

# Public Document Pack



MEETING: HEALTH AND WELLBEING BOARD  
DATE: Wednesday, 8th June 2022  
TIME: 2.00 p.m.  
VENUE: Committee Room - Bootle Town Hall, Trinity Road, Bootle, L20 7AE

## Member

Cllr. Ian Moncur (Chair)  
Cllr. Paul Cummins  
Cllr. Mhairi Doyle, M.B.E.  
Deborah Butcher  
Martin Birch  
Margaret Jones  
Dr. Rob Caudwell  
Fiona Taylor  
Peter Chamberlain  
Ged Sheridan  
Superintendent Graeme Robson  
Lorraine Webb  
Andrew Booth  
Angela White  
Louise Shepherd  
Bill Bruce  
Sir David Dalton

COMMITTEE OFFICER: Amy Dyson, Democratic Services Officer  
Telephone: 0151 934 2045  
Fax:  
E-mail: amy.dyson@sefton.gov.uk

**If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.**

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

# AGENDA

## 1. Apologies for Absence

## 2. Declarations of Interest

Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda.

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation.

Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.

## 3. Minutes of Previous Meeting

(Pages 5 - 8)

Minutes of the meeting held on 9 March 2022

## 4. Sub Group Updates

(Pages 9 - 28)

Report of the Director of Public Health

## 5. Sefton Health Communications Engagement and Information Group - Quarterly Update

(Pages 29 - 34)

Report of the Head of Communications and Engagement, NHS South Sefton CCG and NHS Southport and Formby CCG

## 6. Health Transition

Presentation of the Accountable Officer for NHS South Sefton and NHS Southport and Formby CCG, and Executive Director for Health and Social Care and Place Director Designate

## 7. Early Help Partnership Board Update

(Pages 35 - 42)

Report of the Assistant Director of Operations, Mersey Care

## 8. Anchor Institutions

(Pages 43 -

Presentation of the Director of Strategic Partnerships NHS South Sefton and NHS Southport and Formby CCGs

**9. South Sefton Primary Care Network Strategic Priorities**

Presentation of the Primary Care Network Clinical Director

**10. Sefton Online Health, Care and Wellbeing App Library**

(Pages 51 - 58)

Report of the Associate Director of Digital, NHS Informatics Merseyside

**11. The State of Ageing**

(Pages 59 - 80)

Report of the Deputy Programme Manager, Living Well Sefton

**12. Parental Conflict**

(Pages 81 - 86)

Report of the Head of Communities

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**THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN"**

## **HEALTH AND WELLBEING BOARD**

**MEETING HELD AT THE BALLROOM - BOOTLE TOWN HALL,  
TRINITY ROAD, BOOTLE, L20 7AE  
ON WEDNESDAY 9TH MARCH, 2022**

**PRESENT:** Councillor Moncur (in the Chair) (Sefton Council)  
Councillors Cummins (Sefton Council), Councillor  
Doyle (Sefton Council), Deborah Butcher (Sefton  
Council), Margaret Jones (Sefton Council),  
Dr. Rob Caudwell (Southport and Formby Clinical  
Commissioning Group), Fiona Taylor (NHS Sefton  
Clinical Commissioning Groups), Angela White  
(Sefton Council for Voluntary Service) and Bill Bruce  
(Healthwatch Sefton)

### **35. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Andrew Booth (Sefton Advocacy), Peter Chamberlain (South Sefton Clinical Commissioning Group), Sir David Dalton (Liverpool University Hospitals NHS Foundation Trust) and Ged Sheridan (Merseyside Fire and Rescue Service) and Lorraine Webb (Venus Charity).

Clare Morgan attended on behalf of Sir David Dalton, representing Liverpool University Hospitals NHS Foundation Trust.

Mark Thomas attended on behalf of Ged Sheridan, representing Merseyside Fire and Rescue Service.

### **36. MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the Minutes of the meeting held on 8 December 2021 be confirmed as a correct record.

### **37. DECLARATIONS OF INTEREST**

No declarations of any disclosable pecuniary interests or personal interests were received.

### **38. SUBGROUP UPDATES**

The Board considered the report of the Director of Public Health that provided an update and summary of activity from the five identified sub-groups:

# Agenda Item 3

HEALTH AND WELLBEING BOARD- WEDNESDAY 9TH MARCH, 2022

- (1) Children and Young People Partnership Board (CYPPB) which meets bi-monthly, and had met once since the last update on 14<sup>th</sup> December 2021. The following items were discussed: Education, Employment and Training, Early Help Partnership Board update and a report on Mental Health Resilience.
- (2) Special Educational Needs and Disabilities Continuous Improvement Board (SEND CIB) which meets bi-monthly and had met twice since the last update, on 23<sup>rd</sup> November 2021 and 11<sup>th</sup> January 2022.
- (3) Adults Forum which had not met since the last report.
- (4) Health and Wellbeing Executive which had met once since the last report.
- (5) It had been agreed at the Stakeholder Outbreak Management Board on Friday 12 November 2021 that the wider partnership Outbreak Board would be incorporated into the Health Protection Forum.

RESOLVED:

That the report be noted.

## **39. INTEGRATED COMMUNICATIONS AND ENGAGEMENT UPDATE**

The Board considered the report of the Head of Communications and Engagement NHS South Sefton CCG and NHS Southport and Formby CCG and the co-chair of Sefton Health Communications, Engagement and Information Group (SHCEIG), which provided the latest quarterly update on the work of the SHCEIG.

The update reported on the SHCEIG's achievements since the last report and outlined its next steps. An overview of current communications and engagement forums and structures was also presented.

RESOLVED:

That the report be noted.

## **40. DEMENTIA AND SOCIAL CARE USAGE PRE AND DURING THE PANDEMIC**

The Board considered the remote presentation of Senior Research Fellow, Department of Primary Care and Mental Health, The University of Liverpool.

The presentation outlined the impact of the COVID-19 pandemic on care home visitation and care delivery in the UK. It covered from community to care home during COVID-19 and included details of qualitative research. The presentation offered recommendations regarding care homes during and after pandemics.

RESOLVED:

That the presentation be noted.

#### **41. CCG UPDATE ON DEMENTIA OFFER**

The Board considered an updated presentation of the Chief Officer of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group and the Executive Director of Adult Social Care and Health, Sefton Council.

The presentation covered local demographics, prevalence, diagnosis rates, the impact from Covid, recommendations and milestones and governance.

RESOLVED:

That the presentation be noted.

#### **42. PUBLIC HEALTH ANNUAL REPORT**

The Board considered a presentation from the Director of Public Health. The Director of Public Health was required to produce an independent annual report on the health and wellbeing of their population, highlighting key issues. The 2021 annual report for Sefton took the form of a short video, rather than a written report, and focused on the coronavirus pandemic, looking at its impact across a number of sectors, the key partnership working, and the lessons learned along the way. The video was circulated to Members prior to the meeting.

RESOLVED: That

- (1) the presentation be noted; and
- (2) Members of the Board be encouraged to circulate the Public Health Annual Report to relevant partners and organisations.

