

Public Document Pack



Health and Wellbeing Board

Wednesday, 12 November 2014 2.00 p.m.
Karalius Suite, Stobart Stadium, Widnes

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

Chief Executive

Appendices and attachments for items 4B, 4C and 4E can be accessed via the following link:

www.halton.gov.uk/hwbappendix. If there you are unable to open the link please contact Gill Ferguson as detailed below.

*Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 14 January 2015*

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

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HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 17 September 2014 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors Polhill (Chair), Woolfall and Wright and S. Banks, C. Bentley, S. Boycott, P.Cook, T. Dean, G. Ferguson, D. Houghton, D. Lyon, S. McAteer, E. O'Meara, A. Marr, D. Parr, A. Risino, N. Rowe, R. Strachan, N. Sharpe, M. Shaw, E. Sutton-Thompson, D. Sweeney, A. Waller, S. Yeoman.

Apologies for Absence: Councillor Philbin and A. McIntyre, D. Johnson and J. Wilson

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB8 MINUTES OF LAST MEETING

The Minutes of the meeting held on 9th July 2014 having been circulated were signed as a correct record.

HWB9 APPROVAL OF THE DRAFT BETTER CARE FUND SUBMISSION 2014

The Board considered a report of the Strategic Director, Communities, which sought approval for the final re-submission of the Better Care Fund, in light of the re-issued new guidance and new templates, to the LGA and NHS England by 19th September 2014.

The initial draft Better Care Fund was submitted to the LGA and NHS England on the 4th April 2013, following approval by the Board. After receiving the submissions, NHS England and the LGA re-issued new guidance and new templates, changing some of the focus of the plan. For example, the payment for performance was now purely focussed on non-elective admissions, instead of cross health and social care performance metrics.

RESOLVED: That the Board

- 1) note the content of the report; and

- 2) approve the final draft Better Care Fund submission (Appendix 1).

HWB10 FINAL NHS HALTON CCG 5-YEAR STRATEGY AND 2-YEAR OPERATIONAL PLAN WITH SUPPORTING ECONOMIC ASSURANCE

The Board considered a copy of the final NHS Halton CCG-5 Year Strategy and two year Operational Plan with supporting economic assurance. The document was the result of consultation with providers, public, clinicians and other stakeholders, including the local authority from July 2013, with data gathered from a number of sources to inform evidenced-based decisions of the strategic direction of Halton Health Economy and the Commissioning intentions which formed the Operational Plan to achieve that aim.

The document also set out the eight priority areas which had been agreed and what would be achieved over the next five years through focussing on these priority areas. The full list of commissioning intentions, associated metrics and targets to achieve the ambitions and priority areas were published in the plan. In addition, the Plan attempted to describe how the vision, priorities and ambitions would be achieved but also how this would be done in the context of the expected financial gap between supply and demand.

It was reported that a significant development (both in terms of expected impact and financial risk/benefit) was the establishment of two Urgent Care Centres in Widnes and Runcorn on the sites of the existing walk-in centre and minor injuries unit. A separate series of working groups had been set up to look at this scheme, and two organisations (i5 Health and Capita) had been commissioned to provide independent analysis of the potential available by reducing the level of urgent care in Halton. Both i5 and Capita had used different methods to calculate the potential levels of benefit available in the health economy and details of both findings were outlined in the report. A marketing campaign would be used to launch both Centres.

A copy of the NHS Halton CCG 5 year Plan Strategy and 2 year Operational Plan was submitted to NHS England on the 20th June 2014. Details of the response received on the 1st August by NHS England Merseyside Area Team Director, were outlined to Members. Overall the Plan was well received and they felt the Plan addressed the health needs of Halton's population.

RESOLVED: That the 5 year Strategy and 2 year Operational Plan be approved as demonstrating the strategic direction of the CCG in relation to the wider health economy in Halton, and that the specific operational intentions will contribute to achieving the strategy.

HWB11 ADDRESSING PREMATURE MORTALITY IN HALTON - PRESENTATION

The Board received a presentation from Professor Chris Bentley from HINST Associates. The presentation examined how the Health and Wellbeing Board could implement practical interventions in order to reduce health inequalities locally, with a view to improving health and wellbeing and reducing premature mortality. The presentation outlined the following:-

- the background to improving health and wellbeing and addressing health inequalities;
- levels of deprivation in Halton for both males and females;
- the relationship between multiple lifestyle risks and mortality;
- benchmarking against similar areas to Halton;
- potential interventions to postpone deaths; and
- how Halton, in conjunction with partners, can identify those who remain 'missing' in the system, to improve their health and wellbeing.

RESOLVED: That the report be noted.

HWB12 DEVELOPING A STRATEGY FOR GENERAL PRACTICE SERVICES IN HALTON - PRESENTATION

The Board considered a report and presentation of the Chief Officer, NHS Halton Clinical Commissioning Group, which advised on the programme to develop a strategy for general practice services in Halton. The Board was advised that general practice faced challenges from :-

- an ageing population, growing co-morbidities and increasing patient expectations;
- increasing pressure on NHS financial resources and increased regulation;
- persistent inequalities in access and quality of general practice;
- growing reports of workforce pressures, including recruitment and retention problems; and
- political pressure to change.

The Board was further advised that NHS Halton CCG and NHS England were discussing development of the formalising co-commissioning arrangements for general practice services in the Borough, following an expression of interest process. This meant that NHS England may, over the next few months, be delegating more responsibility for the commissioning of general practice services in the Borough to NHS Halton CCG. NHS Halton CCG and NHS England agreed that a strong, sustainable general practice was required in Halton to support commissioning and service provision. This required a co-ordinated and engaged approach to deliver.

Members were also advised that NHS England had stated their ambition for general practice services to operate at greater scale and be at the heart of a wider system of integrated out-of-hospital care. This would require a shift of resources from acute to out-of-hospital care. These ambitions were congruent with NHS Halton's CCG's 2 Year Operational Plan and 5 Year Strategy and also with the Better Care Fund Delivery Plan, developed with Halton Borough Council. NHS Halton CCG, engaging with NHS England, local practices and other partners was developing a co-commissioning strategy to meet these ambitions by focusing transformational activity in six areas:-

- Improved access and resilience;
- Integrated care;
- New services in the community;
- Community Development;
- Quality improvement; and
- Enabling work streams (i.e. governance, finance, estate, contracting, information technology and workforce).

It was noted that a copy of the Themes for Transformation Policy document would be submitted to the next meeting of the Board.

RESOLVED: That the Board note the report and presentation.

HWB13 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided Members with a draft Pharmaceutical Needs Assessment (PNA) and an outline of the statutory 60 day consultation process. The PNA was a statutory document that states the pharmacy needs of the local population. This included dispensing services as well

as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts, as well as for commissioning pharmacy services.

The Board had previously approved the establishment of a local steering group to oversee the development of its first PNA (Minute No 17/2013, refers). It had met at regular intervals since then. The Group had overseen and supported the development of the PNA and a Task and Finish Group had also met to ensure tasks identified by the Steering Group were being progressed and to trouble shoot any difficulties.

It was reported that in addition to the statutory 60 day consultation, the Steering Group also carried out a questionnaire to all pharmacies to gather up-to-date information on the services they provided. It also conducted a public survey to gain local people's views on their local pharmacy. Nearly 100 local people responded to the survey during a 4 week period. The information obtained from both the pharmacy and public surveys had been used to populate and inform the PNA.

The report outlined details of the findings of the PNA and set out the proposed arrangements for the 60 day statutory consultation exercise. It was anticipated that the final PNA would be submitted to the January 2015 Board meeting.

RESOLVED: That

- 1) the draft PNA, including the findings detailed in it, be approved; and
- 2) the commencement of the 60 day statutory consultation in line with the process detailed in this report.

Director of Public Health

HWB14 HALTON HEALTH PROFILE 2014

The Board received a report of the Director of Public Health, which presented information relating to Halton's Health Profile 2014 and provided analysis regarding the findings from a local perspective. Each year, the Department of Health released a health profile of Halton which compared it to the England average. It was designed to help local government health services understand their communities needs so that they could work to improve people's health

and reduce health inequalities.

The Halton Health Profile 2014 showed that half of all local residents lived in the most deprived areas in England. Given the direct relationship between poverty and poor health, it was unsurprising that Halton's health statistics were worse than the national average. Although Halton was not better than the England average, in the majority of indicators, it had improved against the previous year's figures in 15 out of 27 comparable indicators, remained static for 7 and worsened in 5. The report outlined Halton's progress and challenges and the wide range of programmes that were in place to address areas of concern.

RESOLVED: That

- 1) progress in health outcomes and programmes established to address areas of concern be noted; and
- 2) any comments be fed back to the Director of Public Health.

HWB15 HEALTH CHECKS

The Board considered a report of the Director of Public Health, which provided an update on the progress of the NHS Health Check Programme within Halton. The following developments were noted:-

- the Programme was revamped in October 2013 to include dementia and alcohol and to remove elements of the check which did not form part of the statutory programme;
- research undertaken by Health Inequalities Specialist Professor Chris Bentley revealed that 40% of Halton residents with long term conditions did not visit GP practices;
- new Service Level Agreements were drawn up with GP practices to reflect the changes and a handbook was developed to assist GP practices deliver the programme;
- the EMIS web template was revised by one of the practice managers and rolled out to other practices;
- the revised programme had been promoted by individual visits to practices, attendance at Practice

Managers' meetings and via presentations at related events;

- Health Trainers from the Health Improvement Team had been based within GP practices for the purpose of carrying out Health Checks on behalf of the practice; and
- an annual report on the performance of NHS Health Checks in 2013/14 had been produced using information supplied by the St. Helens and Knowsley NHS Hospitals Trust Health Information Service (HIS) Team.

Members were advised that of the 35,169 registered patients who were eligible at Quarter 4 2013/14), 5,217 had been invited for a Health Check, equating to 14.83%. This fell somewhere short of the 20% that would be needed on an annual basis to ensure that every eligible person was invited once in a five year period. Of those invited, 2,179 patients received an NHS Health Check, giving a take up rate of 42%.

