2009 to March 2010

2. What is the Planning for Life Project?

The 'Planning for Life' project in Halton is centred around Person Centred Facilitation and Person Centred Planning. The latter is the planning approach for determining planning and working towards the preferred future of a young person with a learning disability.

The purpose of the Project is

- To learn from young people what is important to them,
- To engage with families to obtain their views and reflect on current service provision and to clarify desired future service requirements.
- Helping professionals involved to ensure adequate resource are made available and to use resources efficiently

3. Targets for the Planning for Life Project

- To review the 16 plans that were facilitated in 08/09
- To facilitate a PATH for each young person for each young person who meets the eligibility criteria for adult services
- To facilitate all 'looked after' children in a person centred manner
- To facilitate 5 new plans for young people with complex needs
- To facilitate 10 x ½ day awareness sessions for staff and teams working with young people with complex needs

4. How have the above targets been met?

The project has:

- Facilitated 46 child in need person centred reviews (24 more than previous year)
- Facilitated and reviewed 24 person centred plans
- Facilitated 8 plans for children with complex needs
- 2 plans for young children with complex need still to be facilitated. One is delayed due to obtaining parental permission; another is waiting date to be agreed with professional involved.
- 8 x ½ day training sessions for staff arranged (2 were cancelled due to family bereavement).

In addition:

- 3 'team around the child' reviews have taken place, facilitated using person centred thinking tools
- Both Cavendish and Chestnut Lodge Schools have incorporated the education review in with the child in need review. This incorporation of meetings is beneficial to the young person, family and professionals and ensures efficient and productive outcomes.
- Both Cavendish and Chestnut Lodge Schools have asked that the year 9 students not open to social care have their reviews facilitated in a similar style and both schools have agreed to fund this out of their own budgets

5. An evaluation outlining how the project has achieved the desired outcomes

i. Be healthy

Halton Speak Out, young people, their families and partner agencies have worked together to build good local systems for supporting both social care and health within the transition process. This can be evidenced within the plans of review documents and person centred plans that have been facilitated

By using a person centred approach this has addressed important health issues that have needed to be considered. Where there have been issues of health that have been of a sensitive and/or very personal nature, a judgment has been made about who needs to know the information and in what detail.

ii. Stay Safe

The following description indicates the process for one of the meetings. The meeting differed from a usual review or meeting in both tone and content. Everyone contributed to the meeting and Hatty (name changed to maintain confidentiality) was clearly at the centre. Hatty chose the music to play as people arrived, and the meeting began with everyone introducing themselves in relation to how they knew Hatty and something that they liked or admired about her. The meeting was in two parts, one to collect information, the second to review the information and agree actions. For Hatty's meeting lots of flip chart paper was put on the walls:

- What we like and admire about Hatty
- What is important to Hatty now
- What is important to Hatty for the future
- What support and help Hatty needs
- Questions to answer/issues we are struggling with
- What is working and not working (four sheets – what is working and not working from Hatty's perspective, from the families from the school's perspective and others' perspective,

By using these approaches within the transition planning process staff employed by Halton Speak Out and other professionals were able to:

- Help young people and their families build an increasingly clear idea of how they want to live their lives as adults, what specific actions are needed to progress their aspirations and who can help
- Become clearer about how the services and supports that young people are eligible for can support their aspirations during the final years at school – and take action flowing from this
- Build towards a plan that can be used to shape adult services and supports at school leaving

iii. Enjoy and Achieve

Through the work that has been undertaken we are finding out what people want that they are not currently able to get and are using this aggregated information plan to make changes.

iv. Make a Positive Contribution

By using person centred approaches with young people, their families **and** others, there is evidence beginning to emerge that indicates:

- People see their family member differently:
- Families gain confidence and are beginning to take initiative
- Hope for the future
- Strengthening families

v. **Achieving Economic Wellbeing**

Halton Speak Out, through using person centred processes, have worked with other key professionals and agencies to support their work with young people and their parents to help them understand, access and maintain new opportunities.

By raising awareness of person centred thinking and approaches for professionals working with young people, the workforce are better equipped to understand how young people need to be supported if they are to achieve their ambitions.

6. **Feedback from the Plans**

i) **Supporting building and maintaining friendships**

- I don't see my friends anymore
- I want to see my friends but I don't know how
- Mum doesn't like me to have a girl friend
- Its boring going to the same places
- I don't want a baby sitter I want someone my age
- I don't like going for days out that's for babies
- There are bullies where I live so I don't go out

Questions to Answer

How can we support young people to stay in contact with their friends when they go to college out of Borough?

How can we offer direct payment/individual budgets to more young people so they can choose who supports them?

What activities are there for young people to access in school holidays? How do we get this information to them and their families?

ii) **College**

- It's too noisy and I don't like it
- I don't like some of the things we do there
- I know people really well in school and they know me. I am worried about leaving my school
- I want a job, I don't want to go to college
- I want to go to college because my friends will be there
- I don't know how to get a job
- A special bus picks me up I don't like that

Questions to Answer

How can we ensure that young people access the college course that has a progression to employment?

How can we ensure young people have more choice in the college they go to?

How can we ensure that information on colleges and courses are presented in a way that allows the young person to be involved in the decision making process?

How can we ensure that young people are supported to look at the choices they have college or employment?

How can young people be supported to find information about accessing the right link courses at college?

How can we ensure feedback is given to young people and professionals following taster days at college?

How can young people be supported and preparation work be undertaken to ensure that any move from one educational base to another works for the young person?

iii) Employment

- I want a real job
- I want money
- I don't know what I want to do, can you tell me?

Questions to Answer

How can professionals be supported to recognise the gifts and skill of young people and then build on these when looking at employment opportunities?

How can others match the person with the job?

How can education and training support the pathway to employment?

How can people be offered the opportunity to increase 'taster sessions'?

iv) Relationships

- I want to have a girlfriend/boyfriend
- I only see my boyfriend in school
- Me and my girlfriend went out for a meal my Mum came and her Mum - it cost me £80 - I cant afford to go again

Questions to Answer

What support do young people receive around relationships?

What support do young people get around sexual health?

How can relationships be supported?

How can young people be supported to understand all the different emotions they feel?

v) Families

- Mum gets tired I worry about her
- My brother goes out - he is younger than me but I have to stay in
- My sister looks after me when Mum goes out but I don't want to go there - it is boring

Questions to answer

How can we ensure that respite/short breaks are provided in a way that works for the young person and meet the family needs?

vi) Choice, Control and Independence

- I want to do more on my own
- I want to choose what happens when I leave school
- My Mum and Dad want me to go to college but I don't want to go
- I need help to make choices
- I don't know what a direct payment is.
- I want someone to help me think about my future....not my teacher
- I want to move to my own house, but mum says no
- I want my own money

- I always have to rely on other people to help me get around and sometimes they are busy
- I want to travel on the bus but mum says no

Questions to Answer

How can we support young people and their families to look at independence and support them to take safe risks?

How can we develop decision-making agreements for young people of all ages?

How can we support young people and their families to understand direct payments and individual budgets?

How can young people be supported to look at having their own home once college has ended (residential college)?

How can we provide a greater choice of housing for young people?

How do ensure young people and their families have the right information when looking at independent living that will support the decision making process?

How can young people and their families be supported to look at different ways they can travel around and be more independent?

Mobility cars.....who chooses and uses them

vii) Building and supporting communication

- I have a dynovox, it is too slow and not cool
- People don't listen to me
- It's hard for people to understand me

Questions to Answer

How can we ensure all professional are listening to the young person?

How can we support professionals and families to use communication charts and learning logs?

viii) Health

- I find personal care 'difficult'.
- People don't always get my health care right
- I get fed up when people stop me doing things they say are bad for me

Questions to Answer

How can we incorporate health action plans into person centred plans?

How can we support health professional to address health issues in a person centred manner?

How do we get the right balance between what is important *to* the young person and what is important *for* the young person?

ix) Support

- Different people help me - I don't like that
- I don't get to choose what I do
- I don't like going out in a group
- I need people to read things to me and they don't
- Why do people treat me like a baby and not an adult
- We do things that little kids do
- In school they treat me like a child
- I do the same boring things
- Sometimes I don't want to go out but I have to

- I want to go out on different days but I can't
- I told people I don't like going there but we still do
- We go the same boring places and do the same boring things

Questions to Answer

How can current commissioned services respond to the individual needs of young people?

How can we support a more creative workforce?

How can we monitor the age appropriateness of services?

How can support agencies be encouraged to use techniques that support ongoing learning (learning logs) - how will information be aggregated from this new learning?

x) Leisure and Social Opportunities

- When I leave Brookfield's, where will I go swimming?
- I want to try new things - I am bored
- I do things at school but there is nothing to do afterwards
- I want to play football but I don't know where to go or who will help me
- I go out with Barnardo's but I get bored doing the same things
- I go to clubs but I am not interested in the things they do there
- I don't like going to Crossroads it's boring
- Baby sitting is for babies not for me

Questions to Answer

How do we build on the current social activities young people participate in?

How do we build new and inclusive social and leisure opportunities for young people?

How can we offer more young people or direct payments rather than purchasing block contracts?

7. Key messages

- Young people really valued their friendships and wanted to develop more friendships and relationships
- Young people wanted the choice to go to college and to have a job that was paid
- Young people valued the role their family had in their lives but want greater independence
- Young people said having the right support was very important and this included health, but they wanted staff to have the right qualities, accessibility, understanding communication etc
- Young people wanted more opportunities to have control over the decisions that were being made about their futures

8. Additional Issues

- How do we support and engage with families? This would help them understand the process and their role.
- Meetings still have to be arranged at times that suit professionals and not the young person
- Who will pick the person centred plans up in adult services?

- Young people and their families are becoming increasingly familiar with the person centred processes. How can we ensure this work continues in adult services?
- How can we begin to work and engage with young people and their families at an earlier age?
- How can we engage the different agencies to document their learning to aid the gathering of information prior to a person centered plan or review
- Parents' low expectations
- Limited college courses/ job opportunities
- Lack of work experiences matching what the young people are interested in
- Parents' concentrating on what is safe rather than what the young people actually want
- Limited activities from current providersneeds wider variation
- Current services been delivered in ways that young people do not want e.g. 'babysitting services'
- Lack of younger personal assistants - being offered befriending services

Halton Speak Out

**Supermarket of Life
Project Report**

March 2010

1. Introduction

In March 2010, Halton Speak Out worked with a number of young people due to leave school in 2010 or 2011. They were helped by a number of young adults who have left school in recent years. The aim of the day was to support young people to think about leaving school. A “Supermarket of Life” theme was used to make the day interesting. The recent school leavers shared what had been important for them, and they gave their advice about leaving school, and also what would make this transition better.

