

# Public Document Pack



## Executive Board

Thursday, 20 April 2017 2.00 p.m.  
The Boardroom, Municipal Building

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

**Chief Executive**

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

#### **PART 1**

**Item**

**Page No**

**1. MINUTES**

**2. DECLARATION OF INTEREST**

Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.

*Please contact Angela Scott on 0151 511 8670 or  
Angela.scott@halton.gov.uk for further information.  
The next meeting of the Committee is on Tuesday, 16 May 2017*

Item	Page No
3. CHILDREN YOUNG PEOPLE AND FAMILIES PORTFOLIO	
(A) HOME TO SCHOOL AND COLLEGE TRAVEL AND TRANSPORT POLICY FOR CHILDREN & YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND), AND HOME TO SCHOOL TRAVEL & TRANSPORT POLICY (STATUTORY SCHOOL AGE) - KEY DECISION	1 - 51
4. HEALTH AND WELLBEING PORTFOLIO	
(A) HEALTH & WELLBEING STRATEGY - KEY DECISION	52 - 69
(B) SENSORY SUPPORT SERVICES	70 - 74
5. TRANSPORTATION PORTFOLIO	
(A) STREET LIGHTING ENERGY PROCUREMENT	75 - 78
6. RESOURCES PORTFOLIO	
(A) DISCRETIONARY NON DOMESTIC RATE RELIEF	79 - 82
7. SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985	
<b>PART II</b>	
<p>In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is <b>RECOMMENDED</b> that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act.</p>	
8. TRANSPORTATION PORTFOLIO	
(A) SURFACE TREATMENT TERM MAINTENANCE CONTRACT	83 - 86

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

**REPORT TO:** Executive Board

**DATE:** 20 April 2017

**REPORTING OFFICER:** Strategic Director – People

**PORTFOLIO:** Children, Young People and Families

**SUBJECT:** Home to School and College Travel and Transport Policy for Children & Young People with Special Educational Needs and Disabilities (SEND), and Home to School Travel & Transport Policy (Statutory School Age).

**WARDS:** Borough-wide

### **1.0 PURPOSE OF THE REPORT**

1.1 This report seeks the Executive Board's approval for two policies: the Home to School and College Travel and Transport Policy for Children and Young People with Special Educational Needs and Disabilities (SEND), and the general Home to School Travel & Transport Policy (Statutory School Age).

**2.0 RECOMMENDATION: That the Board approves the revised Home to School and College Travel and Transport Policy for Children and Young People with Special Educational Needs and Disabilities, and the Home to School Travel & Transport Policy (Statutory School Age).**

### **3.0 SUPPORTING INFORMATION**

3.1 The Local Authority has a statutory duty to ensure that suitable travel arrangements are made, where necessary, to facilitate a child's attendance at school, and to ensure that post-16 learners are able to access education and training and ensure that, if support for access is required, this will be assessed and provided where necessary.

3.2 At the Executive Board meeting held on 19th January 2017 the Board approved revised criteria and an application process for inclusion in a Home to School and College Travel and Transport Policy for Children and Young People with Special Educational Needs and Disabilities. The criteria and application process were agreed after extensive consultation.

3.3 Following the Executive Board's agreement of the criteria and assessment process, a policy for children and young people with Special Educational Needs and Disabilities has now been developed to

allow the Council to better assess and support the needs of those children and young people. This also then led to a requirement to remove the special educational needs and disability element from the current Home to School Travel and Transport Policy, and the two separate policy documents have now been finalised and are presented for the Board's approval.

- 3.4 As detailed in the Executive Board report dated 19<sup>th</sup> January 2017, the aim of the revised Special Educational Needs and Disabilities policy is that all children and young people with significant special educational needs or disability should lead lives that are as independent and as free from restriction as possible. As agreed by the Board, all applications for assistance will need to be submitted to assess eligibility against the statutory duty to provide assistance i.e. 2 miles (nearest qualifying primary school), 3 miles (nearest qualifying secondary school) criteria, and where those criteria do not apply, to assess eligibility for low income families or to assess those children and young people who cannot travel independently due to a medical condition.
- 3.5 For the general Home to School Travel and Transport Policy, there are no criteria changes proposed and applicants will need to apply and be assessed against the agreed criteria as set out in the policy i.e. (1) on distance grounds (where the nearest qualifying school is over 2 miles for children aged under 8 and over 3 miles for children aged 8 and over), (2) if low income applies, (3) on reasons of religion and belief where low income applies, (4) if a child lives under the statutory distance but in the Council's view, following a risk assessment, it is identified there is no safe walking route, or (5) reasons of religion or belief.
- 3.6 The nature and mode of travel support for those who are eligible will, as previously, be determined by the Council and will be one that is consistent with the Council's duty to secure value for money and the needs of the child/young person. Travel solutions include:
- a) Bicycle – a one off payment made by the Council to purchase a bicycle;
  - b) Walking bus – a Passenger Assistant will guide and support children and young people on their route;
  - c) Travel pass – a free bus pass for use on public transport;
  - d) Personal Travel Budget – access to funds for parents/carers, paying a family member mileage, and use of befriending service;
  - e) Supported Public Transport – use of public transport with a Passenger Assistant;
  - f) Independent Travel Training – Training provided by the Council to children and young people to travel independently,
  - g) Provision of vehicles – this includes multiple pick up vehicles, and under very exceptional circumstances taxis and private hire vehicles

- 3.7 Whilst there is specific reference to post 16 provision within the Special Educational Needs and Disability Transport Policy as it is possible those children and young people will require assistance with post 16 transport, there is also a Department for Education requirement to have a separate general Post 16 Statement on the Council's website which signposts parents/carers and students to the assistance available for general applications for assistance with post 16 transport. Transport Coordination colleagues work with schools, colleges and post 16 providers to draw this information together into a Post 16 statement, which is then uploaded to the Council's website and published. The two policy documents will also be made available on the Council's website.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The Education Act 1996 sets out the Local Authority's duties with regard to Home to School travel and Transport and Post 16 transport to education and training, and the two policy documents placed before the Executive Board for approval meet those duties.

#### **5.0 OTHER IMPLICATIONS**

- 5.1 None.

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

##### **6.1 Children and Young People in Halton**

The proposed policies comply with statutory requirements in ensuring that assistance with travel and travel solutions are available for those children and young people who meet the criteria. The proposals will ensure that the educational provision for children & young people is inclusive and accessible.

##### **6.2 Employment, Learning and Skills in Halton**

Educational achievement is critical to the life chances of all children in the borough and the proposed transport solutions help underpin the requirement to promote fair access to educational opportunity.

##### **6.3 A Healthy Halton**

The proposed travel solutions promote and support measures that encourage local communities to use environmentally sustainable forms of travel, especially walking, cycling, and public transport.

##### **6.4 A Safer Halton**

The proposed travel solutions promote the safe travel and transfer of children and young people to school and college.

**6.5 Halton's Urban Renewal**

N/A

**7.0 RISK ANALYSIS**

7.1 The Policy is in place to meet statutory requirements. There are no major risks associated with the publication of the Policy

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The proposed arrangements reflect any requirements of the Equality Act 2010. Any finally determined policy will reflect the diverse needs of children and young people in Halton in accessing appropriate educational provision. Any determined policy will ensure that suitable travel solutions are in place for those children with Special Educational Needs, and/or a disability who may, by reason of their disability, be unable to walk even relatively short distance to school, and those children with a mobility problem caused by a temporary medical condition who may be unable to walk to school. An Equality Impact Assessment has also been undertaken.

**9.0 REASON(S) FOR DECISION**

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

**10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.1 None.

**11.0 IMPLEMENTATION DATE**

11.1 The two policies would be implemented for the September 2017 academic intake.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
<b>Home-to-school travel and transport statutory guidance 2014</b>	<b>People Directorate</b>	<b>Martin West</b>
<b>Post-16 transport to education and training statutory guidance for local authorities 2014</b>	<b>People Directorate</b>	<b>Martin West</b>
<b>Education Act 1996</b>	<b>People Directorate</b>	<b>Martin West</b>
<b>Education &amp; Skills Act 2008</b>	<b>People Directorate</b>	<b>Martin West</b>
<b>Children &amp; Families Act 2014</b>	<b>People Directorate</b>	<b>Martin West</b>



# Home to School Travel and Transport Policy 2017

People Directorate

(Statutory School Age)



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اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0303 333 4300 پر فون یا [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk) پر ای میل کریں

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## **Section 2**

Travel Assistance for pupils of statutory school age

## **Section 3**

Independent Travel Training

## **Appendix One**

Assisted Travel Appeals Process and referral to Local Government Ombudsman

# Context

Halton Borough Council has a duty under the Education and Inspections Act 2006 and associated regulations and guidance, to ensure that suitable travel arrangements are made, where necessary, to facilitate a child's attendance at school. This applies to home to school travel arrangements, and vice versa, and do not relate to travel between educational establishments during the school day. Parents and carers are responsible for ensuring that their children attend school regularly.

The duty on local authorities is to make such travel arrangements as they consider necessary to facilitate attendance at schools for eligible children. Schedule 35B of the Act defines eligible children as those categories of children of compulsory school age (5-16) in an authority's area. Local authorities are also required to publish their Sustainable Modes of Travel Strategy by 31<sup>st</sup> August each year, and, as recommended within Department for Education Guidance, this document integrates that strategy within this policy document.

Other legislation which requires local authorities to provide certain socially necessary bus services within the Borough remain in force, and some of these services provide important links to schools and other education/learning facilities within the Borough.

This Policy is reviewed annually (last review March 2017) and published in the Education and Families section of the Council website at [www.halton.gov.uk](http://www.halton.gov.uk) and is available to pick up at any Halton Direct Link or by phoning 0303 333 4300.

It is also intended that this document will assist in meeting the Council's priorities and support the Halton Children and Young People's Plan.

If your child/young person has Special Educational Needs and/or Disabilities, please see the separate Home to School & College Travel and Transport Policy for Children & Young People with Special Educational Needs and Disabilities (SEND) – available on the Council's website.

The Local Authority is aware that travel patterns across Halton may alter over future years. The needs of pupils and parents will be continually reviewed as any school organisation programmes progress.

# Section 1

## Strategy for the Promotion of Sustainable Modes of School Travel within Halton

Halton Borough Council strongly supports measures which encourage local communities to use environmentally sustainable forms of travel (walking, cycling and public transport). These wider policies are detailed within the Halton Local Transport Plan (LTP3) found at [www.halton.gov.uk/ltp3](http://www.halton.gov.uk/ltp3). The Halton Local Transport Plan contains a wide range of measures to improve access to education for statutory school age children (up to 16 years of age)

Each school has developed a School Travel Plan with the aim of improving access by sustainable and safe forms of travel for all children and young people, promoting healthier lifestyles and less car dependency. Halton Borough Council is seeking to place Health at the heart of all its policies, and this Policy encourages children to walk and cycle to school, and supports the Health agenda.

When assessing the needs of eligible children and young people for assisted home to school travel Halton Borough Council has adopted a range of sustainable travel options including walking and cycling. In addition, Halton has an excellent network of high frequency bus services linking the main residential areas with local schools. The majority of local buses are now fully accessible to all in the community.

This policy document is aligned to the Council's School Admissions Policy and with the principles set out in the central government document "Home to School Travel and Transport Guidance" (2014).

## **Sustainable Modes of School Travel – Options:**

### **Walking**

For journeys of under 2 miles for primary school pupils aged up to 8 and 3 miles for older pupils, walking to and from school is the preferred mode of travel. Walking helps improve levels of personal fitness and aids the personal development of children and young people.

### **Cycling**

For journeys between 0 – 3 miles cycling is an option for primary and secondary aged pupils. Halton Borough Council has introduced a range of measures to make it safe and attractive to travel to and from school by bike.

### **Public Transport**

For journeys over 2 miles for pupils aged up to 8 and 3 miles for older pupils, public transport (buses and trains) offers a convenient and affordable way of travelling to and from school.

The type of travel assistance provided for eligible pupils will be at the discretion of Halton Borough Council based on the principles set out in this Policy and may include one of the following:

- A cycle maintenance grant
- A travel pass for use on a conventional, timetabled, public transport service
- A place, from an appropriate collection point, on a minibus, taxi or other suitable vehicle, adapted where required, provided under contract by the Council
- Mileage allowance paid to parents, providing that there is no available seat on existing transport. Mileage allowance will not be paid if a pupil has been removed from existing transport for safety reasons. It remains the responsibility of the parent to make alternative arrangements to ensure that their child attends school on a regular basis

Halton Borough Council will use the sustainable school travel options approach to assess the level of transport and assistance required by all children and young people resident within the Borough. A package of travel assistance will then be determined and offered to all eligible children and young people in line with the criteria set out in this Policy.

In assessing an individual child or young person's eligibility for assisted travel, a comprehensive review of how accessible education is in terms of walking, cycling and public transport routes and services is undertaken. Halton Borough Council also operates an Independent Travel Training initiative which provides tailored help and support for children and young people.

The Council and its key partner organisations are working towards promotion of sustainable travel to all facilities within the Borough. Every school within Halton has a Travel Plan.

Detailed advice on public transport is available from Traveline Phone: 0871 200 22 33 or [www.traveline.info](http://www.traveline.info) or from the Halton Borough Council Website at [www.halton.gov.uk/transport](http://www.halton.gov.uk/transport).

Halton Borough Council's Neighbourhood Travel Team (NTT) will prepare individual journey plans for pupils wishing to use public transport when travelling to and from school. Phone: 0800 1953 173, Email: [ntt@halton.gov.uk](mailto:ntt@halton.gov.uk). A School Travel Map is available via the NTT, or the Council website. This is a handy, fold out, tube style map of the services in Halton with extra information about School Services and other information and support available including information about ticketing and cycling. All transport information is available on the Council website at [www.halton.gov.uk/transport](http://www.halton.gov.uk/transport).

### **Curriculum travel during the school day**

There is no duty on the Local Authority to provide transport for curriculum activities or for travel between different educational establishments during the course of the school day. It is the responsibility of the individual schools, institutions and education providers to organise and provide pupil's transport for curriculum activities during the school day.

### **Children attending pre/after school activities**

This Policy does not cover Parents/carers whose children attend pre/after school activities. Parents/carers will need to make their own arrangements in this regard.

# Section 2

## Travel Assistance for Pupils of Statutory School Age

### Eligibility Criteria

Halton Borough Council will meet its statutory obligations by providing assisted transport to children aged 5 to 16 years who live within the Borough and who attend the nearest qualifying school which is above the statutory walking distance.

Parents/carers are responsible for ensuring that their children attend school regularly. However, the Education and Inspections Act 2006 places a duty on local authorities to ensure suitable travel arrangements are made, where necessary, to facilitate a child's attendance at school.

Children who are eligible will receive assistance to the nearest qualifying school. A qualifying school is defined as a school with places available that provides education appropriate to the age, ability and aptitude of the child, and any special educational needs they may have.

Under the terms of the Education and Inspections Act 2006, Section 508(B) defines "qualifying schools" as:

- Community, foundation or voluntary schools
- Community or foundation specialist schools
- Non-maintained special schools
- Pupil referral units
- Maintained nursery schools
- City technology colleges (CTC), City Colleges for Technology or the Arts (CCTA) or Academies (including Free Schools)

To comply with its duty Halton Borough Council will provide for home to school travel for children of statutory school age in the following circumstances:

1. Where a child aged under 8 attends the nearest qualifying school over 2 miles or



where a child aged 8 and over attends the nearest qualifying school over 3 miles, respectively from the child's home address. This will be measured by the shortest walking distance along which the child, accompanied as necessary, may walk with reasonable safety. The route will be determined by the Council. (As such the route measured may include footpaths, bridleways and other pathways as well as recognised roads. The walking distance between home and school is measured from the pupil's home gate or drive nearest to the school, to the nearest available gate of the school. A risk assessment of the route will be made if needed).