With regard to future developments, to promote Health Checks, the following was proposed:-

- a Health Trainer would be based in every practice for the purpose of supporting the Health Check Programme;
- Wellbeing Practice Officers would be trained and deliver Health Checks in GP Practices;
- negotiations to secure the use of a bus for the purposes of carrying out Health Checks within the community were on-going;
- practices would be supported on the use of read codes to ensure that all invitations were recorded regardless of how the patient had been invited for the Health Check;
- an options appraisal was being undertaken in relation to the data collection element of the programme;
- a feasibility of offering NHS Health Checks to Council staff and elected Members was being explored;
- community venues for NHS Health Checks delivered by health trainers were being identified; and

- information stands offering Health Checks be set up in community areas such as supermarkets.

RESOLVED: That

- 1) the Annual Report on Health Checks be noted; and
- 2) the Board endorse the recommendations in the Annual Report, in particular –
 - Widespread promotion of Health Checks;
 - A Health Trainer available to every Practice and Wellbeing Enterprise Officers be trained to deliver Health Checks in each GP Practice; and
 - Use of a bus to deliver Health Checks and community based approaches.

Director of Public Health

HWB16 HYPERTENSION

The Board considered a report of the Director of Public Health, which advised that Champs was a collaborative service where nine local authority public health teams worked together to enable greater access to public health expertise and advice in Cheshire and Merseyside. A project had taken place to identify and agree the priorities that would be used to form the work plan for healthcare public health. It was led by a Public Health Consultant from Halton and the report outlined the process used and the local implications of this.

It was noted that three local priorities, which concurred with Halton CCGs priorities, matched those generated by the data produced:

- Mental Illness (highest cost to NHS);
- cancer (Largest cause of premature mortality); and
- unplanned/urgent care (high rate of 30 day re-admissions).

The review also highlighted the following priorities not chosen by partners: hypertension (largest disease register), liver disease (worse rate of premature mortality) and respiratory disease (large cause of hospital admissions). Of these, hypertension was chosen as a key area for action at the last CCG primary care model development workshop in August. A working group had been formed to develop a system wide approach to tackling the issue. A Halton cardio vascular disease strategy was in early development and the

regional Cardio Vascular Strategic Clinical Network and Merseyside Primary Care Strategic Forum had prioritised hypertension as a result of the Champs approach.

RESOLVED: That the Board

- 1) note that hypertension was a key cause of premature mortality in Halton;
- 2) note there was under diagnosis of hypertension nationally and in Halton; and
- 3) endorse the future plans for action in the area of hypertension.

Director of Public Health

HWB17 NHS SUPPORT FOR SOCIAL CARE

The Board was advised that similar to previous years, the Department of Health had allocated non-recurrent budget allocations to NHS England, nationally, for transfer to local authorities to invest in social care services to benefit health, and to improve overall health gain. In 2014, there were two components to the allocation; NHS transfer and Preparation for the Better Care Fund.

Members were advised that the Department of Health had announced revised allocations and transfer arrangements for 2014/15. Funding transfer to local authorities would be carried out by NHS England and Halton would be expected to receive NHS transfer £2,396,355 and Preparation for the Better Care Fund £533,000. The total allocation was £2,929,355. The report outlined a number of conditions which must be satisfied prior to the transfer of funding.

In light of the current financial and other pressures within the Local Authority, it was proposed that the majority of this allocation was utilised to support the whole system, which were of benefit to the wider health and care systems and provided good outcomes for service users.

The proposed funding main allocation for 2014/15 was as follows:

- Maintain the Telecare Service - £140,000;
- Additional support to the Community Care budget - £500,000; and
- Support of mainstream service delivery - £1,756,355.

In addition, it was noted that the proposed funding

allocation Implementation and Preparation of Better Car Fund, included early progress against national conditions and performance measures - £533,000 which would be used as follows:

- Early progress against national conditions and performance measures, an additional 14 Intermediate Care Beds - £300,000; and
- Preparation and Implementation, it was noted that further work was required to develop detailed plans and contingencies - £233,000.

RESOLVED: That the revised funding allocation as detailed in the report be approved.

HWB18 HEALTHWATCH HALTON ANNUAL REPORT 2013-2014

The Board received a presentation from Paul Cook, a representative of Healthwatch Halton which highlighted key elements of the Healthwatch Annual Report 2013/14. Members were advised on the governance arrangements at Healthwatch and the successful appointment of Jim Wilson as Chair of the Organisation, the establishment of the Healthwatch website, the role of Healthwatch in the community, developing links with the Polish Family Support Group and its statutory activities and plans for the next 12 months. Arising from the discussion, it was agreed that the Council and the CCG would liaise with Healthwatch to assist co-ordinating visits to local care homes.

RESOLVED: That the presentation be received.

HWB19 NATIONAL DEMENTIA ACTION ALLIANCE 'CARERS' CALL TO ACTION'

The Board was advised that a letter from the Secretary of State was sent to the Chairs of Health and Wellbeing Boards on the 16th July 2014, relating to the Prime Ministers Challenge on Dementia. The letter encouraged Local Authorities to sign up to the National Dementia Action Alliance Carers' Call to Action. In addition to the Local Authority signing up, member organisations of the Health and Wellbeing Board were invited to sign up individually to make pledges specific to their organisation, thus increasing the number of organisations supporting the movement.

It was noted that supported by the Chair of the Halton Dementia Partnership Board, the Council signed up to the Call to Action on the 23rd July 2014, pledging to deliver the

actions contained in the Local Dementia Strategy by 2018.

RESOLVED: That the contents of the report be noted.

HWB20 JOINT PUBLIC SERVICES (SOCIAL VALUE) ACT 2012
POLICY, PROCUREMENT FRAMEWORK AND CHARTER

The Board considered a report of the Chief Officer, Halton CCG, which provided an update on the development of a Social Value approach for both Halton Borough Council and NHS Halton Clinical Commissioning Group (CCG). This had been carried out both in response to the needs of the Public Services (Social Value) Act 2012 and in conjunction with the Halton Health and Social Value Programme.

It was noted that a Social Value policy statement had been developed setting out a commitment that through our commissioning and procurement activity and under the Public Services (Social Value) Act 2012 consideration would be given, where appropriate, to seek to secure wider social benefits for Halton as a whole. The Policy Statement would also support the Halton Social Value Charter which was being developed in partnership across the Borough as part of the Social Value In Health Programme.

In addition, a Social Value Procurement framework had also been produced, a copy of which had been previously circulated to the Board. Both the policy and framework would need to be applied in a proportionate manner and be tailored to reflect what was being procured and how it would be the role of service commissioners and procurement lead to consider, on a contract by contract basis, what social value opportunities and outcomes may be relevant to that contract. Both the policy and framework had been consulted on with relevant stakeholders and the suggested approach had received universal support.

RESOLVED: That

- 1) the work carried out to date on the Developing a Social Value Approach for Halton Borough Council and the NHS Halton Clinical Commissioning Group be noted;
- 2) both the attached Policy Statement and Procurement Framework be endorsed and be recommended for approval by Executive Board; and
- 3) the Board consider opening the approach to the wider partnership for their use (as appropriate).

HWB21 SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Board considered a report which provided an overview of the new statutory duties, from 1st September 2014, under the Children and Families Act 2014 (the Act), to ensure schools made arrangements to support pupils with medical conditions. Each school was required to have a Medical Conditions policy, ensuring pupils with medical conditions have full access to education, including physical education and school trips.

It was reported in order to support schools to fulfil their statutory duties, a range of resources would be made available from 1st September 2014, which included:-

- a revised Supporting Pupils at Schools with Medical Conditions Policy, including a blank policy template which schools could adopt if they so wish;
- a list of the available training for school staff; including governors and teachers;
- information bulletins would be circulated to schools advising them of the changes through the schools e-bulletin, Chairs of Governors Briefings etc; and
- information would be made available through Halton's Local Offer and the Children's Trust websites.

RESOLVED: That the report be noted.

Meeting ended at 5.00 p.m.

REPORT TO: Health and Wellbeing Board

DATE: 12 November 2014

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Integrated Sexual Health Service

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform members of Halton's Health and Wellbeing Board of the introduction of a new Integrated Sexual Health Service for Halton.

2.0 **RECOMMENDATION: That the contents of the report are noted along with the accompanying presentation.**

3.0 SUPPORTING INFORMATION

3.1 As part of their new Public Health responsibilities local authorities are mandated to commission the following sexual health services:

- Contraception outside the GP contract (this includes long acting reversible contraception including implants and intra uterine devices);
- HIV testing (HIV treatment is the responsibility of NHS England);
- Chlamydia testing as part of the National Chlamydia Screening Programme and treatment;
- Testing and treatment of other sexually transmitted infections;
- Sexual health aspects of psycho sexual counselling;
- Any sexual health specialist services e.g. sexual health promotion, young persons' services, HIV prevention, outreach work, teenage pregnancy etc

3.2 Prior to 1st November 2014 these services were delivered under four separate contracts each with a different area of focus or responsibility but with strong interdependencies between the services.

3.3 Halton participated in a review of sexual health services provided across Cheshire and Merseyside in late 2013. This resulted in the development of a common specification for integrated sexual health services combining the elements listed above which local authorities were able to adapt to meet local circumstances.

3.4 The Halton specification was adapted to fit local need and take account of feedback from two public and stakeholder surveys and several focus groups held with young people and young Mums on both sides of the Borough. The tender opportunity to deliver the integrated sexual health service was advertised on the Due North Chest e-procurement system at the end of March 2014 and interviews of shortlisted candidates were held on 13th June 2014.

3.5 The bid led by Warrington and Halton NHS Hospitals Trust was the most economically advantageous and was, therefore, successful. The Trust has sub contracted elements of the service to St Helens and Knowsley NHS Trust (Level 1 and 2 services¹) and Terrence Higgins Trust (Chlamydia screening and HIV prevention) with the ultimate aim to form a partnership structure.

3.6 Key features of the bid include:

- A “hub and spoke” approach with hubs at Widnes Urgent Care Centre (UCC - formerly the Health Care Resource Centre) and Halton Hospital (Block 8) and spokes at Chapelfield, Castlefields and St Pauls Health Centres.
- All age clinics delivering Levels 1,2 and 3² services at Halton Hospital with plans to provide all level clinics at Widnes UCC once laboratory facilities have been installed;
- All age level 1 and 2 clinics at spoke locations;
- Young peoples sexual health clinics at St Pauls HC, Chapelfield HC and Widnes UCC including a Saturday clinic for young people;
- Proposals to work with Commissioners to deliver a service between the hours of 9am to 8pm weekdays and 12pm to 3pm at weekends;
- Proposals to provide all age clinics 7 days per week through provision of an additional clinic on Sunday at Halton Hospital and Saturday at Widnes UCC.