2. What Young People Said:

- May need help to learn how to get out and about on my own – travel training
- Not residential
- I leave school in 2011 and would like to go to Pettypool with my friends (I have already been for a visit and I liked it) I would like to do an animals course
- May need help to meet up with my friends when I have left school
- To take my girlfriend for a meal
- Future work maybe on the computer / talking on the phone (maybe work experience in an office to see if I would like it)
- Enjoys drama at school and would like to continue this after leaving
- Help with looking at all the different jobs I could do
- College- I like computers- possible computer course.
- Would like to have a paid job in the future but not sure what doing yet.- possibly photography as I am really interested in fashion
- To stay living with my family
- When I leave school I would like to go to a college near where I live, I want to do a course like drama/ anything to do with the theatre or film
- I also wouldn't mind doing a cookery course to help me cook for myself but this is not to work in café.
- I have my back up plan
- I would like to have a boyfriend but it has to be the right boy
- I would like to spend time with my friends outside of school and have sleep-overs.
- I want to have fun and people have to help me to do this
- I would like to live with a few of my friends-may be in my 20's. I would like a house that was near to my family
- I would like to do a basic cookery course (for pleasure & home)
- I would like someone to talk to about relationships and boys- would like to get married

- Help with choosing a course, help in choosing a college- to visit the college first to see if I likes it- to meet the staff at the college
- I want a job, don't think I want to go to college, don't think I would like it
- What qualifications will I need to work at a zoo/ safari park with big wild animals, do you have to go to college to do them?
- I want to find out how to get a mortgage and choose a house- if it hasn't got a lift –how can i get one?
- To meet a girlfriend in the future- to mix with other young people of his age and meet new friends.
- I need someone to help me they have to have a good sense of humour/ funny

3. Thoughts of young people who have left school:

What worried you about leaving school?

- It is a big world and scary
- I was frightened about meeting new people, leaving my friends (they all signed my jumper)
- Worried that I wouldn't be able to look after myself
- I wasn't given a choices were I went other people choose for me
- Would I fit in, would people like me
- We were 'top dog' in school, now we would be bottom of the ladder
- Scared...everything was going to change
- In school I had a routine and friends and teachers I knew. I was bullied at school and I was worried I would get bullied at college
- Not being able to go to the discos anymore
- Leaving the people on the transport
- Friends going to different colleges and I will never see them again
- I loved my school, they had a sports hall, and computer room

What excited you about leaving school?

- College links with Warrington helped and taster days
- People told me the college I was going to was really good
- I just wanted to get out and go to college. I was nervous but I go use to it
- I wanted the best out of my life and the best future
- I wanted to follow in my Auntie's footsteps
- I was going to be treated like an grown up that was good
- I was getting away from the bullies they picked on me because I wore glasses.
- I was really happy to leave school
- Getting a new teacher

4. What would make transition better?

- To have more help to think about the future
- To have better advice.....to guide us where to go
- To have a chance to work before we leave school
- Having more easy to read information to help us decide

- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don't want to
- To have people who understand me to work with me
- To have a chance to work before we leave school
- Having more easy to read information to help us decide
- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don't want to
- To have people who understand me to work with me
- To have fun days like today to talk about me

5. Our message to people who make the rules:

- Make sure we get the right help and support to make decisions
- Make sure it is what we want to do not what other people want for us
- Give us time to work with our friendswe can help each other
- Help us listen to other people's stories...people who have already left college. They may be able to give us some ideas about what to do
- Make sure we get help to think about the jobs we want to do, so we go on the right course when we go to college....don't waste our lives
- Help us to meet the people who could give us a job, they could tell us what sort of people they would want working for them
- We should be able to try more work experience.
- If we find work experience we like...we should not have to leave
- We should spend more time talking and thinking about the future
- We should be able to talk about the future with people we like
- Thinking about the future in a fun way (like today) makes it easier

6. Our most important messages...post transition students

“Help and support young people to stay in touch with their friends when they leave school or college”

“Young people need help when they have a boyfriend to girlfriends. They need help to think about their feelings and problems”

“We want a job, to try different work experiences. It can be hard trying to decide when we have not tried things before”.

“Help young people to understand money, how much they have and how to spend it”

“Help them to think about where they will live when they are older, maybe buy a house”

“Sometimes we change our minds about what we want to do, people need to listen”

“Tell more young people about direct payments, and individual budgets”

“Start working with people when they are a lot younger...help them to think about their future”

“People should have more choices about the courses they do at college”

“Courses we do at college, don't help us get the jobs we want to do, this needs to change”

This is a text-only version of the “Supermarket of Life” Report. To see the full version, please contact Halton Speak Out.

REPORT TO Children Young People and Families Policy
and Performance Board

DATE: 21 February 2011

REPORTING OFFICER: Strategic Director – Children and Young People

SUBJECT: Contract/Commissioning Update

1.0

1.1 PURPOSE OF REPORT

1.2 To provide an update on the contracts/commissioned services for Children and Young People from April 2011.

2.0 RECOMMENDATION

2.1 The Board notes the contracts that have been de-commissioned and the measures taken to mitigate the impact.

3.0 SUPPORTING INFORMATION

3.1 A report was presented to the Board on 6th January 2011 outlining the process undertaken within the Children and Young People's Directorate to review contracted/commissioned services and identify the contracts that would need to be terminated from 31st March 2011. This report now provides the details of the status of the key contracts and identifies those that have been de-commissioned. Information is also provided which summarises the contract provision, the value of the contract and the source of funding.

3.2 An opportunity was provided for services currently funded through Working Neighbourhood Funding to bid for projects for the next twelve months that were both sustainable and meet the Children and Young People's key priorities. The bids received from services supporting Children and Young People totalled in excess of £562,000. The Children and Young Peoples Executive Board considered each application against the key priorities and bids were approved up to the allocated budget of £162,170 of funding.

3.3 The table below shows current contracts position for contracts with a current termination date of 31st March 2011:

Provider	Service	Budget & Cost	Recommendation
5 Boroughs Partnership NHS Trust	CIC CAMHS Worker	Child Adolescent Mental Health Grant £63,959	This service provides <ul style="list-style-type: none"> • Additional support to CIC • Supported access into specialist CAMHS service. • Training for staff working with CIC
5 Boroughs Partnership NHS Trust	Substance Misuse Service	Child Adolescent Mental Health Grant £34,244	<ul style="list-style-type: none"> • The service was designed to have a part time CAMHS worker based within the drug treatment service (Young Addaction) to ensure young people presenting with mental health related issues can access direct support without having to wait to be seen in the CAMHS services.
Action For Children <i>Contract 2012</i>	Children's Rights and Advocacy Service and Independent Visitors Service	Specialist Services £110,186	<ul style="list-style-type: none"> • The services works with CIC and disabled children & young people to ensure that they are fully involved with their care plans and that they can ensure their rights and needs are being addressed
Action For Children Kings cross Catholic Children's Society	PACT	Working Neighbourhood Fund £125,000	<ul style="list-style-type: none"> • Service was designed to work with families that have recently left the care system to support the family who now have additional needs. Therefore reducing the needs for referral back into social care
Adult Learning	Adult Learning	Children's Centres £139,000	<ul style="list-style-type: none"> • Service was designed to provide adult and family learning in line with Every Child Matters Agenda within children centres. Aiming to ensure all learners work towards an accredited outcome.
After Adoption <i>Contract 2012</i>	Adoptive Support Service	Specialist Services £20,571	<ul style="list-style-type: none"> • Tripartite service with St Helens and Knowsley • Provides one to one and group support to individuals and families who have experienced adoption.
Arch Initiatives	Family Services	Children's Fund/& Specialist Services/WNF £75,000 & £25,000	<ul style="list-style-type: none"> • The service works with children, young people and families whose lives have been affected by parental substance misuse.
Barnardos	Befriending Service	Aiming High for Disabled Children £49,051	<ul style="list-style-type: none"> • The service supports disabled children and young people in either 1:1 or small groups to access social and leisure activities in the local community.
Barnardos	Brokerage Service	AHDC £90,000	<ul style="list-style-type: none"> • This service provides a single point of access for families accessing short breaks. The service assist families by providing a support plan for each child

			and ensuring the child has a positive social experience in the activities undertaken.
Barnardos	Missing From Home Project	Children's Fund/Working Neighbourhood Fund £90,000	<ul style="list-style-type: none"> The service provides 24hr response to all reports of missing children & young people. The project provides a range of interventions for the family to help prevent young people running away again
Canal Boat Adventure Project Contract 2012	Happy Ness Inclusion Project	Children's Fund £16,000	<ul style="list-style-type: none"> Provides a range of diversionary and training programmes for disaffected young people
Catholic Children's Society	Children & Young People's Bereavement Service	Children's Centres £65,100 (this is on 1 year 8mths)	<ul style="list-style-type: none"> The service provides one to one support to children who have experienced loss. The project also offers programmes within schools to address bereavement.
Citizens Advice Bureau	Ideal and Housing Careworker/Solicitor Service	Children's Centres £124,350	<ul style="list-style-type: none"> Meets the holistic advice needs of parents with children 0-19 (especially relating to debt, employment and benefits enquiries).
Citizens Advice Bureau	Extended Schools Service	Children's Centres £43,000	<ul style="list-style-type: none"> To provide a package of dedicated support and advice services to the parents of the pupils who are identified by staff at the Schools. Improves the chances of families getting out of poverty by maximising their household income levels and improving employment prospects of parents and carers.
Community Safety	Youth Inclusion and Support Panel	Children's Fund £65,000	<ul style="list-style-type: none"> The service is an early intervention and preventative initiative for children and young people (aged 5 to 18 years) and families. YISP and FIP will ensure that this group receives joined up preventative services at an early stage to discourage them from becoming involved in offending and anti-social behaviour.
Connexions	Teenage Pregnancy and Sexual Health Service	Teenage Pregnancy Grant/Working Neighbourhood Fund £143,000	<ul style="list-style-type: none"> The service supports and promotes the teenage pregnancy agenda with local children's centres, reproductive and sexual health services, midwifery, health visiting, social services, education and child care services who offer support to pregnant teenagers and young parents.
Crossroads	After School Clubs - Widnes	Aiming High for Disabled Children £45,310	<ul style="list-style-type: none"> Crossroads provide After School Clubs in Widnes. They provide services aimed specifically at

			children and young people with disabilities and these will be available for 48 weeks of the year. The service is flexible to allow staff ratio per child to change on the basis of the need of each child.
Crossroads	Short Breaks	AHDC £48,960	<ul style="list-style-type: none"> Crossroads will provide a service which offers families the opportunity to take a short break from their caring responsibilities. The short breaks service provides support for holidays, overnight stays and weekends. Crossroads will provide services aimed specifically for children with disabilities and their families.
FCA	Family Breaks	AHDC £45,376	<ul style="list-style-type: none"> This service supports families with daytime and overnight breaks either in the child's own home or elsewhere for example Universal settings, through a befriending sitting or sessional service. The service can also provide emergency care services.
HAFS	Family Breaks	AHDC £46,966	<ul style="list-style-type: none"> This service supports families affected by Autism by providing short break/care respite services for the whole family not just the affected child. The service aims to ensure the child achieves their full potential and improves quality of life for the families.
Halton Child Contact Centre	Child Contact Centre	Specialist Services £1,000	<ul style="list-style-type: none"> Low cost / medium impact. Continue with contract This service provides a neutral meeting place for estranged family members to have contact with their children. The service is provided in Runcorn and Widnes on alternative Saturdays.
Halton Play Council	Cavendish After School Club	AHDC £25,304	<ul style="list-style-type: none"> This service provides short breaks by way of an after school club which includes a variety of social and play activities for children with disabilities. Activities are organised around the consensus of the group and individually depending on the particular needs of the children and young people.
Halton Play Council	Inclusive Play schemes	AHDC £28,052	<ul style="list-style-type: none"> The service provides support to children with disabilities to enable these children to attend open access playschemes. 1:1 support