2. Children from low income families i.e. those entitled to free school meals or whose parents are in receipt of the maximum level of Working Tax Credit or whose Universal Tax Credit payment entitles them to enhanced assisted school transport. This enhanced provision applies to Primary pupils aged between 5 and 11 from low income families attending the nearest qualifying school more than 2 miles from their home. Proof will be required by TC602, confirmation for free school meals, Working Tax Credit statement, Housing/Council Tax Benefit entitlement etc.
3. Secondary Pupils aged between 11 and 16 years may be entitled to enhanced assisted school transport if they attend one of the three nearest qualifying schools which are between 2 and 6 miles from the child's home or the nearest qualifying school preferred by reason of a person's religion or belief up to a maximum of 15 miles. Proof of low income will be required as detailed above.
4. Where a pupil lives within the statutory walking distance to school and a risk assessment identifies that there is no safe route that the pupil could reasonably be expected to take, assisted travel will be provided in line with the criteria detailed in this Policy. This is based on route safety, not personal safety, and any pupil being accompanied by a responsible adult. The Council will be responsible for determining the safety, or otherwise, of the route.
5. In addition the Local Authority will use its discretion to provide Home to School Transport where a pupil attends a faith school for reasons of religion or belief (evidence will be required to support this e.g. baptism certificate or letter from priest/vicar). This will only be to the nearest voluntary aided or foundation school of the relevant religion/faith where the distance is over 2 miles for children under 8 and over 3 miles for children over 8. If a place is not available at the nearest voluntary

aided or foundation school the Local Authority is not in a position to provide assistance with transport to an alternative school (unless low income conditions apply for Secondary Pupils as referred to above).

In all cases it is the responsibility of parents/carers to ensure their child's safe and secure travel to and from school. Parents/carers are responsible for their children until they are received on school premises and the parent/carer has left the school.

If a pupil changes home address their entitlement to assisted school transport will be reassessed on the basis of the eligibility criteria. When pupils leave the Borough any travel passes issued by the Council must be returned.

The Council will make a charge for a replacement travel pass in the event of the pupil/young person misplacing or losing their pass.

In exceptional circumstances, travel assistance will be offered to and from school for pupils who have been temporarily relocated which causes them to become eligible in accordance with the criteria detailed above. For example, if relocated due to being part of witness protection scheme, place of safety from domestic violence, family home uninhabitable due to natural disaster (e.g. flooding).

Where there is a formal shared care arrangement in place and both parents have care of the child(ren) for part of the week then home to school transport will only be provided from the address(es) where the child would meet the criteria of being an "eligible child".

Assistance with transport will also be provided to a pupil within the "In Year Fair Access Protocol" if their attendance at the particular establishment causes them to become eligible in accordance with the criteria detailed above.

In respect of all eligible children the type of transport provided will be at the discretion of Halton Borough Council on the basis of sustainable school travel. It may be any of the following:

- Cycle maintenance grant
- A travel pass for use on a timetabled public transport service (which may take the form of a conventional public bus service or specific school bus service)
- Travel on specific Halton Borough Council contracted service (including taxis and minibuses where appropriate)

- Mileage payable to parents

All assisted travel is made on the provision that the pupil's behaviour is of an acceptable standard during journeys to and from school. The Council reserves the right to withdraw or reassess the assisted travel arrangements in the light of misuse or poor behaviour. In addition, if assistance with travel is awarded in error, the Council reserves the right to withdraw the assistance.

Where the travel eligibility criteria are not met, parents/carers may apply for a vacant seat on a Halton Borough Council school contract vehicle (where available). However, priority will always be given to providing a place on these services for eligible pupils/young people. Therefore, the provision of "paid for seats" may be withdrawn by the Council (giving parents/carers 5 weeks notice). Parents/carers requiring more information should contact the Council's Transport Coordination Team on 0151 511 7444. The Council will levy a charge for this provision and will review its availability annually.

## **Right of Appeal**

Parents and Carers can appeal to Halton Borough Council through the agreed appeals procedure (outlined in Appendix One).

## Section 3

# Independent Travel Training

Halton Borough Council provides an Independent Travel Training service for people lacking the skills and confidence to plan and undertake a journey on public transport on their own. The service also trains and supports people with disabilities and learning difficulties to give them the essential skills they need to access public transport and gain independence.

'Supporting Independence' Travel Training in Halton provides help with:

- Using money
- Buying tickets
- Finding your way about
- Planning a journey
- Using buses
- Using trains

A Travel Training Toolkit is also available which provides a step by step guide enabling Travel Trainers to develop tailor made, one-to-one programmes to support people to travel independently.

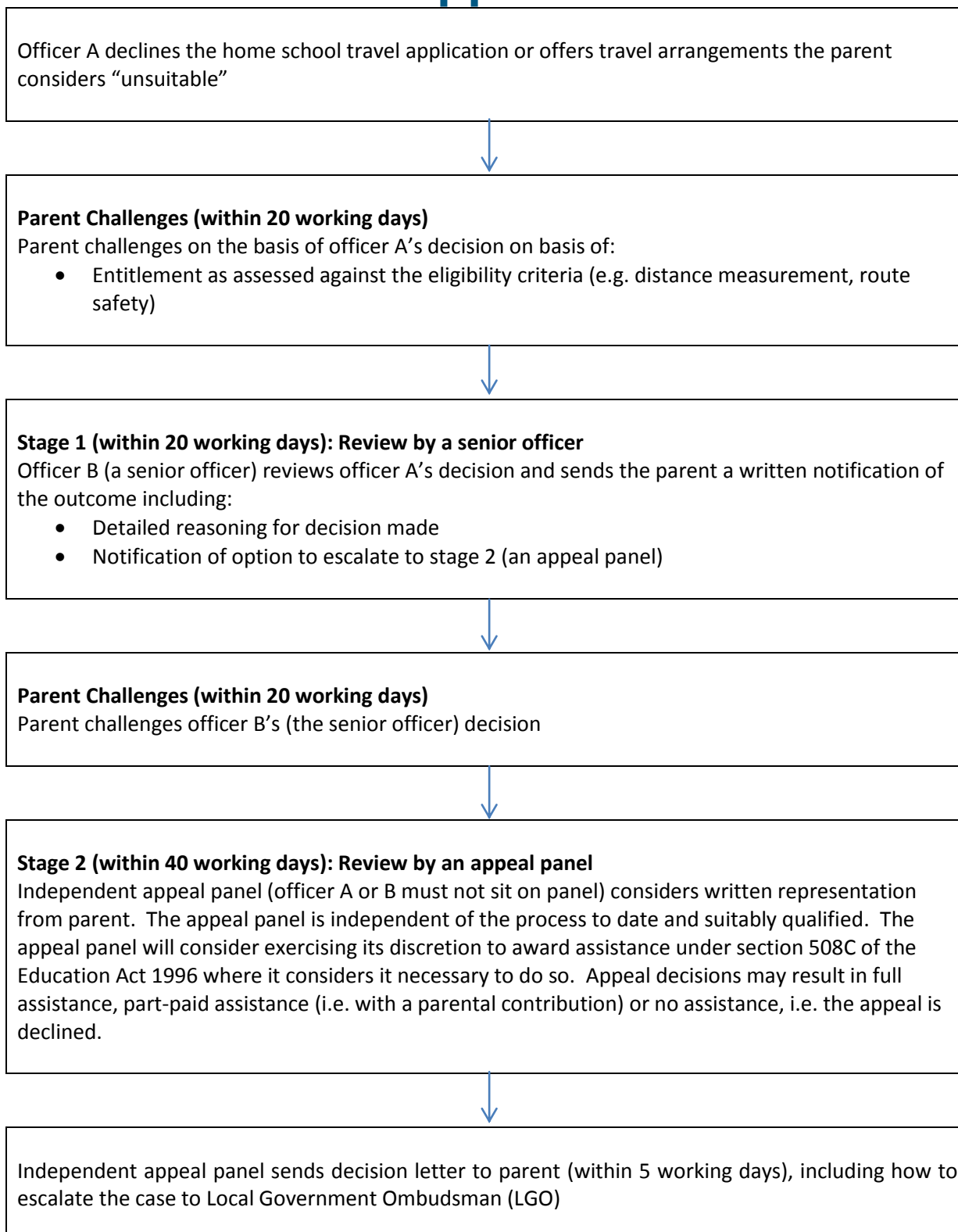
For more information, a referral form or the Travel Training toolkit, contact Derek Donoghue, Independent Travel Trainer:

Phone: 0151 511 7444

Email: [derek.donoghue@halton.gov.uk](mailto:derek.donoghue@halton.gov.uk)

# Appendix One

## Assisted Travel Appeals Process



Notes:

- Officer A refers to the assessing Officer in the Council’s Transport Coordination Department
- Officer B refers to the Council’s Lead Officer, Transport Coordination
- Independent Appeal Panel refers to the Operational Director – Education, Inclusion & Provision, and Portfolio Holder for Children and Young People.

### **Local Government Ombudsman**

A complaint to the Local Government Ombudsman can be made by the parent/carer/young person only if there has been a failure to comply with the procedural rules or there has been maladministration of the policy.

Telephone: 0300 061 0614.

Alternatively, you can write to:

The Local Government Ombudsman  
PO Box 4771  
Coventry  
CV4 0EH

Fax: 024 7682 0001

You can also text 'call back' to 0762 481 1595.

# Home to School & College Travel and Transport Policy for Children & Young People with Special Educational Needs and Disabilities (SEND) – 2017

People Directorate



**To request this in another format such as audio, large print or Braille please phone 0303 333 4300 or email [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk)**

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Policy prepared March 2017

## 1.0 Context

Halton Borough Council has a duty under the Education Act 1996 (as amended by the Education and Inspections Act 2006) and associated regulations and guidance, to ensure that suitable travel arrangements are made, where necessary, to facilitate a child's attendance at school. This applies to home to school travel arrangements, and vice versa, and do not relate to travel between educational establishments during the school day. Parents and carers are responsible for ensuring that their children attend school regularly.

The duty on local authorities is to make such travel arrangements as they consider necessary to facilitate attendance at schools for eligible children. Schedule 35B of the Act defines eligible children as those categories of children of compulsory school age (5-16) in an authority's area. Local authorities are also required to publish their Sustainable Modes of Travel Strategy by 31<sup>st</sup> August each year, and, as recommended within Department for Education Guidance, this document integrates that strategy within this policy document.

Other legislation which requires local authorities to provide certain socially necessary bus services within the Borough remain in force, and some of these services provide important links to schools and other education/learning facilities within the Borough.

This Policy will be reviewed annually and published in the Education and Families section of the Council website at [www.halton.gov.uk](http://www.halton.gov.uk) and is available to pick up at any Halton Direct Link or by phoning 0303 333 4300.

It is also intended that this document will assist in meeting the Council's priorities and support the Halton Children and Young People's Plan.

## 2.0 Strategy for the Promotion of Sustainable Modes of School Travel within Halton

Halton Borough Council strongly supports measures which encourage local communities to use environmentally sustainable forms of travel (walking, cycling and public transport). These wider policies are detailed within the Halton Local Transport Plan (LTP3) found at [www.halton.gov.uk/ltp3](http://www.halton.gov.uk/ltp3). The Halton Local Transport

Plan contains a wide range of measures to improve access to personal development, education, training and work based learning opportunities for:

- Statutory school age children (up to 16 years of age)
- Young people aged 16 and over accessing continuing education, training and work based learning opportunities

Each school/college has developed a School Travel Plan with the aim of improving access by sustainable and safe forms of travel for all children and young people, promoting healthier lifestyles and less car dependency. Halton Borough Council is seeking to place health at the heart of all its policies, and the Sustainable School Travel Policy encourages children and young people to walk and cycle to school/college, and supports the Government's Children's Health Agenda.

When assessing the needs of eligible children and young people for assisted home to school/college travel Halton Borough Council has adopted a range of sustainable travel options including walking and cycling. In addition, Halton has an excellent network of high frequency bus services linking the main residential areas with local schools and the main post 16 education establishments. The majority of local buses are now fully accessible to all in the community.

This policy document is aligned to the Council's School Admissions Policy and with the principles set out in the central government document "Home to School Travel and Transport Guidance" (2014).

### **3.0 Travel Support to Access Education at School/College**

This policy outlines the travel support available for children and young people with Special Educational Needs and Disabilities (SEND) to access education.

This policy is set out in three parts as follows:

**Part A** – Travel support to access education for children and young people of age 16 and under.

**Part B** – Travel support to access education/training for young people Post 16

**Part C** – Application, Review, and Appeals processes

This policy aims to support all children and young people including those with

significant Special Educational Needs or Disability (SEND) to access education based upon the needs of the child or young person and their family. The aim of this policy is, wherever possible, to work with the family and young person to develop a travel solution enabling the child or young person to access education in the same way that members of their peer group, who do not have a special educational need or disability, would access their education. This includes travelling independently for young people, and family based travel solutions for younger children. The desired outcome of this approach is to actively encourage children and young people's independence, which can result in them developing a skill for life and will help to develop their confidence and social skills as well as increase their future options for continuing education/training and employment.

The majority of children and young people in Halton with special educational needs or a disability including those with a Statement of Special Educational Needs (SEN) or an Education Health and Care plan (EHC plan) do not receive or require specialised travel support from the Council in order to access education. Wherever possible, it is expected that parent/carers of children and young people with SEN or a disability make arrangements for their child to attend school in the same way as parents/carers of children and young people who do not have SEND. This approach, including independent travel where appropriate, is an important factor in developing the children and young people's independence, social and life skills, and providing a travel support framework to enable as many parents/carers to do this as possible is a key part of this policy.

Specifically, this policy relates to children and young people with significant SEND, which will usually mean those with a Statement, or EHC plan but may, in exceptional circumstances, apply to those who are undergoing assessment for an EHC plan, where they fall within the definition of eligible child/young person.

This policy explains the entitlement to travel support to access education for children and young people that have significant SEND. The Council's general policy on travel to and from mainstream schools and other education establishments is available separately.

For the purpose of simplicity in the language used in this policy, EHC plan will be deemed to include those children and young people who currently have a statement

of SEN that has not yet transferred to an EHC plan.

This policy applies to children and young people who are resident within the Borough of Halton and children and young people in the care of Halton Borough Council.

### **3.1 Principles**

Halton's policy on Transport for Children and Young People with Special Educational Needs and Disabilities is based on providing parents/carers with a travel solution which will be founded on the following principles:

- It is committed to ensuring children and young people can fulfil their potential. The aim of this policy is that all children and young people with significant special educational needs or disability should lead lives that are as independent and as free from restriction as possible;
- Promoting inclusive opportunities to enable children and young people to travel to and from school or college independently or using family based approaches similar to those used by other children and young people wherever possible, taking account of their age and needs;
- Promoting sustainable, safe, healthy and appropriate travel solutions by working in partnership with parents/carers to support them with their legal responsibility to make sure their children attend school;
- A commitment to equality of opportunity and the celebration of diversity and an opposition to all forms of discrimination;
- Efficient use of public resources, delivering better outcomes and providing better value for money.

### **4.0 PART A**

#### **Travel Support to Access Education for Children and Young People from Statutory School Age to Age 16**

This part of the policy is for children and young people of compulsory school age to the age of 16 with SEND. This policy supports children and young people with Statements of SEN or Education Health and Care Plans (EHC plans) to access

school at the start of the school day and to return home at the end of the school day, each week day during school terms, where they fall within the definition of eligible child/young person.

#### **4.1 Legislation and Responsibilities: Parent/Carers Responsibilities**

It is the legal responsibility of parents/carers to ensure their compulsory school aged children are registered at a school and attend regularly, or to make suitable arrangements for home education. However, in certain circumstances a Council has a duty to provide travel support to access education to facilitate this attendance.

Parents/carers are responsible for their child's safety whilst travelling to and from school. Where the Council has provided a travel solution to support a child to access education, parents/carers remain responsible for their child's safety before and after these arrangements take place.

#### **4.2 Council Responsibilities**

In certain circumstances the Council has a statutory duty to provide a suitable travel solution to facilitate a child and young person's attendance at school. This document sets out Halton's policy on Transport for Children and Young People with Special Educational Needs and Disabilities. It describes how the Council fulfils its duties and exercises its discretionary powers as required under the Education Act 1996.

Young people with SEND who are over the age of 16 and under 25 but continuing in education/training are considered separately in Part B of this policy.

