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Date: 29/11/24

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Dear Member,

## HEALTH AND WELLBEING BOARD - WEDNESDAY 4TH DECEMBER, 2024

I refer to the agenda for the above meeting and now enclose the following report(s) which were unavailable when the agenda was published.

Agenda No.	Item
5	<b>Darzi Report Recommendations</b> (Pages 3 - 10) Report of the Executive Director of Adult Social Care, Health and Wellbeing and NHS Director for Sefton
8	<b>Health Inequalities Funding</b> (Pages 11 - 16) Report of the Executive Director of Adult Social Care, Health and Wellbeing and NHS Director for Sefton
11	<b>Sub-Group Updates</b> (Pages 17 - 22) Report of the Director of Public Health

Yours faithfully,

Democratic Services

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**Summary of Darzi investigation, 10-year plan and alignment to Sefton Community Transformation**

Date of meeting:	December 2024
Report to:	Sefton Health and Wellbeing Board
Report of:	Executive Director of Adult Social Care, Health and Wellbeing and NHS Director for Sefton
Wards affected:	(All Wards)
Exempt/confidential report:	No
Contact Officer:	Deborah Butcher
Tel:	
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**Purpose / Summary of Report:**

This report is to provide the Health and Well Being Board with high level summary of Lord Darzi's investigation and to support a discussion about the forthcoming NHS 10-year plan and Sefton Place community transformation plans.

**Recommendation**

The Health & Wellbeing Board to note the contents of the report.

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## The Darzi investigation: Summary of Lord Darzi's independent investigation of the NHS in England and the upcoming ten-year Health plan

### Key points

The Independent Investigation of the National Health Service in England was commissioned to understand the performance of the NHS and set out key issues that exist in the system. It was led by former health minister Professor Lord Darzi and provides a baseline for the upcoming ten-year health plan.

The investigation has found the NHS is in a 'critical condition' with surging waiting lists and a deterioration in the nation's health. It identifies four drivers of current performance:

- Austerity / under funding.
- The impact of the pandemic
- The lack of patient voice and staff engagement.
- Management structures and systems. A £37 billion capital spending shortfall over the past decade and a half is highlighted, alongside the negative impact of the coalition government's NHS reforms and stripping out management capacity.

The report states many of the factors that have contributed to the NHS's current challenges are outside of its direct control. These include:

- Failure to divert resources into prevention and the pressure on primary care.
- High levels of regulation and inspection, and a lack of consistency and clarity around the role of integrated care boards (ICBs). It concludes that a top-down reorganisation of NHS England and ICBs would be neither necessary nor desirable in supporting recovery.

Immediate focus is on avoiding winter crisis given the financial challenge facing the NHS, with future direction due to be set out in the planned ten-year strategy.

### Background

The full scope of Darzi investigation was:

- To provide an independent and expert understanding of the performance of the NHS and the challenges facing the health system.
- Ensure these challenges are addressed by a new 10-year plan
- Initiate a honest conversation with the public and staff about required improvements, that is realistic with clear timescales of delivery.

### NHS performance

The investigation reviewed NHS performance and the key drivers of that performance. It acknowledged that NHS performance is linked to wider determinates of health, such as poor housing and increasing inequalities.

### Waiting times

- Elective waiting list increased from 2.4million to over 7 million between 2010 and 2024, with those waiting over a year to 300,000.
- Community services - waiting lists over 1 million.
- Mental health – 1 million waiting, with 345,000 waiting over 1 year for first contact. 109,000 of those were under 18 years old.
- A&E departments under unprecedented pressure with just over 60% of people seen within 4 hours, and almost 10% waiting 12 or more hours.

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## Quality of care and outcomes

Overall most people receive high-quality care, but there are areas of concerns, such as maternity care.

- Cancer care still lags behind other countries and the 62-day target for referral to first treatment has not been met since 2015. The report notes recent improvements in early diagnosis and survival rates.
- Cardiovascular disease mortality for people aged under 75 has stalled and rapid access to treatment has deteriorated since 2010. In terms of inequalities, people under the age of 75 living in the most deprived areas of England were more than twice as likely to die from heart disease than people living in the least deprived areas. (2022 onwards)
- Excess mortality for those with serious mental illnesses has been increasing since 2015-16.
- Dementia has higher mortality rate in UK and only 65% of patients are diagnosed.