			will be provided for those children assessed as having high level needs.
Halton Speak Out	Planning for Life	AHDC £25,054	<ul style="list-style-type: none"> The service is centred around Person Centred facilitation and Person Centred Planning (PCP). PCP is a planning approach for determining the preferred future of a young person with a learning disability.
Halton Women's Aid	Children's Outreach	Children's Centres £12,586	<ul style="list-style-type: none"> Service provides a children's outreach service for those children who have experienced domestic violence. The service promotes anti-violence and helps to raise awareness of the effects of domestic violence on children.
Kings Cross	Community Parenting/ Breastfeeding Buddies	Children's Centres £51,912	<ul style="list-style-type: none"> Provides home visiting (buddying) and advice service to families, particularly to new parents and those who are in danger of being excluded. It delivers positive intervention at an early stage to reduce the chances of escalation of issues.
Kings Cross	Young Persons Counselling Services	Child & Adolescent Mental Health grant/Children's Fund £150,000	<ul style="list-style-type: none"> The main focus of the Service will be to provide individual counselling and appropriate group work. Some children and young people will be assessed as requiring one to one support, whilst others will benefit from a group response where they will learn about managing change, loss and significant change.
NSPCC	Young Witness Support Contract with Warrington BC, Cheshire Police and Cheshire CC	Child Adolescent Mental Health Grant £15,000	<ul style="list-style-type: none"> The service provides a Young Witness Support scheme within Halton, Warrington and Cheshire. The project involves preparation, support and post trial therapeutic services for children and young people up to the age of 18 years who have to attend court to give evidence. The age limit can be extended for young people with disabilities. These children will be victims or witnesses to crime. Many of the children referred will have been physically or sexually abused or have witnessed domestic violence.
PCT	Speech and Language	Children Centres £178,254	<ul style="list-style-type: none"> This service specifically addresses children at age 0-5 years offering preventative, targeted and specialist service delivery to enhance communication skills to those families where there are concerns regarding speech & language development.
PCT	Speech and Language	Special	<ul style="list-style-type: none"> The service aims to maximise

	(SEN)	Educational Needs £120,000	<p>communication skills in educational settings by training staff in these settings. Enabling staff to deal with children presenting with communication difficulties.</p> <ul style="list-style-type: none"> The service also offers direct intervention prioritising children through tribunal or Statements of SEN groups.
PCT	Teenage Service Midwife	Teenage Pregnancy £15,000	<ul style="list-style-type: none"> Provides a holistic service to teen parents in Halton. Working closely with Connexions Teenage Pregnancy service enables continuity of service delivery. Weekly young parents groups are held.
Phil Andrews Vending Services	Repair and Maintenance of Condom Machines	Teenage Pregnancy £2,000	<ul style="list-style-type: none"> Repair and Maintenance of Condom Machines on sites in Runcorn and Widnes, namely colleges.
PSIFX Networks	IT Support Maintenance - CIC	Specialist Services £3,700	<ul style="list-style-type: none"> Provision of the Halton's Children in Care ICT Installation, Repair and Maintenance
YMCA	Emergency Service Bed	Specialist Services £13,802	<ul style="list-style-type: none"> YMCA provides an emergency bed service in YMCA premises Runcorn for the sole use of Young People, 16-18 years and for Care Leavers 18 plus.
Young Addaction	Mobile Service Outreach	Children's Fund/Young Peoples Substance Misuse grant £103,000	<ul style="list-style-type: none"> The service uses an outreach bus to provide a holistic service to young people during core and outside core hours and weekends. Linking in with services to address issues such as substance misuse, housing, education, employment, anti-social behaviour and teenage pregnancy with those young people who are hard to reach or at risk.
Young Addaction	Young Persons Substance Misuse Support Service	Young Persons Substance Misuse Grant £154,000	<ul style="list-style-type: none"> The service provides specialist planned interventions for young people with substance misuse and complex health, education and criminal issues.
Youth Media	Health Bytes Provision	Childrens Fund £5,250	<ul style="list-style-type: none"> The service provides provision of a software product, "Youth Bytes" which conveys health and related information on computer screens in local schools and colleges.
Action For Children	Young Carers Lead	Working Neighbourhood Fund £49,949	<ul style="list-style-type: none"> To create a Young Carers Strategy. The document presents a multi agency cross

			cutting vision for improving outcomes for all, identified, actual and potential young carers in Halton. In implementing this vision we will ensure this.
Canal Boat	Making Waves	Working Neighbourhood Fund £48,000	<ul style="list-style-type: none"> This service delivers accredited programmes to young people aged 14+ who are referred from schools and other service providers as they are at risk or vulnerable young people who need extra support to fulfil their potential and achieve their ambitions. 'Life Routes' is an accredited based course which is ASDAN accreditation which is based on life skills-routes to employment. The centre also offers NCBA training for canal boat steering and trains up volunteers as they are V Volunteering registered.
HBC	Independent Travel Trainers	Working Neighbourhood Fund £25,000	<ul style="list-style-type: none"> To provide the necessary training and support for vulnerable children and young people to travel and access key education, training and other facilities, independently.
Widnes Viking	Tackling Fitness	Working Neighbourhood Fund £37,500	<ul style="list-style-type: none"> This service helps children and young people enjoy a healthy lifestyle both physically and emotionally. The service is delivered in schools in the form of coaching sessions and classroom based workshops. The service also delivers anti-bullying workshops.
Action for Children	C Card	Teenage Pregnancy Grant £ 24,000	<ul style="list-style-type: none"> To fund a full-time free condom distribution scheme for under 19 year olds, within Halton for Halton Borough Council.

3.4 In December termination letters were sent out to all providers (shaded in grey above) to ensure that they have had the appropriate notice.

3.5 There are a range of contracts which were previously funded under Aiming High for Disabled Children Funding (these are highlighted above in red), each of these projects has received a termination notice. It is however intended that Commissioners will work to develop a whole service specification for Aiming Higher for Disabled Children which will be more costs effective, better meet needs and be affordable.

- 3.5 In addition it will be necessary the level and type of Adult learning currently provided through our Children's Centres is under review.
- 3.6 Discussions will also be held with colleagues in Health on a number of health services commissioned through the PCT such as Speech and Language, Breastfeeding Buddies and the Teenage Midwifery service.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Decommissioning these contracts due to the reduced levels of funding available may impact on the sustainability of some of the current providers. Providers have therefore been given as much notice as possible of their position in terms of future service delivery so that they are able to plan their staffing and resources.

5.0 RISK ANALYSIS

- 5.1 A comprehensive risk assessment process has been undertaken on each of the commissioned services.

6.0 EQUALITY AND DIVERSITY ISSUES

- 6.1 A comprehensive assessment has been undertaken on each commissioned service to understand and mitigate against any equality and diversity issues.

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

DATE: 21st February 11

REPORTING OFFICER: Strategic Director – Children & Young People

SUBJECT: Child in Need Referral & Assessment
Performance Analysis

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to afford Members the opportunity to scrutinise Referral and Assessment activity and provide an update on issues impacting on current performance within the Children in Need (CiN) service, following the report presented on 24th May 10. This report focuses on Quarters 1 and 2 of 2010/11

The current performance in relation to the completion of Initial and Core Assessments within timescales, stands at 67.8% for Initial Assessments within 7 days 81.6% within 10days, and 83% for Core Assessments. This Data has not been completely quality assured and is currently subject to a 'data tidy' exercise and is likely to improve. This is compared to an end of year total in 2009/10 of 80.3% of IA's within 7days and 93.7% of Core Assessments.

It is important that members have a good understanding of this performance and is satisfied that adequate strategies are in place to ensure that the children of Halton are safeguarded. Ofsted Inspections of Contact, Referral and Assessment processes in other Local authorities have criticised the the lack scrutiny into safeguarding practices and the poor understanding of issues impacting on performance.

2.0 RECOMMENDATION that Policy and Performance board:

- i) Note the content of the report
- ii) Halton Safeguarding Children Board continues to scrutinise and support the work of the Children's Trust in relation to the development of Team around the Family and the progress of the TAF Action Plan.
- iii) Halton Safeguarding Children Board supports the work of the Pan Cheshire group, in relation to the volume of Police CAVA's and establishing appropriate pathways.
- iv) An update report on year end data is presented to PPB in six months time.

3.0 SUPPORTING INFORMATION

- 3.1 The development of Team Around The Family Services with emphasis on the CAF plus model and robust and early intervention is progressing well though it is too early to show impact on referrals and contacts to Children's Social Care. Pathways between the Integrated Working Support Team and Children's Social Care duty team have recently been agreed. Processes are being joined up with positive communication being developed across the services and therefore the continuum of need. The Ofsted Unannounced Inspection Framework for Contact, Referral and Assessment has increased emphasis on the CAF process and the two services are working together to ensure that we are able to evidence a joined up approach.
- 3.2 Children's Social Care is made up of a number of services. The CiN service provides contact referral and assessment services to Children in need and those in need of protection, including those Children with a disability who require a social worker. The Permanence team provides services to children in care who have a plan of permanence and the Young People's team provides services to care leavers and Children in Need who are 16+.. The fostering team and adoption team undertake family finding and recruitment of carers.

3.3 ANALYSIS (Data available in Appendix 1)

Referrals

A referral is a request to Children's Social Care for a service or advice that is accepted by Children's Social Care for allocation for assessment.

- In the first two quarters of this year there was a total of 782 referrals. 465 or 60% of these were received in the first quarter. It is not unusual to have spikes in referral rates but this does impact on completion rate of Initial Assessments within timescales.
- The total number of referrals for 2009/10 was 1126 the current projection based on Quarters 1 and 2 therefore is that there will be an increase in referrals rates by the end of the year.
- Police generated 344 or 43.9% of referrals via the CAVA notification process.
- The main reasons for referral were Family Dysfunction, 45.6% (357), Domestic Abuse 22.5%(176) and Neglect 19 %(149).
- Only 5% or 41 of the 782 referrals received had previously had a CAF.
- To date 246 or 23.4% of the 782 referrals to CSC closed within 3 months. 56% of the cases closed within 3 months were originally police referrals via the CAVA notification process.

3.4 Contacts

A contact is a request to Children's Social Care for a service or advice that is not accepted for allocation for assessment as it does not meet the criteria for access to assessment at Levels 3a, 3b and 4 of Halton's Level of Need Criteria.

- There were additionally 715 contacts during the period. 246 or 34.5% of these contacts were generated by Police CAVAS, which did not meet the levels of needs at 3b to 4.

3.5 Caseloads and Social Work Capacity

The total number of open CiN cases as of 31st October 10 was 709

There are currently 4 social worker vacancies within the CiN service, which have been advertised, and in addition to long term absence and maternity leave this equates to a 20% reduction in social worker capacity. On a positive note the vacancies are due to promotions and the creation of three social work posts to support the Team around the Family service.

Below is a table of social worker case Loads within CiN as of 31st October 2010. gives a snapshot of caseloads as they do change from day to day. A Caseload management tool has been developed to aid discussion in supervision about caseloads and assist in understanding the workload for individual workers.