#### **43. HOUSING STRATEGY 2022 - 2027**

The Board considered the report of the Head of Economic Growth and Housing which provided an overview of the process to refresh the Council's Housing Strategy specifically focusing on health and wellbeing priorities in the borough.

RESOLVED: That

- (1) The report be noted; and
- (2) further updates on the delivery framework of the strategy be presented to the Board at future meetings.

#### **44. HEALTH AND WELLBEING DEVELOPMENT**

# Agenda Item 3

HEALTH AND WELLBEING BOARD- WEDNESDAY 9TH MARCH, 2022

The Board considered the report of the Executive Director for Adult Social Care and Health which set out the detail of the recently concluded Health and Wellbeing Board Development programme, its outcomes and next steps.

RESOLVED: That

- (1) the report be noted;
- (2) the proposed development steps be agreed;
- (3) further reports on the Forward Plan and terms of reference will be initially received by the Health and Wellbeing Executive for approval before submission to the Board be agreed; and
- (4) permission be sought from the Leader of the Council to extend the Board's Membership to include representatives from Southport and Ormskirk NHS Trust and the decision to be ratified through Council.

## **45. SHAPING CARE TOGETHER**

The Board considered the presentation of the Chief Officer of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group.

The presentation emphasised the importance on engagement and outlined headline engagements and themes to date as well as next steps and a timeline of activity.

RESOLVED:

That the presentation be noted.



# Agenda Item 4

<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 8 June 2022
<b>Subject:</b>	Sub Committee Updates		
<b>Report of:</b>	Director of Public Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>			
<b>Is this a Key Decision:</b>	N	<b>Included in Forward Plan:</b>	No.
<b>Exempt / Confidential Report:</b>	N		

## Summary:

This report is to present to the Health and Wellbeing Board a summary of activity from the five identified subgroups. This is activity since the last report received by the board on the 10<sup>th</sup> March 2022.

## Recommendation(s):

The updates are received and noted by the Board

## Reasons for the Recommendation(s):

The Board is asked to routinely receive and note updates to ensure compliance with required governance standards

## Alternative Options Considered and Rejected: (including any Risk Implications)

None

## What will it cost and how will it be financed?

### (A) Revenue Costs

There are direct revenue costs associated with the recommendation in this report

### (B) Capital Costs

There are no direct capital costs associated with the recommendation in this report

## Implications of the Proposals:

### Resource Implications (Financial, IT, Staffing and Assets):

None identified by the contents of the report

# Agenda Item 4

<b>Legal Implications:</b>	
None identified by the contents of the report	
<b>Equality Implications:</b>	
There are no equality implications.	
<b>Climate Emergency Implications:</b>	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
The contents of this report have a neutral impact on the Climate Emergency.	

## Contribution to the Council's Core Purpose:

Protect the most vulnerable: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate confident and resilient communities: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Commission, broker and provide core services: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Place – leadership and influencer: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Drivers of change and reform: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate sustainable economic prosperity: None
Greater income for social investment: None
Cleaner Greener: None

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

### (A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6800/22.....) and the Chief Legal and Democratic Officer (LD.5000/22....) have been consulted and any comments have been incorporated into the report.

## **(B) External Consultations**

Not applicable

## **Implementation Date for the Decision**

Immediately following the Board meeting.

<b>Contact Officer:</b>	Eleanor Moulton
Telephone Number:	07779162882
Email Address:	eleanor.moulton@sefton.gov.uk

## **Appendices:**

Better Care Fund End of Year Report 2021/22

## **Background Papers:**

There are no background papers available for inspection.

## **1.Introduction**

As agreed at the December 2019 meeting of the Health and Wellbeing board (the Board) has agreed to receive a standard agenda item of summarised activity of its formal sub groups.

The subgroups are identified as: the Children & Young People Partnership Board, the SEND Continuous Improvement Board, the Adults Forum, the Health and Wellbeing Board Executive and the Health Protection Forum.

## **2.Children and Young People Partnership Board**

This update details the activity of a meeting held on the 9<sup>th</sup> February 2022. The Group met and discussed Youth Offending Cohort, highlighting that a series of papers had been presented to Sefton Improvement Board recently on the issue of suicide and suicide attempts by some of these young people. The Group used the information for a critical learning review and to consider what support may be available.

The Youth Offending board are currently looking at the Voice of the Child and bringing young people previously known to YOT on the Board. There is currently a self-evaluation process ongoing around the partnership, and 5 local Youth Justice Partnerships, and they are to report back, and they will look at how they will deliver against the priorities. The Group discussed the importance of Mental Health

# Agenda Item 4

assessments as well as targeted support as well as target support to ensure this cohort is not unduly at risk of not being in employment or training.

The Board also received an update on the development of the Sefton Partnership and the wider Cheshire and Merseyside Integrated Care System.

The Board also discussed the Progress in Children's Services, noting that the Annual Conversations taken place with Ofsted on 27.01.22 together with the expected inspection. A discussion on the national and regional recruitment challenge to Children's Social Care took place. The board noted that work is continuing on sufficiency and Higher Needs Funding (HNF) including looking at resourcing places going forward, this has included allocation of some capital funding to extend primary places in Special Schools. The interim Director of Children's Services highlighted ongoing improvement work to address high level of caseloads, decrease in the number of care proceedings since the previous update and the establishment of a dedicated assessment function. The board noted that the permanent Director, Marin Birch has now been appointed.

### **3. Special Educational Needs & Disabilities Continuous Improvement Board (SENDCIB)**

SENDCIB met on the 22nd of March. The board noted an increase in referrals in line with national trends. Performance information reflected that new assessments had dropped significantly which was escalated to Sefton Council Executive Leadership Team (ELT) due to capacity issues. There are four new case workers brought in from an agency to assist although because of these capacity issues. Four new agency case workers have been recruited to assist capacity issues. The impact of COVID is also felt to have affected performance. The Board received a report on transitions highlighting current position and the development plans for the next 12 months. An overview of complaints was received detailing some issues with communication and timelessness timeliness, there was one instance of ombudsmen compliant complaint being upheld

### **4. Adults Forum**

The Adults Forum met on the 22<sup>nd</sup> of March. The meeting had a Dementia focus, with a review of the Alzheimer's society profile for Sefton and associated action plan. The newly appointed Dementia lead for NHS South Sefton and NHS Southport and Formby CCGs was welcomed and the group discussed the most significant local issue a integrated approach will need to address these include:

- Reiterating importance of early diagnosis
- Sefton's population profile.
- Differences in performance with Liverpool
- Support for carers who are supporting people with dementia

b. This review is to inform a new model of Day Opportunities offer following the Impact of COVID on this service area and the need for continuous improvement. This has highlighted the need for a more flexible model and shift in expectations for younger service users. Following the Day Opportunities consultation, a new purchasing model will be developed by the Commissioning team to ensure the outcomes highlighted by the consultation can be realised in Sefton.

