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Dear Councillor

## **COUNCIL - THURSDAY 20TH APRIL, 2017**

I refer to the agenda for the above meeting and now enclose the following document which was unavailable when the agenda was printed.

<b>Agenda No.</b>	<b>Item</b>
<b>6.</b>	<b>Questions Raised by Members of the Council (Pages 284 - 291)</b> Schedule attached

Yours faithfully,

M. CARNEY

Chief Executive

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# Agenda Item 6

COUNCIL – 20<sup>th</sup> APRIL 2017

## QUESTIONS RAISED BY MEMBERS OF THE COUNCIL

1. **Question submitted by Councillor Welsh to the Cabinet Member for Health and Wellbeing (Councillor Moncur)**

"A radiographer at the Linda McCartney Centre in Liverpool told me attendance for breast screening was very good for Southport, Crosby and Formby, but that in the Bootle area it was terrible. As someone being treated for breast cancer, picked up by a routine mammogram, I find this statement extremely concerning. Can the Cabinet Member for Health and Wellbeing tell me what is being done to try to address this very alarming state of affairs south of the borough?"

**Response:**

"Firstly, may I extend my best wishes to Cllr Welsh during her treatment.

The following comprehensive response has been prepared with support from NHS England (North) Cheshire and Merseyside and Public Health England, Cheshire and Merseyside - Screening and Immunisation Team.

**Background to the NHS Breast Screening Programme**

The NHS breast screening programme is a world class programme, designed to identify women with early stage breast cancer, before they would have experienced any signs or symptoms. Identifying women at an early stage means that treatments are more likely to be successful and potentially less invasive, and therefore leads to improved survival and outcomes, for these women.

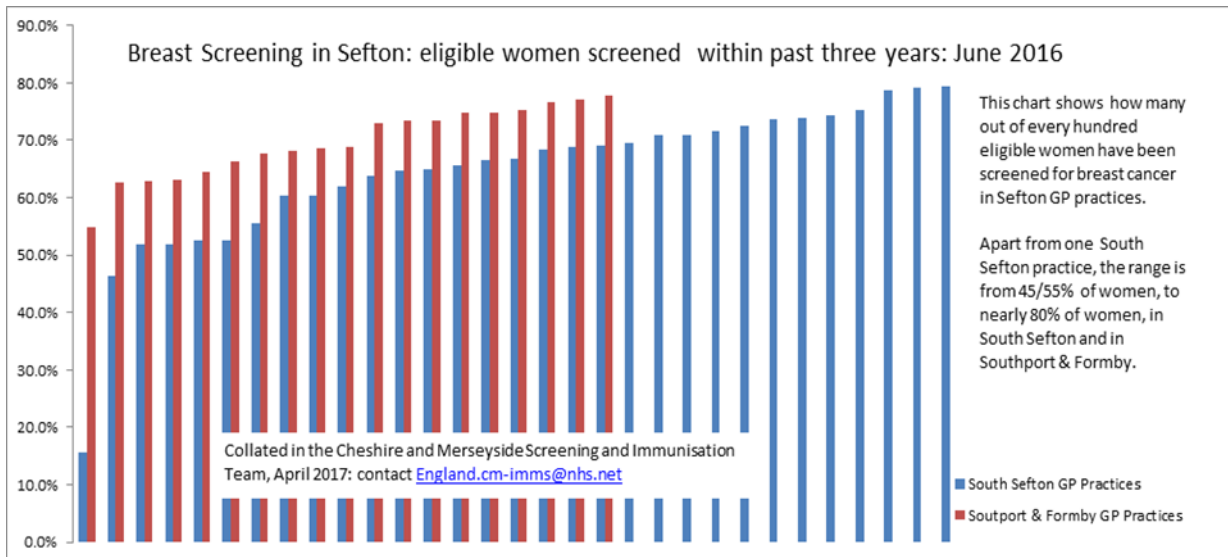
Currently all women aged 50-70 are invited to have a mammogram every 3 years. Women aged over 70 are eligible for breast screening and can self-refer every 3 years. Women who do not attend are asked again and GP practices are sent details of those who don't respond.