Team	Worker	CiC	CiN	CP	Total
CC1	SW 1	0	26	0	26
	SW 2 (TAF)	4	6	0	10
	SW 3	0	24	4	28
	SW 4	2	20	2	24
	SW 5	3	27	0	30
	SW 6	0	11	8	19
	SW 7	0	32	1	33
	SW 8 (CWD)	5	10	2	17
	CSWs	0	15	0	15
	Pr M	0	1	0	1
Team Total		14	172	17	203
CC2	SW 1 (duty)	0	13	3	16
	SW 2	0	27	0	27
	SW 3	1	20	2	23
	SW 4	2	25	12	39
	SW 5	3	20	4	27
	SW 6		21	1	22
	CSWs	0	34	0	34
Team Total		6	160	22	188
CC3 /CC4	SW 1	3	29	4	36
	SW 2	2	25	6	33
	SW 3	1	29	0	30
	SW 4	0	19	4	23

	SW 5	0	7	3	10
	SW 6	2	14	2	18
	SW 7	3	8	4	15
	SW 8	1	12	0	13
	SW 9	0	11	0	11
	SW 10	2	23	9	34
	SW 11	5	21	7	33
	CSWs	0	40	0	40
	Pr M	4	0	0	4
	Team Total	23	238	39	300

- Despite the increase in Referrals the vast majority of cases are managed on a CiN basis and overall Child Protection (CP) Plan numbers and Children in Care (CiC) numbers have remained stable at 85 and 141 respectively as of 31st October 2010.
- The Safeguarding unit is currently developing a system for the independent review of CiN cases similar to the challenge and the over view that is provided for Children subject to Child Protection Plans and Children in Care. This will further strengthen the response to Children in Need and ensure that appropriate services are being provided to ensure children are safeguarded.

3.6 Court Activity.

Court activity also impacts significantly on the work of the CiN teams. In October 10 there were 28 sets of Care proceedings. This is not due to an increase in issuing of proceedings but reflects the difficulties in the courts at the present time. There are currently 9 sets of Care proceedings that have been ongoing in excess of 12 months, despite the Public Law Outline which states proceedings should be completed within 40 weeks. Ten sets of proceedings ended during this period, the average length of these proceedings was 55 weeks.

3.7 . Management Capacity

- Management capacity has been challenging over the past twelve months in the CiN service. There has been some improvement following improved terms and conditions and a strong recruitment campaign following a refresh of the Recruitment and Retention strategy. We currently have 2.5 Practice Manager vacancies, one of which has been appointed to and has a start date towards the end of January 11. The Principal Manager vacancy in Child Care Team 4 has been filled.
- The Practice Manager vacancies create pressure in terms of supervision points, authorising assessments and other critical reports and documentation, the chairing of key meetings including Core Groups and CiC planning meetings and the duty manager rota.
- Working Together 2010 states that an assessment is deemed completed “..

once the assessment has been discussed with the child and the family and the team manager has viewed and authorised the assessment". This in effect means that managers have to be available to authorise assessments on a daily basis and are spending increasing time in front of computers.

- Halton is committed to developing a 'grow your own' traineeship for social workers who are aspiring managers, building on the success of social work traineeship and student intake scheme.
- The Divisional Manager CiN continues to meet regularly with Principal Managers to focus on performance issues.

3.8 Performance / Data

- Considerable time is currently spent on 'data tidy up'. This is exacerbated by the four systems that Social workers and their managers currently have to operate, Carefirst, ICS, team drives and Paper files. Most information has to be inputted at least twice on two separate systems. This was something that was identified as an area for development in the Unannounced Inspection of Contact Referral and Assessment that took place in May 2010, (see separate report tabled today).
- The development of Carefirst 6 and Electronic Social Care Records will improve these issues but they are some way off. The project stalled for several months between February and September this year due to a lack of resources. The project has again picked up momentum and is being monitored via a Strategic Project Board with regular reporting to Chief Officers Management Team.
- The roll out of mobile working (lap tops with 3 G cards) for all social workers to provide greater flexibility around completion of assessments has been brought forward and all workers in CiN teams have recently been provided with devices. It is too early to say what impact these will have but workers have received the laptops positively. Whilst flexible working is positive, managers will need to ensure that the devices do not result in social workers working excessive hours.

3.9 Summary

There is considerable pressure within the children in need teams, however it must be emphasised that whilst there may be problems and delays in the recording of assessment processes, all children are seen within ten days of referral. Assessments are generally of a high standard and this has been confirmed through the Case File Audit Process.

The numbers of Children in Care and Children subject to a Child Protection Plan remain stable and there is evidence of robust safeguarding and care planning

processes. There are no unallocated cases.

The development of Team Around The Family with an emphasis on CAF plus model should help to reduce the number of referrals to Children's Social Care and ensure that children and their families receive positive interventions at an early stage. Two experienced social workers have been seconded to the teams to ensure that the levels of need are applied consistently and safely. There are early signs of positive working relationships and a commitment to providing services to families across the continuum of need.

4.0 POLICY IMPLICATIONS

4.1 The work of the Child in Need teams is underpinned by Working Together 2010. The main purpose is to provide services to the most vulnerable children including those in need of protection. This is a statutory function that is measured through a series of national Indicators. The performance of these teams impacts on all aspects of Children's Social Care and it is essential that we ensure that our safeguarding processes through the duty referral and assessment process remain robust.

5.0 OTHER IMPLICATIONS

5.1 The teams are currently awaiting their second Ofsted Unannounced Inspection which will have an impact on the councils over all rating. Whilst this report highlights some of the current difficulties and constraints it is important to emphasise that in Halton we have very high standards in respect of safeguarding children and robust responses to Child Protection issues.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

All Children in need are subject to regulated services which will be inspected by Ofsted. It is important that members have a good understanding of the work of the front line teams and are assured that Contact, Referral and Assessment processes are robust and safeguard children

6.2 Employment, Learning & Skills in Halton

If children and young people are not safeguarded from harm they will have poorer outcomes and less likely to achieve economic well being

6.3 A Healthy Halton

If children and young people are not safeguarded from harm they will have poorer outcomes and less likely to thrive and be healthy

6.4 A Safer Halton

The performance of the Council's children services contact, referral and assessments teams is critical to keeping the most vulnerable children and young people in the borough safe

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 If Contact Referral and Assessment processes are not robust and do not ensure that children are safeguarded and protected from harm, then children will remain vulnerable to poor outcomes and the service will receive poor Inspection outcomes which will impact on the over all rating of the council.

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

Document	Place of Inspection	Contact Officer
Working Together to Safeguard Children 20010	Grosvenor House	Vicky Buchanan
Halton safeguarding Board Child Protection procedures	Grosvenor House www.haltonsafeguarding.co.uk	Vicky Buchanan

Name of Board: Children's PPB

Date of Meeting: 21st February 10

Report Title: Child in Need Referral & Assessment Performance Analysis

Author: Gerald Meehan,
Strategic Director
Children & Young People's Directorate

STANDARD SECTIONS – CHECKLIST		
All reports must be submitted together with the following checklist fully completed		
	Yes	No
<p>Resource Implications</p> <p>The financial, manpower and land (buying or selling) considerations should be clearly detailed including any corporate implications of following the recommended course of action.</p>		N
<p>Social Inclusion Implications</p> <p>Any implications relating to social inclusion/anti poverty should be highlighted</p>	Y	
<p>Sustainability Checklist</p> <p>Any implications that affect the sustainability themes of economy society and the community and the environment should be included,</p>		N
<p>Best Value</p> <p>Any Best Value implications should be included.</p>		N
<p>Legal Implications</p> <p>Any Legal implications should be included.</p>	Y	
<p>Crime and Disorder Issues</p> <p>Any crime and disorder implications should be included.</p>		N
<p><i>Please review these potential effects, within the context set out overleaf, to compose your summary assessment</i></p>		

Summary assessment of Implications:

Referral and Assessment processes ensure Children in Need are safeguarded and protected from harm.

REPORT TO:	Children, Young People and Families Policy & Performance Board
DATE:	21 st Feb 2011
REPORTING OFFICER:	Strategic Director – Children & Young People
SUBJECT:	Climbie Visits
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To report to PPB on the conduct of and outcomes from Climbie Visits to front line Child in Need Teams.
- 1.2 To review the outcomes from the recommendations reported to PPB on 24.05.10.

2.0 **RECOMMENDATION: That:**

- i) Note the contents of the report
- ii) Members who have completed the recent training and agreed to become Climbie visitors are encouraged to complete and return CRB forms or provide evidence of Current enhanced CRB held in their role as Councillors, so that a rota of visits can be established.
- iii) That following all Climbe Visits the report provided by Members and the responses made by relevant Managers should be reported to PPB and scrutinised twice a year
- iv) That the focus of Climbe Visits should give increased scrutiny to the core business of Contact, Referral and Assessment processes and performance data should routinely be discussed and understood.

3.0 **SUPPORTING INFORMATION**

- 3.1 Training on the role of Climbie Visitors and Levels of Needs took place on 11th and 13th October 10. These sessions were well attended and well received, with a total of 12 members over the two sessions.

As a result of this training 5 additional Members agreed to undertake the visits which would mean that there would be a total of 8 Climbie

visitors. This would mean that each Member would be needed for a maximum of twice per year.

A request was made for members with current enhanced CRB's to provide evidence of these and forms were sent out to those who needed to complete new CRB's.

To date one member has returned a completed CRB and one has provided evidence of current CRB. Three remain outstanding.

3.2 Climbie visits are carried out quarterly and a report is then sent to the Operational Director for Specialist Services and passed to the Divisional Manager, Children in Need, to respond to any issues raised.

Meeting dates will shortly be set for this year based on the five Members we have confirmed with appropriate enhanced CRB.

3.3 Since the last report Visits have taken place in Widnes on 6th July 10 and 11th January 11 and Runcorn 18th May 10 and 16th December 10.

Visits have not been completed Quarterly but it is hoped that the training provided and increased availability of Members to undertake Climbie visits that there will be improvement in both the frequency and the purposefulness of these visits in the coming year.

3.3 The purpose of the Climbe Visit is to;

- Ensure that staffing levels are appropriate
- Check that workloads of individual workers are appropriate
- Ensure that referral management processes are sound and secure
- Check on the performance of the Duty Teams
- Track the progress of implementation of Integrated Children's System (ICS)

3.4 There has been increased scrutiny of the core business of Contact, Referral and Assessment processes and this is reflected in the reports from Members undertaking Climbie Visits. Many of the issues have been addressed in the 'Children in Need Referral and Assessment Analysis' which has been tabled today these include,

- Court issues
- IT issues including progress of Carefirst 6 project and problems with roll out of Lap tops.
- Volume of work, described as high but under control.
- Staff Morale generally good
- Low social worker vacancy rates.
- Management capacity improving.

Additionally issues have been raised about,

- Working environment in Midwood house – very cramped.

4.0 **POLICY IMPLICATIONS**

4.1 Lord Laming's Inquiry into the death of Victoria Climbié recommended that; *Chief Executives of local authorities with social services responsibilities must make arrangements for senior managers and councillors to regularly visit intake teams in their children's services department, and to report their findings to the Chief Executive and social services committee.* This recommendation remains 'best practice' and still considered as part of any Ofsted Inspection.

5.0 **OTHER IMPLICATIONS**

5.1 Two issues were identified in the last report which need to be addressed to strengthen the conduct of Climbié Visits.

5.2 Firstly there have been some difficulties engaging Members to carry out visits. The pool of Members available to carry out visits is currently 5 but potentially could increase to 8 if those members who have agreed to undertake visits process their CRB applications.

5.3 Secondly, training has been offered to Members carrying out the visits to ensure there is increased scrutiny of Referral and Assessment processes and that performance data is understood. This will ensure that Members have a good understanding of the issues that impact on front line services and ensure that services continue to safeguard and promote the welfare of children in the borough. .

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

6.1 **Children & Young People in Halton**

All Children in Need are subject to regulated service provision. From April 2009 annual unannounced inspections of Contact, Referral and Assessment Teams have taken place. Halton had an Inspection in May 2010 and can expect a second inspection at any time. Climbié Visits afford Members an opportunity to assure themselves that front line teams are providing a standard of service that safeguards children.