### **5. Health and Wellbeing Executive**

The Health and Wellbeing Executive (the "Executive") has met 3 times since the last report. On the 10<sup>th</sup> of March, 28<sup>th</sup> April, and at an extraordinary meeting on the 16<sup>th</sup> of

(May. The Executive has continued to receive performance and financial information on the Better Care fund, offered oversight of the development of refreshed terms of reference for the Board and the development of a performance framework following the LGA lead development sessions. The Executive has also continued to oversee proposals for the establishment of place-based governance arrangements to meet the requirements of the Health and Care act to be enacted on the 1<sup>st</sup> of July 2022. The Executive has also received updates around work to expand the current Better Care Fund. Appended to this report is the Better Care Fund end of year report which is required by NHS England by the 27<sup>th</sup> of May, this has been agreed by the Chair on behalf of the Board, subject to receipt by the Board.

## 6. Health Protection Forum

The Health Protection Forum met on the 28th of April 2022 for a development session. The terms of reference and work of the Group was reviewed as the Group has not met since early 2020. The scope of the Group is around health protection issues affecting people in Sefton. The Group will seek assurance and will receive reports from partners and subgroups, and task and finish groups. The Forum will report to the Health and Wellbeing Board.

Initial topics discussed for work-plan include:

- Seasonal flu and COVID 19
- Screening and immunisations
- Drug related deaths
- Blood borne viruses (and HIV)

The Group will hold the first formal meeting in June 2022 and will initially meet every two months.

## 7. Other updates

The Health and Wellbeing Board is required to receive and note changes to Pharmacies in its area from NHS England. From January 2022 to date the following notifications have been received:

Pharmacy	Notifications
Care +	Relocation to Shakespeare St Southport
M&B Healthcare Ltd	now operating as Maghull Pharmacy at 158A Liverpool Road North Maghull
Lloyds Pharmacies	Change to Pharmacies opening hours
Crosby Road Pharmacy	Crosby Road Pharmacy (FK516) will be merging with Higgins Pharmacy (FFW97) on 22/03/22
24/7 Medicine Ltd	Application for inclusion in a pharmaceutical list at 15 Stuart Rd, Waterloo, Liverpool, L22 4QR in respect of distance selling premises
Sharief Healthcare	Amalgamation of 77 & 59 Crosby Road North

## 8. Conclusion

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The Board is asked to receive and note the contents of the report and to await further updates as part of the standard agenda going forward

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

**Note on viewing the sheets optimally**

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

**Checklist ( 2. Cover )**

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

**2. Cover**

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:  
[england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)  
(please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

**3. National Conditions**

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>



This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

#### 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

#### 5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

**Income section:**

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

**Expenditure section:**

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

## 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree

- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

## Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

## 7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

**Better Care Fund 2021-22 Year-end Template**

**2. Cover**

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Sefton
<b>Completed by:</b>	Integrated Social Care and Health Manager
<b>E-mail:</b>	Eleanor.Moulton@Sefton.gov.uk
<b>Contact number:</b>	779162882
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	Yes
<b>If no, please indicate when the report is expected to be signed off:</b>	
<b>Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):</b>	
<b>Job Title:</b>	Chair of the Health and Wellbeing Board
<b>Name:</b>	Ian Moncur

<b>Checklist</b>	
Complete:	
	Yes
	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

**Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'**

**Complete**

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

**Better Care Fund 2021-22 Year-end Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Sefton

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? <small>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)</small>	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

**Checklist**

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2021-22 Year-end Template

### 4. Metrics

Selected Health and Wellbeing Board:

Sefton

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)				3,417.0	On track to meet target	New commission of hospital avoidance services in place (see achievements) some of these services are already well established and are an extension and some are new and will require time to recruit and embed. Data	Local data used to establish progress indicating sustained lower levels since the beginning of the pandemic. 2hr UCR, falls pick up service, NWAS Sefton Emergency response vehicle roll out and an
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	No worsening of performance but levels of longer lengths of stay remain. Biggest challenges are lack of availability in domiciliary care packages and reablement. Non C2R numbers are monitored daily and	14+ and 21+ LoS higher levels remain but whereas nationally performance has worsened, locally performance has remained steady at current levels. Based on Q1&2 2021/22 compared to Oct-21 to Feb-
		12.7%	12.3%	7.0%	6.8%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				92.4%	Not on track to meet target	Short falls in domiciliary care packages and reablement has resulted in the need to open more community beds to support flow and pressures out of the acute trusts. Work ongoing to develop workforce initiatives to	Improvements made in the latter parts of 2021 when comparing against Q1-Q2 21/22 and 2020/21. Current levels for Oct-21 to Feb 22 are now at 92.2% on average, slightly shy of the planned 92.4% target.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)				594	On track to meet target	No significant issues due to high number of care home beds in Sefton, coupled with increased number of vacancies in such homes due to changes in demand resulting from the pandemic. However, issues have	Implementation of Trusted Assessor model to support timely Hospital Discharges.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.2%	On track to meet target	Main challenge has been capacity within the Reablement service to meet 'demand' and support the strategic objectives of supporting more people in their own homes.	Agreement to expand the Reablement service and expansion of bed-based facilities to support strategic aim of more people receiving Reablement / Rehabilitation service in the first instance and reduction in

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes

\* In the absence of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

**Better Care Fund 2021-22 Year-end Template**

**5. Income and Expenditure actual**

Selected Health and Wellbeing Board:

Income			
		2021-22	
Disabled Facilities Grant	£4,823,370		
Improved Better Care Fund	£15,263,520		
CCG Minimum Fund	£25,019,257		
<b>Minimum Sub Total</b>		<b>£45,106,147</b>	
		Planned	
CCG Additional Funding	£3,834,819		
LA Additional Funding	£252,100		
<b>Additional Sub Total</b>		<b>£4,086,919</b>	
		Actual	
Do you wish to change your additional actual CCG funding?		No	
Do you wish to change your additional actual LA funding?		No	
<b>Additional Sub Total</b>			<b>£4,086,919</b>
		Planned 21-22	Actual 21-22
<b>Total BCF Pooled Fund</b>	£49,193,066	£49,193,066	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22			

Expenditure	
	2021-22
Plan	£49,193,066
Do you wish to change your actual BCF expenditure?	
	Yes
Actual	£48,227,329
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	
Surplus from DFG £866k, which will be carried forward to be used future years as part of 3 year Capital programming. Additional surplus from Integration and Transformation posts £99k due to delay in recruitment to part year posts, to be reserved & utilised in 22/23 as agreed by Health & Wellbeing Board 10 March 22.	