3.7 The new contract commenced on 1st November although some elements, such as the all level clinics at Widnes UCC will take slightly longer to implement due to the ongoing refurbishment of the building.

3.8 It is anticipated that the integration of the services will offer a more

¹ Level 1 and 2 services refer to basic and intermediate care including uncomplicated contraception and STI testing and treatment

² Level 3 services relate to more complex care relating to for example HIV testing and partner notification and complicated STI and contraception services

streamlined and comprehensive service for service users since all their sexual health needs are capable of being delivered at one site and in many cases within a single consultation. This should reduce the risk of service users “falling between the cracks” as there will be no need to refer to a different service.

- 3.9 Since all staff are to be trained to deliver at all levels of the service, this will result in a more flexible and responsive workforce and increased development opportunities and job satisfaction for staff.
- 3.10 Ultimately, it is anticipated that the integrated service will lead to improved outcomes for Halton residents including reduced levels of unwanted and teenage pregnancies, greater control over sexually transmitted infections and earlier diagnosis of HIV.

4.0 POLICY IMPLICATIONS

The Health and Social Care Act 2012 placed a mandatory duty on local authorities to commission the services set out in this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

The Integrated Sexual Health service will be funded by Halton Borough Council’s Public Health budget.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children and Young People in Halton

The services provided aim to prevent the spread of sexually transmitted infections in young people (and adults) and reduce levels of teenage pregnancy.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The services aim to prevent the incidence and spread of sexually transmitted infections in Halton.

6.4 A Safer Halton

None directly

6.5 Halton’s Urban Renewal

None directly

7.0 RISK ANALYSIS

- 7.1 A risk assessment has been undertaken in relation to full implementation of the new service by the Provider and measures put in place to manage/mitigate the identified risks.

8.0 EQUALITY AND DIVERSITY

The new service will incorporate a level of targeted outreach and health promotion activities with high risk groups and people less likely or able to engage with the service.

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

Not applicable.

REPORT TO: Health and Wellbeing Board

DATE: 12 November 2014

REPORTING OFFICER: Operational Director – Children and Enterprise

PORTFOLIO: Children Young People and Families

SUBJECT: Child Sexual Exploitation

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide a summary of the approach in Halton to addressing Child Sexual Exploitation (CSE) in within the Borough.

2.0 RECOMMENDATION: That the Board note the response by Halton Council and its partners in the Local Safeguarding Children Board to Professor Jay's report into Child Sexual Exploitation (CSE) in Rotherham.

3.0 SUPPORTING INFORMATION

- 3.1 In August 2014 Professor Alexis Jay OBE (previously Chief Social Work Adviser to the Scottish Government) published her report into Child Sexual Exploitation (CSE) in Rotherham. The report outlined the scale and seriousness of child sexual exploitation within the borough and the failures in effectively addressing the issue. Within the report she identified 15 key recommendations some of which related specifically to Rotherham others had a broader relevance.
- 3.2 Halton along with Cheshire East, Cheshire West and Warrington had already begun to focus on CSE prior to the Rotherham report following concerns in other areas such as Rochdale and Oxfordshire. Learning from these cases a range of actions had been taken which included:

Strategic Response

- An LSCB dedicated CSE, Missing and Trafficked Children Sub Group;
- LSCB active membership of the Pan Cheshire Strategic Group;
- A Local Operational Group which meets weekly to identify potential victims, perpetrators and localities, in order to promote protection, disruption and prosecution. This is in the process of migrating to become a co-located multi-agency CSE team;
- The Pan-Cheshire CSE Strategy informs the local delivery and ensures consistency and effective communication across agencies and localities; and

- A Pan-Cheshire CSE Communication Campaign co-ordinated by the Strategic Group

Awareness and Prevention:

- Training and awareness raising materials for all frontline staff across agencies;
- “Risking It All” theatre presentation to all Year 9 and 10 pupils in Halton, including children attending Alternative Provision and Children in Care; and
- Online training for parents, with live support by safeguarding practitioners.

Audit and Review:

- Audited CSE cases as part of the LSCB Multi-Agency Audit programme;
- Quarterly snapshot reports disseminated across partnership, including frontline staff;
- Triangulation of data from Police, Children’s Social Care and Education on CSE and children missing from home/care and education.

3.3 Following the publication of the Rotherham report a further review of Halton’s approach to CSE has been undertaken.

3.4 The Strategic Director for Children and Enterprise in Halton Chaired a high level meeting with the LSCB, Cheshire Police, NHS colleagues, Social Care, Youth Offending Service and Probation colleagues, to agree the terms of reference and scope of a review of CSE in Halton. This work will be lead and co-ordinated by the Halton LSCB.

3.5 The review will cover the following key areas:

- CSE or potential CSE cases during the timescales 1st August 2013 to 31st August 2014 in order to identify risks, issues and good practice;
- Processes and procedures in Halton in respect of CSE; and
- Address all of the generic recommendations of Professor Jay’s report including community engagement, regulatory services such as taxi licencing/take- aways and support services for victims of CSE.

3.6 An interim report will be produced at the end of October which will identify the immediate issues to be addressed to ensure that children and young people are safe. The final report will then be completed by December 2014 and will be presented to a private session of full Council. The LSCB will then publicise the findings and response. If any urgent action is identified the appropriate action will be taken immediately.

- 3.7 In parallel to this work, Halton is establishing a co-located multi-agency CSE team which will include colleagues from Cheshire Police and the NHS locally. This will test the efficiency, effectiveness and child focus of our approach before recommendations are made for a more permanent solution on how as agencies we collectively organise ourselves. The high level of partnership working in Child Protection in Halton over many years should mean that we are in a strong position to pilot this approach in Cheshire, building on lessons learned from Council areas nationally.
- 3.8 In addition, the four Cheshire LSCBs are working collaboratively with Cheshire Police and the PCC to share best practice and review the “high risk” factors identified in the Rotherham Report, on a wider Cheshire footprint.
- 3.9 A Z Card has been developed for all front line staff to help them identify the early indicators of potential CSE. All partners are asked to ensure that these cards are made available to the appropriate staff.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The local authority commissions services for missing children and child sexual Exploitation on behalf of the four Cheshire Authorities. The commissioned service is delivered by Catch 22. This commission will be extended for three months until 30th June 2015. This will give the local authorities the opportunity to confirm the direction which needs to be taken with regards to CSE teams. The commissioned service is delivered by Catch 22.

5.0 POLICY IMPLICATIONS

- 5.1 The effectiveness of Halton’s approach to CSE will be assessed by OFSTED during the inspection of services for children of help and protection, children looked after and care leavers and reviews of Local Safeguarding Children Boards in line with the following criteria:

“children and young people who are missing from home, care or full time school education and those at risk of sexual exploitation and trafficking receive well-co-ordinated responses that reduce the harm or risk of harm to them. Risks are well understood and minimised.....”

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children and Young People in Halton

Halton’s approach to CSE is aimed at improving the safety and wellbeing of children and young people by reducing the incidents of missing and risky behaviour.

6.2 Employment, Learning and Skills in Halton

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

6.3 A Healthy Halton

Halton's approach to CSE aims to minimise reduce the risks of harm, and promote access relevant services to improve their physical and mental health and wellbeing.

6.4 A Safer Halton

The service provides support to vulnerable children, young people and families to assist them to access appropriate service provision within their local communities.

7.0 RISK ANALYSIS

- 7.1 Although the local authority commissions Catch 22 to provide services for missing children and child sexual exploitation for some young people who are assessed at high risk of sexual exploitation it is necessary for them to come into care.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013 Professor Alexis Jay OBE	2 nd Floor Rutland House	Ann McIntyre Operational Director Children and Enterprise

REPORT TO:	Health and Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Public Health Annual Report 2013-14: Drinking Less and Living Longer
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide some background information for the presentation on the Public Health Annual Report.

RECOMMENDATION: That the Board note the contents of the report and supports the recommendations.

2.0 SUPPORTING INFORMATION

Public Health Annual Report

- 2.1 Since 1988 Directors of Public Health have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report is a key means by which the DPH is accountable to the population they serve.
- 2.2 This year's Public Health Annual Report focusses on the topic of alcohol-related harm and sets out how we are working in partnership to reduce alcohol harm for individuals, families and communities. Alcohol-related harm affects all age groups within Halton. The report is therefore written from a life-course perspective and sets out key actions that will be taken for each group. A communities chapter is also included which covers issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.
- 2.3 Reducing alcohol-related harm was chosen as a topic as it demonstrates the importance of working in partnership and what can be achieved when organisations work together across organisational boundaries. The public health team are currently working in partnership to develop a local alcohol harm reduction strategy. In addition Halton is one of only twenty areas in the country to be awarded the status of being a Local Alcohol Action Area.

2.4 Chapters included in the report are as follows:

- Promoting an alcohol free pregnancy
- Protecting Halton babies and toddlers from alcohol-related harm
- Reducing underage drinking in Halton
- Promoting safe and sensible drinking among adults
- Promoting safe and sensible drinking among older people
- Keeping our local communities safe from alcohol-related harm

Each chapter outlines the current levels of alcohol-related harm, describes current local activity to reduce alcohol-related harm, outlines gaps in current activities and makes recommendations for future actions.

3.0 POLICY IMPLICATIONS

3.1 Reducing alcohol harm has been identified as a key priority by the Health and Wellbeing Board, the Halton Children’s Trust and the Safer Halton Partnership Board. By highlighting the issue of alcohol harm within the Public Health Annual Report further emphasis is drawn to the importance of the issue and the partnership approach required to reduce alcohol-related harm in Halton.

4.0 OTHER/FINANCIAL IMPLICATIONS

4.1 There are no financial implications relating to the production of the Public Health Annual Report, however, the implementation of the recommendations set out within it may require investment. These will be considered as part of the Alcohol Harm Reduction Strategy and reported to the Board as appropriate.

5.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

5.1 Children and Young People in Halton

Alcohol harm can affect children and young people in a variety of different ways including; the harm caused by maternal alcohol consumption during pregnancy, parental alcohol consumption may impact on a child’s health, development and safety, older children may drink alcohol to excess which can lead to both short term and long-term negative consequences. The report makes recommendations to reduce the impact of alcohol on children and young people in Halton.