Under section 508B of the Education Act 1996, the Council has a duty to ensure that a suitable travel solution is made for an eligible child/young person. This will be carried out, where necessary, to facilitate the child and young person's attendance at a relevant qualifying school. A qualifying school is a school with places available that provides education appropriate to the age, ability and aptitude of the child, and any SEN that the child may have. The general duty is to provide assistance with transport for all children of compulsory school age if their nearest qualifying school is beyond 2 miles if the child is below the age of 8, or beyond 3 miles if the child is aged between 8 and 16. The Act applies to all children and young people who permanently live in Halton and attend a qualifying school named in their Statement of SEN or EHC plan.

This policy reflects national legislation. Eligibility for a place at a school does not bring with it an entitlement for travel support to access education. This policy could change before a child and young person completes their time at school. School admission preferences should not be made on the assumption that the same set of eligibility criteria will apply throughout a child and young person's education.

#### **4.3 Parental Preference for a School**

Whilst parents/carers have the right to express a preference for which school they wish their child to attend, a child and young person who attends a school which is further away than the nearest suitable qualifying school with places available, will not be eligible for travel support, except in exceptional circumstances, even if the distance from home to the school they attend is more than the statutory walking distance.

Any travelling arrangements or expenses will be the responsibility of parents/carers if there is a nearer suitable qualifying school. It is the parents'/carers' responsibility to ensure their child gets to and from school safely and they should consider the practicalities of choosing a school that is not within the statutory walking distance (see below).

#### **4.4 Travel Support Requirements**

Travel support to access education will be agreed for children and young people with a Statement of SEN, or EHC plan where:

- The child/young person lives further than the statutory walking distance between home and the nearest qualifying school, which is over two miles for children under eight years of age or over three miles for children aged eight years old and over and the child has a Statement of SEN or an EHC plan, or
- The child/young person attends the named school the Council has determined in the Statement of SEN/EHC plan as being the nearest available school that is able to meet the needs of the child or young person where that school is over the statutory distance as detailed above, or
- The child/young person lives within the statutory walking distance but is unable to walk relatively short distances to school owing to disability or mobility difficulties



(these may include temporary medical conditions) and family circumstances make it not reasonable to expect the parent/carer to take their child/young person to school.

The parent/carer's legal duty to ensure their child's attendance at school will also be considered. In particular, but not limited to, whether a parent/carer can accompany their child to school.

Travel support may be considered using supporting written evidence, (within the last 12 months), from a range of sources, for example, Education or health professionals, parents and other relevant professionals, that describes the young person as having:

- Long term severely restricted independent mobility, due to a physical disability
- Long term severely restricted independent mobility due to a medical condition resulting in severe persistent pain and/or extreme fatigue
- A sensory impairment resulting in severely restricted mobility
- Severe behavioural emotional and /or social difficulties in comparison with other young people of their age. This may be linked with cognitive ability or be as a result of a specific development disorder

This is not an exhaustive list and requests will be considered on a case by case basis. Note: "Long term" describes something that is likely to last for at least a year and in many cases for the rest of the life of the person affected.

In certain cases it may be determined that the travel solution will not cover the whole journey from home to school and an appropriate pick-up/drop off point will be identified by the Local Authority. Whether this is appropriate will be decided on a case by case basis.

#### **4.5 Disability Living Allowance (DLA) for Children**

There is an expectation that where parents/carers are in receipt of the higher rate of DLA, with a higher mobility element for their child and where this has been used to hire a vehicle, parents/carers are expected to use this vehicle to support their child to school. If a parent/carer uses their own car, in these circumstances, they may apply for a Personal Travel Budget (PTB) from the Council.

DLA for children may help with the extra costs of looking after a child who is under

16 and has difficulties walking or needs support additional to that needed by a child of the same age without a disability. If a parent/carer is eligible to receive the mobility higher rate for their child, help may be available from the Motability scheme to lease or buy a car. If the parent/carer does not drive, two people can be nominated to drive the car instead. It may also be possible to lease a scooter or powered wheelchair.

#### **4.6 Travel Support for Children and Young People from Low Income Families:**

The defined eligibility criteria applies to all children and young people. However, where the families of children and young people of statutory school age are entitled to free school meals, and/or are in receipt of their maximum level of Working Tax Credit (WTC) – currently being replaced by Universal Tax Credit, this will be taken into consideration in the development of a suitable travel solution for the family. Where a parent/carer is in receipt of WTC (or revised equivalent under the Universal Tax Credit scheme), a copy of the awards notice, showing the maximum level will need to be provided. Families providing proof of low income will be assessed at the point of application and annually thereafter.

#### **4.7 Exceptional Circumstances**

In addition to those outlined above, there are some additional, exceptional circumstances in which travel support to access education may be given.

Specific consideration will be given to:

- A child/young person who has a temporary disability or illness
- A child/young person whose parents/carers who have their own medical needs or learning difficulties which impacts on their ability to transport the child/young person where necessary.

It is important to bear in mind the decision to provide travel support to access education is based on the child and young person's needs. When determining whether to offer travel support those factors to which consideration will not normally be given are listed below.

Consideration will not normally be given to:

- Parents' work or other commitments
- Personal circumstances when considering drop off/collection points and times
- If a parent chooses to send their child to a school that is not the nearest suitable qualifying school to the home address

- A journey from one educational establishment to another, including for off-site training
- Induction days, taster days, open days or interviews
- Work experience
- School trips (for journeys of this nature the organising school or institution will be responsible for travel arrangements)
- Dental, medical or hospital appointments, or other non-educational appointments
- Children taken ill during the day
- Children who are excluded during the day
- Examination timetables – travel will not be tailored to examination timetables; it will only be provided at the standard school start and finish times
- Out of hours clubs (breakfast club, after school activities); for journeys of this nature parents/carers will be responsible for travel arrangements
- Where the child is staying in Short Break (respite) care -requests for support to and from Short Break or Residential Care should be directed to Social Care within the Council's Children and Family Service.

In these instances, a travel solution will be the sole responsibility of the child or young person's parent/carer.

#### **4.8 Travel Solutions**

This section outlines the travel solutions which may be provided for children and young people who meet the eligibility criteria and are 16 or under. Specifically, this section of the policy relates to children and young people who have a Statement of Special Educational Needs or an Education Health and Care plan and are attending the nearest suitable qualifying school identified in their Statement of SEN/EHC plan. The parent/carer responsibilities are stated in 3.1.

If Halton Borough Council agrees to provide a travel solution to access education it will be provided in a safe and cost effective manner, taking account of the child and young person's specific needs and having regard to the best use of the Council's resources. An initial assessment of the child and young person's eligibility for travel support to access education will be made by an officer from the Council. It is very important that parents/carers participate in this assessment to ensure the full details of their child's circumstances are clear so the right level of support can be determined. Cases are considered on an individual basis and medical or other

professional evidence may be required before support is agreed.

The Council reserves the right to assess the whole family according to their circumstances, in order to offer the most cost effective travel support, using a variety of solutions. The travel solution will be child/young person centred and inclusive of their needs in order to develop independence and confidence.

Taxi or minibus travel support to access education will be provided only where there is no feasible alternative.

The Council will assist parents/carers with a travel solution at the beginning and end of each school day. For weekly and termly boarding schools, a travel solution will be identified at the beginning and end of the week/term where children and young people have SEND.

A travel solution may only be provided for the normal start and end of the school day and will not usually include early finish times where schools close early for the end of the half term / term. However, this will be determined on a case by case basis. The Council is also committed to reducing traffic congestion, improving road safety and reducing the environmental impact of vehicle journeys by promoting alternative forms of travel, such as walking, cycling and use of integrated public transport. The Council works closely with schools to develop School Travel Plans that help to achieve this aim wherever possible. In the provision of travel support to access education, the Council will consider support options for eligible children/young people that lead to reducing the number and length of vehicle journeys.

Where a travel solution is put in place and either the child and young person fails to utilise the facility or their school attendance falls to 85% or below, travel support may be withdrawn. In some cases a recharge for the service may be passed onto the parent/carer where there has been persistent failure to notify the Transport Co-ordination Department of non-attendance. Until attendance meets the desired requirements, travel support will remain withdrawn. We understand that some children and young people with SEND can be exceptionally unwell and in these cases once the Transport Co-ordination Department is notified of this, a service will only be temporarily withdrawn and will be reinstated once the individual is well

enough to return to Education.

#### 4.9 Types of Travel Solutions Provided

The nature and mode of travel support will be determined by the Council and will be one that is consistent with the Council's duty to secure Value for Money and the needs of the child. Parental consent will also be sought where appropriate.

- a) **Bicycle** - A one off payment may be made when a child or young person, who is eligible for support under the Council's policy, would like to use or uses a bicycle to travel to school. This solution can also include a programme of independent travel training to ensure the young person is able to safely cycle to and from school if required.
- b) **Walking Bus** -The Council is keen to reduce the number of vehicle journeys in and around the Borough, especially at peak times, and to reduce traffic movements in close proximity to schools. A child/young person may be allocated a space on a walking bus scheme. These involve several children/young people walking to and from school under the guidance and support of a Passenger Assistant.
- c) **Travel Pass** -This is a free pass for use on public transport. This may also be provided for a parent/carer or another travel buddy to support the child/young person to access education.
- d) **Personal Travel Budget (PTB)** – Support for meeting the costs associated with ensuring support to access education may be provided through a Personal Travel Budget. This includes a variety of flexible support options such as: access to funds for parent/carers to enable them to drop earlier and collect later, paying a family member mileage and use of a befriending service. Family based travel solutions could also be supported by a Personal Travel Budget.
- e) **Supported Public Transport** -It may be possible for a child or young person to travel on public transport if the child/young person has some assistance. Where parents/carers are unable to accompany their son/daughter, the Council may provide a Passenger Assistant, befriending service and/or a travel buddy.

**f) Independent Travel Training** – Halton Borough Council provides an Independent Travel Training service for people lacking the skills and confidence to plan and undertake a journey on public transport on their own. The service also trains and supports people with disabilities and learning difficulties to give them the essential skills they need to access public transport and gain independence. ‘Supporting Independence’ Travel Training in Halton provides help with:

Using money, buying tickets, finding your way about, planning a journey, using buses, using trains. A Travel Training Toolkit is also available which provides a step by step guide enabling Travel Trainers to develop tailor made, one-to-one programmes to support people to travel independently. For more information, a referral form or the Travel Training toolkit, contact Transport Co-ordination on: 0151 511 7444. Email: [transportco-ordination@halton.gov.uk](mailto:transportco-ordination@halton.gov.uk).

As part of the review process, young people in Year 8 onwards identified as being suitable, will be expected to be considered for Independent Travel Training. An assessment will be completed to ascertain a young person’s suitability. Top-up training will be available to support children and young people with transition when moving schools.

**g) Provision of Vehicles** - In exceptional circumstances the Council may provide a vehicle to transfer a child and young person to and from school. Vehicles and drivers are provided by a suitably qualified, registered, transport provider working to contractual standards set by the Council. All drivers will have an enhanced Disclosure and Barring Service certificate. This provision could include:

Multiple pick up Vehicles – Whenever possible, children and young people will travel together in mini-buses. These will be specially adapted to meet the needs of those children and young people travelling on them. Each route will be planned on the basis of school start and finish times and the shortest possible route for all children and young people travelling on a particular vehicle. A multiple pick up vehicle may include a Passenger Assistant to support passengers from point of handover to drop off destination. The Passenger Assistant is responsible for the safe handover to a responsible adult. Passenger Assistants will all have an enhanced Disclosure and Barring Service certificate. Parents/carers are expected to assist in taking their child to/from the vehicle.

Children and young people will be picked up and dropped off at a convenient location, within a reasonable distance from their home, in many cases from recognised bus stops. A home pick up and drop off will only be made where it is deemed essential due to the child and young person's significant needs.

In exceptional circumstances, where there are surplus places on a multi pick-up vehicle, it may be possible for parent/carers to purchase a seat for a child/young person with SEND who has not met the eligibility criteria. The cost will not be in excess of the cost of an annual travel pass. This would be subject to availability and/or change, as needs for eligible passengers take priority. A notice period, where possible, would be given, if the surplus place is no longer available.

Taxis and Private Hire Vehicles - Under very exceptional circumstances, the Council may support children and young people to access education in separate taxis or private hire vehicles based on the assessed needs of the child or young person. A Passenger Assistant will not always be necessary. Where a Passenger Assistant is not deployed, a passenger must travel in the rear of the vehicle. There is an expectation parent/carers will support their child into the rear of the vehicle. Parents/carers can act as a Passenger Assistant for their child in a taxi or a private hire vehicle (only applicable for single occupancy transport) but the parent/carer is only entitled to travel whilst the child is in the vehicle.

## **5.0 PART B**

### **Travel Support to Access Education/Training for Young People Post 16.**

#### **5.1 Introduction**

Part B applies to young people who are resident within Halton who are above statutory school age and aged over 16 but under 25. It specifically relates to young people with SEND who are unable to travel to and from education independently at the start and end of the school and college day.

The Council has a discretionary power to provide travel support to those over compulsory school age. A travel solution for attending their designated/qualifying school/college which provides the desired courses will reflect individual needs. The desired outcome of this approach is to actively encourage young people to travel as independently as possible and to develop confidence and vital travel and social

skills to support options for continuing education, training and employment thereafter.

A contribution towards the cost of a travel solution will be sought from the parent/carer and if over 18 years, the individual themselves. Charges will not exceed the cost of a bus pass for students age 17 to 25. Low income for families/young person and the likely duration of the learning will also be taken into account when determining the level of contribution and a reduced contribution will be applied.

## **5.2 Legislation and Responsibilities: Parent/Carer and Young People**

A young person must stay in some form of education or training until their 18th birthday if they were born on or after 1 September 1997.

Options are:

- Full-time education - e.g. at a school or college
- An apprenticeship or traineeship
- Part-time education or training - as well as being employed, self-employed or volunteering for 20 hours or more a week

A young person can leave school on the last Friday in June as long as they will be 18 by the end of that year's summer holidays. There is an expectation parents/carers will actively promote and support their young person to access and attend education and training.

## **5.3 Council Responsibilities**

Section 509AB(1) of the Education Act 1996 imposes a requirement that the Council should set out the extent to which the arrangements specified in the statement of SEN/EHC plan can facilitate the attendance at schools and colleges of young people with learning difficulties and/or disabilities. The 16-18 transport duty relates to young people of sixth form age with learning difficulties and/or disabilities aged up to 19. The Council also has a duty under the Education and Skills Act 2008 to encourage, enable and assist the participation of young people with learning difficulties and/or disabilities up to the age of 25 in education and training.

Children and Families Act 2014 -The Act replaces the Statement of SEN and Learning Difficulty Assessments (LDAs) for those over the age of 16 with Education, Health and Care (EHC) plans. Under the Act, the Council may continue to maintain



an EHC plan for young people over 19 if a young person requires additional time, in comparison to the majority of others of the same age who do not have SEN, to complete his or her education or training. Local authorities may continue to provide special educational provision until the end of the academic year in which the young person turns 25.

#### **5.4 Eligibility Criteria**

Travel Support may be provided for young people over 16 with an EHC plan or a Statement of SEN who are attending a full-time\* school or college course and:

- Attend a designated/qualifying school or college outlined by the Council as the appropriate establishment that meets the needs of the young person and
- A young person attends a school or college more than 3 miles from their home address

\* Full-time education for Post 16 is education undertaken in pursuit of a course, where an average of more than 12 hours per week is spent during term time.

Where the distance to be travelled is less than 3 miles, travel support will be considered, taking into account the individual circumstances and the travel needs of the young person with SEND that prevents them from accessing education or training independently.

In addition to those outlined above, there are some additional, exceptional circumstances in which travel support to access education may be given.

Specific consideration will be given to:

- A young person who has a temporary disability or illness
- A young person whose parents/carers who have their own medical needs or learning difficulties which impacts on their ability to transport the young person where necessary.