## Moving care closer to home

While the NHS strategy is to shift resources to the community, the data demonstrates a trend indicating the opposite. The share of the NHS budget spent on hospitals increased from 47% to 58% (2006 to 2022). Both hospital expenditure and staffing have grown faster than the other parts of the NHS and numbers in some out-of-hospital services have declined.

- 16 % fewer fully qualified GPs than other OECD 19 countries, with mental health nurses working in the community falling by 5 per cent (2009 to 2023)
- The accessibility of community pharmacy has real potential to deliver more value-added services. However, reduced spending has led to increasing closures of pharmacies.
- The report highlights research that spending in primary and community settings had a superior return on investment when compared with acute hospital services.
- There is a need to shift to provide more care closer to home, with a proportional increase in preventative investment upstream into primary care, mental health and community-based services.

## Productivity and flow

Despite the increase in acute spending, the number of appointments, operations and procedures has not increased at the same pace resulting in falling productivity.

- There are 7 per cent fewer daily outpatient appointments for each consultant.
- 12 per cent less surgical activity for each surgeon.
- 18 per cent less activity for each clinician working in emergency medicine.

The report states patients no longer flow through hospitals as they should, linked to underinvestment in capital and social care.

## Four interrelated drivers of performance

- Austerity in funding and capital starvation – 2010's saw revenue spends increasing around 1% in real terms. Adjusted for population growth and age structure changes, this means funding has flatlined.
- A shortfall of £37 billion has prevented the backlog maintenance of over £11.6 billion, modernised technology and equipment and paid for new hospitals.
- The NHS has missed an opportunity to shift its model from 'diagnose and treat' to 'predict and prevent'.
- The public health grant has been reduced since 2015/16, impacting local public health teams to deliver preventative services such as smoking cessation and sexual health.

## The impact of the COVID-19 pandemic and its aftermath

- Underinvestment has led to higher bed occupancy and fewer doctors, nurses, beds and capital assets, meaning the UK entered the pandemic with low levels of resilience.
- The NHS delayed, cancelled, or postponed more routine care during the pandemic than any comparable health system. For example, between 2019 and 2020, hip replacements in the UK fell by 46 per cent compared to the OECD average of 13 per cent.
- The COVID-19 pandemic also led to a significant increase in the need for mental health services.

## A lack of patient voice and staff engagement

- Patient satisfaction has declined, and the number of complaints has increased, resulting in a lack of patients' choice. Compensation payments for care failures now total £3 billion (1.7 % of the NHS budget)
- Reduction in 'discretionary effort' across a range of roles between 2019 and 2023, due to NHS staff burn out following the pandemic.

## Management structures and systems

- The investigation is critical of the 2013 Lansley reforms, which set about a restructuring the NHS, leading to essential management capacity being stripped out.
- Growth in the number of staff in NHS England, the Department of Health and Social Care and other national bodies leading to confused accountability with local leaders spending significant time on internal management activities rather than looking out to their local communities. The investigation suggests the system is over administrated, with the Care Quality Commission (CQC) is not fit for purpose.
- The investigation concludes that any top-down reorganisation of NHS England and ICBs is not necessary. However, it states the need to reduce variation of ICBs' roles and responsibilities, and the need to refresh the framework of national standards, financial incentives and earned autonomy.

## New 10-year Health Plan – to build NHS fit for the future.

Public engagement underway to shape 10-year Health Plan which is due to be published in spring 2025.

Underlined by 3 big shifts in healthcare:

- hospital to community
- analogue to digital
- sickness to prevention

A key part of the first shift 'from hospital to community', are deliver plans for new neighbourhood health centres, which will be closer to homes and communities. Patients should be able to see family doctors, district nurses, physiotherapists, mental health specialist or health visitors under the same roof.

Transforming from analogue to digital to create more modern NHS will include creating a single patient record, summarising patient health information, test results, and letters in one place, through the NHS App. New laws are set to be introduced to make NHS patient health records available across all NHS trusts, GP surgeries and ambulance services in England - speeding up patient care, reducing repeat medical tests and minimising medication errors.