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

If children and young people are not safeguarded from harm they will have poorer outcomes and less likely to achieve economic well being

6.3 **A Healthy Halton**

If children and young people are not safeguarded from harm they will have poorer outcomes and less likely to thrive and be healthy

6.4 **A Safer Halton**

The performance of the Council's children services contact, referral and assessments teams is critical to keeping the most vulnerable children and young people in the borough safe.

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 If Climbe Visits are not conducted regularly and effectively, the Council will be in breach of recommendation 41 of Lord Laming's Inquiry. This will have a detrimental impact upon the rating of children services and the wider Comprehensive Area Assessment (CAA).

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

Document	Place of Inspection	Contact Officer
The Victoria Climbe Inquiry	Grosvenor House	Vicky Buchanan
Procedure for Undertaking Climbe Visits	Grosvenor House	Vicky Buchanan

Name of Board: PPB
Date of Meeting: 21st February 2011
Report Title: Climbie Visits.
Author: Vicky Buchanan

STANDARD SECTIONS – CHECKLIST		
All reports must be submitted together with the following checklist fully completed		
	Yes	No
<p>Resource Implications</p> <p>The financial, manpower and land (buying or selling) considerations should be clearly detailed including any corporate implications of following the recommended course of action.</p>		N
<p>Social Inclusion Implications</p> <p>Any implications relating to social inclusion/anti poverty should be highlighted</p>	Y	
<p>Sustainability Checklist</p> <p>Any implications that affect the sustainability themes of economy society and the community and the environment should be included,</p>		N
<p>Best Value</p> <p>Any Best Value implications should be included.</p>		N
<p>Legal Implications</p> <p>Any Legal implications should be included.</p>	Y	
<p>Crime and Disorder Issues</p> <p>Any crime and disorder implications should be included.</p>	Y	
<p><i>Please review these potential effects, within the context set out overleaf, to compose your summary assessment</i></p>		

Summary assessment of Implications: *This wording will appear in the Board report.*

Climbie Visits afford Members an opportunity to ensure Contact, Referral and Assessment processes safeguard the most vulnerable children and young people of Halton.

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

DATE: 21st February 2011

REPORTING OFFICER: Strategic Director Resources

SUBJECT: Performance Management Reports for Quarter 3 of 2010/11

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of the second quarter to December 2011 performance management reports detailing progress against service objectives/ milestones and performance targets, and factors affecting the services etc for the Directorate and the three Departments:

- Children and Families
- Children's Organisation and Provision; and
- Learning and Achievement

2.0 RECOMMENDED: That the Policy and Performance Board

- 1) Receive the third 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 Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

3.1 The departmental objectives provide a clear statement on what the 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.

3.2 The Board has been provided with an overview report which identifies the key issues arising from the performance in Quarter 3 for the Directorate at the request of the Chair of the PPB.

3.3 The full departmental quarterly reports are available on the Members Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available. This also provides Members with an

opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting. The three departmental quarterly monitoring reports are also available via the following link.

<http://intranet/documents/gmr/201011/CYP/CYPQ3Reports/>

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 Directorate Overview 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

Document	Place of Inspection	Contact Officer
Not applicable		

Directorate Performance Overview Report**Directorate:** Children and Young People's**Reporting Period:** Quarter 3 – Period 1 October 2010 to 31 December 2010**1.0 Introduction**

This report provides an overview of issues and progress within the Directorate that have occurred during the Quarter 3. The way in which traffic light symbols have been used to reflect progress to date is explained within the Appendix.

2.0 Key Developments**2.1 Shared Services**

Building on the development of a shared emergency duty service and the potential to share adoption services with neighbouring councils, the Council's Executive Board endorsed proposals, in December, to share children and families services with Cheshire West and Chester Council. Initially this involves the joining up of respective Safeguarding Units, which provides the independent scrutiny and review of children in care, children in need and child protection. This is a very recent key development, so the full impact is not yet known, however it provides a real opportunity to share practice and expertise, and is part of new innovative ways of working. This development will also provide an opportunity to achieve efficiencies.

2.1 Budget Settlement

On the 13th December, Michael Gove, Secretary of State for Education, wrote to Directors of Children's Services, setting out the allocation for each local authority of the new **Early Intervention Grant**, replacing a number of existing grants. This represents a considerable reduction in funding. However, the grant will allow us to determine the best way of targeting early intervention at the most vulnerable families, through a range of services, including Children Centres, and is free from the restrictions of previous ring fencing arrangements. A proportion of the grant will fund our Team Around the Family services and structures.

2.3 Inclusion

It is anticipated that the Green Paper on SEN will be published early in 2011. The paper is related to the management of the identification of individual pupil needs and the delivery of appropriate provision. It is anticipated that the Green Paper, when finally published, will be as radical as the Warnock Report in 1978. Detailed information and recommendations expected February 2011.

2.4 Children Centres

Building work has commenced on the redesign and refurbishment of Windmill Hill Children Centre, which will provide better facilities and improved access for children and families within Windmill Hill. The work is planned to be completed by March 2011.

2.5 Commissioned Services Review

Due to the efficiencies required within the council, the Contracts & Commissioning team have undertaken an exercise to look at the termination of existing contracts with external providers. When looking at the council's priorities and best value, the decision was made

to terminate a range of services. All organisations delivering these services have been issued a termination letter to comply with the 90 day notice period.

Other areas of activity that have been developed are the refresh of a joint commissioning and a Planning framework, and a redesign of an outcome based performance framework. Both the frameworks will allow us to start to undertake financial planning and look to pool resources in order to improve efficiency by creating a cost based saving tool.

2.6 Post 16

Post-16 performance at Riverside College continues to improve. However, the performance at the School Sixth Forms remains satisfactory. The 14-19 Team are working with Sixth Form school leadership on action plans to improve performance.

As the aim higher funding ceases in July 2011, this service will discontinue from that date.

A full service review is underway to better align and improve the KS4 PRU, KS4 Engagement Service and Post-16 Gateway Plus.

2.7 Primary

KS1/KS2: Every Child a Writer initiative launched in 15 primary schools. Focus on quality of teaching and learning in writing in Years 3 and 4. Every Child Counts (ECC) implemented in 3 primary schools, aimed at Year 2. Continued support for Every Child a Reader (ECAR) in 5 schools, aimed at Year 1. Also five new leading teachers have been identified.

Thirty five (67%) Primary head teachers attended the School Improvement Conference with a focus upon pupil progress and data analysis.

Funding for external School Improvement Partners (SIP's) will cease at the end of March 2011. However, the statutory requirement on Local Authorities (LA's) to deploy a SIP will remain until the legislation is repealed. This has implications for the deployment of internal SIP's (HBC staff) to a greater number of schools until the requirement is lifted.

3.0 Emerging Issues

3.1 Development of the Social Work Profession

In December 2010 the Social Work Reform Board published their latest report - Building a Safe & Confident Future: One Year On. Contained within the report is a section on the proposed standards for employers of social workers in England along with a proposed supervision framework. The recommendation from the Task Force is that clear national standards be developed in relation to what support social workers should expect from their employers along with clear national guidelines for the supervision of social workers.

There are two underpinning principles:

1. That it is the responsibility of all employers to provide social workers with a suitable working environment, manageable caseloads, regular high quality supervision, access to continuous learning and supportive management systems.
2. That children, adults and families are best supported and protected when employers provide social workers with the above conditions.

As an employer of social workers, work is already well advanced to prepare for the new standards and to put in place manageable systems.

Please use the link below for further information:

[Building a Safe and Confident Future: One Year On](#)

3.2 Children Centre's and Early Years

Sarah Teather, Children's Minister, announced in November the Government's intention to remove the requirement to provide full day care in disadvantaged areas if there is not the take up to make use of it, and to reduce the need to employ both a Qualified Teacher and an Early Years Practitioner. This is a significant change and will require adjustments in structures and impact on our duty to provide sufficient day care in the borough.

3.3 Post 16

The removal of Education Maintenance Allowance from January 2011 increases the risk that there will be a rise in the number of young people who are NEET.

The 16-19 Funding Statement sets out a methodology to align Sixth Form funding with Further Education funding, this means that the School Sixth Forms will receive significantly less income over the next 3 years.

3.4 Childcare Sufficiency Assessment

The Local Authority has a statutory duty to ensure as far as is reasonably practicable that the provision of childcare is sufficient to meet the requirements of parents in their area. Local Authority's are required to assess the sufficiency at least every 3 years, and Halton commenced it's assessment in 2010 and must publish the findings and any action plan by April 2011. A draft Executive Summary of the findings is currently being consulted upon with stakeholders and partners. After this the final report will be published, and any issues identified from the action plan will be progressed.

3.5 Capital Update

To replace All Saints Upton CE Primary school a new 210 place primary school has been built. This project has cost £3.5 million and includes a children's centre and pre-school. It is scheduled to open in January 2011.

A project to remodel and improve Our Lady Mother of Saviour Catholic Primary has also been funded from Primary Capital at a cost of £1.1 million. The final phase of this project is scheduled for completion in April 2011.

Capital funding has been received from the Department for Education for 2011/2012. There are four main funding elements; Capital Maintenance for Community Schools, Capital Maintenance for Voluntary Aided Schools, Basic Needs to cover all schools and Devolved Formula Capital. The level of Devolved Formula Capital for schools has been significantly reduced compared to previous years allocations.

3.6 Potential new Academies

The opportunity for any school to convert to an Academy is now open to all schools within the Local Authority. If schools make the decision to convert the Authority will need to be ready to react to transfer assets and staff to the Academy and agree the services that will continue to be required by the school.

3.7 Business Plan

The Learning and Achievement service has identified the following four objectives in its Business Plan for 2011/12:

1. Increase the percentage of schools where Ofsted judge overall effectiveness to be good or better.
2. Increase GCSE attainment at 5A*-C including English and Maths.
3. Narrow the gap in attainment between vulnerable groups and their peers through early identification of need, and effectively targeted school improvement support.
4. Ensure that service redesign results in the most efficient use of available resources to meet local needs and also delivers the requirements of the Education White Paper and the SEN Green Paper.

The coalition government's austerity measures will make a significant impact on future service delivery. The service will be re-structured in order that it contributes to the Council's efficiency programme over the Comprehensive Spending period.

3.8 Inclusion







The Equality Act that came into effect in October 2010, with aim of strengthening discrimination law and supporting progress on equality, has resulted in fewer Appeals to Tribunal than anticipated. It appears that too few parents have sought redress. This has resulted in the call for more awareness raising and the strengthening of school's duties towards disability awareness

4.0 Performance Overview

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

Transforming Environments/Capital Projects

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CFS5 (a)	Develop an integrated team around the family with a single point of access across a continuum of needs for all children and families in Runcorn/Widnes by March 2011.	
OPS4 (a)	Develop a viable capital strategy in light of the Buildings Schools for the Future decisions in Halton by December 2010.	
OPS4 (b)	To undertake a review of Primary School Provision in the Borough March 2011.	
CFS5 (b)	Refocus Children's Centres to be more targeted and supporting the work of the team around the family, in accordance with the action plan by March 2011	
OPS4 (c)	Completion of All Saints Upton and Our Lady Mother of the Saviour Primary Capital projects by March 2011.	
OPS3	Deliver world-class youth facilities to meet the criteria of the MyPlace fund by March 2011.	