Note: some women who are identified as being at an increased risk of breast cancer; for example, those with a history of breast cancer in their family will be offered mammograms more frequently as part of a High Risk Surveillance Programme.

**Breast Screening in Sefton**

The NHS Breast Screening Programme is commissioned by NHS England (North) Cheshire and Merseyside, working closely with the Cheshire and Merseyside Screening and Immunisation Team. This programme is delivered by the Royal Liverpool University Hospital across the North Mersey footprint which includes the Sefton, Knowsley and Liverpool Council areas.

Below is a chart to show uptake of breast screening in South Sefton and Southport and Formby CCGs at June 2016.



Whilst overall rates in Sefton, are similar to the rest of Merseyside, there are variations in uptake across the Borough, the most recent data available from June 2016 indicates that for:

- GP practices in the Southport and Formby CCG area 70.6% of women attended for breast screening.
- GP practices in South Sefton CCG around 66.7% of women attended for their breast screening.

Note: these figures look back over the previous 36 months to see what proportion of eligible women attended for that period.

There is also a great deal of variation between individual GP practices across the Borough. These variations in uptake can be seen across each of the cancer screening programmes (breast, bowel, and cervical) and also in other important health indicators.

These patterns of variation are strongly linked to levels of deprivation across the borough, though there are also variations between GP practice populations in similar areas.

## **Actions to address uptake of the Breast Screening Programme**

The Council supports NHS England (North) Cheshire and Merseyside, and the South Sefton and Southport and Formby CCGs to work with GP practices and the Breast Screening Programme to promote cancer screening within Sefton.

A recent review of the Liverpool, Sefton and Knowsley Breast Screening Programme was completed in August 2016 (by NHS England (North) Cheshire and Merseyside, Public Health England - Screening and Immunisation Team and the Provider Programme Team) - in recognition of the challenges the provider was experiencing against their Key Performance Indicators (KPIs); one of these being access and uptake to the breast screening programme across the footprint as a whole.

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A series of recommendations were agreed as a result of this review and in response to these recommendations on access and uptake, a Liverpool, Sefton and Knowsley Breast Screening Programme stakeholder group has been established. The group includes representation from all three local authority Public Health teams across the Breast Screening Programme footprint as well as other key partners such as Liverpool CCG, South Sefton CCG, Southport and Formby CCG, Knowsley CCG, Healthwatch Liverpool, Healthwatch Sefton and Healthwatch Knowsley.

Partners in the stakeholder group are currently collaboratively designing a Health Equity Audit (HEA) - a tool which will allow commissioners and key partners to identify existing barriers to access and uptake to the programme and collectively agree what actions are needed to address these. Insight work with local women across the footprint will support the findings of the HEA.

Additionally, Sefton's Health and Wellbeing Board, Health and Adult Social Care Overview and Scrutiny Committee, will be focusing on uptake of the three cancer screening programmes as part of its work-plan."

## **2. Question submitted by Councillor Bliss to the Cabinet Member for Planning and Building Control (Councillor Veidman)**

"Councillors have been informed previously that the Ministry of Justice's lease, from the Mersey Care NHS Foundation Trust, for HMP Kennet ends in July and it may be turned over as a training facility. On the Mersey Care NHS website it states that they are liaising with the Ministry of Justice over the future of the site. If this site were to be used for housing then Sefton MBC should be able to meet the house building target under the Local Plan without having to build on Green Belt land.

What steps, if any, are being taken by Sefton MBC to try to influence this site being turned over to residential housing?"

### **Response:**

"With regard to the HMP Kennett site we have been informed that there are no immediate plans for the disposal of the site.

If and when the MOJ wish to explore alternative uses we will advise them at that time, through a formal pre-application process, what uses may be appropriate.

The lack of certainty of the site coming forward, and the late stage of any indication it may be available, meant it was not able to be considered as part of the Local Plan process. As the Local Plan has been through examination there is no scope to remove any of the proposed housing allocations in the Green Belt without causing a significant delay to the adoption of our Local Plan.