5.2 Employment, Learning and Skills in Halton

Alcohol can affect an individual’s ability to access or maintain employment as well as have a detrimental effect on educational attainment. The PHAR highlights these issues that will also be addressed through the Alcohol Harm Reduction Strategy.

5.3 A Healthy Halton

Reducing alcohol-related harm in Halton is a key priority within the Health and Wellbeing Strategy.

5.4 A Safer Halton

Alcohol misuse has a significant impact on community safety. Halton suffers from high levels of alcohol-related crime and anti-social behaviour. The report makes recommendations for actions to improve community safety in Halton.

5.5 Halton's Urban Renewal

A key objective set out in the report to reduce alcohol-related harm is the promotion of a diverse and vibrant local night time economy which does not centre on excessive drinking.

6.0 RISK ANALYSIS

There is no risk associated with the publication of the Public Health Annual Report.

7.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Public health annual report 2013/14: Drinking less and living longer	HBC website	Dr Elspeth Anwar

REPORT TO:	Health and Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present the final draft of the Halton Alcohol Strategy: Reducing alcohol-related harm across the life course.

RECOMMENDATION: That the Board

- 1) note the contents of the report; and**
- 2) supports the strategy outcomes, objectives, and actions.**

2.0 SUPPORTING INFORMATION

- 2.1 Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities. For local people, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence. For local families, alcohol dependence can lead to relationship breakdown, domestic abuse and impoverishment. For our local communities, alcohol can fuel crime and disorder and transform town centres into no-go areas.

Halton Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019

- 2.2 The Halton Alcohol Strategy (Appendix A) sets out actions aimed at rebalancing the relationship Halton has with alcohol. The harm caused by alcohol in Halton is not a problem of a small minority. It is a problem that cuts across our entire population and affects local residents of all ages. That is why this strategy takes a life course approach to reducing alcohol-related harm at all stages of life from birth to old age. A 'Communities' chapter is also included to cover issues that affect people of all ages for example alcohol-related crime and community safety.
- 2.3 The Strategy builds upon the effective work that has been undertaken by partners locally. No one organisation is able to address all the factors to

reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions. This strategy is supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved (Appendix B). The plan will be monitored by the Alcohol Strategy Implementation Group, and outcomes reported to the Safer Halton Partnership, Health and Well Being Board and all other relevant bodies.

- 2.4 The strategy includes background information which sets out the policy context in which the strategy has been developed, levels of alcohol-related harm experienced in Halton and evidence of what works to reduce alcohol-related harm. Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

Alcohol Harm Reduction Strategy - vision, outcomes and objectives

- 2.5 The strategy makes the case that the impact of drinking on public health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol.

Our Vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live.

- 2.6 In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:
1. Reduce alcohol-related health harms
 2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
 3. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

- 2.7 In order to deliver the three outcomes the alcohol partnership group has identified the following **objectives**:
- A. Increase awareness of alcohol related harm across the life course and establish responsible drinking as the norm (linked to outcome 1 +2)

- B. Identify and support individuals drinking above recommended guidelines (linked to outcome 1)
- C. Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (linked to outcome 1)
- D. Reduce levels of alcohol-related crime and disorder (linked to outcome 2)
- E. Prevent alcohol-related domestic abuse (linked to outcome 2)
- F. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda (linked to outcome 1, 2+3)
- G. Promote a diverse and vibrant night-time economy (linked to outcome 3)
- H. Work to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective (linked to outcome 1, 2+3)

2.8 The Halton Alcohol Harm Reduction strategy has been developed by a multi-agency group with representation from both Adult and Children’s Services at the Council, the Police, service providers, the voluntary and community sector and other key partners.

Alcohol harm reduction strategy development group:

- | | |
|---|--|
| HBC - Public Health | HBC – Elected Members |
| Halton Clinical Commissioning Group | Cheshire Police |
| HBC – Children’s Commissioners | Cheshire Fire |
| HBC – Trading Standards | Drink Wise |
| HBC - Community Safety Team | Crime Reduction Initiative (CRI) |
| Licensing Enforcement Officers | Young Addaction |
| Alcohol liaison nurse Warrington and Halton Hospitals | Public Health England (Local alcohol action area support) |
| Alcohol liaison nurse St Helens and Knowsley Teaching Hospitals | Health visitor, Bridgewater Community Healthcare NHS Trust |
| HBC - Domestic abuse lead | HBC – Adult Social Care |
| Halton and St Helen’s Voluntary and Community Action | Health Improvement team, Bridgewater Community Healthcare NHS Trust (now HBC) |
| School nurses, Bridgewater Community Healthcare NHS Trust | Alcohol and substance misuse liaison midwife, Bridgewater Community Healthcare NHS Trust |
| HBC – Sure Start to Later Life | Home Office (Local Alcohol Action Area Support) |
| HBC - Children’s Social Care | North West Ambulance Service |
| College and schools representatives | Halton resident and service user |

- 2.9 The strategy was informed by the outcomes of a public consultation event attended by over 60 people and has been informed and influenced by both local need and national policy. A formal public consultation is also being undertaken to enable local people to provide feedback and insight to the final version of the strategy and action plan, although both will be kept under regular review to ensure that they are still relevant and meeting the needs of local people.
- 2.10 The strategy will be presented to the following boards for further input and discussion:
- Safer PPB
 - Safer Halton Partnership Board
 - Children's Trust Board
 - Halton Clinical Commissioning Group Executive Board
 - Executive Board

3.0 POLICY IMPLICATIONS

- 3.1 The Strategy will set the context for partnership working to prevent and tackle the impact of harm caused by alcohol for individuals, families and the communities of Halton. The harmful impacts of alcohol described above have been recognised by partners in Halton and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, the Halton Children's Trust and the Safer Halton Partnership Board, and the work supports the delivery of national policies, strategies and guidelines.

Halton is one of only twenty areas in the country to be awarded the status of being a "Local Alcohol Action Area" (LAAA). This award provides support from the Home Office and Public Health England during 2014 related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy. Key partners have been involved from local authority, health and community safety and an action plan has been developed. This work is integrally linked to the development of the alcohol strategy and action plan.

4.0 OTHER/FINANCIAL IMPLICATIONS

- 4.1 The actions identified within the strategy will be delivered through existing resources identified within each partner's budget. Some service redesign or an innovative approach to service delivery will be required to better meet the needs of local people.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

The strategy supports the work of the Children's Trust in reducing the harm caused by alcohol to children, young people and families.

5.2 Employment, Learning and Skills in Halton

Alcohol can affect an individual's ability to access or maintain employment as well as have a detrimental effect on educational attainment. Through reducing alcohol-related harm the strategy will contribute to the development of opportunities otherwise adversely impacted by alcohol.

5.3 A Healthy Halton

This strategy forms a central strand of meeting the commitments to reduce the harm caused by alcohol identified in the Health and Wellbeing Strategy.

5.4 A Safer Halton

Reducing the harm caused by alcohol is a central strand of the work of the Safer Halton Partnership.

5.5 Halton's Urban Renewal

As part of the strategy, there is a commitment to working to stimulate and diversify the night-time economy so that it can provide alternative options to drinking alcohol. This will, in turn, contribute to the development of local town centres and Halton's Urban Renewal.

6.0 RISK ANALYSIS

The key risk is a failure to reduce the harm caused by alcohol for Halton's residents in accordance with the objectives of this Strategy. This risk can be mitigated through the regular review and reporting of progress and the development of appropriate interventions where under-performance may occur.

7.0 EQUALITY AND DIVERSITY ISSUES

The Strategy specifically aims to meet the needs of all residents in Halton to reduce alcohol related harm.

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

Document	Place of Inspection	Contact Officer
A) Draft Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019	HBC website	Dr Elspeth Anwar
B) Draft Alcohol strategy Action Plan, 2014-15	HBC website	Dr Elspeth Anwar

REPORT TO: Health and Wellbeing Board

DATE: 12 November 2014

REPORTING OFFICER: Operational Director – Children and Enterprise

PORTFOLIO: Children Young People and Families

SUBJECT: Early Intervention

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To provide a summary of the revised Early Help Model and seek approval to the governance arrangements.

2.0 RECOMMENDATION: That

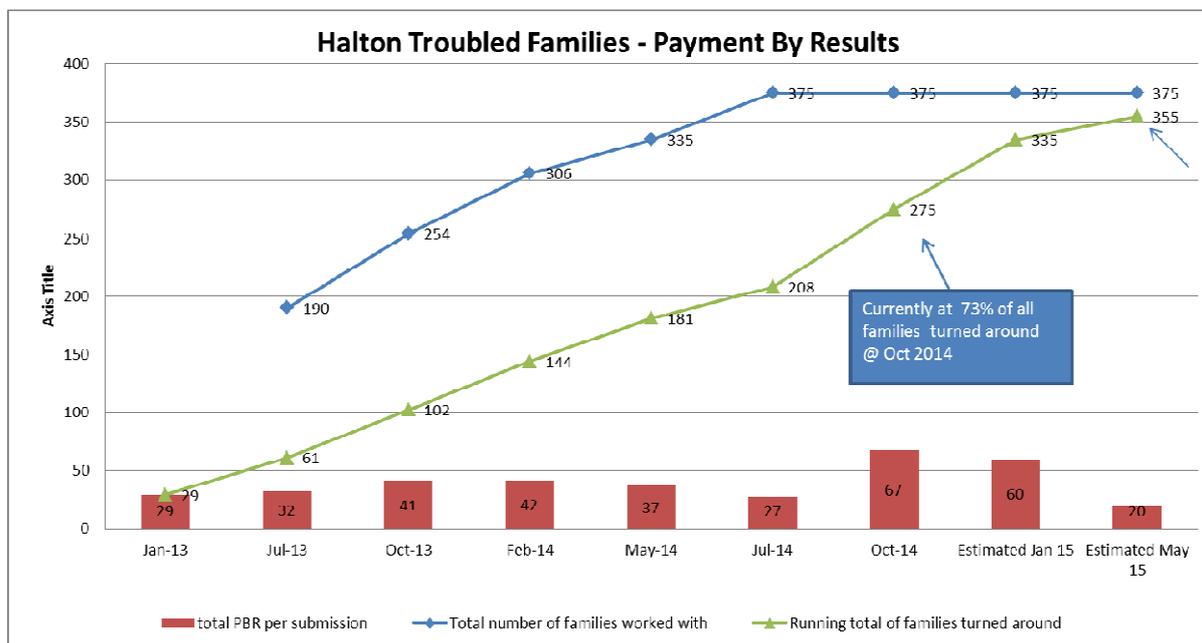
- 1) The governance arrangements for Early Intervention are agreed;**
- 2) All partners commit to working with the locality based early intervention teams; and**
- 3) All partners commit to ensuring the appropriate information sharing arrangements are in place and that CART can access the relevant data bases.**

3.0 SUPPORTING INFORMATION

- 3.1 Local and national research and evidence conclusively shows that by intervening at the earliest possible stage, the costs to the individual and family, whether it is social, emotional, physical or health are significantly reduced.
- 3.2 Early Help and Support as an approach was established in Halton in 2010. Since then the model has evolved with support at a strategic and operational level from across partner agencies. An overarching Early Help Strategy was agreed and launched in April 2013. There has since been an agreement to look to develop the next stage of Early Help.
- 3.3 The current Troubled Families Programme has demonstrated that through intelligent service design and a reallocation of resource within the system, costs incurred by individual agencies could be reduced over a period of time by supporting, children young people and families early.
- 3.4 Due to the success of the first phase of the programme it has now been extended nationally. The focus will remain on families with multiple high costs problems and continue to include families affected by poor school attendance,

youth crime anti-social behaviour and unemployment. However, it will also include families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help and with a range of physical and mental health problems.