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS5(a) and (b): The Integrated Working Support Team was operational by October 2010 and operating as a single a single point of access for services in Runcorn and Widnes.


OPS4(a): Capital funding has been allocated to the local Authority for 12 months as noted in 3section 3.6. The outcome of the James review has not yet been announced.

OPS4(b): Work has commenced on assessing the level of primary need across the borough. The Local Authority currently retains its statutory responsibility for ensuring sufficient provision across the borough.

OPS4(c): All Saints Upton will be complete January 2011. The final phase of Our Lady Mother of the Saviour will be complete April 2011.

OPS3: CRMZ (Myplace project) had its opening launch in November 2010. The building is being fully utilised by a number of organisations and community groups who are delivering a range of structured programmes. Action for Children will also move into the CRMZ in January 2011.

Key Performance Indicators





Ref	Measure	09/10 Actual	10 / 11 Target	Q3	Current Progress	Direction of travel
OPS LI4	Percentage of milestones met in strategy	100%	100%	100%		N/A

Supporting Commentary

OPS LI4: Aiming for financial close for both schools. (March/April 2011). Milestones amended in light of a change to BSF.

Safeguarding

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CFS2	To ensure the effective operation of the Safeguarding Unit and develop a service to independently scrutinise and review Children in Need planning by September 2010, in accordance with the project plan for the Unit.	
LAS5	Further promote Safeguarding through early intervention and prevention delivered through the team around the family (locality Services) by March 2011, in accordance with the action plan.	
OPS2 (a)	Continue to develop and re commence roll out of CareFirst6 in line with the project plan by April 2011.	
OPS2 (b)	Continue roll out of replacement IT devices to CYPD staff by April 2011 in accordance with the project plan.	

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS2: A Principal Manager joined the safeguarding unit in November 2010, with responsibility for leading on the development and implementation of an independent reviewing process for Children in Need. A priority cohort of Children in Need have been identified and independent reviews are now being undertaken.

LAS5: Team around the Family (Locality Services) are a confirmed part of the multi-agency, multi-stranded, holistic closing the gap project. This project is now in a phased roll out to secondary schools. A Primary phase roll out will begin later in the academic













year. Halton Safeguarding Children's Board have completed a Section 11 audit on all partner agencies – the Team around the Family (Locality Services) Services were part of this process.

OPS2(b): The roll out of IT devices is running to agreed timetable and should be completed by March 2011

Progress is more uncertain for:

OPS2(a): A Strategic CYP CareFirst 6 Project Board has been introduced and the CF6 Project has been re-established. Fortnightly ICS Development meetings are taking place with Social Care IT Development Team, Children's Social Care Managers and Practitioners working together to agree how the ICS forms will be developed and implemented within CF6. There are currently 20 out of 25 ICS forms used by the Children In Need Teams under development. It is anticipated that CareFirst 6 will start to be rolled out into the Child in Need Teams by the end of May 2011.

Key Performance Indicators

Ref	Measure	09/10 Actual	10 / 11 Target	Q3	Current Progress	Direction of travel
NI 059	Percentage of Initial Assessments completed within 7 working days	80%	85%	78.2%		
NI 060	Percentage of Core Assessment completed within 35 working days	93.7%	92.5%	88%		
NI 063	Stability of Children in Care: long term duration of placement (LAA)	69.6%	81.5%	88%		
LAS LI1	Percentage of relevant staff having attended Safeguarding Training	N/A	100%	74%		N/A
OPS LI2	Number of teams rolled out on CF6/ICS	N/A	1	1		N/A
NI 111	First Time Entrants to Youth Justice System (LAA)	149	234	82 (2009/10)		
LAS LI9	Percentage of schools inspected by OFSTED in the quarter achieving good or outstanding for safeguarding.	N/A	100%	100%		

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

NI063: Additional foster care capacity, the introduction of Support Assistants within the foster care service, training for foster carers and residential staff and careful matching processes contributed to positive performance.

OPS LI2: The Intensive Support Team (IST) are currently live on CF6. It is anticipated that the roll out in CIN teams will start May 2011.

LAS LI9: 100% of schools inspected this quarter (5) received good or outstanding for safeguarding. 2 schools were judged as outstanding.

NI60: This data is subject to Quality Assurance processes and is likely to achieve target over the 12 month period.





LAS L11: The remaining 18 staff are in the process of training and this is expected to meet the end of year target.


Progress is more uncertain for:

NI059: Completion of initial assessments within 7 days remains challenging. This data will be subject to quality assurance processes and is likely to increase and be nearer to target over a 12 month period. The completion of initial assessments is closely monitored by the Divisional Manager and systems reviewed. The roll out of laptops has been completed to the Child in Need teams. However, due to technical difficulties, this has not impacted on the completion of assessments as expected. The implementation of CareFirst6 will significantly reduce the burden of maintaining multiple systems. It must be noted that whilst the national indicator measures performance in 7 working days, Working Together guidance and OFSTED measure performance on 10 working days. Provisional data indicates performance currently at 88% at the end of quarter 3 2010.

Early Intervention

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CFS1	Review the impact of the team around the family (locality working) on demand for children's social care services by March 2011.	
CFS5 (a)	Implement recommendations from the CAF Review by March 2011.	
OPS2	Extend and deliver flexibly the free early years entitlement to 2, 3 and 4 year olds as per the Child Care Act 2006 by March 2011, in accordance with the action plan.	
OPS3 (a)	Improve young people's sexual health by reducing teenage conception through targeted services in the youth service by March 2011, as outlined in the action plan.	

OPS3 (b)	Improve young people's employability and reduce NEET through service delivery improvement by March 2011.	
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Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS1: Monitoring systems have been established to track cases where a CAF, supported by the Integrated Working Support Team, has progressed to Social Care Services. Social Care cases progressing down the level of need to CAF level are also being monitored. Pathways to access Team Around the Family (TAF) have been agreed, as too have pathways between TAF and Social Care services. Staff within the TAF model (namely Integrated Working Support Team workers) and Social Care staff can now all access ICS and access each other's consultations which makes monitoring of consultations and tracking of progress more effective. An analysis of the monitoring systems and the impact of TAF will be completed in Quarter 4.

CFS5 (a): The development of the Team around the Family model of early intervention continues to address all of the recommendations of the CAF review.

OPS2: Agreement reached with providers to extend and deliver entitlement.

OPS3(b): A Connexions Personal Advisor working within the Teenage Pregnancy Team has successfully linked young parents back into work, education and employment. The recent Care to Learn data has highlighted Halton as being the 2nd best performing authority across England for the engagement of Teen parents onto the programme.








Progress is more uncertain for:

OPS3(a): A range of health services for young people, including sexual health, have been developed and these have been made more accessible. The implementation of six days a week provision across Runcorn has been delayed due to the unavailability of suitable premises.

The VRMZ outreach bus is now fully operational and is engaging high numbers of young people. The service is providing information, advice and guidance to young people on positive sexual health across Halton at weekends and other identified times.

The actual number of teenage conceptions increased slightly in 2009 by comparison to 2008. There is still much more to be done. We need to maintain efforts to reduce teenage pregnancy rates, making a vital contribution to Halton's strategy to reduce child poverty and health inequalities.

Key Performance Indicators

Ref	Measure	09/10 Actual	10 / 11 Target	Q3	Current Progress	Direction of travel
CFS L18	Number of CAF's with plans and reviewed in a timely manner	N/A	Baseline established	222		N/A
NI 053	Increase the prevalence of breastfeeding at 6-8 weeks from birth (LAA)	19.3%	23%	a) 16.5% b) 100% recorded		
NI 056	Reduce obesity among primary school age children in Year 6 (LAA) <i>Annual indicator next update Feb 2011</i>	22.4%	21.3%	21.7% (2009/10)		
NI 116	Children in poverty (proxy indicator: narrow gap between North West average and Halton for Percentage of families in receipt of out of work benefits) (LAA) <i>Annual indicator next update Jan 2011</i>	26.6%	TBA	27% (2009/10 data)	Refer Comment	N/A
NI 112	Under 18 conception rate (per thousand of the population)	52.6 per 1000 (Rolling Qtrly Average Rate Dec 2008)	21.3 per 1000 (Rolling Qtrly average.) -55% (Change from 1998)	64.4 per 1000 (Rolling Qtrly average.) +40% (Change from 1998)		

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS L18: CAF database is now cleansed with all remaining CAF's on the system considered as 'live'. These are all tracked by the Integrated Working Support Team (IWST). This has enabled systems to be established to monitor CAF's and CAF reviews via IWST. Last quarter 36 CAF Reviews and 16 CAF action plans were submitted.

NI116: Issues around the poverty indicator have prevented the indicator from being reported previously. Government Office North West were using data for the proportion of families claiming out of work benefits where there are children as a proxy measure for children in poverty. The target adopted for the indicator is to reduce the gap between the Halton figure and the North West average from 5.7% in 2007 to 4.6%. Halton are on course to meet this target with the latest data provided indicating the gap is currently 4.8%.

Progress is more uncertain for:

NI053: Performance in Halton has dropped largely as a result of reduced capacity in Health visiting services in Quarter 1 and delays in funding and recruitment of peer support. The funding is being reviewed and if available then performance should improve in quarters 3 and 4.







NI056: National Child Measurement Programme (NCMP) results indicate a decrease in obesity for Year 6 children from 22.4% to 21.7% in 2009/10

NI112: The rolling average quarterly teenage conception rate for September 2009 (latest data) is 66.4 per 1000 girls aged 15-17 which represents 38 conceptions for this quarter. Halton BC is now 40% above the baseline figure of 47.3 per 1000 in 1998.

The target to reduce the rate of teenage conceptions by -55% from 1998 appears highly stretched given that the England National Average rate is 38.9 per 1000 and for the North West 44.2 per 1000 at September 2009. Provision of further postcode actual data it is hoped would lead to improved targeting of resources.

Standards

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CSF5	Ensure the delivery of the full core offer in Children's Centres and Extended Services by October 2010 in accordance with the action plan.	
LAS1 (a)	Demonstrate improved performance at Early Years Foundation Stage and Primary attainment by quality assurance, ECER audits and the implementation of an Early Years Outcome Duty action plan by March 2011.	
LAS1 (b)	Review and evaluate systems for managing and supporting settings and schools at risk of local authority categorisation and reduce the number of schools in Ofsted categories by March 2011.	
LAS1 (c)	Work with schools to develop action plans to narrow the gap for young people to attain 5 A*-C GCSE including English and Maths by November 2010.	
LAS2	The Learning and Achievement service to evaluate their service providing a service proportionate to need, whilst supporting the most vulnerable children to achieve the best outcomes by March 2011.	
LAS3	Work with settings to encourage an increase in the numbers of employment, education or training by March 2011 in accordance with the action plan.	

Supporting Commentary

All key milestones met for this theme as regards:

CSF5: Full core offer was achieved by July 2010

LAS1(a): There was an improvement in the percentage of pupils gaining 78+ points or more 73.8% compared to 72.1% in 2009. The score for the lowest 20% improved to 60.7% from 59.7% and the % gap decreased to 29.4%. 26 settings have undertaken ECER's / ITER's audits to date.

LAS(b): Halton's Strategy for Support and Intervention with Schools Causing Concern is due to be revised inline with the White Paper.













LAS(c) 50% of pupils across the Authority attained this benchmark in 2010 – Halton's highest performance. This led to a 5 point rise on 2009 attainment. Free school meal pupils attainment has risen from 24% in 2009 to 30% in 2010. FSM attainment gap has narrowed to 26.4 points, down from 27.3 in 2009



LAS2: The second phase of supporting Sts Peter and Paul in developing their approach to vulnerable groups is underway, with work to support St Chad's this term, with support from National Strategies colleagues.