In any case there is an allowance for 'windfall' contributions towards the borough's housing supply. These are sites that are unanticipated. If the HMP Kennett site was to come forward at a point in the future it could contribute to the windfall contribution. This is compatible with the strategy of the Local Plan and would not mean any of the sites identified in the Local Plan are no longer required.

The site in question has an area of approximately 10ha in size. If we assume 75% of this would be developed at 35dph then this gives a notional capacity of 262 homes. The windfall 'allowance' for the plan period is 1071. Therefore, given the scale of the potential 'solution' and how material this is in the context of the proportion of anticipated windfall numbers and Green Belt release generally, the impact is evident."

### **3. Question submitted by Councillor Weavers to the Leader of the Council (Councillor Maher)**

"It's shocking that air pollution cause 40,000 early deaths in the UK in a single year other health impacts of dirty air are asthma, heart disease, even lung cancer reek habit on people's lives. Children are particularly vulnerable, they are particularly sensitive to air pollution, their lungs are proportionally larger than ours in relation to their body's weight so they breathe more plus their immune system is still developing so they are less able to fight off any problems that arise from polluted action in the air. We have schools which are located around junctions that are known pollution hotspots that are on roads which access the port which has great growth forecast. Growth in transport accessing the port will greatly increase air pollution for the people who live on the routes accessing the ports and that live around the port which already have a life expectancy of 10 to 15 years less than areas that are no more than 3 miles away.

A study by the University of York found that exposure to PM 2.5 is strong association with premature birth and low birth weight Sefton does not even measure for PM 2.5s. Testing for PM 2.5 and other pollutants is expensive. The way of solving pollution problems has always been **let the polluter pay** to clean up the problem they have caused. Has Sefton any plans to clean up our air or charge the polluter for the problems they cause?"

#### **Response:**

"I am pleased that Cllr. Weavers listened to my speech at the last Full Council meeting with regard to the footbridge issue on Dunningbridge Road and my specific mention of air quality issues and life expectancy. We are demanding that Highways England seriously consider the tunnel option to deal with increased capacity on the A5036 Corridor and I also have officers looking into the possibility and feasibility of the introduction of a clean air zone on the existing A5036 Dunning Bridge Corridor.

In some types of Clean Air Zones drivers of the most polluting vehicles could be restricted from entering or have to pay a fine if they do enter.

Compliance with NAQS objectives in AQMA2 (A5036-Princess Way) and AQMA5 (A5036 - junction with Hawthorne Road) are likely to be the most challenging in view of the Port expansion. As I have mentioned above, the possibility of implementing Clean Air Zones (where the type and environmental performance of vehicles entering these zones can be controlled) in these AQMA is currently being considered.

Sefton has a legal duty to assess levels of Air Quality in its Borough. This has been an ongoing process since 1995.

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Air quality in the majority of Sefton is of a good standard and well within National Air Quality Standard Objectives which the Council is required to measure air quality against. 4 areas have, however, currently been identified where levels of air pollution have historically or are currently exceeding National Air Quality Standard Objectives (NAQS) and these are generally located around junctions where vehicles have to stop/start. These areas are known as Air Quality Management Areas.

AQMA 2 <b>Declared for Nitrogen Dioxide exceedance</b>	A5036 Princess Way and Crosby Road South Junction, Seaforth.
AQMA 3 <b>Declared for Nitrogen Dioxide and Particulate matter exceedance</b>	A5058 Millers Bridge and Derby Road Junction, Bootle.
AQMA 4 <b>Declared for Nitrogen Dioxide exceedance</b>	A565 Crosby road North and South Road junction, Waterloo
AQMA 5 <b>Declared for Nitrogen Dioxide exceedance</b>	B5422 Hawthorne Road and Church Road junction, Litherland.

As air quality in the majority of Sefton is within NAQS objectives resources are concentrated on the AQMA's where exceedances are occurring. Detailed Air Quality Action plans have been developed in an attempt to address the exceedances in the AQMA's above. Successful actions including the installation of a hurry call system at Millers Bridge, implementation of Ecostars fleet recognition programme and the redesign of the South Road/Crosby Road North junction are examples of these actions which have reduced levels of air pollution in these AQMA's.