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes



**Better Care Fund 2021-22 Year-end Template**

**6. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

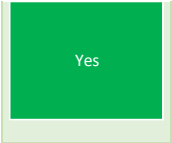
**Part 1: Delivery of the Better Care Fund**  
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The BCF Governance and integrated working groups have helped lay strong foundations to be built on in order to establish a thriving financial framework model in readiness for the implementation of the Health and Care Bill
2. Our BCF schemes were implemented as planned in 2021-22	Agree	The vast majority of schemes delivered as expected aside from the need to carry forward fundign for joint posts that were failed to be recruited to.
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Seftons succesful track record of integrated devlievy through the BCF has allowed the development at pace pof place based arrangements that have see a joint appointment of place dirctor designate, one of only 3 from 9 places in the Cheshire and Mersey ICS

**Part 2: Successes and Challenges**  
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	More integrated working has occurred to deliver on the BCF but also to lay the foundations for future ICS / place-based integrated working. For example Integrated Posts and governance arrangements.
Success 2	8. Pooled or aligned resources	Not just as part of BCF, but significant progression on this in order to jointly deliver on shared strategic priorities and to also lay the foundations for future expansion of BCF and joint commissioning.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Impact of COVID pandemic has had significant impact on markets, such as with respect to: 1. Additional financial pressures - for example due to increased number of vacancies withincare homes 2. Workforce Challenges - Providers experiencing issues with recruitment, retention, staff absences - which in turn impact on ability to put services in place for people and have tiomely Hospital discharges. Linked to these issues are financial pressures for Commissioners in terms of additional expenditure required to pay Providers fee rates that support with recruitment and

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes



Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Linked to Challenge 1, ongoing financial pressures remain a challenge as well as the demographics of Sefton which has an ageing population and therefore resulting pressures on demand for services.
-------------	---	--

**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

**Better Care Fund 2021-22 Year-end Template**

**7. ASC fee rates**

Selected Health and Wellbeing Board:

Sefton

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

**These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients.** The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges),** reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

**Specifically the averages SHOULD therefore:**

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
---	---	--	--

Checklist

Complete:



1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£16.04	£16.04	£16.68	4.0%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£546.82	£546.82	£557.92	2.0%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£551.45	£551.45	£568.32	3.1%
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.				

**Footnotes:**

- \* "." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report
- \*\* For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.  
(Occupancy guarantees should result in a higher rate per actual user.)
- \*\*\* Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

## Sefton Health Communications, Engagement and Information Group

### Quarterly update to HWBB: June 2022

#### Introduction

This quarterly report provides members of the Health and Wellbeing Board with an update on the work of Sefton Health Communications, Engagement and Information Group (SHCEIG).

SHCEIG was mandated by Sefton Health and Wellbeing Board to support the delivery of joint priorities from the HWB strategy and Sefton2gether. The group has formalised a Sefton wide network for the co-creation and cascade of health and care communications, whilst addressing inequalities in health communication. Its roles include supporting the development and delivery of a communications and engagement strategy for Sefton Partnership, led by the CCG/LA Senior Communications & Engagement Group (see Appendix: Sefton Place Communications & Engagement Organisational Chart).

SHCEIG is co-chaired by the head of communications and engagement at NHS South Sefton and NHS Southport and Formby CCGs and the health protection lead from Sefton Council's Public Health team and it meets fortnightly. Members comprise communications and engagement representatives from local NHS services, the council, and representatives from Sefton CVS and Healthwatch Sefton.



## Update

### Achievements since last report (March 2022)

- The SHCEIG has produced information packs and toolkits on COVID-19 vaccinations, Living with COVID-19, information on accessing health advice and services over Easter and other public health priorities for cascade across a broad network of community gatekeepers, including VCF partners.
- Urgent/Emergency Care Working Group have co-created a leaflet aimed at promoting good health and wellbeing and signposting to appropriate health and care services which has been distributed to key areas across Sefton.
- The People and Communities Working Group has provided a briefing on content from a recent King's Fund Conference and learnings for Sefton Partnership, PMO and the Engagement and Patient Experience Group (EPEG).
- The group has supported the launch of Sefton Partnership's Orcha health app library, the introduction of Schwartz Rounds for staff members celebrating care, compassion and empathy and the announcement of the designate director of place.
- As well as engaging with partners on developments at Sefton Partnership, the ICB and the Children's and Young People's Improvement Board, the group has connected with new colleagues from Southport and Ormskirk Hospital's Maternity Voices Partnership, new drug & alcohol service - Change Grow Live and Merseyside Police and Crime Commissioner's office regarding future Safer Streets campaigning.
- Three partner briefings about Sefton Partnership's development and work have been cascaded to up to 37,500 members of staff in partner organisations.

### Next steps

#### People and Communities Working Group:

- *Insight tool pilot* - training sessions have been run with different frontline teams on how to use the tool and data collection now beginning.
- *EPEG* – the group will continue to feed into this group as it reshapes to better support Sefton Partnership's work (Terms of reference are being reviewed and updated to reflect future needs and the revised TOR will feed into the governance design workstream for Sefton Partnership).

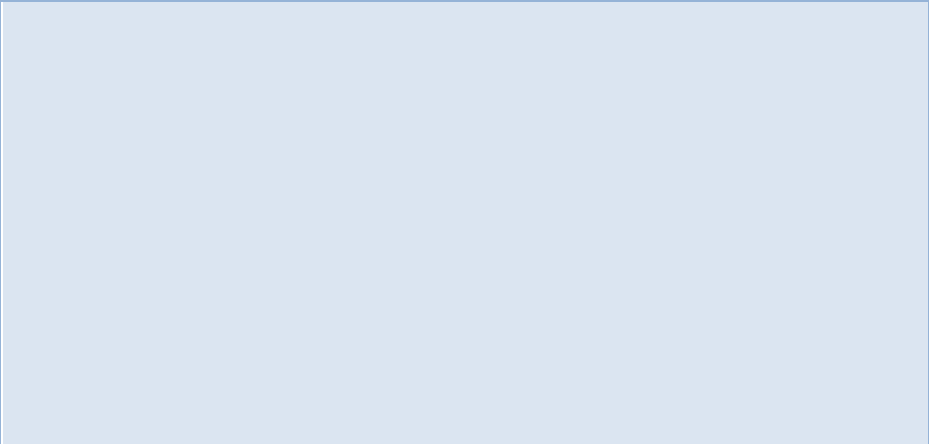
#### Urgent and Emergency Care Communications Working Group:

- Coordinating and sharing information and materials to signpost residents to appropriate alternatives to A&E and advice to support self care and good health and wellbeing ahead of the Jubilee Bank Holiday weekend.

#### Communications and Engagement Working Group:

- Continues to lead the development of a co-produced communications and engagement strategy (with SHCEIG) to support the objectives of Sefton Partnership, whilst aligning to ICB engagement framework and national guidance.
- Creation of updated draft generic presentation slide deck outlining the background and high level aims of Sefton Partnership.

- Workshop held on the continued development of the Engagement and Patient Experience Group (EPEG) to continue to support Sefton Partnership in providing insights and patient and community involvement. People and Communities Working Group involved in the session.
- The Communications and Engagement Working Group has created a presentation for Health and Wellbeing Board and CCG governing bodies outlining the transition of local health services from CCGs and the role of Sefton Partnership.



**Appendix:**

**Sefton Place Communications & Engagement Organisational Chart**



Sefton Place CE  
organsitional chart\_1

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## Sefton Place Communications & Engagement Organisational Chart – May 2022

This diagram gives an overview of current communications and engagement (C&E) forums and structures that support the work of Sefton Partnership.

It shows formal reporting lines and highlights how C&E reports into the current Sefton Partnership programme structures.