Joined up systems will enable data sharing, saving NHS staff time with quicker access to patient data, ensuring focus on face-to-face engagement with patients.

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Sickness to prevention will reduce the time people spend in ill health and prevent illnesses before they happen. As an example, the 10 Year Health Plan will explore the opportunities tech may offer patients with diabetes or high blood pressure, allowing them to monitor their own health from the comfort of their own home.

Public engagement to gather feedback from public and those working in health and care to inform decision making on 10 year Health plan is underway via [Project: Start here | Change NHS](#)

## Sefton Place plan – Alignment with Darzi investigation and future 10 year plan

Although there is more to do, Sefton Borough are already making headway in supporting many of the principals for the new 10-year Health Plan – to build NHS fit for the future. A number of examples are listed below:

- Sefton MBC has strengthened their technology enabled care offer, including the launch of ASKSara (an award-winning online self-help guide providing expert advice and information on products and equipment for older and disabled people).
- Sefton have already invested in the provision of falls sensors and remote monitoring devices in a number of care homes which will reduce the number of older people being admitted into acute care.
- Sefton MBC has delivered £1.6million of grants to care homes across Sefton to support improvements to help people remain in the care home to reduce admittance into acute care
- The Better at Home programme has been developed and will be going live in December 2025. This principal of the programme is to:
  - increase the volume of patients going home.
  - increase the throughput of patients going to rehabilitation bedded unit.
  - Reduce discharge costs and volume as well as reduce the volume of people accessing care homes.
- As part of the Better at Home offer Sefton is in the process of extending capacity across their Reablement offer, so that more people will have access to reablement and rehabilitation within their home following discharge. The service will provide 3 weeks of free support to help people regain full independence, this will result in less people being reliant on ASC provision, support admission avoidance, reduce length of stay, and support the discharge process.
- Sefton has committed to the development of 9 Extra Care schemes of which 2 are already operational. This equates to 741 units of independent accommodation. Sefton will be working in partnership with a number of housing providers over the next 2/3 years. Extra Care Housing is an alternative accommodation, which will help meet the needs of Sefton's population and will provide people on site care so that they can continue to live within an independent setting. As their care needs increase so will the package of care. This allows people to remain in the community without the need to move into residential or nursing homes and will reduce the number of admissions and readmissions into acute care.



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- An early Intervention and Prevention strategy is currently being developed by Sefton MBC. The first consultation meeting is taking place on Thursday 5th December where representatives from Health, Social Care, Faith organisations and Voluntary and Community sector will be present to discuss areas where the Council can support the early intervention and prevention agenda. An initial draft strategy is expected to be ready by the end of December 2024.
- The Better Care Fund (BCF) is instrumental in supporting transformational change across Health and ASC provision. There is currently a deep dive of the BCF programme to ensure that schemes continue to meet objective of the BCF and if not ensure that these schemes are replaced by schemes that are transformational and will meet the objectives of the Borough. The deep dive will also provide opportunities of greater alignment between Health and Social care by pooling budgets to develop joint services and outcomes.
- Further development of neighbourhoods based integrated teams, using tools and intelligence available to proactively identify local population need, prevent ill health, and proactively offer care through a targeted multi morbidity model.
- This approach is supported by the development of Integrated Health and Social Care Hub at The Strand which will provide services at the heart of Bootle's community. Bootle is one of our most deprived communities, impacted by health inequalities and poor outcomes. By offering primary, secondary, community, VCF and preventive services from The Strand, health outcomes will improve while also increasing footfall, positively impact the local economy and regeneration of the area. Also under consideration is a potential new Integrated Health and Wellbeing hub in Maghull.
- Review of existing community health services is underway to ensure optimal delivery and identify further opportunities to shift services out of hospitals and closer to home. This includes provision of Women's Health Hub model which will deliver a range of services in the community. Targeted work underway to improve community offer to patients with Frailty and Dementia
- Strengthening Living Well Sefton and CVS offers to promote wellbeing and support prevention of ill health through self-care and increased community resilience, underpinned by community health offer including improved NHS health checks.
- Community first expanding support in pharmacies to include case finding, self-care for conditions such as UTIs, and additional vaccinations.
- Improved access to Primary Care including in additional capacity from PCNs supporting enhanced care services, additional mental Health services, same day access hubs, and acute visiting service, all supporting patients to manage their acute and long-term conditions better in the community. The Local GP contract continues to target quality improvements including additional care planning, case finding, screening and expanded treatments to ensure even more care is provided closer to home.
- Ongoing focus on tackling health inequalities with PCN work with the complex lives cohort, making every contact count and ensuring adoption of "No wrong door approach", and delivering support through ACES programme empowering patients to make sustainable long-term changes. Sefton place Complex lives strategy under development to create multi organisational offer to patients.