The powers afforded to Local Authorities in relation to Local Air Quality Management under the Environment Act 1995 include declaring AQMA s and the development of Air Quality Action plans in these areas. These powers do not however allow Local Authorities to directly reclaim the cost of causing air pollution from businesses or individuals.

Monitoring of PM2.5 is also due to commence at the Crosby Road South monitoring station so that levels of this pollutant can be assessed and if appropriate action plans put in place to deal with this pollutant."

#### **4. Question submitted by Councillor Shaw to the Leader of the Council (Councillor Maher)**

"The 2017/18 Council Tax Demand issued by Sefton Council includes 'Information relating to chargeable dwelling' at the bottom left. According to this my total Council Tax for 2017/18 is 2.02% higher than for 2016/17. This is the figure derived from the information given (and the only information given), which is as follows:

- The largest element (Sefton MBC) has risen 1.99% to £1371.09
- The next largest element (Police) has risen 1.9% to £165.97
- The third largest element (Fire) has risen 2.0% to £74.34

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- The smallest element (Adult Social Care) has risen 3.0% to £67.45

Doing the maths, the overall increase is thus advised as 2.02%.

However I understood, from the reports to the Budget Council meeting on 2<sup>nd</sup> March 2017, that the overall increase in Council Tax was 4.55%.

Which is the correct figure for the increase: 2.02% or 4.55%?

If the correct figure is 4.55% does the Leader of the Council regard it as acceptable that council tax payers are being grossly misled as to the extent of this year's increase?"

## **Response:**

### Council Tax Bill 2017/18

"For 2017/2018 the Council was allowed to increase total Council Tax by 2% (above the 2016/2017 level) without the need to hold a referendum. Sefton's increase was 1.99%.

In addition the Council was able to increase total Council Tax by a further 3% to contribute to the funding of Adult Social Care (known as the Adult Social Care Precept). Sefton's increase was 3%. This is the second year that the Council could increase Council Tax for this purpose (a 2% increase was allowed in 2016/2017).

The presentation of the Adult Social Care Precept information on Council Tax Bills is prescribed in the 'Council Tax (Demand Notices) (England) (Amendment) Regulations 2017'.

The Regulations prescribe that the Adult Social Care Precept amount shown under 2017/2018 should be the total of the amount raised in 2016/2017 plus the amount raised in 2017/2018. In addition, the percentage increase shown must be the 2017/2018 Precept divided by the 2016/2017 total Council Tax amount for Sefton, i.e. 3%.

Therefore the Demand Notices show the total accumulative amount of Adult Social Care Precepts charged to date as well as the element of the total Council Tax percentage increase that relates to the Precept (3% out of a total of 4.99%). Overall council tax bills have increased as set out by 4.55% when the police and fire precepts are included

It should be noted that the Council has no discretion on how this information is shown on Council Tax Demand Notices."

## **5. Question submitted by Councillor Keith to the Cabinet Member for Children, Schools and Safeguarding (Cllr. John Joseph Kelly)**

Question from Cllr Keith to the Cabinet member for Children, Schools and Safeguarding  
Cllr John Joseph Kelly:

"Is the Cabinet member confident that Sefton Early Years providers will have both the financial and space capacity to deliver the 30 hours free childcare to all parents who are entitled to access this in September."



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## **Response:**

“We have carried out a range of sufficiency exercises across the local authority, including looking at Census data, Free School Meals data, MOSAIC data and information from the DFE. We have worked with several partners, including FIS and our investigations suggest that while there will be hotspots where demand will be high, the local authority as a whole should have sufficient places providing providers and schools agree to providing the extended entitlement. This may mean changes to how they work currently or working in partnership with other providers. We have been consulting with providers since summer 2016 and we have recently received the model agreement from the government which sets out a framework for providers to sign up to.

Once the agreement has been amended and agreed by the 30 hours steering group and our finance and legal teams it will be then presented to the providers who at this point will make clear what their intentions are, which will then give us an accurate picture of sufficiency for September. We are planning to meet the providers at the beginning of May at which point we should be able to pass on further, more detailed information.”

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