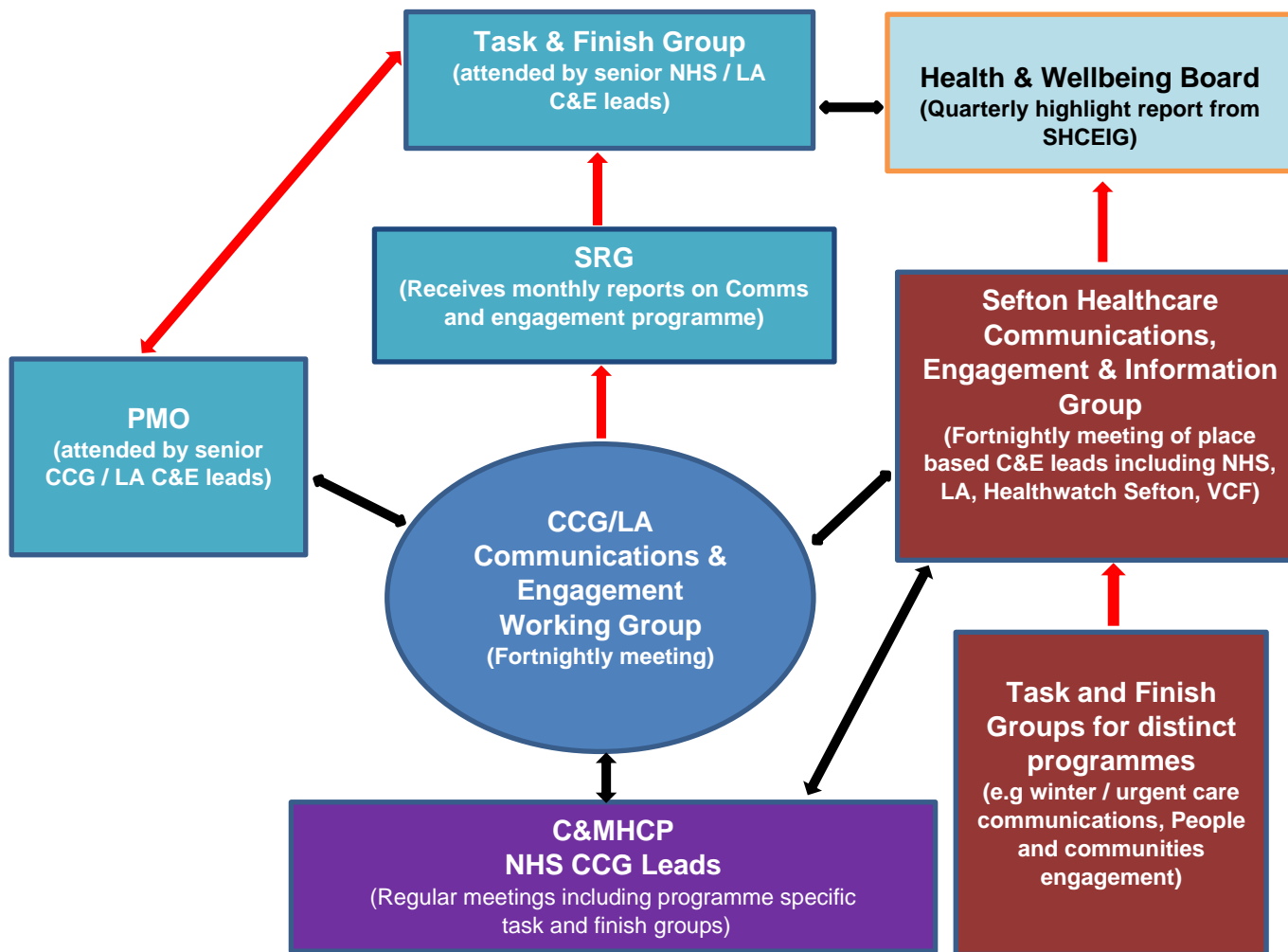
It should be noted that there are a number of other existing groups that indirectly support the work of Sefton Partnership – such as the CCG led Engagement and Patient Experience Group and the council led Sefton Public Engagement and Consultation Panel and Improving Information Group - which are not shown as part of this diagram but do link with this work programme.

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### KEY

Formal reporting line 

Direct link 



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# Agenda Item 7

<b>Report to:</b>	Health & wellbeing Board	<b>Date of Meeting:</b>	8 <sup>th</sup> June 2022
<b>Subject:</b>	Early Help Partnership Group		
<b>Report of:</b>	Communities	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	<b>Children's Social Care</b>		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

This report summarises the role, remit and membership of the Early Help Partnership Group. It highlights strengths and areas of ongoing challenge, before detailing future priorities.

## Recommendation(s):

To note this report

## Reasons for the Recommendation(s):

Board provides oversight to this area of work

## Alternative Options Considered and Rejected: (including any Risk Implications)

Not applicable

## What will it cost and how will it be financed?

### (A) Revenue Costs

There are no revenue costs identified within this report.

### (B) Capital Costs

There are no capital costs identified within this report.

## Implications of the Proposals:

### Resource Implications (Financial, IT, Staffing and Assets):

There are no resource implications

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<b>Legal Implications: N/A</b>	
<b>Equality Implications:</b> There are no equality implications.	
<b>Climate Emergency Implications:</b> The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	N

## Contribution to the Council's Core Purpose:

Protect the most vulnerable: The Early Help Partnership Group provides oversight and secures evidence that partners ensure people who are receiving early help are safeguarded and early help is delivering positive outcomes.
Facilitate confident and resilient communities: It aims to ensure that people of all ages receive timely, well-co-ordinated and good quality early help services.
Commission, broker and provide core services: N/A
Place – leadership and influencer: The Early Help Partnership group represents the offer across place for Early Help
Drivers of change and reform: N/A
Facilitate sustainable economic prosperity: N/A
Greater income for social investment: N/A
Cleaner Greener – N/A

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

### (A) Internal Consultations

The Executive Director Corporate Resources and Customer Services (FD.6796/22) and Chief Legal and Democratic Officer (LD4996/22) have been consulted and any comments have been incorporated into the report.

<b>Contact Officer:</b>	<b>Anne Tattersall</b>
Telephone Number:	07557 316110
Email Address:	<a href="mailto:anne.tattersall@merseycare.nhs.uk">anne.tattersall@merseycare.nhs.uk</a>

## **Appendices:**

There are no appendices to this report

## **Background Papers:**

Please find the Sefton Integrated Early Help Strategy for Children, Young People and Families 2020-2025 as background material.

### **1. Introduction/Background**

The Early Help Partnership Group was established in Summer 2019 to oversee the implementation of the Sefton Integrated Early Help Strategy for Children, Young People and Families 2019 - 2025

### **2. Role and purpose of the Early Help Partnership Group**

The overarching purpose of the Early Help Partnership Group is to ensure that people of all ages receive timely, well-co-ordinated and good quality early help services. It provides oversight and secures evidence that people who are receiving early help are safeguarded and that early help is delivering positive outcomes.