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- New integrated Mental health recovery team to provide support for those in crisis or being discharged back into the community. Pilot demonstrated 67% those supported by the 12-week programme required no additional input from other services.
- Focus on ensuring unnecessary admissions are avoidance by improving interfaces across services, using risk assessment to identify and support patients to ensure that those accessing secondary care absolutely need to be there.

## Conclusion

The Board are asked to note the contents of this paper.

**Report Title Here**      NHS Cheshire and Merseyside Health Inequalities Funding Approach

Date of meeting:	December 2024
Report to:	Health and Wellbeing Board
Report of:	NHS Cheshire and Merseyside - Sefton Place
Wards affected:	All
Exempt/confidential report:	No
Contact Officer:	Deborah Butcher
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**Purpose / Summary of Report:**

The purpose of the report is to update the Board on the proposed approach in relation to NHS Cheshire and Merseyside Health Inequalities funding for 2024-5 and the proposal for further engagement with partners of the development of the approach for 2025-26 and beyond.

**Recommendation(s)**

The Board is asked to receive the report and endorse the approach suggested within the paper.

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## 1. Background

- 1.1 Cheshire and Merseyside Health and Care Partnership (HCP) is working to address the significant healthcare inequalities that exist across Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS5 frameworks for both children and adults. There is a significant HCP strategic commitment to the delivery of the recommendations from the ground-breaking 'All Together Fairer' report, to tackle the social determinants of health in each of our nine Place areas.
- 1.2 The HCP have now adopted All Together Fairer to be its new strategy from 2024/25 and this strategic approach has received the full support of the nine local health and wellbeing boards and resulted in Cheshire and Merseyside being formally recognised as a 'Marmot Community' by the Institute of Health Equity.

## 2. Proposed Investment to Prevention and Tackle Inequalities

- 2.1 For 2024/25 the ICB is proposing to make £3m available towards tackling prioritised health inequalities in Cheshire and Merseyside.
- 2.2 The ICB has agreed that for 2024/25 this funding is split evenly towards delivering targeted population health programmes at scale across all priority areas, whilst also investing in tackling specific inequalities determined locally, in line with All Together Fairer approach. There is an ICB ambition to increase this funding on a year-on-year basis, and the ICB intention is that this investment is made on a recurrent basis to enable impact to be achieved.
- 2.3 The Population Health Programmes at scale have a costed value of £1.5m for 2024/25 and are based on existing aligned priorities, needs analysis, as well as strategic direction from the HCP. These at scale programmes are All Together Smokefree, Healthy Weight and Housing and Health.

### Investment in All Together Fairer Locally

- 2.4 As part of the proposals to invest in tackling health inequalities within all nine places and to enhance the local work being undertaken, the ICB has committed to allocating the remaining £1.5m across the nine places in 2024/25. To reinforce the proportionate universalism approach within each place, they have adopted a national standardised health inequalities formula that is weighted towards allocating resources to areas with greatest need. Using this formula, the investment for Sefton equates to £150,000 for 2024/25.
- 2.5 The following guidance has been provided for the 9 Places when considering allocation of the funds:
  - A focus on the delivery of **primary prevention**. (Primary prevention interventions aim to stop or delay disease risk factors or a health condition from arising).
  - A focus on the **best start in life** areas as recommended within All Together Fairer and **improving health outcomes in children and young people**.
  - It is expected that any investments made, **must be done to enhance local approaches and not replicate or replace previous savings decisions** that may have been made by other local agencies. Investment will only be made during the year for expenditure that has been incurred in each Place.