#### **5.5 Travel Support Requirements**

Travel support may be considered using supporting written evidence, (within the last 12 months), from a range of sources, for example, Education or health professionals, parents and other relevant professionals, that describes the young person as having:

- Long term severely restricted independent mobility, due to a physical disability
- Long term severely restricted independent mobility due to a medical condition resulting in severe persistent pain and/or extreme fatigue
- A sensory impairment resulting in severely restricted mobility
- Severe behavioural emotional and /or social difficulties in comparison with other young people of their age. This may be linked with cognitive ability or be as a result of a specific development disorder

This is not an exhaustive list and requests will be considered on a case by case basis. Note: “Long term” describes something that is likely to last for at least a year and in many cases for the rest of the life of the person affected.

In certain cases it may be considered that the travel solution will not cover the whole journey from home to school and an appropriate pick-up/drop off point will be identified by the Local Authority. Whether this is appropriate will be decided on a case by case basis.

It is important to bear in mind the decision to provide travel support to access education is based on the young person’s needs. When determining whether to offer travel support those factors to which consideration will not normally be given are listed as in Section 4.5. Please refer to Section 4 for the full list of Eligibility Criteria and exceptional circumstances.

## **5.6 EHC Plan Beyond the Age of 18**

Where an EHC plan is in place beyond the age of 18, applications for subsidised travel support will only be considered once funding for an education or training provision has been agreed. There is an expectation that applications must be submitted on an annual basis; at the same time as the request to extend the education and or training provision.

## **5.7 Travel Solutions**

This section outlines the travel solutions which may be provided for young people who are 16 and over who have been assessed as requiring assistance with transport. Specifically, this section of the policy relates to young people who have a Statement of SEN or an EHC plan.

If Halton Borough Council agrees to provide a travel solution to access education it will be provided in a safe and cost effective manner, taking account of young person's specific needs and having regard to the best use of the Council's resources. An initial assessment of the young person's eligibility for travel support to access education will be made by a Travel Officer from the Council. It is very important that young people and/or their parents/carers participate in this assessment to ensure the full details of the young person's circumstances are clear so the right level of support can be determined. Cases are considered on an individual basis and medical or other professional evidence may be required before support is agreed.

The Council will consider the following matters when determining appropriate travel arrangements:-

- a) Whether the young person could access education if no transport was provided:
- b) Provide reasonable opportunities for young people to choose between different establishments
- c) The distance between the home and the educational establishment/provision.
- d) The journey times to different establishments
- e) The cost of transport
- f) Alternative means of facilitating attendance
- g) Non transport solutions e.g. online courses
- h) Preferences based on religion

The Council reserves the right to assess the whole family according to their circumstances, in order to offer the most cost effective travel support, using a variety of solutions. The travel solution will be young person centred and inclusive of their needs in order to develop independence and confidence.

Taxi or minibus travel support to access education will be provided only where there is no feasible alternative.

The Council will assist young people with a travel solution at the usual times they attend the provision. The actual times will be determined on a case by case basis. For weekly and termly boarding schools, a travel solution will be identified at the

beginning and end of the week/term where young people have SEND.

A contribution to the cost of providing transport will be charged for post-16. Charges will not exceed the cost of providing a bus pass for 17-25 year olds. For low income families and those with longer durations of study, this will be reduced. Those students attending part time will also be charged a contribution on a pro-rata basis.

There is an expectation that where the young person or their parents/carers are in receipt of the higher rate of DLA, with a higher mobility element and where this has been used to hire a vehicle, the young person or their parents/carers are expected to use this vehicle to support transport to post-16 provision. If a young person or their parent/carer uses their own car, in these circumstances, they may apply for a Personal Travel Budget (PTB) from the Council.

The Council is also committed to reducing traffic congestion, improving road safety and reducing the environmental impact of vehicle journeys by promoting alternative forms of travel, such as walking, cycling and use of integrated public transport. The Council works closely with schools to develop School Travel Plans that help to achieve this aim wherever possible. In the provision of travel support to access education, the Council will consider support options for eligible children/young people that lead to reducing the number and length of vehicle journeys.

Where a travel solution is put in place and the young person fails to utilise the facility then travel support may be withdrawn. In some cases a recharge for the service may be passed onto the young person or parent/carer where there has been persistent failure to notify the Transport Co-ordination Department of non-attendance. The travel solution may be re-instated following any representations made by the parent/young person. These representations should be made to the Transport Co-ordination Department and details will be provided upon request.

The Council understands that some young people with SEND can be exceptionally unwell and in these cases once the Transport Co-ordination Department is notified of this, a service will only be temporarily withdrawn and will be reinstated once the individual is well enough to return to Education.

## 5.8 Types of Travel Solutions Provided

The nature and mode of travel support will be determined by the Council and will be one that is consistent with the Council's duty to secure Value for Money and the needs of the young person. Consent will also be sought from the parent or young person where appropriate.

**a) Bicycle** - A one off payment may be made when a child or young person, who is eligible for support under the Council's policy, would like to use or uses a bicycle to travel to school/educational provision. This solution can also include a programme of independent travel training to ensure the young person is able to safely cycle to and from provision if required.

**b) Travel Pass** -This is a free pass for use on public transport. This may also be provided for a parent/carer or another travel buddy to support the child/young person to access education.

**c) Personal Travel Budget (PTB)** – Support for meeting the costs associated with ensuring support to access education may be provided through a Personal Travel Budget. This includes a variety of flexible support options such as: access to funds for parent/carers to enable them to drop earlier and collect later, paying a family member mileage and use of a befriending service. Family based travel solutions could also be supported by a Personal Travel Budget.

**d) Supported Public Transport** - It may be possible for a child or young person to travel on public transport if the child/young person has some assistance. Where parents/carers are unable to accompany their son/daughter, the Council may provide a Passenger Assistant, befriending service and/or a travel buddy.

**e) Independent Travel Training** – Halton Borough Council provides an Independent Travel Training service for people lacking the skills and confidence to plan and undertake a journey on public transport on their own. There is an expectation that all young people will undertake an assessment in this regard. The service also trains and supports people with disabilities and learning difficulties to give them the essential skills they need to access public transport and gain independence. 'Supporting Independence' Travel Training in Halton provides help with using money, buying tickets, finding your way about, planning a journey, using buses, using trains.

A Travel Training Toolkit is also available which provides a step by step guide enabling Travel Trainers to develop tailor made, one-to-one programmes to support people to travel independently. For more information, a referral form or the Travel Training toolkit, contact Transport Co-ordination on: 0151 511 7444. Email: [transportco-ordination@halton.gov.uk](mailto:transportco-ordination@halton.gov.uk)

**f) Provision of Vehicles** - In exceptional circumstances the Council may provide a vehicle to transfer a young person to and from post 16 provision. Vehicles and drivers are provided by a suitably qualified, registered, transport provider working to contractual standards set by the Council. All drivers will have an enhanced Disclosure and Barring Service certificate. This provision could include:

Multiple pick up Vehicles – Whenever possible, children and young people will travel together in mini-buses. These will be specially adapted to meet the needs of those children and young people travelling on them. Each route will be planned on the basis of school start and finish times and the shortest possible route for all children and young people travelling on a particular vehicle. A multiple pick up vehicle may include a Passenger Assistant to support passengers from point of handover to drop off destination. The Passenger Assistant is responsible for the safe handover over to a responsible adult. Passenger Assistants will all have an enhanced Disclosure and Barring Service certificate. . Parents/carers are expected to assist in taking their child to/from the vehicle.

Young people will be picked up and dropped off at a convenient location, within a reasonable distance from their home, in many cases from recognised bus stops. A home pick up and drop off will only be made where it is deemed essential due to the young person's significant needs.

In exceptional circumstances, where there are surplus places on a multi pick-up vehicle, it may be possible for parent/carers to purchase a seat for a young person with SEND who has not met the eligibility criteria. The cost will not be in excess of the cost of an annual travel pass. This would be subject to availability and/or change, as needs for eligible passengers take priority. A notice period, where possible, would be given, if the surplus place is no longer available.

Taxis and Private Hire Vehicles - Under very exceptional circumstances, the Council may support young people to access education in separate taxis or private hire vehicles based on the assessed needs of the young person. A Passenger Assistant will not always be necessary. Parents/carers can act as a Passenger Assistant for their child in a taxi or a private hire vehicle (only applicable for single occupancy transport) but the parent/carer is only entitled to travel whilst the child is in the vehicle.

### **5.9 Other Transport Options Available**

In addition, travel support can be obtained from the Concessionary Fares Scheme operated by Halton Borough Council.

Concessionary Travel is offered to disabled people, whatever their age. Depending on individual circumstances this can be free or discounted travel on buses, and trains. More information can be obtained from Transport Co-ordination on 0151 511 7444.

## **6.0 PART C Application, Review and Appeals Processes.**

### **6.1 Formal Application for Assistance**

The parent/carer or young person **must** make a formal application for travel support to access education before any assistance is considered. Each application will be processed as quickly as possible in chronological date order of receipt. The Council may request the provision of written evidence from education specialists and/or medical experts. It remains the legal responsibility of the parent/carer to ensure that their compulsory school aged child attends school regularly. In most cases, travel support to access education will be co-ordinated by the Council's Transport Co-ordination Department. In some cases this responsibility may lie with specific named schools and/or colleges. Therefore, parents/carers and young people should check the local arrangements at their child and young person's school or college before making an application for travel support to the Council.

### **6.2 Application Overview**

The application process is designed to be as simple as possible whilst ensuring that full consideration is given to the specific needs of the child or young person. An

initial evaluation will then determine whether travel support to access education is likely to be approved. The parent/carer/young person will be informed of the outcome within 10 working days of receiving the application. Parents/carers/young person should allow up to 30 working days from the date the application was received to the start of any approved travel support to access education.

If the application form does not contain enough information to complete the initial evaluation it will be returned to the parent/carer/young person. Transport will not be considered until a fully completed form is received and assessed.

### **6.3 Application Process**

The application is dealt with in 4 stages, as set out below:

#### **Stage 1**

Parent/carer/young person completes an Application Form. This application form can be obtained from:

<http://localoffer.haltonchildrenstrust.co.uk/transport-information/>

The Council's Transport Co-ordination Department 0151 511 7444

Once this form has been completed it should be returned to:

Halton Borough Council  
SEN Assessment Team  
Rutland House  
Runcorn  
WA7 2GW

Email to: [SENAT@halton.gov.uk](mailto:SENAT@halton.gov.uk)

#### **Stage 2 – Receipt of the Application**

On receipt of the application an assessment of eligibility will be undertaken. The first part of this assessment will be based on the distance eligibility criteria and the SEN Assessment Team will confirm with Transport Co-ordination the home to school distance. The SEN Assessment Team will then assess the other information on the form. This stage will include the gathering and evaluation of written evidence and parental circumstances. It will usually include consultation with the school/college concerned, caseworkers and any other relevant specialists and the parent/carer/young person. At this stage the application will either progress to Stage 3 or be declined. The parent/carer/young person will receive a letter notifying them of the decision and the letter will outline the reasons for the decision.



### **Stage 3 – Risk Assessment of Child/Young Person’s Travel Requirements**

Once the application has been approved a Council Officer may contact the parent/carer/young person and make arrangements for a home visit. The purpose of this visit, if appropriate, would be to discuss with the parent/carer/young person the needs of the child/young person including their physical, medical, health and behavioural information. This will form part of a risk assessment which the parents/carers/young person will be asked to sign during the home visit, if appropriate. The Officer will also ask, where appropriate, the parent/carer and/or the child/young person to sign a Code of Conduct. The Transport Co-ordination Department reserves the right to withdraw the travel solution if the child/young person or parent/carer refuses to sign the Code of Conduct. The Code of Conduct will be issued to parents/carers/students at the time of application.

### **Stage 4 – Deciding on a Travel Solution**

The Council’s Special Educational Needs Team will use the information supplied on the application form to determine an appropriate travel solution, following which the necessary arrangements to implement the travel solution will be made, by the Transport Co-ordination Team.

Parents/carers and a young person should allow up to 30 working days from the date the application was received to the start of any approved travel support to access education. If the application appears likely to take longer due to specific circumstances beyond the control of the Council, the parent/carer/young person will be notified by the Council and an estimate of the actual time needed to process the application will be given.

## **6.4 Review Process**

The travel solution will be reviewed on an annual basis in order to ensure the support offered continues to meet the needs of the child/young person.

A Council Officer will contact the parent/carer/young person to arrange a home visit to review the risk assessment and child/young person’s information, if appropriate. This will include a review of the child/young person’s needs and the travel solution. At this stage alternative travel solutions may be discussed including transition to Independent Travel Training.

## 6.5 Changes in Circumstances

It is the parent/carers/young person's responsibility to inform the Council of any changes in their circumstances. A change in circumstances may mean a previously declined application may be accepted and the parent/carer/young person is able to reapply. In addition, a change in circumstances for an existing travel solution may mean the child/young person no longer meets the eligibility criteria and the travel solution could be withdrawn. The Council will decide when the withdrawal of a travel solution takes place and will take into account the term and year of education and the impact on the child/young person. Changes in circumstances include:

- A change in home address
- A move from one school to another
- Transition from primary to secondary school and transition from secondary school to college
- A change in medical and physical conditions
- A move into Local Authority care

## 6.6 Health and Safety

Whilst every effort is made to come up with a travel solution to meet the needs of a child/young person there will be circumstances when the travel solution will need to be reviewed as it is not working. Whilst acknowledging the impact of their SEND on the behaviour of some children and young people, where a child/young person's conduct compromises the safety of anyone travelling with them, the Council reserves the right to suspend or withdraw the travel solution.

There is an expectation that the parent/carer and/or the child/young person will sign a Code of Conduct. The Transport Co-ordination Department reserves the right to withdraw the offer of a travel solution if the child/young person or parent/carer refuses to sign the Code of Conduct. A travel solution will be withdrawn if for example, but not limited to:

- It is felt that the child or young person has the capacity to learn from this sanction and a 'cooling off' period would be beneficial
- The child or young person's continued presence in a vehicle (where this is the travel solution) presents an unacceptable risk to the health or safety of themselves or others

The Council reserves the right to immediately withdraw a travel solution if the severity of the incident is such that withdrawal is necessary to ensure that the duty of care for the child/young person or other children/young people and staff is maintained. Parents/carers will be expected to ensure their child's and young person's continued attendance at school when a travel solution is withdrawn.

Analysis of the risk will be made of any given incident and the following procedures will be put in place:

- On issue of the first suspension the case will be reviewed on an individual basis
- A second issue of suspension may be given, if once travel support resumes, improvements are not maintained
- At the issue of a third suspension and upon consideration of all circumstances, the existing travel solution will be reviewed and may be removed. A new solution will be offered following discussion with Council officers and the child/young person's family.

## **7.0 Curriculum Travel During the School Day**

There is no duty on the Local Authority to provide transport for curriculum activities or for travel between different educational establishments during the course of the school day. It is the responsibility of the individual schools, institutions and education providers to organise and provide pupil's transport for curriculum activities during the school day. In all cases it is the responsibility of parents/carers to ensure their child's safe and secure travel to and from school. Parents/carers are responsible for their children until they are received on school premises and the parent/carer has left the school.

## **8.0 Change of Address**

If a pupil changes home address their entitlement to assisted school transport will be reassessed on the basis of the eligibility criteria. When pupils leave the Borough any travel passes issued by the Council must be returned. The Council will make a charge for a replacement travel pass in the event of the pupil/young person misplacing or losing their pass.

## **9.0 Temporary Relocation**

In exceptional circumstances, travel assistance will be offered to and from school for pupils who have been temporarily relocated which causes them to become eligible in accordance with the criteria detailed above. For example, if relocated due to being part of witness protection scheme, place of safety from domestic violence, family home uninhabitable due to natural disaster (e.g. flooding).

## **10.0 Shared Care Arrangements**

Where there is a formal shared care arrangement in place and both parents have care of the child(ren) for part of the week, then home to school transport will only be provided from the address(es) where the child would meet the criteria of being an “eligible child”.