Key objectives of the partnership include:

- Oversee the implementation and review of the Early Help Strategy and action plan.
- Members of the group to act as champions for early help on other strategic groups and partnerships, promoting the role of early help to safeguard and promote the health and wellbeing of children and young people.

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- Identify gaps in provision and make recommendations for commissioning, joint commissioning and service improvements.
- Oversee the development and implementation of a quality assurance and audit framework for early help and regularly scrutinise the quality of early help practice (assessments, plans, reviews, interventions and outcomes).
- Ensure any training and development needs resulting from the implementation of the Early Help action plan are identified and acted upon
- To continuously improve and develop standard outcome measures for people supported by Early Help services to evidence the impact and overall effectiveness of early help.
- Identify and develop links across to other relevant plans and planning processes, maximising opportunities for alignment, joint working, integration and sharing resources and prevent duplication of activity.

### 3. Membership

The representatives of the Early Help Partnership group are varied and aim to cover a whole system approach to Early Help. They include representatives from:

Chair – Mersey Care	Sefton CVS	Mersey Care 0 to 19
Young Carers	VENUS	Supporting Families
SWACA	Career Connect	Education
Public Health	Southport and Ormskirk NHS Trust	Probation
Parenting 2000	Merseyside Police	Light for life
Housing	Family Wellbeing Centres	Communities
DWP	CAMHS	Children’s Social Care
YJT	Business Intelligence	Workforce Development
Active Sefton	Inclusion Service	We Are With You
SSCCG – Designated Safeguarding Nurse		

### 4. Governance

The Early Help Partnership group operates within the governance framework of the Health and Wellbeing Board. It is a subgroup of, and accountable to, the Health and Wellbeing Board for the development and delivery of the Early Help Strategy and health and wellbeing outcomes for children, young people and their families.

In addition to this, Sefton Safeguarding Children Partnership (SSCP) also have oversight of Early Help by assessing the effectiveness of the help being provided to children and families and how data and intelligence is effectively used to support this. This is primarily achieved through the Practice Model Group whose purpose is to provide a framework for multi-agency practice that is used across the whole partnership, which will evidence positive outcomes for children and their families. The Early Help Partnership group agenda is structured to reflect this oversight.

### 5. Strengths and Challenges

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The Early Help Partnership has collectively identified several strengths, which if capitalised upon will provide leverage to the continued journey of development for both the partnership and the early help agenda. These include:

- A strong commitment from a broad range of members, who have expertise and knowledge
- A dedicated and skilled workforce who are passionate about improving outcomes for children, young people and families
- A group committed to overcoming barriers and finding solutions to how we improve and move forward.

However, the partnership has also identified several ongoing challenges for which we need to find solutions. These include:

- An increase in demand and complexity of cases within Early Help
- A method to better share and understand what each other offers, identify clear pathways and referral routes to avoid duplication and ensure families are signposted to the right support at the right time
- The ability to measure impact against a shared outcomes framework, with effective data sharing
- An effective data dashboard to enable the partnership to identify trends and/or gaps and flexibly alter delivery to meet emerging need
- Effective use of predictive data to offer a more proactive and less reactive approach

## **6. Future Priorities**

The Early Help Partnership has identified several key priorities for the group to drive during 2022/23. These include:

- Embedding Supporting Families outcomes across the partnership
- Shared ownership and commitment across the partnership to focus on key aspects of the recent inadequate inspection outcome of Children's Services,



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specifically addressing 'the serious gaps in Early Help services' and further developing 'the role of the lead professional which is largely absent'

- Working alongside Leeds Family Valued approach, invest in practice, prevention and relationships to reduce the flow in statutory services, particularly the numbers entering care.
- Ensuring adequate information sharing agreements are in place to support the development of effective data dashboards
- Reviewing pathways and methods to increase and drive access into early intervention and prevention-based services and associated communications to promote what is available.
- Development of cross partnership working on emerging areas of demand including homelessness prevention and school attendance
- Reviewing existing arrangements for capturing service users voice and how they become integral into the development of Early Help
- A focus on embedding key aspects of practice such as Reducing Parental Conflict and support for parenting
- Developing the role of Early Help Champions across the partnership workforce and providing opportunities for staff to shadow across providers to enhance the knowledge of provision for families.

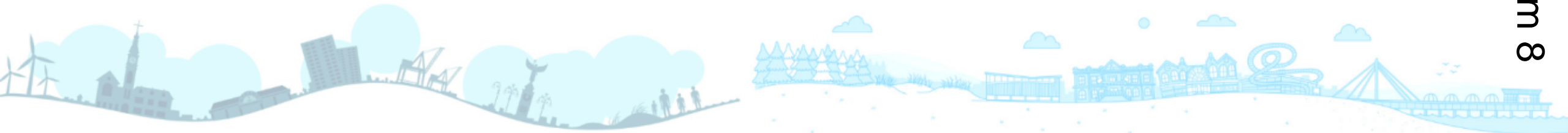
## **7. Next Steps**

The Early Help Partnership produces an Annual Report to detail the work of the partnership. This can be presented at a future meeting.

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## Cheshire and Merseyside Health and Care Partnership – Engagement Sessions

- Anchor Institutions & Social Value Priorities – 24 May 2022
- NHS ICB Engagement Strategy – 11 May 2022





## Anchor Institution and Social Value Priorities

Representatives from Sefton's VCF sector attended both sessions.

- **Anchor Institution** - Consultation regarding seven proposed to form part of an Anchor Institution Framework.
- **ICB Engagement Strategy** – engagement session on a draft engagement strategy and guiding principles



# Proposed Anchor Institution Framework Priorities

## **7 Proposed Priorities**

- Provide access to public building and spaces for community benefit
- Work in partnership with local organisations to improve the local area
- Invest in prevention services
- Employ local people
- Pay at least the living wage to employees
- Reduce the environmental impact of public sector activities
- Purchase from local businesses









## Key points articulated during the session

- Desire to work together for the good of local communities.
- Need to move beyond organisational boundaries, collaborating as a system.
- No disagreement with the seven priorities, however, some different interpretations and value of whether or not the priorities should focus on outcomes & processes.
- The seven priorities could be strengthened by reflecting the importance of understanding community need.
- Potential to focus not just on local employment but support, training and skill development of local labour force, over the long term.
- Contact and connect with established community groups and facilitators, allowing for space to discover and explore what already exists and how community assets could be enhanced and utilised.
- Need to aspire to greater than reduce environmental impact, also consider wider sustainability and how this can link into other agenda, for example, affordable heating and links with climate change, cost of living and health.
- Noted the social value core business of the voluntary sector, vs, the business values of other institutions. Social Value is not necessarily for others to design, but to be built by collaboration with communities.
- Desire to connect activity and work together, the positioning of businesses and social architecture can at times conflict with the positive lifestyle changes VCF organisations are trying to encourage.
- Strong rhetoric around system leadership and working together. Noted cross-sector relationships are key.
- We need a wider appreciation of the benefits of prevention and the prevention agenda must not be the casualty of future economic challenges / budget constraints.