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- In line with the NHSCORE20PLUS5 approach, the ICB expects that **any investment made locally is focused on the nationally ranked 20% most deprived communities within each place.**

- 2.6 To maximise the potential impact, local and system leadership is required to ensure our All Together Fairer approach remains at the forefront of local Health and wellbeing boards (HWB) and HWB strategies. The leadership and oversight of this programme is crucial, and it is therefore proposed that the HCP retains an assurance role and oversight of investment and implementation to maximise benefits.
- 2.7 Authority to prioritise and commit the additional inequality resource is delegated to ICB Place Director, who should make the commitments in consultation with their local public health and HCP leads. Regular reporting and assurance are required to demonstrate impact and evidence of progress being made with reports provided at HCP meetings throughout the year.

### 3. Proposals for Sefton's Health Inequalities funding allocation 2024/25

Due to the financial challenges faced by NHS Cheshire and Merseyside, final approval for allocation of the health inequalities funding for 2024/25 was not able to be confirmed until November 2024. Therefore, the following areas are proposed for consideration for 2024/ 25, with the understanding that wider engagement will take place with partners within the Sefton Partnership regarding the approach for 2025/26 and beyond.

The following areas have been proposed for consideration for funding within this financial year, as they are schemes that have been worked up in line with Sefton Place plan priorities, and as such should be familiar to all partners. In many cases they are multi-agency approaches with active participation from system partners and are either ready to be implemented or expanded with the proposed funding.

#### Adverse Childhood Experiences (ACES)

- 3.1 It is proposed that Sefton's funding allocation in this current year is utilised to commission an integrated ACES (Adverse Childhood Experiences) Programme. The integrated ACES support will incorporate learning from both Council and PCN led initiatives which will enable us to increase and enhance the service offer, providing greater reach across our communities including children and young people through a family-based approach.
- 3.2 ACEs are stressful or traumatic experiences which can include any form of abuse, neglect, witnessing domestic violence or growing up with substance abuse, mental illness or parental conflict. In Sefton 50% of the population have 1+ Adverse Childhood Experience (ACE) and 9% have 4+ Aces. Experiencing 4 or more ACEs is associated with significantly increased risk of poor health and mental health outcomes.
- 3.3 The existing ACES programme in Sefton lasts 10-weeks and is delivered by health and wellbeing coaches to support participants to understand their own ACEs. The programme supports participants to build resilience and develop a healthy lifestyle and provides them with a better understanding of how ACEs have impacted them or their families and empowers participants to make positive changes and choices.
- 3.4 The funding for ACEs will enable expansion of the programme to include a CYP (18-25) age group in partnership with Hugh Baird College. It will also enable better co-ordination between the Council and PCN pro

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programme. It will also enable the extension of the programme to include creche facilities to improve access to parents who otherwise would not be able to attend due to lack of childcare.

- 3.5 The anticipated population health benefits of expanding the model are significant increases in emotional and physical wellbeing, which in turn enable more outcomes such as smoking cessation, reduced alcohol intake, and reduction in prescribed medication.
- 3.6 Improved self-efficacy and self-esteem boost community engagement and ACEs programme participants have gone on to secure employment and volunteering opportunities and are starting to self-facilitate post-programme support groups, contributing to person-centred, co-produced support. One of the main aims and most significant outcomes is the interruption of inter-generational cycles of poor health in families where parents have experienced ACEs. In this way, supporting parents to address their ACEs delivers a primary prevention approach for their children.