3.5 To be eligible to take part in the second wave of early starters in the expanded programme an authority must be able to demonstrate that it is “working with” all its current allocation of families by 30th September and have “turned around” at least 65% of them by 31st October 2014. All 375 families are being worked with in Halton and the local programme is on track to achieve payments by results for 73% of families. Halton is therefore on target to be included in expanded programme from January 2015. (see table below)



3.6 The revised approach to Early Help will now encompass Troubled Families. This will ensure the learning and success of the programme can be embedded and further developed in line with the expanded programme.

4.0 PROGRESS

4.1 A number of elements of the early help strategy were put in place throughout 2013/2014 and these have all been working well and are supported by partners and include:

- The Contact Assessment and Referral Team (CART) – the front door for all referrals to children’s social care, and decision making forum for the relevant level of need;
- Integrated Working Support Teams(IWST) delivered CAF training and support and offered a consultation service to all professional working with children and families at universal plus and level 2 of the Halton Levels of Need Framework;

- Working Together meetings – locality based multi-agency meetings to discuss referrals at CAF level, agree Lead Professional roles for new CAFs and act as a forum for case discussions with professionals in the locality who feel that CAF plans are “stuck”; and
 - Health Visitors co-located in children’s centres in Widnes.
- 4.2 Between April 2014 and June 2014 a sub group of the Early Help and Support (EHaS) group has been working on the proposal for the next phase of early help, the setting up of locality based early intervention teams. This approach has been aimed at ensuring the procedures and processes that are currently working and supported by partners are further enhanced and embedded.
- 4.3 From September Halton launched its locality model based on the realignment of the current Integrated Working Support Teams (IWST), Family Work Team and the Intensive Family Work. This new approach is known as Early Intervention.
- 4.4 The new model has set up 3 locality early intervention teams, one in Widnes and two in Runcorn, reflecting the current volumes of referrals. Each team consists of staff from the IWST teams, family support teams and intensive family work teams. The current single front door CART team has been enhanced by the addition of early help workers who will carry out all initial information gathering for families referred in once the decision is made that the child/family’s needs can be met at level 2, through a CAF/pre-CAF or family assessment. In November the staff member from the police previously seconded to the Troubled Families will move to be part of the CART.
- 4.5 The next phase of development of the programme is to work with key partners in the police, health and adult services to establish the correct links with the locality services.

5.0 THE MODEL

5.1 The key elements of the local early intervention approach includes:

- The addition of early intervention workers within CART so that it becomes the one front door for all new referrals for both early intervention and children’s social care.
- Referrals assessed as level 2 on the Halton Levels of Need, early intervention workers within CART will act as the first information gathering point to ensure that a clear and coherent picture is built of the child, their family and associated needs before the referral is passed on to the locality based to or another agency to action.
- Locality based early intervention teams acting as both a step up to and a step down to children’s social care.
- The incorporation of the Inspiring/Troubled Families approach, so that all families on referral who fit both the current and future expanded programme are identified and supported.

- Locality based early intervention teams acting as a key signposting service for all professional in a locality who are working with families at a universal level or level 2 and require additional services.
- The locality team focus on early intervention for 0-19 years old.
- The model will be developed which will enable workers to be linked to other services and offer pro-active support and guidance to that service to better identify children earlier who could benefit from early intervention.
- School link early intervention officers acting as the named link for the pilot of seven schools clusters. Officers will work with school staff to identify children who are a cause for concern and offer packages of support to those children and families.
- An early years pilot is being developed which will link named early intervention officers to clusters of pre-school settings and areas children's setting. There will be particular emphasis on those settings offering the 2 year old free places that could benefit from additional early intervention and family support.
- Health engagement officers acting as a bridge between GP practices and early intervention will support GPs to identify families who could benefit from early intervention through a CAF and ensure families make use of universal services. Work is being undertaken to explore the high numbers of parents and carers who do not attend (DNA) medical appointments specifically in relation to the continence service.
- Performance management systems which will evaluate and monitor early help and meet the reporting needs of the troubled family programme are being developed. These systems will need to ensure that early intervention is evidenced and shows sustained improvements for families.
- Through their work locality teams may identify gaps in service. Working with Service Managers and Commissioners consideration will be given as to how these gaps can be addressed.

6.0 GOVERNANCE

- 6.1 It is proposed that the Health and Wellbeing Board act as the governing body for Halton's approach to Early Intervention, setting the strategic direction and acting as the driver for planning, co-operation and working. In addition, to ensuring effective information sharing and performance management systems are established across partners. The Board will receive regular reports from the Partnership Board. Regular reports will be presented to the LCSB.
- 6.2 The current Troubled Families Strategic Group is revised and renamed as the Partnership Strategic Board. The Partnership Board will be accountable to the Health and Wellbeing Board. Its key functions will be to develop a business plan and drive the planning, delivery and co-ordination of Early Intervention.
- 6.3 The current Early Help and Support Sub Group of the Children's Trust Executive will be responsible for operational delivery and ensuring services

are delivered in line with the agreed business plan, priorities and local needs. Please see the flow chart attached at Appendix A.

7.0 FINANCIAL IMPLICATIONS

- 7.1 DCLG will be providing a new financial framework for the next phase of the extended Troubled Families programme in the next month. This is likely to include an attachment and payment by results fee along with a transformation grant which will replace the funding previously provided for the co-ordinator.

8.0 POLICY IMPLICATIONS

- 8.1 The implementation of the approach to Early Intervention in the Borough provides an opportunity for all services and teams working with and providing services to children and families to consider how they can better work together to meet their needs earlier. Agencies are asked to consider where services can best be delivered through co-location of staff within the early intervention teams.
- 8.2 The extension of the Troubled Families programme will have implications for the future implementation and delivery of services and this will be addressed through an action plan developed and monitored by the Strategic Group.

9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

9.1 Children and Young People in Halton

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

9.2 Employment, Learning and Skills in Halton

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

9.3 A Healthy Halton

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

9.4 A Safer Halton

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

10.0 RISK ANALYSIS

10.1 By embedding the approach to troubled families within the revised early intervention model this should support its future sustainability. The revised approach to early intervention aims at supporting agencies and partners to provide the right support and signposting to prevent needs from escalating.

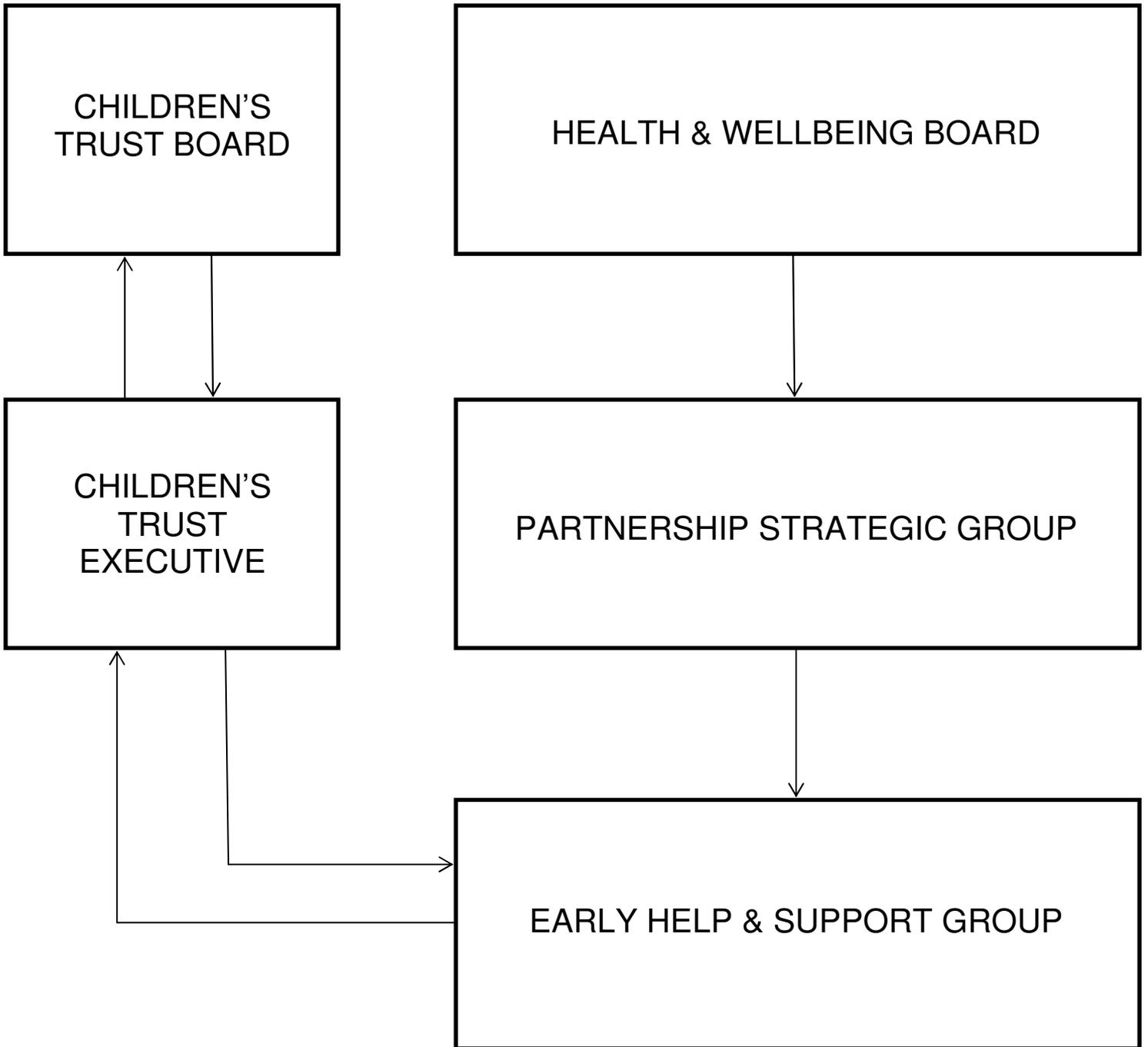
11.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Troubled Families Update August 2014	Rutland House, Halton Lea	Ann McIntyre Operational Director Children and Enterprise
Children and Families Policy and Performance Board Troubled Families Update 1 st September 2014	Halton Borough Council Website	as above

EARLY INTERVENTION



REPORT TO:	Health & Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Halton Cancer Strategy
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

- 1.1 To provide members of the Board with a final version of the joint Halton Cancer Strategy 2014 – 2019 along with the supporting action plan.