# NHS ICB Engagement Strategy

Attendees were asked to consider the guiding principles below and answer a series of questions relating to engagement specific to their local area

 <p><b>1.</b> Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.</p>	 <p><b>6.</b> Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.</p>
 <p><b>2.</b> Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.</p>	 <p><b>7.</b> Use community development approaches that empower people and communities, making connections to social action.</p>
 <p><b>3.</b> Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.</p>	 <p><b>8.</b> Use co-production, insight and engagement to achieve accountable health and care services.</p>
 <p><b>4.</b> Build relationships with excluded groups, especially those affected by inequalities.</p>	 <p><b>9.</b> Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>
 <p><b>5.</b> Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.</p>	 <p><b>10.</b> Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.</p>

## Key points articulated during the session

### What does good look like?

- Recognise that local neighbourhoods have different levels and maturity of systems established to facilitate wider population engagement within the ICB footprint.
- Acknowledge the importance of engagement with diverse communities - recognise and make use of existing relationships with VCF organisations to ensure effective reach.
- Seek to continuously improve
- Ensure feedback is provided and communication/open - underpinned by a “You said, We did” approach.





## Key points articulated during the session

### What could be improved?

- Communicating what has and hasn't worked successfully in Sefton in the past to a wider audience.
- Make better use of opportunities to get user voice from front-line staff, by commissioning local organisations to capture voice and carry out local research.
- Coordinating engagement and feedback. Using incentives to engage more people.



## Key points articulated during the session

### **What would your priority for the HCP engagement strategy be.**

- Ensure our local neighbourhood, Sefton, continues to be involved in the strategy development and subsequent delivery.
- Ensure VCF sector are given the opportunity to be strong advocates for the people and communities that they work with.
- Simplify language and agree definitions of common terms, such as; ‘co-production’, ‘engagement’ etc.
- Ensure people engaging with the HCP feel valued, to encourage ongoing involvement.
- Entrust communities to lead a response.

# Sefton Online Health, Care and Wellbeing App Library

Author: Jon Devonport – Associate Director of Digital

# Agenda Item 10

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## Purpose

The purpose of this paper is to provide Sefton's Health and Wellbeing Board with an overview of Sefton's Online Health, Care and Wellbeing App library following its successful launch on 8<sup>th</sup> March 2022.

This paper will outline the partnership implementation approach, benefits realised since the launch, and planned next steps to increase usage and support for our residents.

The Online Health, Care and Wellbeing App library can be access through the following link <https://sefton.orcha.co.uk/>

## Background

Digital health is revolutionising health and care services, forming a crucial step on the road to care that is more efficient and patient-centred than today. But, with hundreds of thousands of apps available, and 85% falling below quality thresholds, health and care professionals require tools to find the right digital solutions for their patients' and service users' needs.

Sefton Partnership organisations including the local NHS, Sefton Council and Sefton CVS, involved in health, care and wellbeing in Sefton have worked with ORCHA (the Organisation for the Review of Care and Health Applications) to provide a Health Apps Library website for the population of Sefton. The aim is to make it quicker and easier to access safe, accredited health and wellbeing apps, which can make a real difference to people's lives.

Health Apps are a fantastic opportunity to provide people in their homes and communities with important health information, helping support people to manage their health conditions (e.g. asthma, mental health conditions) and live healthier and happier lives through exercise and healthy living. There are thousands of different health apps available, and with the ongoing COVID-19 pandemic, there is even greater demand for them.

We worked with ORCHA (Organisation for the Review of Care and Health Applications). ORCHA review and certify digital health technology to provide safe, accredited, compliant, and trusted digital health libraries to accurately prescribe to our residents. ORCHA regularly carry out independent reviews of health and care related apps, with information clearly presented throughout this website. Any apps shown on this site have undergone a rigorous review process, with only the highest scoring health apps being shown on the site.

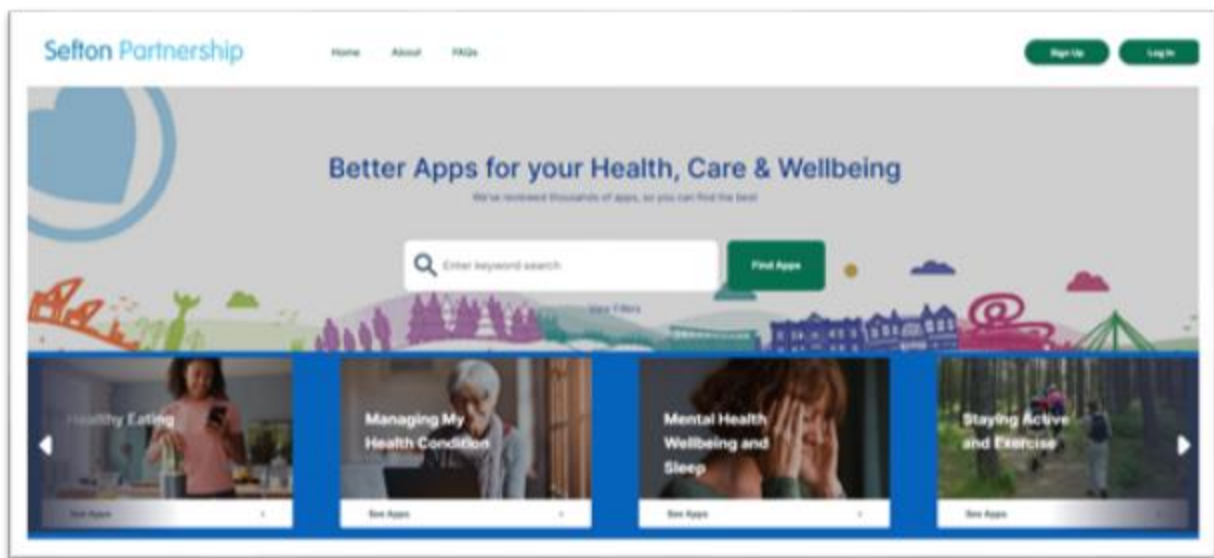
By bringing this information together, it's now possible to identify and compare the best health apps for individuals needs to ensure that a person's friends, family, or care network can access high quality health apps.

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## Approach

Through our Sefton Partnership, implementation funding was successfully awarded for via Cheshire and Merseyside Digital First Primary Care fund. This bid funded the implementation and procurement of year 1 licenses for ORCHA. Whilst this funding supported this initial pilot, additional capital investment from the Local Authority was identified to sustain the use of the platform for a further year whilst an evaluation is carried out. This project evidenced how partnership and collaboration between health and care services can be maximised for the benefit of our Sefton residents.

During the implementation, the online health, care, and wellbeing app library was tailored to the health needs of the Sefton population.



The apps highlighted on the App Library are regularly reviewed by ORCHA ensuring that they provide information we can rely on and best support the needs of our population

The project was implemented with four key partners within Sefton. Each partner identified the most appropriate services and staff to make benefit of the App library. Staff identified within this project were given pro-account licenses to allow them to directly send information to our residents via email or mobile phone directing them to App's which may support their needs.



In addition to our health and care staff having access to the library, our residents can also browse the App library directly and review the supportive information for self-care.