## **11.0 Safeguarding**

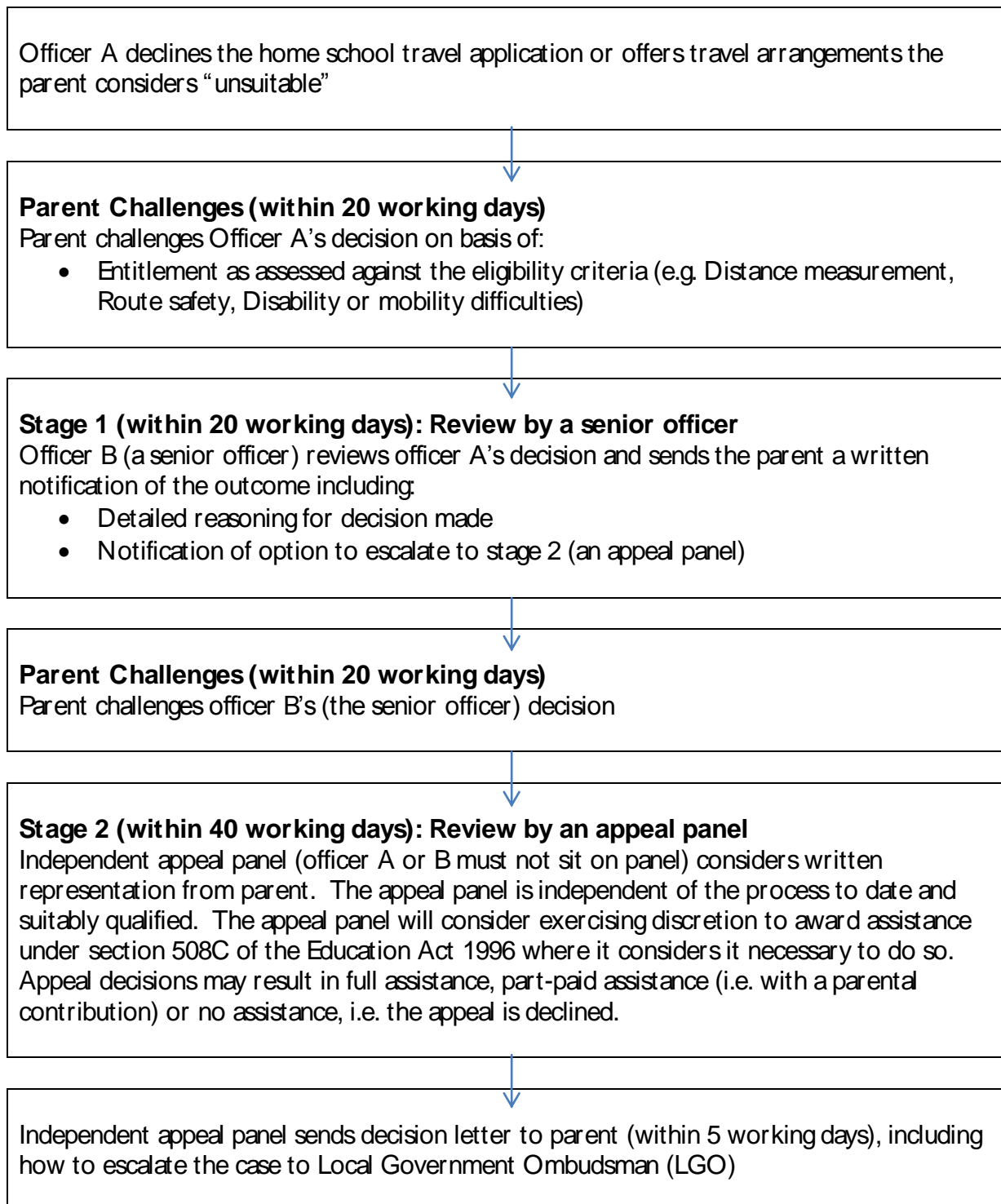
In the unlikely event that a child in receipt of assistance with transport is taken home at the agreed time and no-one is at home to receive the child, a formal agreement is in place between the Special Educational Needs Team and Children’s Centres in the event of a parent/carer not being available when the driver initially returns the child home. The child(ren) will be taken to a Children’s Centre as determined by the Council, and the parent/carer will be expected to collect their child from the relevant centre. This arrangement may incur a charge to cover the cost of staff time for remaining with the child. Obviously this matter will then be treated as a safeguarding issue and the relevant agencies advised, and may lead to a review of transport provision.

## **12.0 Children attending pre/after school activities**

This Policy does not cover parents/carers whose children attend pre/after school activities. Parents/carers will need to make their own arrangements in this regard.

## 13.0 Appeals Process

### Assisted Travel Appeals Process



#### Notes:

- Officer A refers to the assessing Officer in the Council’s Transport Co-ordination Department
- Officer B refers to the Council’s Lead Officer, Transport Co-ordination
- Independent Appeal Panel refers to the Operational Director – Education, Inclusion & Provision, and Portfolio Holder for Children and Young People.

#### **14.0 Local Government Ombudsman**

A complaint to the Local Government Ombudsman can be made by the parent/carer/young person only if there has been a failure to comply with the procedural rules or there has been maladministration of the policy.

Telephone: 0300 061 0614.

Alternatively, you can write to: The Local Government Ombudsman PO Box 4771  
Coventry CV4 0EH

Fax: 024 7682 0001

You can also text 'call back' to 0762 481 1595.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 April 2017
<b>REPORTING OFFICER:</b>	Director of Public Health, Halton Borough Council and Director of Commissioning, Halton CCG
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Health and Wellbeing Strategy
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide members of the Executive Board with the final version of the One Halton Health and Wellbeing Strategy (2017-2022).

**2.0 RECOMMENDED: The Executive Board is asked to ratify the One Halton Health and Wellbeing Strategy (2017-2022) and support the development of Action Plans for the identified priorities.**

## 3.0 SUPPORTING INFORMATION

3.1 The One Halton Health and Wellbeing Strategy is an overarching strategy to improve health in Halton. The new Strategy will build upon the successes of the previous strategy and outlines the key priorities the Health and Wellbeing Board will focus on over the next five years (2017-2022). The refreshed Strategy is attached to this report as Appendix A.

3.2 The Strategy aims to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them. The One Halton Health and Wellbeing Strategy will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

3.2 The new Strategy provides:

- An overview of One Halton.
- Principles of how we will work together.
- A joint vision, new priorities and how and why these were chosen,
- An updated health and wellbeing profile for Halton.

- An outline of the progress made since 2013 and the challenges that remain.
- Examples of innovative work already being undertaken within Halton that take a place based approach, working with local people and using local assets e.g. Well North, Healthy New Towns.
- What we will do as a system at scale to make a difference.
- How we will measure success.

### **Strategy Development**

- 3.3 The Strategy has been developed using a partnership approach and was developed by a multi-agency steering group. The group was co-chaired by the Director of Public Health and Director of Commissioning for NHS Halton CCG it included membership from NHS Halton CCG, Health Watch, Halton & St Helens Council for Voluntary Services, HBC Children's Services, HBC Adult Social Care, HBC Public Health and a representative of the public.
- 3.4 We believe that success in delivering against the Strategy can only be achieved by working in partnership with local people. Therefore, in developing the new Strategy we have consulted with a wide range of Halton residents to ensure that the principles and priorities are reflective of the experience and needs of our local communities. Engagement was undertaken by the voluntary sector, Health Watch and One Halton portfolio directors using pre-existing networks and forums for engagement e.g. Halton Peoples Health Forum. The feedback received has been used to inform the new One Halton Health and Wellbeing Strategy.

### **The One Halton Health and Wellbeing Strategy: Priorities**

- 3.5 Available evidence of health needs has been used to identify issues of particular significance for the borough. The priorities are backed by a strong evidence base considering the local JSNA, Right Care benchmarks and performance against the range of national and local targets. They include:
- Children and Young People: improved levels of early child development
  - Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol
  - Long-term Conditions: reduction in levels of heart disease and stroke
  - Mental Health: improved prevention, early detection and treatment
  - Cancer: reduced level of premature death
  - Older People: improved quality of life



### **Principles of Working Together**

- 3.6 Through signing up to deliver this One Halton Strategy we are jointly:
- Taking **ownership** of where we are now. We all recognise progress has been made but that there is more work to do.
  - Being **responsible** for delivering on the agreed priorities and actions set out within this strategy.
  - Making a **commitment** to make things better. For us to be successful all partners in Halton need to play their part including our local people.
  - Being **accountable** for developing systems that deliver more joined up approaches to delivering services
- 3.7 The Strategy recognises that we will only be successful if all partners (including local people) play their part. The Strategy therefore outlines agreed principles of how we will work together. In order to deliver the One Halton Health and Wellbeing Strategy all partners will work in the following ways:
- Engage with and understand the needs of our local communities.
  - Intervene early to prevent ill health.
  - Early identification and support for clinical conditions.
  - Skills developments to ensure people have the confidence to manage their own health and wellbeing.
  - Ensure people are at the centre of planning and delivery of services.
- 3.8 The Strategy will help us to: Build a social movement, Reduce variation in care across the borough and compared to England, Identify and further develop community advocates and champions, Develop a wide range of on-going community conversations, Reduce unnecessary demand and help focus services on those most in need, make the most of 'back office' services to increase efficiency.

### **Governance Structure**

- 3.9 A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term. Objectives developed will be *SMART*.
- 3.10 Once approved the final version of the Strategy will be shared with all key partners (including local people) and will be available online.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The One Halton Health and Wellbeing Strategy will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 No additional funding required. However the strategy will inform future activity and spending across the system.

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

##### **6.1 Children & Young People in Halton**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The Health and Wellbeing Strategy will include child development as a priority.

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

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

##### **6.3 A Healthy Halton**

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

##### **6.4 A Safer Halton**

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

##### **6.5 Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

#### **7.0 RISK ANALYSIS**

- 7.1 Developing the Health and Wellbeing Board Strategy does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

**8.0 EQUALITY AND DIVERSITY ISSUES**

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

**9.0 REASON(S) FOR DECISION**

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The current Health and Wellbeing Strategy expired in 2016 a refreshed Strategy is therefore required to outline how Health and wellbeing board members will collaborate to deliver more joined-up services in the future. The Executive Board is therefore asked to ratify the One Halton Health and Wellbeing Strategy (2017-2022).

**10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

None.

**11.0 IMPLEMENTATION DATE**

April 2017.

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

None

# One Halton Health and Wellbeing Strategy

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2017-2022



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## Councillor Rob Polhill

### Leader of the Council and Chair of the Health and Wellbeing Board

Welcome to our ***One Halton Health and Wellbeing Strategy***.

The new One Halton Health and Wellbeing Strategy 2017 – 2022 is an overarching strategy to improve health in Halton. It has been jointly developed after consultation with Halton Borough Council, NHS Halton Clinical Commissioning Group, the voluntary sector, Community Health Services, Health Watch, the blue light services, housing and local community groups.

Our first Health and Wellbeing Strategy 2013 - 2016 provided us with an excellent platform to take forward our good track record of partnership working. It enabled us to focus extra effort on a few key health challenges for local people. The new strategy seeks to build on this work so improving health is embedded in all our systems and within the local community.

Through the One Halton model, that engages local people and all partners, we propose that we start now to radically change the way we do things so that by 2022 fewer people will be suffering from poor health. Effective prevention and early action can deliver a 'triple dividend' by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy. We will take a whole systems approach and focus on people and places. We know that people who have jobs, good housing, meaningful activities and are connected to families and community feel, and stay, healthier. We will work at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

We will work across the life course with identified and agreed priorities in each age group. As we go through the next five years and achieve our ambitions in those priorities we will then review our strategy and replace that priority with a new one.

With Halton's strong commitment to good health for all, integrated partnership, joint budgets, collaborative design, good quality and innovative services I am sure we can achieve our ambition.



Cllr Rob Polhill



**Our vision:** One Halton working together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives

## Our priorities 2017-2022:



**Children and Young People: improved levels of early child development**



**Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**



**Long-term Conditions: reduction in levels of heart disease and stroke**



**Mental Health: improved prevention, early detection and treatment**



**Cancer: reduced level of premature death**



**Older People: improved quality of life**

## Our priorities contribute to our shared outcomes:

- More Halton children do well at school by reaching a good level of development educationally, socially and emotionally.
- Healthy fit workforce to drive economic prosperity with fewer people suffering long term conditions from the age of 50.
- More people will be supported to stay well and live independently for as long as possible.
- People lead full, active lives using a wide range of facilities within local communities including good quality housing, parks, arts and cultural facilities, leisure services and safe cycling routes.
- Reduced demand on services, improved quality and access.
- More efficient use of financial resources.

## Delivering this Strategy

Ultimate responsibility for the implementation of the Strategy lies with the One Halton Health and Wellbeing Board, however, in order to deliver our vision and priorities we need everyone who lives and works in Halton to take an active role. We are passionate about improving the health and wellbeing of people living in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in achieving this goal.

The One Halton Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

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

Ultimate responsibility for the monitoring of the implementation of the Strategy lies with the Health and Wellbeing Board who are accountable to the public.

A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term.



The One Halton Health and Wellbeing Strategy is our borough based plan to improve the health and wellbeing local people, their families and communities. This includes all people who live and work in Halton regardless of their age, gender, ethnicity, sexuality or occupation.

Our collective principles are that Halton people live healthy lives in vibrant communities; there is a fundamental change towards people managing their own health through the development of local care organisations that are mostly in the community with hospitals only used for specialist care. Hospitals will work together so everyone can benefit from high standards of specialist care and we will share clinical and non-clinical functions across lots of organisations.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them. We want to support people to stay well in their homes, in particular to avoid crises of care that can result in hospital admission. General practices will support and empower individuals and communities by promoting prevention, self-care, independence and resilience. We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.



Through signing up to deliver this One Halton Strategy we are jointly:

- 🎯 Taking **ownership** of where we are now. We all recognise progress has been made but that there is more work to do.
- 🎯 Being **responsible** for delivering on the agreed priorities and actions set out within this strategy.
- 🎯 Making a **commitment** to make things better. For us to be successful all partners in Halton need to play their part including our local people.
- 🎯 Being **accountable** for developing systems that deliver more joined up approaches to delivering services.

Halton has a vibrant and an active, participative, General Practice community. We have 16 practices all of whom are involved and engaged in the development of the Halton Vision and General Practice Forward View. We are extremely proud of the progress we have made and the commitment from our partners to continuously improve the health and wellbeing of the population of Halton.

With our members we commit to delivering better care, better health and better value; investing in a sustainable provider landscape within a system that holds everyone to account.

Our vision as set out within our GP strategy is about “Involving everybody in improving the health and wellbeing of the people of Halton” with key values focused on People, Partnership, Openness, Caring, Honesty, Leadership, Quality and Transformation. Our commitment is to stabilise general practice, develop teams and partnerships, transform services and invest primary care.