A data mapping exercise has been undertaken with regard to vulnerable pupil data within the LA. This will now be reviewed and analysed with a view to ensuring that the data collected informs decision making and service delivery.

LAS3: The NEET Strategy Group continues to implement collaborative initiatives to increase the number of young people in employment, education or training

Key Performance Indicators

Ref	Measure	09/10 Actual	10 / 11 Target	Q3	Current Progress	Direction of travel
CFS LI7	Number of disabled children receiving short breaks	333	360	360 (November)		
NI 148	Percentage of Care Leavers in Employment, Education or Training	55.6%	72.5%	66.7%		
LAS LI3	Percentage of Early Years settings inspected by OFSTED in the quarter graded good or outstanding	63%	75%	62%		
LAS LI4	Percentage of settings achieving enhanced ICAN accreditation	14%	20%	30%		
LAS LI5	Percentage of schools involved in the Communication Language & Literacy Project	29%	90%	85%		
LAS LI7	Number of Early Childhood Environmental Rating Scales (ECERS) audits completed of settings	N/A	15	26		
NI 82	Inequality gap in the achievement of level 2 qualification by age 19 (Annual indicator) Published March 2011	24% (2008/09)	51%	N/A	N/A	N/A
NI 081	Inequality gap in the achievement of level 3 qualification by age 19 (Annual indicator) Published March 2011	18% (2008/9)	16%	N/A	N/A	N/A
CYP1	Reduce the 13% gap in attainment of 5 A*-C GCSEs (incl. English and Maths) by 25% between those living in the worst 10% LSOA nationally and the Halton average in the three years to 2011 (Annual indicator) Published March 2011	13.1% gap (Academic Year 2008/9)	9.75% gap	N/A	N/A	N/A

NI 117	Percentage of 16-18 year olds not in education, employment or training (proxy indicator: narrow gap between North West average and Halton for Percentage of families in receipt of out of work benefits) (LAA) <i>Expected February 22nd 2011</i>	10.3%	7.7%	N/A		N/A
NI 079	Achievement of a level 2 qualification by the age of 19	66.8%	67%	71% (provisional)		N/A
NI 080	Achievement of a Level 3 qualification by the age of 19 <i>(Annual indicator)</i> Published March 2011	33.7%	42.2%	N/A	N/A	N/A

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS LI7: Significant increases were seen over the summer holiday. This measure is now expected to exceed the target.

LAS LI3: Group care (day nurseries, out of school care and pre-schools) good or outstanding 66%. Childminders good or outstanding 58%

LAS L14: Five settings have achieved enhanced ICAN accreditation This is the more in depth accreditation. The department will continue to engage additional settings in this programme.

LAS LI5: There are a further 9 schools who are part of the CLLD universal offer and have a CLLD lead. Approximately 85% of schools are now participating in the programme.

NI079: Halton level 2 at 19 has increased by 7.4% since 2004/05. Performance for 2009/10 is expected to be at least 71% (2009/10 figure reported early 2011)

NI080, NI081 & NI082: 2009/10 figure to be reported early March 2011, subject to publication by Department for Education.










Progress is more uncertain for:

NI148: All young people who entered further education in September have maintained their study and additional young people have found employment. To meet the target at the end of the year 1 of the 3 care leavers currently NEET should be engaged in employment, education or training.

NI117: Figure is reported annually. Halton 16-18 NEET has reduced by 3.1% compared to last year. Work undertaken through the 14-19 Strategic Partnership such as a case-conferencing approach to NEET (where individual NEET learners are matched to possible vacancies) as well as more flexible start dates for provision within the borough has had a positive impact within this cohort. Improved tracking of learners through the September Guarantee group has helped with the reduction. Within the NEET cohort priority areas for 2011 are vulnerable groups and those age 18+. A vulnerable group task & finish group has been set up to take this forward

Managing Resources Effectively

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CFS3	Implement and ensure the effectiveness of Children in Care Strategy in line with the invest to save and efficiencies agenda by March 2011 covering the following areas: <ul style="list-style-type: none"> Review the implementation of increased level of payments to Foster Carers by September 2010 Review current residential provision by September 2010. 	 
CFS4	To improve services to care leavers through : <ul style="list-style-type: none"> Recruitment to all 7 ring fenced Apprenticeships within Halton Borough Council by March 2011. Increased employment opportunities within Halton BC to 3 by March 2011. Increase the semi independent accommodation provision for care leavers by 4 by March 2011. 	  
LAS1	To develop a proposal for School Improvement Services across the Learn Together Partnership November 2010 with the objective of creating and implementing a shared or trading service by March 2011.	
LAS3	Commission a range of quality post-16 provision (including SEN) in Halton to reduce the number of young people accessing provision outside the borough by March 2011.	
OPS1 (a)	Develop a virtual joint commissioning unit with the PCT by December 2010.	
OPS1 (b)	To determine the total resources available across the Children's Trust and develop a jointly agreed financial strategy for the Children's Trust in accordance with Total place March 2011.	

Supporting Commentary

Progress has been made towards this theme, and most notably positive progress has been made in regards to:

CFS3: The increased level of payment to foster carers has been implemented. Residential provision has been reviewed and a redesign of services will be concluded in March 2011 with the closure of a children's home and the development of supported accommodation for care leavers

LAS1: We continue to work with the Learn Together Partnership to explore the feasibility of establishing a shared service for schools to purchase school improvement support. However, we intend to retain the statutory functions around schools causing concern and associated intervention so there is a need to guarantee some level of central support.

Progress is more uncertain for:

LAS 3: Evidence shows improvement to post-16 FE provision as per OFSTED inspection of Riverside College. HBC 14-19 team are working with Sixth Forms to raise standards.

OPS1(a): Joint Commissioning meetings have been set for the next twelve months and work has now started to develop process and performance systems. A three day training programme was delivered by one PCT and one Local Authority Commissioner from within the team following their attendance at a Train the Trainers course. Action plans have now being developed to address the priorities that emerged from the training. Colleagues from St Helen's Local Authority also attended the 3 training days.

OPS1(b): Work has commenced to identify the funding available across the Children's Trust. Joint commissioning priorities have been agreed with the PCT. In addition, the opportunity to pool further resources is being explored.

CFS4: Three young people are currently in apprenticeships. Funding for these will cease with the end of WNF monies in March 2011. An in house apprenticeship scheme for care leavers is currently being developed for implementation in April 2011. The Employment Policy for Care Leavers has been revised and will now be implemented to reflect some 'preference' for care leavers in the recruitment process. An increase of 4 has been achieved with a further 7 units being commissioned.

Key Performance Indicators

Ref	Measure	09/10 Actual	10 / 11 Target	Q3	Current Progress	Direction of travel
OPS LI1	Value of services commissioned using Joint planning and commissioning framework	£6.7m	£7.5m	£5.7m (Qtr 2)	?	New Measure

Supporting Commentary

OPS LI1: Reported every 6 months

5.0 Financial Statement

Summary Financial Position as at 31st December 2010

1. Revenue Spending

- 1.1. The Employee budget is below budget profile due to a number of staff vacancies that exist across all three Departments and have been partly offset by the use of agency staff. Expenditure is therefore expected to be below budget by year-end.
- 1.2. The premises budget is below budget due to lower than expected expenditure on utilities costs for some buildings. Expenditure is planned to be within budget by year-end
- 1.3. The In House Foster Care Placements budget is currently under budget to date. The Department has reviewed its placement strategy for foster care and although there has been an increase in costs (within this budget in the latter part of the year) the full impact will not be seen until the 2011/12 budget. Expenditure is therefore expected to be below budget by year-end.
- 1.4. The out of borough placements budget (Residential & Fostering) is currently below budget and is expected to be underspent by year-end. This is due to an overall reduction in the number of current placements as part of the ongoing intensive review and management of this service.
- 1.5. Schools Transport budget is below budget as there has been re-tendering for contracts. This has resulted in savings (100k of which has been offered as part of 2011/12 savings proposals). In addition, the Agency Related Expenditure budget under spend is mainly due to an under spend on the Travellers Education Contract.

2. Capital Spending

Any capital schemes where expenditure up to quarter 3 has not met the expected profile spend will be closely monitored during the remainder of the year, in order to ensure that the relevant capital allocations are fully utilized by the financial year end. The schemes most significantly below allocation at this point are Repair and Maintenance, All Saints Upon, Windmill Hill Children's Centre and Playbuilder.

3. LSP Funded Schemes

Spending on LSP schemes is slightly under budget at the end of Quarter 3 and will be monitored closely throughout the remainder of the year.

4. Overall Directorate Financial Position

- 4.1. In overall terms, revenue spending at the end of Quarter 3 is currently £630,000 below budget profile, as spending has been managed in-year to contribute to the £0.5m under spend target set by Management Team for the Directorate.

Children & Young People's Directorate - Summary

Revenue Budget as at 31st December 2010

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Employees	17,758	13,884	13,613	271	13,815
Premises	879	329	307	22	385
Supplies & Services	6,958	3,229	3,201	28	3,678
Transport	103	47	40	7	93
Agency Related Expenditure	7,994	6,051	6,080	-29	6,082
Commissioned Services	3,512	2,495	2,494	1	2,524
Residential Placements	1,907	1,197	1,061	136	1,061
Out of Borough Adoption	80	60	58	2	58
Out of Borough Fostering	682	553	442	111	442
In House Foster Carer Placements	1,442	1,081	974	107	983
In House Adoption	217	163	219	-56	219
Care Leavers	316	237	279	-42	371
Child Trust Funds	4	3	0	3	0
Independent School Fees	1,493	1,181	1,181	0	1181
Inter Authority Recoupment	764	455	455	0	455
Speech Therapy	46	28	27	1	27
Revenue Contribution from Reserves	-596	0	0	0	0
Redundancy	580	435	435	0	435
Schools Contingency Costs	1,606	0	0	0	0
Schools Non- Delegated Support	145	0	0	0	0
Schools Transport	1,086	637	592	45	843
Standards Fund	4,530	2,471	2,471	0	2,578
Area Based Grant	1,554	1,194	1,994	0	1,228
Other	107	114	111	3	116
Total Expenditure	53,167	35,844	35,234	610	36,574

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Dedicated Schools Grant	-10,677	-7,591	-7,591	0	-7,591
Government Grant Income	-736	-599	-604	5	-604
Reimbursements & Other Grant Income	-7,540	-6,734	-6,739	5	-6,739
HBC Support Costs	-206	0	0	0	0
Income – Deferred Grant Write Down					
Inter Authority Income	-689	-544	-544	0	-544
Schools SLA Income	-829	-671	-693	22	-693
Surestart & Children's Centre Grants	-7,527	-5,855	-5,855	0	-5,855
Area Based Grant	0	0	0	0	0
Standards Funds	-4,860	-3,645	-3,645	0	-3645
Total Income	-33,064	-25,639	-25,671	32	-25,671
Premises	1,068	26	26	0	26
Transport	427	259	271	-12	271
Asset Rental Support Costs	6,385	5	5	0	5
Central Support Service Recharges	4,913	0	0	0	0
Total Recharges	12,793	290	302	-12	302
Net Expenditure	32,896	10,495	9,865	630	11,205