## Complex Lives

- 3.7 The Complex Lives Scheme service aims to provide quality mainstream primary health care to patients who are complex/homeless thus enabling them to receive optimum advantage from the UK health and social care system which, in turn, produces benefits in terms of health and independence.
- 3.8 The average age of death for people experiencing homelessness is 46 for men and 42 for women. People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.
- 3.9 The scheme will offer a systematic proactive approach relating to chronic disease management, tailored appropriately to the venue and needs of the complex individuals (either at hostels, homeless hub or elsewhere) as well as ensuring immunisation (flu, pneumococcal, Hepatitis B where appropriate) as well as screening for chronic disease, blood borne viruses, and the promotion of appropriate health screenings (i.e. cervical, bowel and breast screening). The service will deliver where it is required rather than relying on individuals to access services in the same way the general population would.
- 3.10 A key theme within the complex lives programme is homelessness prevention. It is therefore also proposed to offer a small amount of funding to Light for Life, a VCF organisation that works with homeless people across Sefton. The resource allocated will expand the work related to the hospital in-reach programme and the homelessness prevention programme. Homelessness especially in terms of insecure or temporary accommodation is recognised as a major risk to health and wellbeing, educational achievement and longer-term work and earning potential. This is a serious and growing issue in Sefton.

## Children and young people

- 3.11 Two programmes focusing directly on best start in life proposed to be extended using health inequalities funding:

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- 3.11.1 Poverty proofing<sup>1</sup> refers to a concept and methodology developed by Children North East, an anti-poverty voluntary sector organisation focused on improving the wellbeing and life chances of children and young people living in poor and disadvantaged circumstances. To poverty proof a service, clinical pathway, organisation or policy refers to the systematic process of identifying and removing or reducing as many barriers as possible so that children gain more equal opportunities to access and benefit from health services, education and training, culture and recreation.
- 3.11.2 Around one in five children currently experiences poverty in the borough. Sefton launched its own ambitious child poverty strategy in 2022<sup>2</sup>; a Cheshire and Merseyside ICB action plan was produced in 2024; and a national strategy is expected in 2025.
- 3.11.3 Sefton Council has commissioned Children North East to facilitate a two-year programme of poverty-proofing training in school settings and as part of developing a new Culture strategy. The combined cost is £50,000 and work will begin in 2025. To further develop the potential of this approach it is proposed that £20,000 from health inequalities funding be aligned to introducing poverty-proofing audit and improvement into two GP practices – one in North and one in South Sefton. Evaluation in year one is planned to inform the intended expansion of poverty-proofing healthcare activity in the future.
- 3.11.4 My Happy Mind is an Emotional Health and Wellbeing programme which has been made available in some Sefton schools. This programme supports the training of teachers and support staff and has an App which helps parents support their children's emotional health and wellbeing. Planning is required to enable consideration of expansion into more schools across Sefton, especially in areas of higher deprivation and could be a particular focus moving into 2025/26.
- 3.12 These proposals deliver a range of schemes within the guidance provided by the ICB and are focused on addressing social determinants of health and primary. Detailed plans and costings for each scheme will now be developed with each partner and resources released when assured that the desired outcomes will be met. During quarter four, plans will also be worked up for utilisation of the recurrent resource from April 2025.

## 4. Resource Implications

- 4.1 The investment of £150,000 is provided by the Health Care Partnership for 2024/25. This funding is secured for 2024/25, with the intention of a recurrent allocation for future years but the final amount is to be determined and agreed. Due to the late release of the resources within 2024-5, it is proposed that up to £90k be spent in 24/25 with a plan for full utilisation worked up for April 2025 and beyond with key partners across the Sefton Partnership. Any resource not utilised from this year's allocation will be made available in 2025/26.
- 4.2 It is proposed that the Operational Delivery Group reporting into the Sefton Partnership Board be re-established and will receive regular reports on the performance of the schemes. It will also plan for next year's allocation.

## 5. Recommendations

The HWBB are therefore asked to receive this report and endorse the proposed approach.

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<sup>1</sup> [Poverty Proofing© Healthcare - Children North East](#)

<sup>2</sup> [Sefton Child Poverty Strategy](#)

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## Sub-Group Updates

Date of meeting:	3 December 2024		
Report to:	Health and Wellbeing Board		
Report of:	Director of Public Health		
Portfolio:	Public Health and Wellbeing		
Wards affected:	(All Wards)		
Is this a key decision:	No	Included in Forward Plan:	No
Exempt/confidential report:	No		

### Summary:

This report is to present the Health and Wellbeing Board with a summary of activity from the five identified subgroups.