2.0 **RECOMMENDATION: That**

- 1) **the Board approve and support the contents of the strategy; and**
- 2) **the Board and support the implementation of the attached action plan for all partners.**

3.0 **SUPPORTING INFORMATION**

- 3.1 The prevention and early detection of cancer was identified as one of the five health and well-being priorities for Halton via the Joint Strategic Needs Assessment and there is no doubt as to the devastating impact that cancer can have on an individual and their friends, families and carers once diagnosed

The Halton Cancer Strategy, in line with the Joint Health and Wellbeing Strategy takes a life course approach from prevention and early detection through to treatment and survivorship. Our vision is to deliver on reducing the under-75 mortality rate from cancer, by preventative methods, increased early detection rates and tangible improvements in cancer services.

The strategy has been developed and endorsed by the Halton Action on Cancer Board which includes representation from the Strategic Clinical Network, secondary care cancer teams, the GP Clinical Lead for Cancer, the Director of Public Health, the CCG Commissioning Lead and Voluntary Sector representation and has been further supported by numerous public and patient engagement, detailed within the strategy

Cancer outcomes are monitored in both the CCG Outcome Indicator Set and the Public Health Outcomes Framework, which this strategy and supporting action plan aims to achieve.

The indicators include:

- Improved uptake of cancer screening
- Increased numbers of cancers diagnosed at an early stage
- Reduced mortality from under 75 cancer
- Improved one and five year survival rates from cancer, in particular breast, lung and colorectal

3.2 Chapters included in the attached cancer strategy are as follows:

- Cancer and Halton
- What have our partners told us?
- Our vision
- What are we currently doing?
- Making it happen in Halton
- Conclusion

4.0 **POLICY IMPLICATIONS**

4.1 Cancer, in particular the prevention and early detection of, is a key priority within the health and wellbeing strategy and across the wider partnership. By highlighting the current position in relation to cancer in Halton further emphasis is drawn to the importance of the issue and the partnership approach required to address it.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial implications relating to the production of the cancer strategy, however, there are a number of programmes identified in the action plan that have required funding and as such have been incorporated into commissioning intentions where necessary and the progress of their implementation monitored via the Halton Action on Cancer Board.

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

6.1 **Children & Young People in Halton**

The strategy and supporting action plan has adopted a life course approach and as such includes the priorities for children and young people in relation to cancer, particularly key messages around prevention.

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

N/A

6.3 **A Healthy Halton**

This strategy aims to support the vision for a Healthy Halton by addressing cancer priorities; one of the most significant burdens to

the health of the population.

6.4 **A Safer Halton**
N/A

6.5 **Halton's Urban Renewal**
N/A

7.0 **RISK ANALYSIS**

7.1 There are no significant risks associated with the recommendation of this paper. It is envisaged that this document will be refreshed during the period and any arising priorities/programmes of work be incorporated as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The intention of this strategy is to ensure that we are providing equitable access to necessary interventions and treatments across the Borough.

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

N/A

REPORT TO:	Health and Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Due North: the report of the Inquiry on Health Equity for the North
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide an overview of *'Due North: the report of the Inquiry on Health Equity for the North'* and outline local activity within Halton to improve health equity in line with suggested actions and recommendations.

RECOMMENDATION: That

Halton take forward the Due North report recommendations, especially those related to:

- a) **Lobbying Central Government for greater devolution of powers and resources to cities and local government;**
- b) **Tackling poverty and economic inequality;**
- c) **Developing a social value approach to procurement;**
- d) **Promoting healthy development in early childhood;**
- e) **Developing the capacity of local communities to engage with and influence local decision-making; and**
- f) **Addressing premature mortality through primary care, with a focus on improving treatment and outcomes among older people living with long-term conditions.**

2.0 SUPPORTING INFORMATION

Due North: the report of the Inquiry on Health Equity for the North

- 2.1 *'Due North: the report of the Inquiry on Health Equity for the North'*, (available from: <http://www.cles.org.uk/news/inquiry-publishes-due-north-report-on->

[health-equity/](#)), is the outcome of an independent inquiry, commissioned by Public Health England, to examine health inequalities affecting the North of England. The Inquiry brought together expertise from people working across the North of England from universities, local government, the NHS and the voluntary and community sector. There have been a series of reviews of health inequalities in the UK, Europe and globally, and the purpose of this inquiry was not to repeat the work of these reviews, but to learn from and move beyond them in developing action on health inequalities for a specific region – the North of England.

- 2.2 ‘*Due North*’ highlights that the North of England has persistently had poorer health than the rest of England and that this gap has continued to widen over four decades. Also, there is a gradient in health across different social groups within the North: on average, poor health increases with increasing socio-economic disadvantage, resulting in the large inequalities in health between social groups that are observed today.
- 2.3 The report highlights that austerity measures introduced by Central Government since the 2008 recession have been making the situation worse, with the burden of local authority cuts and welfare reforms falling more heavily on disadvantaged Northern local authorities such as Halton. These austerity measures are leading to reductions in the services that support health and well-being in the very places and groups where need is the greatest. As a local authority Halton is working hard to ensure we safeguard front line services, especially those supporting our most vulnerable members, however difficult decisions are having to be made in order to find savings.
- 2.4 The report recognises that Northern regions currently have had limited collective influence over how resources and assets are used in the North of England and this has hindered action on health inequalities. Greater devolution of powers and resources to cities and local government is required to drive economic growth and reduce regional inequalities in England
- 2.5 ‘*Due North*’ sets out 4 high level recommendations to tackle the root causes of health inequalities both within the North and between the North and the rest of England. The recommendations are split into two types: those that agencies within the North can implement to reduce health inequalities, and those that must be implemented by central government. While many of the recommendations lie outside the role and control of Halton Borough Council, we are committed to working closely with partners to take forward recommendations for agencies within the North.

The inquiry’s 4 high level recommendations are to:

1. Tackle poverty and economic inequality within the North and between the North and the rest of England.
2. Promote healthy development in early childhood.
3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health.
4. Strengthen the role of the health sector in promoting health equity.

- 2.6 Reducing health inequalities both within Halton and between Halton and other areas is a key priority for partners locally. In Halton life expectancy for both men and women has been rising steadily over time. In 2010-12 average life expectancy in the borough was 77.4 years for men and 80.7 years for women. However, life expectancy within the borough remains consistently lower than other areas and about 3 years lower than for England as a whole. In addition there are significant differences in how long people live within the borough. Internal differences in life expectancy are 10.4 years for males and 13.3 years for females

Current activities to reduce health inequalities in Halton

- 2.7 The '*Due North*' inquiry lays down challenges to local areas to reduce health inequalities. Halton Borough Council and partners are committed to reducing health inequalities and there is currently a wide range of activities working towards this aim.

Key activities to reduce health inequalities in Halton related to the '*Due North*' recommendations include:

1. Tackling poverty and economic inequality

Due North states that the difference in health between the North and the rest of England is largely explained by socioeconomic differences, including the uneven economic development and poverty. Halton is the 27th most deprived borough in the country. Halton Borough Council and its strategic partners are committed to facilitating economic growth, developing and supporting local people into employment and reducing the number of people living in poverty in Halton. According to national data around unemployment, new business development, pay and qualifications Halton's economy has been improving at a quicker pace when compared to England. This progress will address the economic and employment causes of health inequalities.

Key activities to tackle poverty and economic inequality in Halton include:

- Halton has a ***child and family poverty strategy*** which outlines the extent of child and family poverty in Halton and our local commitment to reducing it. In addition Halton is a key member of the Liverpool City Region Child Poverty and Life Chances Commission.
- There is recognition within Halton that ***older people*** often live in poverty and may suffer from ill health (with one or more long-term conditions). Focussed work is being undertaken to reduce poverty within this vulnerable group. This work is closely linked to the work through the Better care Fund and primary care strategy.
- The Council's Economy, Enterprise and Property Department aims to facilitate employment, universal access to learning and the delivery of major regeneration schemes to enhance the prosperity of the region and boost the prospects of people and place. Key activities include:

- **Supporting economic development**

In recent years Halton has worked hard to promote economic regeneration. This is because; despite being geographically relatively small, the borough contains a number of important sites and strategic regeneration assets within its boundaries. 'Big opportunities' and 'Big Projects' have been used to drive the economic transformation of Halton. Strategic projects include Sci-Tech Daresbury; Mersey Gateway; Multi Modal Gateway (3MG); Widnes Waterfront.
- **Promoting business improvement and growth**

The Council has a dedicated business team with established relationships with external providers of business support services, (e.g. Department for Trade and Industry, Local Enterprise Partnership, Halton Chamber of Commerce and Enterprise and private sector business support professionals) to ensure that the business community in Halton has access to comprehensive, flexible and relevant business support.
- **Attracting inward investment**

The Inward investment service provided in Halton encourages and supports enquiries from businesses outside of the borough who are considering relocating in Halton, either overseas companies expanding in to the UK or UK based businesses.
- **Supporting employment opportunities of local residents**

Local people are benefitting from new job opportunities through proactive employment schemes that the Council runs to give local people the right skills and experience to take up these job opportunities. The Halton People Into Jobs (HPiJ) initiative in the Halton Borough Council employment service which promotes local jobs for local people. HPiJ provides a comprehensive job brokering service for both employers and potential employees. The council also leads the borough's Halton Employment Partnership which acts as a one stop shop for employer local job seeker recruitment needs, as well as sector led employment initiatives such as Construction Halton and Science Halton.
- **Supporting employment opportunities of local residents**

The Council delivers a wide range of adult and family learning courses across the borough. Adults and Community Learning – providing opportunities for adults to access a wide range of learning experiences within their local area. This includes Skills For Life – improving literacy and numeracy skills amongst adults; Family Learning – which gives all family members an opportunity to learn with their children or learn about how they can further support their children.
- Halton Borough Council is a member of the Liverpool City Region Local Enterprise Partnership. A key aim of this partnership is to promote employment and sustainable economic growth across the City Region. Halton Borough Council is also a member of the Cheshire and Warrington Sub-Regional Leaders

Board which sets a strategic context for collaborative working amongst public sector partners across Cheshire and Warrington.