As outlined we will only be successful in delivering this strategy if all partners (including local people) play their part. We have therefore agreed principles of working together. In order to deliver the One Halton Health and Wellbeing Strategy all partners will work in the following ways:

- Engage with and understand the needs of our local communities
- Early intervention to prevent ill health
- Early identification and support for clinical conditions
- Skills developments to ensure people have the confidence to manage their own health and wellbeing
- Ensure people are at the centre of planning and delivery of services
- Work with local primary care, community and hospital providers to deliver accountable care
- Engage with and include the voluntary and third sector in all programmes

In order to do this we need to:

- Engage with people to better understand their motivation and offer options
- Work as integrated teams
- Ensure consistent communications across health and care providers
- Find or identify those people who do not access care
- Provide the very best in care, now and in the future
- Act as advocates for policies that reduce health inequalities
- Consider the impact of poverty and how this can be tackled
- Use innovative solutions, such as digital applications, to provide care and information

## This will help us to:

**Build a social movement**

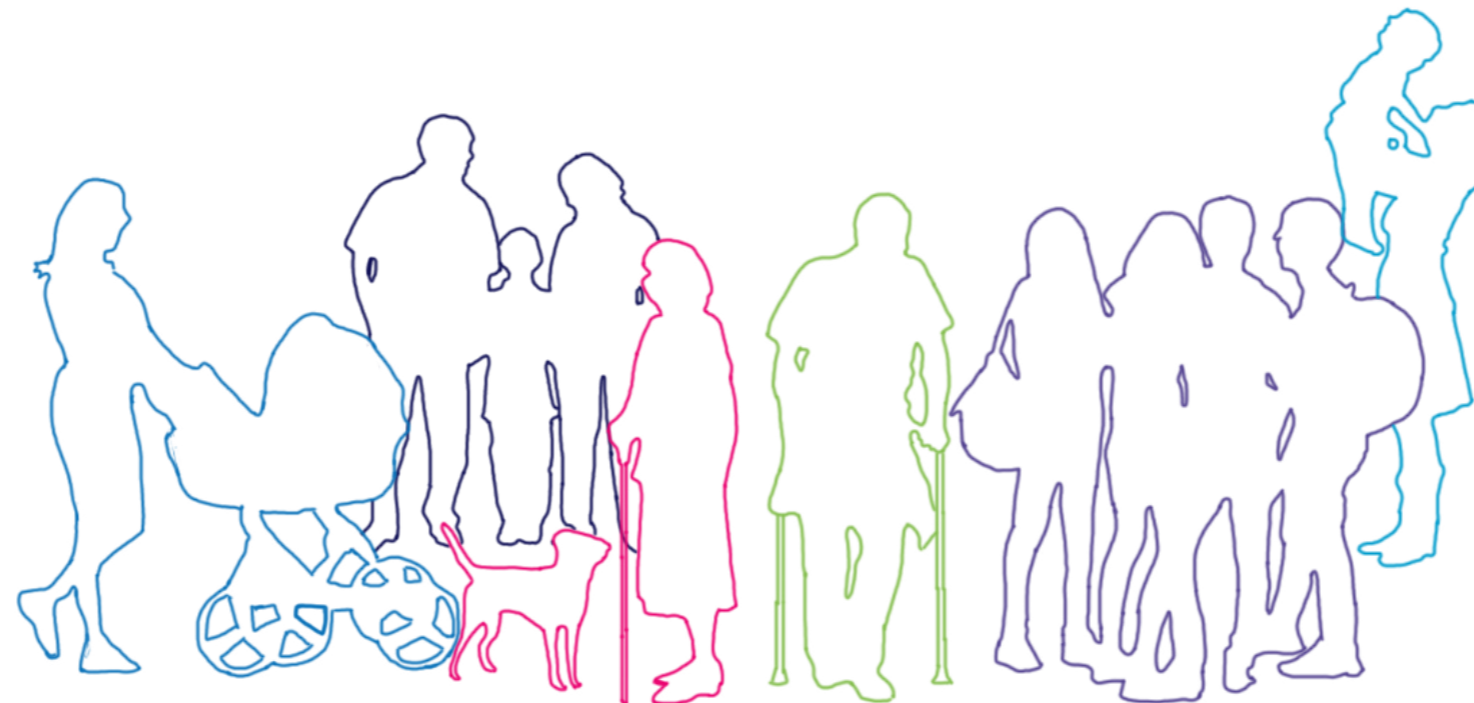
**Reduce variation in care across the borough and compared to England**

**Identify and further develop community advocates and champions**

**Develop a wide range of on-going community conversations**

**Reduce unnecessary demand and help focus services on those most in need**

**Make the most of 'back office' services to increase efficiency**



In Halton we have a good track record of partnership working to improve health and wellbeing. The Halton Health and Wellbeing Board was established in 2013 and one of its first actions was to develop a Health and Wellbeing Strategy to improve the health of the local population.

Halton's first Health and Wellbeing Strategy covered the period 2013 to 2016 and set out the vision for Health and Wellbeing in Halton. The Strategy was the overarching document for the Health and Wellbeing Board outlining the key priorities the Board has focussed on over the past three years.

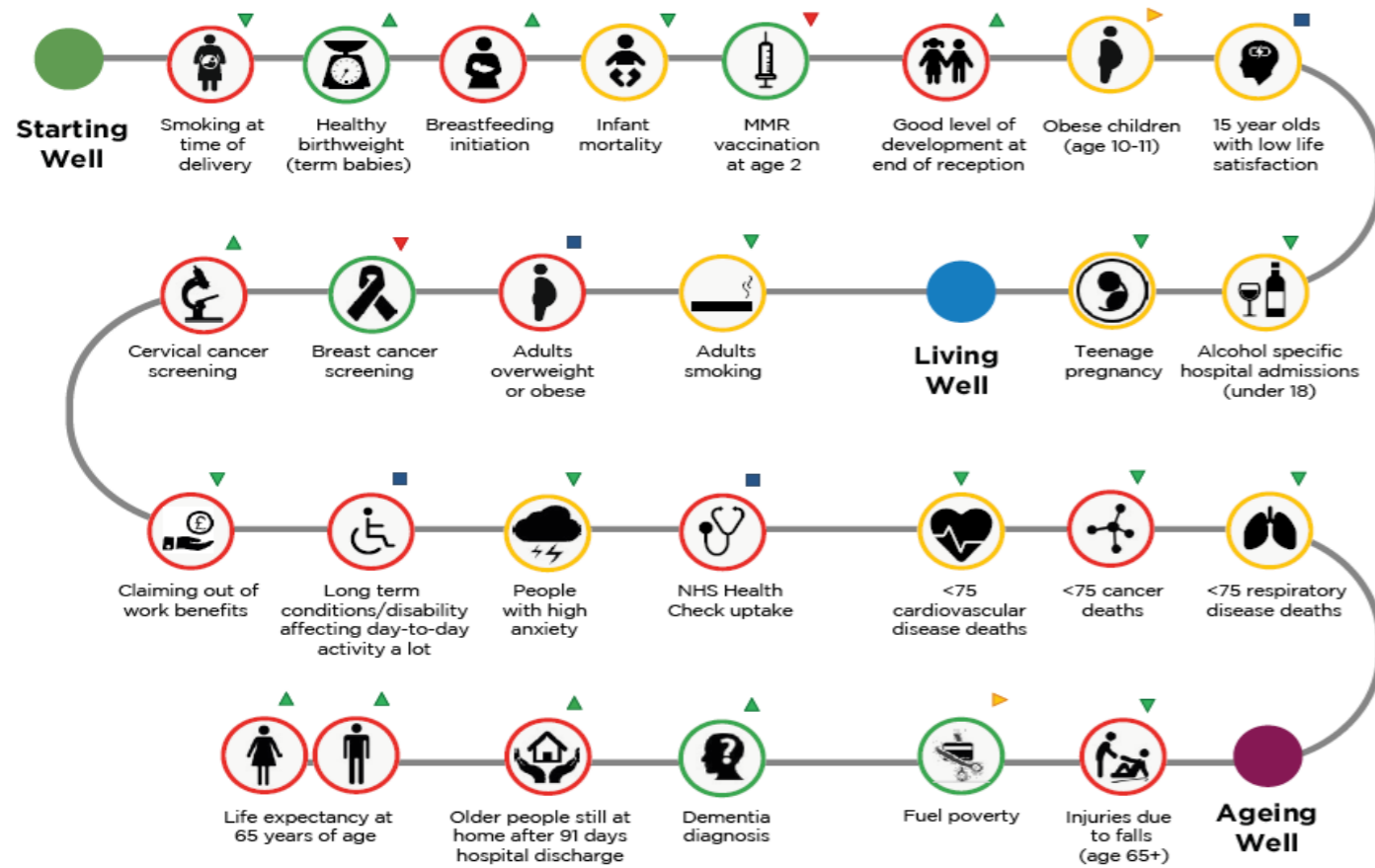
We are pleased to report that good progress has been made against the original priorities, including:

- An increase in the number of children achieving a good level of development by the end of reception
- A reduction in the number of young people admitted to hospital due to drinking alcohol
- An increase in early diagnosis of cancer and cancer deaths reducing
- Extra investment in falls prevention services
- A major review of child and adult mental health services in Halton

Full details of the progress made against the original priorities are outlined in Appendix 1



## A comparison to the North West



### HALTON FACTS

#### Population

About **126,350** people live in Halton.  
By 2030, this is projected to change:

age 0-18	↓ 3.7%
age 19-6	↓ 47.6%
age 65+	↑ 46.4%

#### Deprivation

**48%** of Halton's population live in the top **20%** most deprived areas in England.

#### Child Poverty

**24.5%** of children aged 0-15 live in poverty in Halton

### KEY

#### Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- No Comparator

#### Statistical significance to North West

- Better
- No different
- Worse

# How did we decide on our priorities?

The new One Halton Health and Wellbeing Strategy needs to reflect current priorities from elsewhere in the system whilst maintaining a local focus that is evidence based and reflects local people's views. Since 2013 when first strategy was published there have been significant developments within the policy landscape. The new strategy is aligned with developing system level plans across Local Authorities and the NHS.

The priorities are backed by a strong evidence base considering the local Joint Strategic Needs Assessment, NHS benchmarking and performance data against the range of national as well as local targets. They cover the two biggest killers locally as well as issues that reduce the quality of people's lives. We have listened to our local communities in deciding both the priorities themselves and some of the key actions needed. We have also chosen the priorities based on where we believe we need to enhance current activity.

One Halton priorities have been developed using the following approach:

- Engagement – with GPs, partners and providers as well as patients and public – this is the research phase to ascertain what needs to change and how it can change. This stage lays the foundations for the programme and determines effective buy-in
- Consultation – once firm plans are in place, the CCG will consult with all stakeholders on plans before they are approved and implemented
- Informing – targeted communication will run through the entire programme to ensure all stakeholders are kept informed at every stage of the programme

For this strategy further consultation has been undertaken by One Halton portfolio directors using pre-existing networks and forums for engagement e.g. Halton Peoples Health Forum. For each priority a set of key actions were identified. There was wide spread community support for all the key actions we had identified as being needed to tackle each priority.

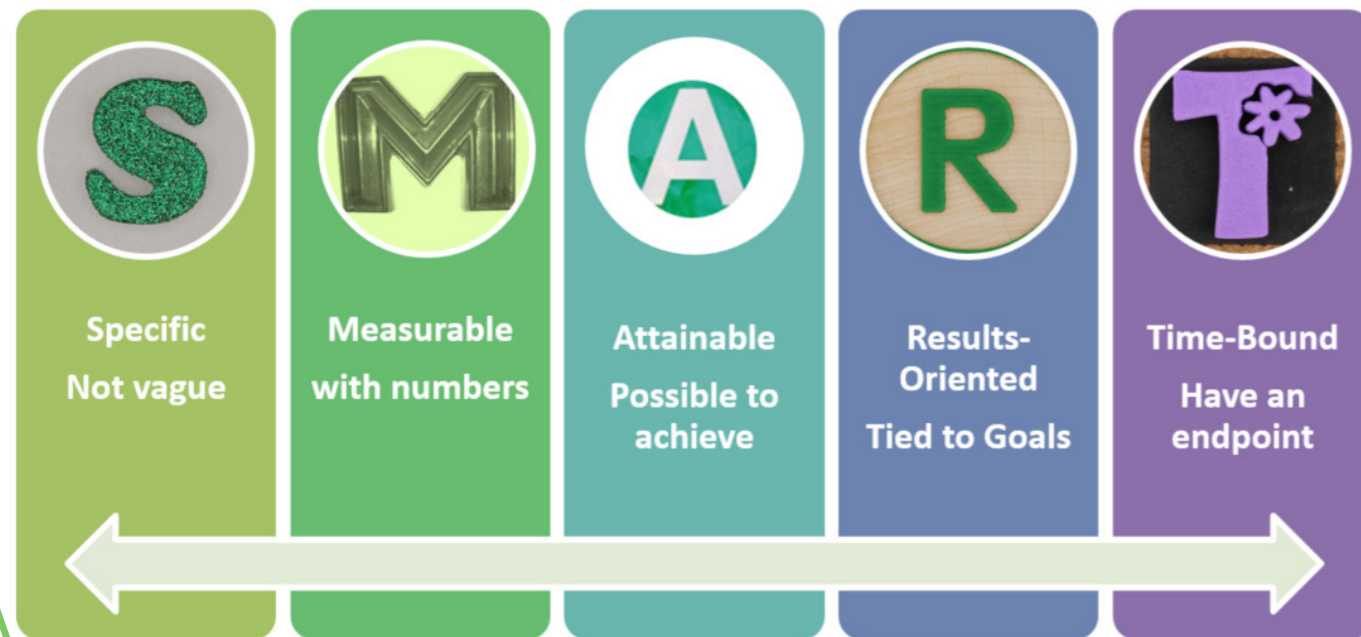
A fuller 'Story behind each of the priorities' is covered over the next few pages.



# How will we know if we have been successful?

A governance structure and One Halton priority groups will oversee the development and delivery of these priorities. Each group will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise prevention and early intervention, provide high quality treatment based on need and supports people in both the short and long term. Objectives developed will be **SMART**.

A **SMART** objective is:



Ultimate responsibility for the monitoring of the implementation of the Strategy lies with the Health and Wellbeing Board who are accountable to the public.



# The Story behind the priorities

## Improved levels of early child development

### What is the issue?

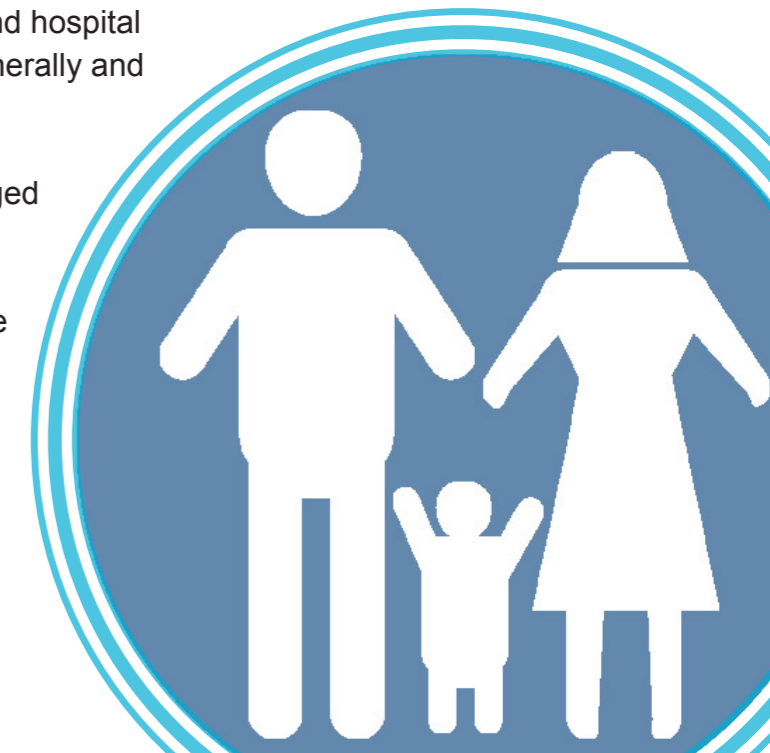
- By 3 years of age children in families living below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above the poverty line.
- Activities such as daily reading, regular bedtimes and library visits can improve cognitive development
- Despite improvements, 2016 data shows Halton still has one of the lowest percentage of children achieving a good level of development at age 5 in England: 61.9% of Halton children compared to 66.7% for England
- Accidental injury levels are higher than nationally at 180.1 per 10,000 Halton children aged 0-4 years of age compared 129.6 per 10,000 in England

### 3 Key actions partners and the public feel are important

- Enhancing school readiness programmes.
- Additional action to prevent child accidents.
- Expanding parenting programmes and local Home Start schemes.

### Outcomes: what would success look like?

- Improvement in the percentage of children achieving a good level of development at age 5.
- Reduction in Child poverty levels.
- Reduction in percentage of women smoking at time of delivery.
- Increased percentage of women breast feeding (initiation and at 6-8 weeks).
- Reduction in the rate of A&E attendances and hospital admissions amongst those age under 5 (generally and due to accidents).
- Reduction in under 18 conception rates.
- Increased reading skills in primary school aged children.
- Increased influenza vaccination uptake amongst pregnant women and young people aged under 5.
- Increased reading skills in primary school aged children.



# Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol

## What is the issue?

- Obesity levels in early childhood and in adults are above the national level with 11% of 4 and 5 year olds and 31% adults obese.
- There are clear links with heart disease, stroke, cancers, respiratory and dementia
- Only 45% adults eat at least 5 portions of fruit & vegetables per day and less than half (48%) take enough exercise. Levels of exercise are lower than England (57%) and are especially low amongst women
- There have been significant improvements in the level of hospital admissions due to alcohol, especially for those aged under 18. However, levels remain higher than nationally for both under 18s and amongst the whole population: under 18s 48.6 per 100,000 in Halton compared to 36.6 per 100,000 for England with 805 per 100,000 all age in Halton compared to 641 per 100,000 for England as a whole

## 3 Key actions partners and the public feel are important

1. Mapping the public's access to fresh food.
2. Enhancing the infant feeding programme.
3. Promoting women's exercise programmes.

## Outcomes: what would success look like?

- Increased percentage of children and adults achieving recommended levels of physical activity
- Increased percentage of children and adults meeting the recommended '5-a-day' of fruit and vegetables on a 'usual day'
- Reduced levels of children and adults who are overweight and obese
- Reduced rates of hospital admissions due to alcohol for those aged under 18
- Reduced overall rates of alcohol-related hospital admissions
- Reduced death rates due to alcohol-related liver disease



# Long term conditions: heart disease and stroke

## What is the issue?

- Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension (high blood pressure) where only about 61% of Halton people thought to have the condition are diagnosed.
- Death rates from heart disease continue to fall but remain the second single biggest killer in Halton. The borough still ranks one of the lowest in England: ranks 126 out of 150 local authorities for heart disease and 111 out of 150 local authorities for stroke (where 1 is the best and 150 the worst).
- Smoking prevalence has reduced to 20.1% but this is still higher than the England average of 6.9%.

## 3 Key actions partners and the public feel are important

1. Screening in the community for atrial fibrillation (irregular heartbeat).
2. Enhancing early diagnosis of heart disease and self-care programmes.
3. Increasing screening for hypertension (high blood pressure) in community pharmacies, general practice and other community settings.

## Outcomes: what would success look like?

- Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups
- Increase the percentage of adults who undertake recommended levels of physical activity and eat at least five portions of fruit and vegetables per day.
- Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.
- Reduce the level of hospital admissions due to heart disease, stroke and hypertension.
- Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.



## What is the issue?

- 1 in 4 people attending their GP seek advice on mental health problems
- Levels of hospital admissions due to self-harm are significantly higher than England, 307.4 per 100,000 compared to 191.4 per 100,000 for England
- 8,365 (8.4% of patients aged 18+) are diagnosed with depression, a higher rate than the England average.
- 30% of people with dementia are not diagnosed.
- Many social factors make children more at risk of development mental health problems. Halton has poorer outcomes than England for many of these and an estimated 10.2% of 5-16 year olds with mental health problems

## 3 Key actions partners and the public feel are important

1. Review the current Child and Adolescent Mental Health Services
2. Enhancing services for adults with personality disorders
3. Redesigning adult mental health services

## Outcomes: what would success look like?

- Improved diagnosis rate for common mental health problems and dementia
- Reduced level of hospital admissions due to self-harm
- Improved access to talking therapy services and increased percentage completing treatment and percentage recovery
- Improved overall wellbeing scores and carers' wellbeing scores
- Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population)
- Increased percentage of care leavers with good mental health



## What is the issue?

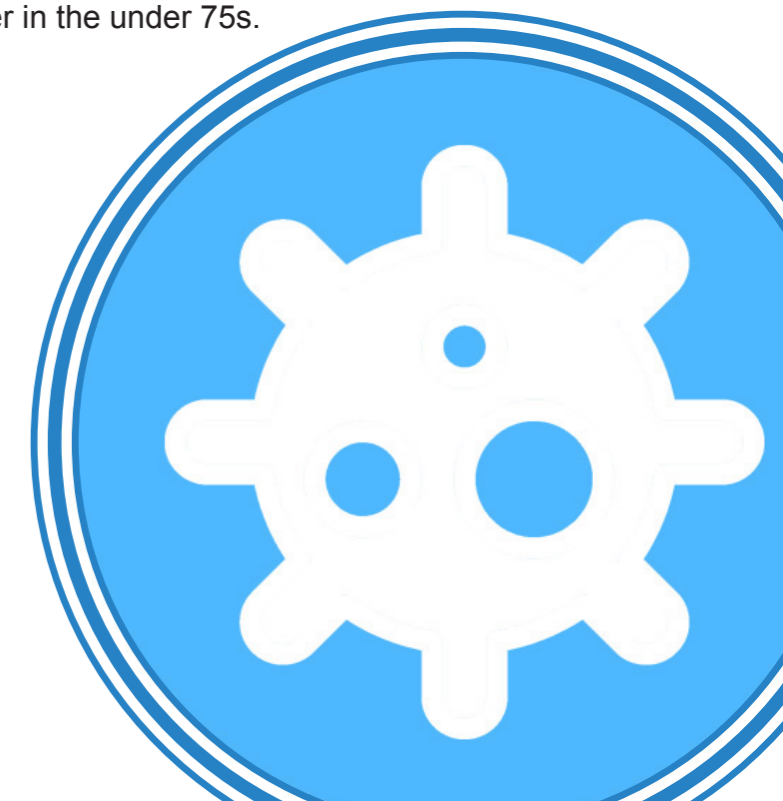
- Death rates remain some of the highest in the country with Halton ranking 142 out of 150 local authorities. It is the single biggest cause of death locally
- The rate of new cancers per year (incidence) is highest for lung (121.5 per 100,000 Halton compared to 79.8 for England), bowel (82.5 per 100,000 compared to 72.9 for England) and breast (187.8 per 100,000 compared to 169.9 for England).
- Smoking rates have been falling but remain above the national average, 20.1% of Halton adults smoke compared to 16.9% for England.
- The proportion of cancers caught early has been rising and is similar to the England average at 51.5%.
- Cancer screening rates have improved but are still lower than nationally. This is especially so for bowel screening uptake which is 50.1% in Halton compared to 57.6% for England

## 3 Key actions partners and the public feel are important

1. Enhancing the public awareness of early detection programmes.
2. Developing a new Tobacco Control Strategy and Action Plan.
3. Enhancing support for bowel screening to improve uptake.

## Outcomes: what would success look like?

- Reduced smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.
- Increased uptake of breast, cervical and bowel screening.
- Improved percentage of cancers detected at an early stage
- Improved cancer survival rates (1 year and 5 year).
- Reduction in premature death due to cancer in the under 75s.



# Improved quality of life for older people

## What is the issue?

- Halton has a higher than average aging population and this trend will continue. The 65+ population increased by 3% between 2001 and 2011 compared to a 1.6% increase across England as a whole
- Compared to the national average Halton men aged 65+ live 1.4 years less than men across England as a whole with Halton women living 2.3 years less.
- Halton women spend 50.6% of their lives disability free. The figure for men is 51.3%. This compares to the England averages of 53.2% for women and 57% for men
- The numbers with dementia increased from 634 in 2010/11 to 934 in 2015/16. It is predicted this rise will continue
- Older people are concerned about remaining healthy, independent and connected to others
- The service older people most frequently cite as being of concern to them is transport

## 3 Key actions partners and the public feel are important

1. Marketing campaign on how to prevent loneliness.
2. Develop an older people's transport group.
3. Develop a directory of services for older people.

## Outcomes: what would success look like?

- Increased life expectancy at age 65
- Increased disability free life expectancy at 65
- Improved access to transport
- Reduced levels of loneliness
- Reduction in level of hospital admissions due to falls and hip fractures
- Increased uptake rates for Influenza, pneumococcal and shingles vaccination
- Reduction in permanent admissions to residential and nursing homes



# Example of how we are already working as “One Halton”

## Case study 1: Well North: Well Halton

A Department of Health response to the Due North Report published in 2014 which highlighted the disparity in health outcomes between the north and the south of England. Well North's goals are to :-

- address inequality by improving the health of the poorest, fastest
- increase resilience at individual, household and community levels
- and reduce levels of worklessness, a cause and effect of poor health

The programme must be delivered the most deprived 10% of areas in the country. Well North seeks to make visible previously invisible at-risk people and attempt to solve, rather than manage, their illnesses and anxieties. Underpinning Well North is the recognition that for health inequalities to be addressed effectively, interventions must be built on developing community based programmes, which enable empowerment, control, self-determination and the freedom to lead lives that people have reason to value. Halton's approach is centred on three hubs:

1. Windmill Hill – building on community assets to support a bottom up approach for an Intergenerational Family Centre with Multidisciplinary teams, including a long term solution of access to medical services.
2. Halton Brook – building on a well-established community sector and multiple physical assets which lacks the expertise to capitalise on these in a way that will make them sustainable.
3. Well Widnes (Virtual Community Health Hub) – Building opportunities to create “start up and support” business models in the wards of Kingsway and Ditton between the public, private and voluntary, community and social enterprise (VCSE) sector to design, implement and govern a potential community Hub to stimulate entrepreneurship to improve the health and wellbeing of our local population.



### Case study 2: Healthy New Towns

Halton's Healthy New Town (Halton Lea) is all about people and community. People's needs and desires for a better environment, better housing and healthy community living. Our aim is to achieve this by designing-out elements which contribute to local poor health and designing-in better information, technology and services that promote health and wellbeing. To achieve all of this our immediate priorities and aims are:

1. To develop a Masterplan for the Healthy New Town project: This will involve a regeneration of the current hospital site and the derelict buildings adjacent to Runcorn Shopping Centre
2. Focus on Runcorn Shopping Centre (RSC): Halton Lea will not just be a place to shop, but a meeting place for health and social care knowledge exchange, local presentations, information about training and local employment as well as social interaction. We will link the RSC with the hospital site, multidisciplinary teams and the Halton Lea community via 'Community Navigators'
3. Halton Hospital site: We aim to reduce health inequalities and create a better community where people can access health and social care services more easily. This will improve their quality of life and wellbeing
4. Digital Technology as a cross-cutting theme: This will be a cross-cutting theme. Our aim is to link the Hospital site, Runcorn Shopping Centre and the Halton Lea community digitally. This will allow people to have access to services and information wherever they happen to be. We will continue to explore digital solutions to help support self-management, particularly among those with long-term conditions living at home



## Members of the One Halton Health and Wellbeing Board



Priority	Some key actions delivered during the 2013-16 strategy lifetime	What impact has this had	Why it remains a priority or not
<b>Alcohol</b>	<ul style="list-style-type: none"> <li>Alcohol Strategy developed</li> <li>Public Health Annual Report on Alcohol showcased local action</li> <li>Halton chosen by the Home Office to be a Local Alcohol Action Area</li> </ul>	<ul style="list-style-type: none"> <li>Hospital admission rates for under 18s have been falling. Halton levels are now similar to England and lower than the North West rate</li> <li>Alcohol related admissions amongst adults have also been falling, closing the gap. However, Halton rates remain higher than England</li> </ul>	<p>The partnerships we have developed and the actions plans they have been implementing are now well established. These will continue. This means we no longer need to keep Alcohol as a local priority.</p>
<b>Cancers</b>	<ul style="list-style-type: none"> <li>New cancer strategy developed</li> <li>Halton Action on Cancer partnership established</li> </ul>	<ul style="list-style-type: none"> <li>Cancer incidence increasing and now higher than England level</li> <li>Screening uptake remains lower than England</li> <li>increase in percentage of cancers diagnosed at an early stage with levels similar to England</li> <li>Cancer death rates under 75 years continue to fall. However, some increases recently, including cancer deaths considered preventable</li> <li>HPV vaccination rate higher than England and North West.</li> <li>Smoking prevalence decreased amongst adults as a whole and for routine and manual workers. However, the gap remains. Figures for 2015 also show an increase from the downward trend</li> </ul>	<p>We continue to strive towards improving preventative action, early detection and treatment. There have been some significant gains such as reduced smoking prevalence and increased survival rates. However, as Halton still ranks as amongst one of the poorest areas for cancer outcomes (primarily death rates under age 75) we need to keep a focus on cancers.</p>
<b>Child Development</b>	<ul style="list-style-type: none"> <li>Early years strategy developed</li> <li>New partnership group established to oversee its implementation</li> </ul>	<ul style="list-style-type: none"> <li>Infant death rates as well as healthy weight at birth and obesity of Year 6 children have all been improving and are now similar or better than the England average</li> <li>Both smoking at time of delivery and breast feeding initiation rates are worse than the England average. However, there have been improvements in both indicators</li> <li>Obesity levels at Reception age remains higher than England</li> <li>Improved proportion of children achieving a good level of development at end of reception ('school readiness'): 37% in 2013 to 61.9% in 2016. However, there remains a substantial gap between Halton and England</li> <li>Child poverty was 25.9% in 2011 and fell to 23.6% in 2013</li> </ul>	<p>As the data shows we have made improvements in many outcomes for young children. The main indicator being used to judge the success locally, 'the proportion of children achieving a good level of development at the end of reception' has improved. However, we recognise our progress has been slow compared to some similar boroughs. As such we need to maintain a focus on this work.</p>
<b>Falls amongst older people</b>	<ul style="list-style-type: none"> <li>Falls Strategy developed</li> <li>Extra investment in falls prevention services</li> <li>Links with care homes</li> <li>Fire Service home safety checks include consideration of falls hazards and referrals where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Following a slight reduction between 2012/13, the rates have seen small year on year increases</li> <li>Admissions due to hip fractures decreased in 2012/13 but have since increased again</li> </ul>	<p>We have seen significant reduction in the number of people admitted for hip fractures but not a reduction in falls. We will continue this work and continue to monitor outcomes through the Healthy Ageing priority work programme.</p>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Mental Health Strategy across all ages developed, with an action plan</li> <li>Major review and adult mental health services</li> <li>Improved access to 'talking therapies' known as IAPT</li> </ul>	<ul style="list-style-type: none"> <li>Self reported wellbeing scores have been falling</li> <li>It is estimated nearly 20% of adults 16-74 years have common mental health problems. 8.4% have a diagnosis of depression. These are higher levels than England</li> <li>Referrals, percentage entering and completing IAPT have all increased. Levels entering IAPT treatment higher than England with levels completing similar</li> <li>Admissions due to self harm statistically higher than England and North West</li> <li>Suicide rates similar to England</li> </ul>	<p>Despite some improvements, mental health remains the single biggest cause of ill health and disability in Halton. Services have been reviewed but not all new models of care have been fully implemented yet. We therefore need to maintain a focus on this area.</p>

# We'd love to hear from you

Do you have stories about a local group you are involved with? Do you have any comments about this strategy or any of the ideas in it?

Please contact us at:

Halton Borough Council  
Runcorn Town Hall  
Heath Road  
Runcorn  
WA7 5TD

Telephone: 0303 333 4300





**REPORT TO:** Executive Board

**DATE:** 20 April 2017

**REPORTING OFFICER:** Director of Adult Social Services

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Sensory Support Services

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To update the Executive Board in relation to the proposed model for Sensory Support Services.

**2.0 RECOMMENDATION: That**

- 1) Approval be given for the withdrawal of Halton from the commissioning of a Liverpool City Region (LCR) model of delivery for the Sensory Support Service; and**
- 2) Approval be given for the scoping of a local (Halton) model of delivery for a Sensory Support Service.**

**3.0 SUPPORTING INFORMATION**

3.1 Further to the report presented to Executive Board in September 2016 regarding the procurement of a Sensory Support service across the LCR, a number of factors have delayed the procurement process including:

- Changes to the service delivery model and amendments to the service specification
- Confirmation of budgets and disaggregation for different elements of the service
- Confirmation about local authorities and services to be included

3.2 In response to the delays in scoping of the model current contracts with Vision Support and Deafness Resource Centre were extended until 31<sup>st</sup> October 2017.

3.3 The delays have afforded Halton additional time to evaluate the proposed specification and suitability for Halton.

**3.4 Halton's Current position**

Halton currently operates a Sensory Support Service covering 3 elements: in house assessment and contracted provision from both Deafness Resource Network and Vision Support.