The report also outlines a summary of activity from the Combatting Drugs Partnership and outlines changes to pharmacies in Sefton. This is activity since the last report received by the Board on 11 September 2024.

### Recommendation(s):

- (1) The updates from the five identified subgroups and the Combatting Drugs Partnership are received and noted by the Board; and
- (2) The Board notes the changes to Pharmacies in its area.

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## 1. The Rationale and Evidence for the Recommendations

### 1.0 Introduction / Background

1.1 As agreed at the December 2019 meeting of the Health and Wellbeing Board, the Board receives a standard agenda item of summarised activity of its formal Sub-Groups.

1.2 The Sub-Groups are identified as:

- Children and Young People Partnership Board
- SEND Continuous Improvement Board
- Adults Forum
- Health and Wellbeing Board Executive
- Health Protection Forum

1.3 The Board also receives regular updates from the Combatting Drugs Partnership which is included in the report.

1.4 The Board is required to receive and note changes to Pharmacies in its area from NHS England which are included in detail below.

### 2.0 Adults Forum

2.1 The Adults Forum has not met since the last update. It is next scheduled to meet on 12 December 2024.

### 3.0 Children and Young People Partnership Board

3.1 The Children and Young People Board meets on a bi-monthly basis. There has been one meeting since the last HWBB – 23 October, and this meeting was chaired by Risthardh Hare, the Director of Children's Services. The meeting started as always with a presentation from a partner to improve understanding of our individual work and the work we can do together.

3.2 In this meeting the presentation was given by Suzanne Payne, the chair of SAPH, on Primary Schools, the key issues they face and their priorities for partnership working. As with Secondary schools, SEND is a key priority for partnership working, and while improvements have been made together, there is still a lot more to do, particularly in terms of sufficiency planning and delivery. The meeting also received an update on the work being done as part of the Southport recovery – not only in the Southport Learning partnership / Education and Early Help, but also across the other sub groups: Psychological Support, Community Cohesion and Regeneration and Economy all of which are designed to support Children and Families in Southport.

3.3 The partnership also received updates on its core work, the development of the new Children and Young People Plan priorities was presented for consideration ahead of a more detailed discussion planned for the January 2025 meeting, and its current priorities: 1. Team around the School 2. Family Hubs 3. Fast track Access to Mental Health support (which is now focused on developing system wide pathways to ensure easier and quicker access to Emotional Health and Wellbeing Support at all levels of need), 4. Improving Attendance 5. Child Poverty.

3.4 Finally, the meeting also received an update on the work commissioned to support the development of the CYPBP partnership. Over the past year, as evidenced in the current priorities the partnership has focused on cross cutting priorities, focusing on areas where

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partners can work together to meet the needs of children and families in the borough. This has been positively received, but we also recognise that to do this effectively we need to work differently. We have already made changes, but we have also commissioned This is Capacity to do a short piece of work with us, to further clarify roles, relationships, values, behaviours and capacity needed to embed this approach.

3.5 The next CYPFB takes place on the 4th of December and will be a Workshop rather than a meeting.

## 4.0 Health and Wellbeing Executive

4.1 At the time of publishing this report, an update has not yet been received.

## 5.0 Health Protection Forum

5.1 The Sefton Health Protection Forum has met once since the last update, in October 2024.

5.2 The meeting included a spotlight session on the Public Health Children's Immunisations microsite which will be due to go live in November 2024.

5.3 Key updates from the October meeting included:

- UKHSA update around enhanced national incident around clade 1b Mpox outbreak which has spread rapidly across African continent, classed as high consequence infectious disease.
- Measles and Whooping cough cases have recently fallen.
- The Community Infection Prevention Control Team and C&M ICB Sefton Place noted higher than expected cases of community acquired MRSA bacteraemias
- Cervical Screening and the Living Well Bus – C&M ICB Sefton Place noted that Sefton had been successful in securing additional funding to extend the use of the Living Well Bus. This pilot provision has been split between North and South Sefton and has had a focus on offering cervical screening. 249 cervical screenings have been provided.