- Halton Borough Council and NHS Halton Clinical Commissioning Group have developed a social value approach to procurement which aims to promote health and local employment opportunities.
- Halton public health team in conjunction with Public Health teams within Merseyside recently commissioned a review on the health impact of the economic downturn. The report made recommendations to local authorities, commissioners and service providers which are currently being implemented locally.

2. Promoting healthy development in early childhood.

There is a large body of evidence demonstrating that early disadvantage tracks forward, to influence health and development trajectories in later life, and that children who start behind tend to stay behind.

Key activities to promote healthy development in early childhood in Halton include:

- Improved child development is a priority of the Halton Health and Wellbeing Board. A Child Development Board has been established. A strategy and action plan for Child Development at 2.5 years and 5 years has been developed. This is based on the Department of Health - Health Visitor Call to Action and Family Nurse Partnership Plans. It covers meeting a core set of universal requirements including breastfeeding, healthy weight, immunisation and speech and language. Work is being undertaken locally with Children's Centres, private nurseries and key service providers to ensure a joined up approach and the best possible outcomes.

3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health.

There is a growing body of evidence indicating that greater community control leads to better health. Low levels of control are associated with poor mental and physical health.

Key activities to share power over resources and increase the influence of the public in Halton include:

- Halton Borough Council and partners are developing the capacity of local communities to engage with and influence local decision-making. Key activities include:
 - A new Children and Young People's Participation Strategy has recently been launched within Halton, in order to embed active participation in the culture of Halton Children's Trust and the wider Halton partnership.

- Halton Borough Council supports 7 Area Forums. The Forums encourage local people to be actively involved in the decision-making process and to pay a real part in getting things done for their communities. The Halton Director of Public Health has recently attended all Area Forums to explain and discuss health profiles and potential actions that could be taken to improve health within local communities.
- Halton Public Health team has commissioned a local alcohol inquiry to engage the local community in Halton in looking for shared solutions to tackle alcohol-related harm.
- A public engagement event was held one year after the launch of the Halton Health and Wellbeing Strategy to update Halton residents on progress against Halton Health and Wellbeing Board priorities and to gain local input into future planned activities.
- The Halton Health and Wellbeing Board is focussed upon reducing health inequalities. The 5 priorities identified for action by the Halton Health and Wellbeing Board were selected based upon their potential to make a significant impact on health inequalities. Public engagement was a key part of this decision making process.
- Halton CCG have a formal relationship with Halton Healthwatch to hold four 'Halton Peoples Forum' events a year at either the stadium or the town hall. The Halton People's Forum have had several engagement events which have informed the development of Halton CCG commissioning intentions and the development of specific projects e.g. the urgent care centres.

4. Strengthen the role of the health sector in promoting health equity

Access to NHS care when ill will help to reduce health inequalities. The NHS can influence health inequalities through 3 main areas of activity. Firstly by providing equitable high quality health care, secondly by directly influencing the social determinants of health through procurement and as an employer, and thirdly as a champion and facilitator that influences other sectors to take action to reduce inequalities in health.

Key activities to strengthen the role of the health sector in promoting health equity in Halton include:

- Social Care and Health services are already closely aligned in Halton with a high level of integration at strategic and operational levels. The Better Care Fund agreed between Halton Borough Council, the NHS Halton Clinical Commissioning Group and Stakeholders moves further towards full integration of health and social care for the benefit of the people of Halton to improve outcomes for both patients and people receiving health and social care services. The Better Care Fund aims to make a real and positive difference to the most vulnerable people in our community.
- **Primary care**

Work is currently underway to develop a primary care strategy for Halton. A key focus of this strategy is to support primary care to address population level outcomes, and reduce inequalities in access and outcomes. This will impact upon and reduce premature mortality in Halton. This work is being supported by Professor Chris Bentley.

- **Older people**

The primary care strategy being developed has a particular focus on improving the care, treatment and support of older people with long-term conditions. Initial topic areas being reviewed from a reducing health inequalities lense include cancer, care homes and hypertension. Through the Better Care Fund we hope to align health and social care spending to improve outcomes. This work has a focus on reducing health inequalities through secondary prevention.

- **Mental health**

In Halton we recognise the significant burden mental health and its contributions towards inequalities in health between us and other areas. We are working hard locally to ensure parity of esteem for mental health compared to physical health care treatment. A new mental health and wellbeing commissioning strategy has been developed in partnership for Halton. The strategy covers actions to promote mental health and wellbeing, to ensure the early identification of people with a mental illness, ensure best available treatment is available and that people are supported in their recovery. Identified activities through the strategy are wide ranging and include improving and extending screening for postnatal depression, procurement of Child and Adolescent mental health (CAMHS) services, the development of an IAPT service for military veterans, psychiatric liaison work to support local acute trusts in treating those with a mental illness, development of a mental health crisis Declaration statement and action plan, the strengthening and continuation of Operation Emblem, reviewing the later life and mental health service (LAMHS), promoting the early diagnosis and reviewing community support for those suffering from dementia.

3.0 POLICY IMPLICATIONS

3.1 The *Due North* Inquiry and its recommendations will help to inform local policy to reduce health inequalities.

4.0 OTHER/FINANCIAL IMPLICATIONS

4.1 There are no financial implications relating to '*Due North: the report of the Inquiry on Health Equity for the North*', however, the implementation of the recommendations set out within it may require investment.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

Promoting healthy development in early childhood is a key recommendation of the *Due North* Inquiry and is a key priority locally.

5.2 Employment, Learning and Skills in Halton

The *Due North* Inquiry highlights the strong link between low income, poverty, unemployment and poor health outcomes. The inquiry makes a number of recommendations to address the economic and employment causes of health inequalities. Many of the recommendations lie outside the role and control of Halton Borough Council. Relevant local actions to reduce health inequalities through promoting employment, learning and skills have been highlighted in the supporting information section.

5.3 A Healthy Halton

The '*Due North*' Inquiry sets out recommendations to tackle the root causes of health inequalities both within the North and between the North and the rest of England. Halton's response to these recommendations are outlined above.

5.4 A Safer Halton

There are strong links between deprivation and crime and community safety. Actions to tackle poverty and economic inequality will also promote safer local communities.

5.5 Halton's Urban Renewal

Urban renewal can have a positive impact on health and health inequalities through promoting employment and income. Urban renewal projects in Halton should be assessed for their potential impact upon health inequalities.

6.0 RISK ANALYSIS

There is no risk associated with the publication of the '*Due North: the report of the Inquiry on Health Equity for the North*',

7.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Due North	Centre for Local Economic Strategies website: http://www.cles.org.uk/news/inquiry-publishes-due-north-report-on-	Dr Elspeth Anwar, Elspeth.anwar@halton.gov.uk

[health-equity/](#)

REPORT TO:	Health and Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Disabled Children's Charter
WARDS:	All

1.0 PURPOSE OF THE REPORT

Consider the request from Every Disabled Child Matters and the Children's Trust, Tadworth to support the Disabled Children's Charter.

2.0 RECOMMENDATION: That

- 1) the Board accepts the Charter; and**
- 2) the Charter is reviewed annually.**

3.0 SUPPORTING INFORMATION

Appendix 1: The Charter Commitments

- 1.** We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.

One of the primary tools Health and Wellbeing Boards have to drive strategic

Commissioning in their area is the Joint Strategic Needs Assessment (JSNA). The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. However, data on disabled children is notoriously poor and improving the quality and scope of information on disabled children and young people should be a priority.

In April 2014 Joint Strategic Board published an audit of children with complex needs and disabilities in Halton from all sources of data available and compared the results with the National data and predictions of need. This document is helping Halton to plan services strategically to meet current and predicted need.

2. We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. The benefits of embedding participation of disabled children and young people are huge and well evidenced. All disabled children and young people communicate and have a right to have their views heard.

In October 2013 Halton appointed a Project Officer to lead on the SEN reforms. A participation group of young people called 'Involve' have been asked to contribute actively to the five Task and Finish groups. To increase awareness a Fun Event called 'all about us' was organised by this group about changes from Statements to ECH Plans. The young people are involving Primary age pupils in the morning and Secondary in the afternoon.

Person-centred planning has been embraced by agencies and trialled in plans. Halton Family Voice is an organisation, engaged to gather pupil-voice as an independent body.

3. We engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. The benefits of effective parent participation are well established and Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level.

Parents in Halton have been actively involved in the Task and Finish groups to support the SEN reforms. Halton Parents and Carer Centre organise our Parents forum called 'Impart' who are invited to share views on all issues regarding SEND.

Parent Partnership has now a designated officer for Halton rather than a shared post with a neighbouring authority. The officer is implementing the changes into SENDIAS and is offering impartial advice to Parents and Carers.

Advocacy and Mediation for Parents, families and young people is to be commissioned with regional partners.

4. We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

The Joint Health and Wellbeing Strategy (JHWS) should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

The Strategic Report published in April 2014 has worked to identify strengths and gaps in our provision. Joint commissioning arrangements are in place to respond to need. One example of this is additional resources have been put into the ASC pathway to meet an increasing demand for diagnosis.

As a Local Authority, CCG and Health Care Providers we have been part of the Project group to ensure duty to respond to the SEND Reforms are on target for 1st September 2014.