Children & Young People's Directorate – Departmental Analysis

Revenue Budget as at 31st December 2010

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Children & Families Services					
Children in Care	7,731	5,394	5,264	130	5,456
Child Protection & Children in Need	7,596	3,144	3,138	6	3,241
Locality Services	-1,467	-2,080	-2,261	181	-1,929
Total	13,860	6,458	6,141	317	6,768
Learning & Achievement					
0-11 Learning	4,110	1,918	1,872	46	1,910
11-19 Learning	1,382	423	388	35	409
Inclusion 0-25	4,746	2,741	2,723	17	2,745
Post 16 Dev & 14-19	657	230	199	31	213
Entitlement Strand					
Safeguarding, Quality & Review	956	533	524	8	611
Total	11,849	5,844	5,706	137	5,906
Children's Organisation & Provision					
Children's & Schools Services	827	637	649	-12	672
Integrated Youth Support Service & Commissioning	3,609	997	911	86	984
Liverpool City Region - Connexions	-2	-1	-1	0	12
Place, Planning and Provision Lead	2,414	-3,693	-3,809	116	-3,426
Transforming Children's Environment	338	254	268	-14	289
Total	7,186	-1,806	-1,982	176	-1,469
Total CYPD Directorate	32,896	10,495	9,865	630	11,205

Children & Young People's Directorate**Local Strategic Partnership Schemes as at 31st December 2010**




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
1.1					
1.2					
Neglect – PACT	125	94	94	0	94
Barnardos Missing from Home	70	53	48	5	48
Teenage Pregnancy (Health)	67	36	36	0	36
Portage	0	0	0	0	0
Attendance	0	0	0	0	0
HITS	0	0	0	0	0
Vikings in the Community	38	28	24	4	24
Connexions – NEET	147	147	147	0	147
Canal Boat Adventure	48	48	48	0	48
Improved Education for Vulnerable Youngsters	0	0	0	0	0
Kingsway Literacy Development	355	223	223	0	223
H9P PEP Dowries	0	0	0	0	0
Young Carers Strategic Development	50	38	37	1	37
Teenage Pregnancy & Sexual Health Support	45	0	0	0	0
Integrated Working Project	30	30	30	0	30
Publicity & Marketing	9	0	0	0	0
Unallocated Funds	0	0	0	0	0
Total LSP	984	697	687	10	687

Children & Young People's Directorate**Capital Projects as at 31st December 2010**

	2010/11 Capital Allocation	Allocation To Date	Actual Spend To Date	Total Allocation Remainin g
	£'000	£'000	£'000	£'000
Runcorn All Saints C.C. (Phase 2)	8	8	8	0
Astmoor Children's Centre (Phase 2)	2	2	2	0
Asset Management (CADS)	20	7	7	13
Fire Compartmentation	15	5	3	12
Repair & Maintenance	158	42	5	153
Capital repairs	487	400	389	98
School Development Planning	89	45	20	69
Asbestos Management	21	15	8	13
SEN Review	0	0	0	0
All Saints Upton PCP	2,673	2,300	2,417	256
Our Lady Mother of the Saviour PCP	866	600	359	507
My Place	2,049	2,041	2,041	8
Palace Fields	266	240	204	62
Windmill Hill Children's Centre (Phase 3)	242	75	22	220
Early Years Capital	1,004	963	963	41
Schools Access Initiative	85	80	57	28
Moore Primary new classroom	58	58	54	4
Aim Higher for Disabled Children	97	71	50	47
Harnessing Technologies	622	565	565	57
Playbuilder	273	1	1	272
Warrington Road Children's Centre	30	15	22	8
ICS/ICT	2	0	0	2
Education Programme	32	0	0	32
Children's Centres (General)	34	0	0	34
	9,133	7,533	7,197	1,936




Appendix- Explanation for Use of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

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

DATE: 21 February 2011

REPORTING OFFICER: Chief Executive

SUBJECT: Special Strategic Partnership Board minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None.

5.2 Employment, Learning and Skills in Halton

None.

5.3 A Healthy Halton

None.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

None.

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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



Halton Children's Trust

Minutes of Executive Group Meeting held on Tuesday 7th December 2010 2.00pm, Municipal Building Widnes

Present:

Gerald Meehan	Strategic Director of Children's Services, HBC (Co-Chair)
Steve Collett	Chief Officer, Cheshire Probation Area (Co-Chair)
Nigel Moorhouse	Operational Director, Children & Families Services, HBC
Diane Sproson	Area Manager, Connexions
Paula St Aubyn	Divisional Manager, Safeguarding, Quality and Review, HBC
Ann McIntyre	Operational Director, Children's Organisation and Provision
Jane Lunt	Operational Director, Child & Family Health, Halton & St Helens PCT
Julia Rosser	Public Health Specialist Registrar, Halton & St Helens PCT
Jonathan Potter	Divisional Manager, Team Around the Family Widnes, HBC
Mark Grady	Children's Trust Principal Officer, HBC
Lydia Unsworth	CYP3SP Lead Engagement Officer
Emma Taylor	Divisional Manager, Team Around the Family Runcorn, HBC
Karen Hickey	Assistant Policy Officer, HBC (minutes)

Apologies

Michelle Bradshaw	Assistant Director, Child & Family Services, Halton & St Helens PCT
Gareth Jones	Warrington & Halton Youth Offending Team
Alison Upham	Principal Manager, Children with Disabilities, HBC
Hazel Coen	Divisional Manager, Performance, HBC

Item		Action
1.0	MATTERS ARISING	
1.1	Item 2.2, Children's Trust Equality and Diversity Scheme – all partners will need to ensure that their organisations complete Equality Impact Assessments on all new policy in accordance with the new Equality act legislation.	ALL
2.0	DECISION MAKING	
2.1	<p>Outcomes from Children's Trust Development Day As part of the discussion group workshops which had taken place at the development day around future priorities for the Trust, a number of priorities were identified for future action.</p> <p>Three overarching priorities based on the priorities identified in the workshops were proposed for the Children's Trust to adopt from April 2011. These were:</p> <ol style="list-style-type: none"> 1. Strengthen partnership working to effect better joint commissioning in order to improve outcomes for children and young people 2. Improved outcomes for our most vulnerable children and young people by targeting services effectively 3. Use effective integrated processes to intervene early for improved outcomes for all children and young people 	

	<p>A fourth Safeguarding priority was proposed, however it was felt that Safeguarding should be an intrinsic part of the other priorities, considered within each priority's terms of reference and cutting across all areas. The robustness of the consideration of safeguarding within each priority will be a key area for the Halton Safeguarding Children's Board to scrutinise.</p> <p>It was proposed that the Children's Trust name remains in place as: Halton Children's Trust – Halton's Partnership for Children. Underneath this, the Executive felt a new strapline should be developed to both promote participation and also the attachment of the children's workforce in Halton to the Children's Trust. The proposed strapline is: 'Our children, our families, our future'</p> <p>The proposed new Children's Trust structure is outlined within the Development Day report (appendix 1 circulated with the minutes). There will also be a 'spring clean' of all sub groups to ensure that they are fit for purpose. As part of this, a mapping exercise of the sub groups that members of the Trust Board and Executive Group currently attend has also been completed, grouped by where they would link into the new structure to aid the rationalisation of these groups. This is also included as part of the Development Day report.</p> <p>Members are asked to review the Development Day report (appendix 1) and feed back any comments to Mark Grady.</p>	ALL
3.0	<p>PRIORITIES</p> <p>SDP Update - Young People are Physically, Emotionally and Sexually Healthy A presentation was delivered at the Children's Trust development session on the 6th December, highlighting progress to date and also priorities for 2011. The group has recently been working on commissioning priorities for 2011 and informing the development of GP commissioning and the Health and Wellbeing Board, to ensure appropriate focus on children and young people</p> <p>SDP Update – All Young People are Successful when they Leave School The Employment Learning and Skills Specialist Strategic Partnership met on the 6th December. A 'Science Halton' tool has been established to encourage children and young people to be involved in the sciences. This will contain information for all ages relating to employment and learning. The project is being led by Siobhan Saunders from the Adult Learning team. For more information visit www.sciencehalton.com. Regarding structural changes within the council next year, Children and Young People's Directorate will incorporate Adult Learning and Enterprise. Daresbury laboratories are looking to establish a learning partnership, which may provide opportunity for Halton to be involved.</p> <p>SDP Update – Children and Young People do Well Wherever they Live and Whatever their Needs. No further updates were available since the last Executive Group meeting on the 26th October</p>	

4.0	Information Items	
4.1	Children's Trust Report Card for Quarter 2, 2010 - 11 <ul style="list-style-type: none"> • Priority 1 – there has been a reduction in breastfeeding rates. Regarding teenage pregnancy the progress for conception figures is red, though direction of travel has improved in comparison to last year. • Priority 2, figures show an early positive picture, with NEET figures now down to 9.6%. • Priority 3 – The percentage of Special Educational Needs, Teenage Mothers and YOT in Education, Employment or Training has all improved against last year's figures. Educational attendance for Children in need and Children subject to Child Protection orders remained at the same levels. • Safeguarding – a performance report card and summary has now been produced for this priority and was circulated at the meeting. These will become a standing item at future Children's Trust meetings 	
4.2	Update from Children's Trust Board Meeting 14.10.10 <p>WNF update – all Specialist Strategic Partnerships have now reviewed projects funded by WNF monies. Feedback is that there will be no WNF funding as of March next year. Organisations are being notified of cessation of services which were dependent on WNF funding. When decommissioning services, partners need to ensure that they are not disproportionately affecting their most vulnerable clients</p>	
4.3	CAF Audit report <p>The purpose of the report is to highlight the fact that casework auditing processes that are already established within the Borough do not currently include the quality auditing of CAFs, and to propose that a process for quality assuring CAFs is established that complements the established system of auditing casework overseen by the Safeguarding Unit. This process would be overseen independently by the Safeguarding Unit and the results fed directly into the main report submitted to the Safeguarding Board and any other relevant forum.</p> <p>In addition the report raises the issue of CAF auditing for discussion, so that views of all agencies can be considered before any process being implemented.</p> <p>Recommendations were that the Children's Trust Executive Group agree to these proposals and that representatives of their respective agencies become part of a regular CAF auditing process, and that the proposals are accepted and become fully operational within the next 2 months. The recommendations were supported by the Executive Group, and findings will be reported back to group in the future.</p>	
4.4	Minutes of HSCB Board and Executive <ul style="list-style-type: none"> • Item 6.1, HSCB Executive minutes 22.11.10 - Police Child & Vulnerable Adult report - current pathways are not clear, therefore a meeting has been arranged in January to clarify processes. In addition a joint independent research project has been agreed to examine best practice around the country. • HSCB Executive will meet more frequently next year to ensure better workflow 	

4.5	<p>Any Other Business</p> <p>Steve Collett announced that he will be retiring as of the end of December 2010. The Children's Trust Executive Group thanked Steve for his valuable contribution to the Children's Trust and wished him well.</p>	
5.0	<p>Date and Time of Next Meeting:</p> <p>Tuesday 25th January 2011, 2.00pm Conference Room 2, Municipal Building Widnes</p>	

Outstanding Actions to date:

Item	Action Required	Who by	When by
1.1	Children's Trust Equality and Diversity Scheme – all partners will need to ensure that their organisations complete Equality Impact Assessments on all new policy in accordance with the new Equality act legislation.	ALL	Ongoing
2.1	Children's Trust Development Day - Members are asked to review the Development Day report (appendix 1) and feed back any comments to Mark Grady	ALL	25/01/11