## 6.0 Special Education Needs and Disabilities Continuous Improvement Board (SENDICIB)

6.1 SENDICIB has met once since the last update, in November 2024.

6.2 Key highlights included:

- Ongoing shortage in ADHD medicine for children and adults, continuing to be an issue, well documented Nationally, no new prescribing taking place, raised at all levels up to Central Government, response is that it's being managed as best as it can be.
- Good practice presentation from M&WL Teaching hospital highlighting an improvement in quality of life for a young person who has regular seizures and now receives care at home rather than traveling to Alder Hey.
- Parent Carers Forum had their Local Offer Live event in October ½ term and feedback was very positive.
- There was a presentation to brief ~~members~~ of the requirements of the Joint area

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inspection, in preparation for the call.

- A large data cleansing exercise has taken place, to ensure we fully know and can identify the SEN cohort (There are currently 10,413 known to have SEN (including early years support, school SEN support, Education, Health and Care needs assessment (EHCNA) and/or Education, Health and Care plan).
- An adult and child mental health support snap shot has been produced by health in light of the Southport tragedy and this is being shared across the partnership.
- SEND strategy has been drafted and is being consulted on.
- Delivering Better Value – Latest update shared with DfE who were very complimentary about progress to date.
- EHCP 20-week compliance is 56%

## 7.0 Combatting Drugs Partnership

- 7.1 The partnership has met once since the last update, on the 18<sup>th</sup> of September 2024. Each CDP meeting has a themed spotlight session, the focus for the September meeting was Sefton’s Drug and Alcohol Related Deaths Panel and the Cheshire and Mersey Local Drug Information System (LDIS) which was led by Liverpool John Moore’s University.
- 7.2 New partner members were welcomed, including a representative from Liverpool John Moore’s University and the Cabinet Member for Health and Wellbeing. Key discussions focused on national and regional updates, such as changes in prison capacity, with reference to the early release scheme SDS40, coroner testing for synthetic opioids, and local planning for new synthetic opioids.
- 7.3 Merseyside Police provided updates on local data and intelligence. Sefton’s CDP dashboard report was shared with an update provided on progress against national targets.
- 7.4 Sefton Council for Voluntary Services (CVS) provided feedback from a recent workshop in which CDP members participated. The workshop aimed to explore barriers to accessing services and identify ways to support local residents or those they know in addressing drug and alcohol use.
- 7.5 The next CDP meeting will take place on Wednesday 11<sup>th</sup> December 2024.

## 8. Pharmacy Updates

- 8.1 The Health and Wellbeing Board is required to receive and note changes to Pharmacies in its area from NHS England. From September 2024 to date, the following notifications have been received:

Pharmacy	Notifications
Norwood Healthcare Limited T/a Allied Pharmacy Norwood Avenue  11a Norwood Avenue, Southport, Merseyside, PR9 7EG	Change of Operator

Sharief Healthcare Ltd  290 Knowsley Road Bootle Liverpool L20 5DQ  to  242a Knowsley Road Bootle Liverpool L20 5DQ	Relocation
Pharmacy Care Plus Ltd  St Marks Pharmacy, 42 Derby Road, Southport, Merseyside, PR9 0TZ  to  35 Church Street, Ground, First Floor & Basement Unit, Southport, Merseyside, PR9 0QT	Relocation

**2. Financial Implications**

There are no direct financial implications.

**3. Legal Implications**

There are no legal implications.

**4. Corporate Risk Implications**

There are no corporate risk implications.

**5 Staffing HR Implications**

There are no Staffing / HR Implications.

**Alternative Options Considered and Rejected**

None

<p><b>Equality Implications:</b></p> <p>There are no equality implications.</p>
<p><b>Impact on Children and Young People:</b></p> <p>The Children and Young People’s Partnership Board is one of the Sub-Groups included in the update report.</p>
<p><b>Climate Emergency Implications:</b></p> <p>The recommendations within this report will have a neutral impact.</p>

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**What consultations have taken place on the proposals and when?**

**(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD7877/24) and the Chief Legal and Democratic Officer (LD5977/24) have been consulted and any comments have been incorporated into the report.

**(B) External Consultations**

None

**Implementation Date for the Decision:**

Immediately following the Board meeting.

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**Appendices:**

There are no appendices to this report