5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people. The importance of early intervention and transitions to life-long outcomes has been repeatedly emphasised. This is particularly significant for disabled children, young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services.

A process has been put into place to ensure we can provide Joint Assessment for Children and Young People to ensure early and meaningful intervention to produce good outcomes.

Assessment Co-ordinators are being recruited to direct families to universal services and, if necessary arrange a statutory joint assessment.

Transition arrangements are a point of strength in Halton. A photo voice project is established which gathers pupil voice at transition points. An Early Years framework advises on best practice and where it is required, bespoke packages of support are offered through review at key transition points.

6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners. Disabled children and young people frequently access services across multiple agencies and the failure to effectively coordinate services around them often leads to considerable distress and poor health outcomes. Health and

Wellbeing Boards must work with partners, including education providers, to meet the needs of disabled children and young people and ensure seamless integration between the services they access.

Joint commissioning arrangements are being discussed and developed where appropriate to help provide a seamless service to families.

As part of the new Education and Health Care plan processes we are looking to provide Assessment Co-ordinators who will work to ensure families and young people only have to tell their stories once.

7. We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners. The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even competing for resources. Health and Wellbeing Boards must also prepare for its new responsibilities which will be introduced by the Children and Families Bill.

The Joint Commissioning Partnership is well established in Halton. Stakeholders and Partner agencies have been involved since October 2013 with the project plan to introduce the new SEND reforms which are on track to be implemented on September 1st 2014.

Training events and conferences have been held attracting stakeholders and multi-agency attendees.

4.0 POLICY IMPLICATIONS

The Charter seeks to raise the profile and encourage a more joined up approach to the commissioning of services for disabled children and young people

5.0 OTHER IMPLICATIONS

N/A

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Charter helps to raise standards for this vulnerable section endeavouring a focussed strategic approach to meeting need and respecting rights

6.2 Employment, Learning and Skills in Halton

The Charter sets high standards for meeting need which will help an ambitious approach and high expectations for outcomes

6.3 A Healthy Halton

The Charter seeks to encourage a more integrated approach to meeting the needs of Disabled Children.

6.4 A Safer Halton

The Charter encourages the voice of the disabled child/young person to be heard. This will enhance the safeguarding of vulnerable people.

6.5 Halton's Urban Renewal

N/A

7.0 RISK ANALYSIS

7.1 By signing the Charter the Health and Wellbeing Board are agreeing to meet the seven commitments within 12 months. Work is already being undertaken in the Borough to meet the requirements of the Children and Families Act April 2014 it is therefore suggested that these two areas of work continue to be combined.

8.0 EQUALITY AND DIVERSITY ISSUES

The aim of the Charter is to improve provision for Disabled Children.

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

None under the meaning of the Act.

REPORT TO:	Health & Wellbeing Board
DATE:	12 November 2014
REPORTING OFFICER:	Director of Public Health, Strategic Director, Policy & Resources
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Health & Wellbeing Grants
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

To inform the Health & Wellbeing Board on the progress of the Health & Wellbeing Grants.

2.0 **RECOMMENDATION: That the Board Note contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 The Health & Wellbeing Board agreed to support a small grants scheme to strengthen community participation in the health and wellbeing agenda. The grants would be available in this financial year only with a pot of £7k.

3.2 The grants were launched at the Vintage Rally in September 2014, four categories of application are available:-

3.2.1 Recognition Award - nominations in this category recognise individuals who have made a special contribution to improving health and wellbeing either individually or as part of a team or group. This could also include individuals who have significantly improved their own health and wellbeing and have acted as a positive role model to others. (There is no funding attached to this category although a Health Champion may be a member of a community group seeking funding to continue their positive impact in the local community and may express a wish for their activity to be considered for funding by the panel linked to the next category).

3.2.2 Community Group Award – this award will be aimed at community groups who, through the services or activities they deliver have improved the health & wellbeing of local people.

3.2.3 Healthy Workplace Award – this award is aimed at local organisations and businesses who have developed; and are actively

implementing health and wellbeing initiatives within the workplace,

- 3.2.4 Healthy School Award – the Healthy Schools Initiative already works in Halton to improve the Health & Wellbeing of local children. These awards will complement the Healthy Schools initiative inviting nominations from local schools who feel they've made an outstanding contribution to health and wellbeing
- 3.2.5 Three rounds of applications will be invited with deadlines of 17th October 2014, 19th December 2014 and 27th March 2015.

4.0 GRANTS SUBMITTED

- 4.1 The first round of grants received 17 applications for funding (appendix one). The panel have agreed eleven grants, one deferral for further information, one rejected as it would have been retrospective funding and four referred to other avenues for support. The total amount awarded in the October 2014 round is £4,085. Three of the applications approved were for recognition awards for contributions to supporting Health & Wellbeing.
- 4.2 The range of applications is broad and varied demonstrating the grass roots activity that contributes to the wellbeing agenda. These small injections of funding making a difference to groups activities being sustained and benefiting significant numbers of residents across the spectrum of Halton's community.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 5.1 **Children & Young People in Halton**
Improving the Health of Children and Young People is a key priority in Halton, the grants provide an opportunity to embrace the wider community at grass roots in impacting on this priority.
- 5.2 **Employment, Learning & Skills in Halton**
The grants programme supports active community groups, workplaces, schools and individuals. Being active and participating in community life through targeted health & wellbeing activities increases skills and ability to support employment and learning.
- 5.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority.
- 5.4 **A Safer Halton**
Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health. Supporting active community groups facilitates an increased sense of community connectedness which impacts on how safe residents feel in their neighbourhoods.

5.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Active communities identifying improvements and seeking funding demonstrates empowered and resilient communities.

6.0 **RISK ANALYSIS**

6.1 The JSNA identifies that whilst Halton has made progress in a number of health and wellbeing areas, there is still much to do as the rate at which Halton has improved is still behind the national averages. By implementing a new, innovative way of engaging with the communities of Halton on Health and Wellbeing Issues and offering services to meet the specific needs of those communities it is anticipated that this will contribute further to the positive direction of health and wellbeing in Halton.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 The Health & Wellbeing grants are universally accessible.

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

None under the meaning of the Act.

HEALTH & WELLBEING GRANTS RECEIVED FOR 17 OCTOBER 2014 ROUND

GRANT No & CATEGORY	APPLICANT NAME	BRIEF DESCRIPTION	AMOUNT REQUESTED	MATCH FUNDING	MEETS HWB PRIORITIES	FUNDING AGREED/PANEL DECISIONS
1 Community Group Award	Mencap	Tango on prescription sessions Publicity for existing keep fit sessions	£460	No	Reduction in falls in adults	£460
2 Community Group Award	Halton & St Helen's VCA	Funding to continue radio shows (10 x 2 hour shows)	£500	Not yet secured, applying to Peele Port 500	Overall wellbeing for wide community benefit	£500
3 Community Group Award	Halton & District Junior Football League	Accredited qualification with the FA for volunteer coaches & managers, 40 in total with 50% subsidy. 800 children aged	£500	Yes	Improved Child Development Improved Mental Health	£500

		between 6 & 16 benefit from football club provision				
4 Community Group Award	CAN Support	Four options for funding, option one:- 1 150 bandanas 2 aromatherapy kit for two years 3 4 volunteers to receive Clatterbridge training or option two funding to support a Men's Shed project	£500	No	Cancer	£500
5 Healthy School Award	St Martin Primary, Murdishaw, Runcorn	HWB week at school featuring yoga, healthy cookery & food tasting in Spring 2015	£300 (£200 for yoga 7 x £45 per session + £100 healthy cookery)	£100 from PTA for ingredients Qualified Cook time FOC	Improve child development	Defer to HIT for support
6 Community Group Award	West Bank Stay & Play	Outdoor play equipment and garden club for area being	£500		Improve child development	£500

		refurbished by Mersey Gateway time bank				
7 Healthy School Award	Simms Cross PTA	Sensory Room equipment to complete project	£500	£11,510 from various source	Improve child development	£300
8 Healthy School Award	Astmoor Primary School	Health & Wellbeing Week in School (20 – 24 th Oct)	£400	No	Improve child development	Would be retrospective funding, not approved
9 Community Group Award	Widnes Fellowship Centre	Fitness equipment & scales	£200	No	Overall wellbeing for group attendees who are adults with learning disabilities and possibly reduction in falls in adults	£200
10 Community Group Award	Murdishaw Residents Association	New weekly club for older people, funding sought for facilitator	£500	No	Reduction in falls in adults?	Deferred for further detail and consideration in December 2014

11 Community Group Award	St Michael's Over 50's (70 members, meet weekly)	Tea Urn Trestle Tables Carpet bowls	£240 plus delivery charges?	No	Reduction in falls in adults Prevention & early detection of mental health	Refer to Area Forum for urn & tables funding and Sports Development for Bowls Kit
12 Community Group Award & Recognition Award	Castlefields Creative Community	Recognition for the Chair, Matty Dunn, a humble individual with health challenges yet support the group through facilitating creative activity Spectrum daylight lamps for art work	£500 (lamps would cost more, group would fundraise the remaining amount	£15k people health lottery match to project all committed	Prevention & early detection of mental health	£500 Recognition Award for Chair
13 Community Group Award	Making Space	Potting & storage shed for communal storage for outdoor growing area	£250		Overall wellbeing & physical activity for adults in supported living accommodation	Referred to Area Forum for funding application
14 Community Group Award	Heath Methodist Church Council	Replace old indoor bowling mat for weekly bowling group. 13 regular members in their	£500 towards costs of £725	£225 from Church Council	Overall wellbeing & reduction in the number of falls in adults	£500

		70's & 80's				
15 Community Group Award & Recognition	Grangeway Sequence Dance Group	Taster sessions and 4 weeks free membership for new members, publicity material to promote the club Recognition for the club which has existed as long as the community centre	£125	No	Reduction in the number of falls in adults	£125 Recognition Award for Group
16 Recognition Award	Get Active forum Halton	Recognition award for John O'Hara- Mee, recently recognised with a Volunteer of the Year at the Get Active Awards Halton event for his commitment to leading sessions on the health agenda				Recognition Award
17 Healthy Workplace Award	The lunchtime activity group HBC	Meta fit sessions at lunch time for staff one day a week for 10 weeks at Select	£350 (£25 for tuition, £10 room hire x 10 weeks)	No	Overall wellbeing of HBC staff	Refer to HIT for support these sessions

		Stadium				
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