3.5 In House Provision is currently staffed by 2 full time equivalent staff (FTE), providing statutory assessments, and rehabilitation. The service also facilitates braille and computer support groups, some of which are delivered at the Independent Living Centre.

3.6 Vision Support undertake assessments, provide support with correspondence and welfare benefits and facilitate support groups including computer, craft, braille and activities. Vision Support also deliver and demonstrate equipment.

Services are provided by 5 staff (2 FTE).

3.7 Vision Support operates out of the Independent Living Centre, Runcorn. Whilst this site is able to accommodate the services, and is well equipped with rehabilitation kitchen and outdoor space, there are no commercial bus routes to this site, and the budget for transport costs previously met by HBC is no longer available. Therefore access to the Independent Living Centre is compromised.

3.8 Deafness Resource Centre undertakes hearing assessments, and maintains a register on CareFirst. They also provide specialist equipment, support groups, interpretation services and information and advice through outreach and drop in services. Communication courses, such as family sign sessions and deaf awareness sessions are currently funded through other sources, however Halton service users have access to this provision. Services are provided by 3 staff (2 FTE).

3.9 Deafness Resource used to also provide an advocacy service, but the Big Lottery funding for this element of the service has now ceased.

3.10 250 people in Halton are registered blind and 345 people are registered as partially sighted. 79% of registered blind and partially sighted people are also recorded as having additional disabilities. It is estimated that there are 696 people in Halton with dual sensory loss.

3.11 A consultation exercise was undertaken by LCR and highlights that Halton service users are happy with the current service they receive. A common theme across all respondents was accessibility and a local presence.

3.12 **LCR Proposal**

The LCR service delivery model is based around a two tier service.

It was originally envisioned that Tier One would provide the assessment and registration elements of the service with some short term rehabilitation. This would be a block contract, with one primary commissioned provider who would then refer onto Tier Two for other services including advice, information, advocacy, communication support and various support groups.

The model has still not been finalised, and there is lack of clarity about which elements will fall within Tiers One and Two of the new service. It is proposed that Tier Two services will be spot purchased but the mechanism for referrals and authorisation has not been agreed and it is unclear which Tier Two services will be available to each authority.

- 3.13 Consultation taken as part of the LCR scoping showed that local delivery remained a priority for people accessing services.

It is unclear if the LCR proposal will provide a local presence within each participating authority. Currently, Vision Support and Deafness Resource Centre only operate in Halton, but some other providers have much larger current contracts and operate across a number of LCR authorities. Bradbury Fields, for example, is located in Liverpool and works across Liverpool and Sefton. Should they be successful, the service may be delivered from its current location which would necessitate Halton service users travelling out of borough to access services.

- 3.14 The LCR proposal does not offer Halton the current level of sensory support service in terms of the range of provision that is currently available from within the borough. Proposed staffing levels represent a reduction in the level currently offered in Halton.

- 3.15 Existing services in Halton input onto Carefirst, a practice which would be unlikely to be maintained under the LCR contract, adding to the administration of the service locally.

- 3.16 The proposed LCR financial specification would require investment from Halton at a rate above the current budget allocated to the Sensory Support Service, not including additional investment for property costs, which would require a further investment from Halton above the current Sensory Support Service budget.

- 3.17 The LCR proposal therefore represents a service for Halton that is not financially viable, and could be considered a lesser service that is currently available.

- 3.18 **Proposed next steps**

In light of the financial viability and service limitations of the proposed LCR model for Halton, it is proposed that Halton withdraws from further negotiations with the LCR and uses this opportunity to review how sensory support services are delivered in Halton.

3.19 With the Board's approval, it is proposed that a small working group review current contracts and provision, liaising with the key stakeholders throughout the process, to identify a way forward for delivering services in Halton that represents value for money and quality provision.

3.20 Approval from the Board is sought to explore the viability of re-contracting in Halton for one Sensory Support Service. That is, that the current system of delivery (In house, Deafness Resource Network and Vision Support), come together under one contract to deliver a holistic service. A revised service specification would reflect a reduction in duplicated provision and the development of a service that is efficient and continues to provide quality, accessible provision.

3.21 Consideration will be given to co-locating all the aspects of the service (In house assessment, deafness and vision), which may further support a single contract and holistic service, notwithstanding the two distinct service needs (deafness and vision) and TUPE implications.

3.22 Proposed time scales for scoping and contracting a Halton based service are:  
Tender advertised May/June 2017, submissions by July/August 2017, contract award August 2017, service commencement in November 2017.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Developed by Halton Borough Council in partnership with Halton Clinical Commissioning group, SeeHear Strategy sets out key objectives and priorities to improve quality of life for Halton residents living with sight impairment, hearing impairment or dual sensory impairment. The strategy embraces a preventative pathway beginning with early detection through raising awareness of screening programs and sets out the strategic direction and priorities for health and social care services for people living with sensory impairment in Halton.

4.2 The strategy is clear that in achieving its objectives the key to delivery is **person centred local partnership**, working across the statutory and voluntary sector, to overcome barriers faced.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 Current indicative budgets for 2017/18:

Deafness Resource Network	£48,240
Vision Support	£42,728
In house provision	£38,457

5.2 Financial modelling undertaken as part of the LCR sensory project indicates a contribution of £137,500 from Halton or £165,000 including costs for a local base.

This modelling is based on a reduced staffing compliment to the current service provision.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified at this time

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required at this time.

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

None.

**REPORT TO:** Executive Board

**DATE:** 20 April 2017

**REPORTING OFFICER:** Strategic Director – Enterprise, Community & Resources

**PORTFOLIO:** Transportation

**SUBJECT:** Street Lighting Energy Procurement

**WARDS:** Borough Wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To report the acceptance by the Strategic Director – Enterprise, Community & Resources of the Council's un-metered electricity supply contract for street lighting with Scottish & Southern Energy (SSE). To get the Board's approval to the waiving of standing orders and to record that the anticipated expenditure is likely to be over £1.0M per annum.

## **2.0 RECOMMENDATION: That**

- 1) The new supply contract for un-metered electricity with Scottish & Southern Energy be endorsed;**
- 2) The Board endorse the waiving of Procurement Standing Orders 2.2 to 2.11 for the purchase of un-metered electricity;**
- 3) It be recorded that the expenditure is anticipated to be in excess of £1.0M per annum; and**
- 4) That Utilities Procurement Group (UPG) continue to be used to manage our street lighting energy provision.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 Since October 2001, the Council's un-metered electricity (energy for street lighting and other highway electrical equipment) has been procured through UPG (Utilities Procurement Group), who are an energy procurement specialist to the public sector. Prior to using UPG, un-metered electricity was purchased from Scottish Power using a former Cheshire County Council contract, which was negotiated with a sole supplier, as was the procedure prior to the market being opened up to competition. When UPG commenced our energy procurement, they included us in a tender with other local authorities and tenders were received from six companies; this has happened each time the supplier has changed. UPG use their knowledge of the market to determine the best time to seek tenders, as the energy market is very volatile and rates change due to worldwide events such as elections in America or turmoil in the Middle East plus economic data in the UK.

The first contract through UPG commenced in April 2002 and initially was awarded to Eon (previously Powergen), and then has been awarded to the following companies:

- Eon (previously Powergen) – April 2002 until 31 March 2007
- Scottish and Southern Energy - April 2007 until 31 March 2011
- Haven Power – April 2011 until 31 March 2015
- British Gas – April 2015 until 31 March 2017

- 3.2 The current contract with British Gas expires on 31<sup>st</sup> March 2017; therefore tenders were invited by UPG on our behalf. The lowest tender was submitted by SSE initially for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2019.
- 3.3 The rates from 1<sup>st</sup> April 2017 are 11.802p/kwh for Dusk to Dawn equipment (on during the hours of darkness) and 11.511p/kwh for continuous equipment (on 24 hours a day) (including Climate Change Levy (CCL) exempt option (as we purchase green energy and therefore do not need to pay the levy)), which equates to an annual cost of about £1,167,962.
- 3.4 The annual revenue budget for energy supply is £1,280,890. The new rates represent a decrease of £4,568 (or 0.4%) on the current cost of energy supply for 2016/17. The new contract expires on 31 March 2019 and includes an Option To Extend (OTE) for a further two years and UPG will be monitoring the situation and recommend whether to re-tender or take up the OTEs due to the market being volatile as mentioned above.
- 3.5 If any electrical equipment is installed or removed, then the total amount payable will be adjusted accordingly. The total amount payable is determined from an itemised listing of our equipment which is determined from our inventory and converted into the required format and submitted by UPG, on our behalf, to Scottish Power (the Distribution Network Operator (DNO)), who in turn issue a Certificate of Estimated Annual Consumption (EAC). The certificate will be passed to Haven Power who will then invoice us. The certificate is updated every month; therefore any equipment removed/added is included within a relatively short period of time.
- 3.6 The Street Lighting Energy contract needs to be accepted within a very short timescale, on this occasion the tender rates were received at 11.45 am and needed to be accepted by 4.30 pm on the same day, due to the rapid changes in the prices charged for electricity, which can result in an offer being withdrawn at short notice. Hence the need to waive standing orders to enable the offer to be accepted. This was done after consultation with the Council's Finance and Internal Audit Sections who supported the Strategic Director's acceptance of it. The process has been reviewed by Internal Audit, who are satisfied that the system represents good value for money for the Council.

#### **4.0 POLICY IMPLICATIONS**

4.1 None

#### **5.0 OTHER IMPLICATIONS**

##### **5.1 Resource Implications**

Funding for these energy costs is provided through the Street Lighting Revenue Budget.

##### **5.2 Sustainability**

The energy is from renewable sources and is therefore exempt from the Climate Change Levy (CCL)

##### **5.3 Value for Money**

The use of an energy procurement specialist provides good value for money as it advises on the most appropriate time to purchase electricity.

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

##### **6.1 Children and Young People in Halton**

There are no direct implications on this priority

##### **6.2 Employment, Learning and Skills in Halton**

There are no direct implications on this priority

##### **6.3 A Healthy Halton**

There are no direct implications on this priority

##### **6.4 A Safer Halton**

This contract provides electricity for the operation of all highway electrical equipment, which includes street lighting and CCTV, and both can contribute to the feeling of a safe environment.

##### **6.5 Halton's Urban Renewal**

There are no direct implications on this priority

#### **7.0 RISK ANALYSIS**

7.1 There are no risks associated with this report as the supply of electricity to operate all highway electrical equipment has been secured for the next financial year and therefore a risk assessment is not required.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity implications arising as a result of the proposed action.



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

- 9.1** Report to Executive Board Sub-committee on 12 February 2009;  
Report to Executive Board Sub-Committee on 10 February 2011;  
Report to Executive Board on 29<sup>th</sup> March 2012;  
Report to Executive Board on 28<sup>th</sup> February 2013;  
Report to Executive Board on 11<sup>th</sup> July 2013;  
Report to Executive Board on 26<sup>th</sup> March 2015.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 April 2017
<b>REPORTING OFFICER:</b>	Strategic Director – Enterprise, Community and Resources
<b>SUBJECT:</b>	Discretionary Non-Domestic Rate Relief
<b>PORTFOLIO:</b>	Resources
<b>WARD(S):</b>	Borough-wide

### **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to consider two applications for discretionary non-domestic rate relief, under Section 47 of the Local Government Finance Act 1988.

### **2.0 RECOMMENDATION: That**

- 1) the request for 15% discretionary rate relief from Age Concern Mid Mersey for the period 1st April 2016 to 31st March 2019, be approved; and**
- 2) the request for 15% discretionary rate relief from Halton Autistic Family Support Group Ltd for the period 1<sup>st</sup> June 2016 to 31<sup>st</sup> March 2019, be approved.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 Under the amended provisions of the Local Government Finance Act 1988, the Council is able to grant discretionary rate relief to any business ratepayer. This relief had previously only been available to organisations that were a charity, a community amateur sports club or a not-for-profit organisation.
- 3.2 From 1<sup>st</sup> April 2013, the Council was responsible for funding 49% of any award of mandatory or discretionary rate relief granted, with the Government meeting the remaining 51%. However, from 1<sup>st</sup> April 2017 the Council will meet the full cost of all mandatory and discretionary relief granted, as part of the LCR 100% Business Rates Retention Pilot Scheme.
- 3.3 Two applications for discretionary rate relief have been received as outlined below, from Age Concern Mid Mersey and the Halton Autistic

Family Support Group Limited who are both registered charities. Currently, where discretionary rate relief has been granted to registered charities, it has been provided until 31<sup>st</sup> March 2019 in order to provide the organisations with some degree of certainty.

**Age Concern Mid Mersey  
Widnes Market, Bradley Way, Widnes**

- 3.4 Age Concern Mid Mersey is a registered charity offering support and advice to elderly people within the Borough.
- 3.5 The application is in respect of two stalls at Widnes Market, which are used for providing a wide range of information and advice to elderly people to help improve their way of living.
- 3.6 As a registered charity, the organisation qualifies for 80% mandatory rate relief. The organisation has now applied for 15% discretionary rate relief. The costs of each to the Council would be as follows;

Stall K3, Widnes Market:

Cost of 80% mandatory rate relief	£326.33
Cost of 15% discretionary rate relief	£39.74

Stall K4, Widnes Market:

Cost of 80% mandatory rate relief	£55.90
Cost of 15% discretionary rate relief	£10.48

**Halton Autistic Family Support Group Ltd  
28a Church Street, Runcorn**

- 3.7 Halton Autistic Family Support Group is a registered charity promoting the relief of children and young people with autistic spectrum disorder by providing them, their families and carers with information, support, education and recreation activities.
- 3.8 The application is in respect of a shop which is used for the sale of donated goods to the general public. The outlet is operated in order to raise funds to support the provision of services offered by the charity.
- 3.9 Halton Autistic Family Support Group Ltd currently receives discretionary rate relief for their family support centre in Runcorn. However, this application is for their shop which helps to fund the family support centre.
- 3.10 As a registered charity, the organisation qualifies for 80% mandatory rate relief. The organisation has also applied for 15% discretionary rate relief. The costs of each to the Council would be as follows;

Cost of 80% mandatory rate relief	£1,906.60
Cost of 15% discretionary rate relief	£357.49

#### **4.0 POLICY IMPLICATIONS**

4.1 The Board is required by the regulations to consider each application on its own merit. Any recommendations provided are given for guidance only, are consistent with Council policy and, wherever possible, previous decisions.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The Appendix presents the potential costs to the Council.

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

##### **6.1 Children and Young People in Halton**

None.

##### **6.2 Employment, Learning and Skills in Halton**

None.

##### **6.3 A Healthy Halton**

None

##### **6.4 A Safer Halton**

None

##### **6.5 Halton's Urban Renewal**

None.

#### **7.0 RISK ANALYSIS**

7.1 There are no key risks associated with the proposed action.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The applicants offer their services to all sections of the community, without any prejudice.

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

<b>9.1</b>	<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
	Application forms and supporting evidence	Kingsway House, Caldwell Road, Widnes	Louise Bate, Senior Rating Officer, Business Rates

**APPENDIX**

<b>Ratepayer</b>	<b>Address</b>	<b>Annual Rates 2016/17</b>	<b>Actual Rates Liability 2016/17</b>	<b>Mandatory Rate Relief Awarded</b>	<b>Annual 49% Cost of Mandatory Rate Relief to HBC</b>	<b>Actual Rates Payable 2016/17</b>	<b>Disc. Rate Relief Claimed</b>	<b>Annual 49% Cost of Disc. Rate Relief to HBC 2016/17</b>	<b>Actual 49% Cost of Disc. Rate Relief to HBC 2016/17</b>
		£	£		£	£		£	£
Age Concern Mid Mersey	Stall K3, Widnes Market, Bradley Way, Widnes, WA8 6UE	832.48	832.48	80%	326.33	166.50	15%	61.19	39.74
Age Concern Mid Mersey	Stall K4, Widnes Market, Bradley Way, Widnes, WA8 6UE	882.18	142.60	80%	345.81	28.52	15%	64.84	10.48
Halton Autistic Family Support Group Ltd	28a Church Street, Runcorn, WA7 1LR	5,839.75	4,863.79	80%	1,906.60	972.76	15%	429.22	357.49

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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