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## Next Steps

Sefton's Online Health, Care and Wellbeing App library is live for our residents to access, and our health care professionals to prescribe apps to support individuals' health and wellbeing.

- We will continue to monitor the use of the website and the apps that are prescribed to provide us with insight regarding the resident cohorts using the platform
- We will gather qualitative feedback from our partners and residents to evidence the value and support the online app library is having in assisting the safe navigation of app
- We will work with our partners to explore further opportunities to expand the ability to prescribe apps at the point of care/support



## Appendix

### Publications

Information regarding Sefton adoption of ORCHA to support our residents access to the online health app library have been shared in local and national publications. Namely Champion Newspaper publications on 4<sup>th</sup> May 2022 and Digital Health online on 22<sup>nd</sup> April 2022.

**digitalhealth**  
news • networks • intelligence

1 News Features CCIO Network Health CIO Intelligence Events News  
AI and Analytics Clinical Software Cyber Security Digital Patient Infrastr

**Industry news in brief**

The latest Digital Health News industry round-up includes news for Sefton, investment for a health tech consultancy and a soft start-ups.

**Sefton gains new online health app library**

Health and care partners across the NHS, local authority and voluntary, community and faith sector have joined forces with the Organisation for the Review of Care and Health Applications (ORCHA) to develop an online health app library for Sefton residents.

Thousands of accredited health apps have been listed on [sefton.orcha.co.uk](http://sefton.orcha.co.uk), including apps to help keep people active, support mental health, manage long-term conditions like heart disease, asthma or diabetes and more.

Dr Peter Chamberlain, local GP and chair of NHS South Sefton Clinical Commissioning Group (CCG), said: "This is a fantastic development for people in Sefton. Health apps can provide people with important information to help them manage their health conditions and live healthier and happier lives through exercise and healthy living. The ORCHA Health App Library makes it quicker and easier to access safe, accredited health and wellbeing apps, which can make a real difference to people's lives."

Sefton residents will be able to access the support they need with the confidence that the apps have been carefully assessed and considered. In addition, health and care professionals are being trained on how to use the app library to select the right app to support their patients.

Liz Ashall Payne, CEO of ORCHA, added: "ORCHA is the world's leading health app evaluation and distribution organisation and works with the NHS and health professionals across the UK. We continuously review all of the apps on the ORCHA health app library, ensuring that they meet stringent NHS guidelines, to provide health information you can rely on."

**Sefton residents to benefit from online health app library**

SEFTON residents can now make the most of a new 'online health app library', which has been put together by local experts. There are thousands of accredited health apps listed on [sefton.orcha.co.uk](http://sefton.orcha.co.uk) and they have been specifically selected to meet the health needs of people in the borough.

Health and care partners across the NHS, local authority and voluntary, community and faith sector in Sefton have worked with the Organisation for the Review of Care and Health Applications (ORCHA) to develop the online health app library.

Dr Peter Chamberlain, local GP and chair of NHS South Sefton Clinical Commissioning Group (CCG), said: "This is a fantastic development for people in Sefton."

**Manage**

"Health apps can provide people with important information to help them manage their health conditions and live healthier and happier lives through exercise and healthy living. The ORCHA Health App Library makes it quicker and easier to access safe, accredited health and wellbeing apps, which can make a real difference to people's lives."

They include apps to help people with children and young families, to help people keep active, eat healthier or to support their mental health or manage long term conditions such as diabetes, asthma or heart disease.

Dr Rob Caudwell, local GP and chair of NHS Southport and Formby CCG, added: "Anyone can use [sefton.orcha.co.uk](http://sefton.orcha.co.uk) to access health support and information that they can rely on.

"In addition, we're training health and care professionals in Sefton on how to use the app library to select specific apps that can help to support the people they care for.

"For some people using these health apps can enable them to take better care of their own health."

**Sefton Open at The Atkinson**

THE Atkinson is currently hosting an exhibition to celebrate artistic skills from across Sefton. The Sefton Open started on April 9 and will run to May 21. It features artworks from individual artists and local groups, including painting, print, ceramics, photography and textiles.

It is a welcome return for The Sefton Open after it was held online in 2021 and 2020 due to the pandemic. The Atkinson's longstanding partner, Southport Palette Club, have selected the work from individual artists for the Sefton Open. The club was formed in 1921 to champion the work of local artists and this is their 96th annual exhibition.

Visitors to the exhibition are encouraged to vote for their favourite artwork on display. The artwork with the most votes will be awarded The People's Prize. Visitors can also support local artists by investing in their work. Most artworks are available to purchase through The Atkinson and the Open Art Scheme.

**Latest Headlines**

Digital Health Rewired Pitchfest 2022 finalist profile: Sweatcoin 12 May 2022

Three more bursary programmes launched for Summer Schools 2022 11 May 2022

Dartford and Gravesham set for anaesthesia and emergency EPR modules 11 May 2022

<sup>1</sup> [www.champnews.com/papers/pdf/NS1822.pdf](http://www.champnews.com/papers/pdf/NS1822.pdf)  
<sup>2</sup> [www.digitalhealth.net/2022/04/industry-news-in-brief-60/](http://www.digitalhealth.net/2022/04/industry-news-in-brief-60/)

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25/05/2022

Dear Health and Wellbeing Board Member,

**Re: Centre for Better Ageing - The State of Ageing 2022**

Please see enclosed a report to the Board which provides a summary version of a report by the Centre for Better Ageing. Justine Shenton, Deputy Programme Manager, Living Well Sefton, Sefton CVS will be attending to present the report and respond to any questions the board may have.

Kind Regards,

**Eleanor Moulton.**

**Integrated Social Care and Health Manager.**

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# The State of Ageing 2022

## Summary

March 2022

[ageing-better.org.uk](https://ageing-better.org.uk)

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## Agenda Item 11

# The State of Ageing in England is getting worse

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Today there are almost 11 million people aged 65 and over - 19% of the total population. In 10 years' time, this will have increased to almost 13 million people or 22% of the population.<sup>1</sup>

As our comprehensive review of national data on ageing makes clear, a financially secure and healthy later life is becoming increasingly unlikely for millions of people. And, with the population ageing rapidly, the number of people at risk is growing at an alarming rate.

Almost 1 in 5 people were living in poverty in the 2019/20 period. That's some 2 million people.<sup>2</sup>

We have also seen a reduction in our life expectancy (of 0.3 years for women and 0.4 years for men).<sup>3</sup>

Meanwhile, the number of years we can expect to spend in good health, without a disabling illness, continues to decline; this is now 62.4 years for men and 60.9 years for women.<sup>4</sup>

## Agenda Item 11

In a period when the state pension age has risen to 66, employment rates among people approaching retirement age have fallen to their lowest levels since 2016.<sup>5</sup>

The number of older people renting rather than owning their homes has reached an all-time high.<sup>6</sup>

These factors have major implications for people's financial security and for the quality of their homes as they age.

The number of people in mid and later life who live alone – many without the traditional family structures our approach to ageing has historically relied on – has been increasing steadily, with 1.3 million men aged 65 and over living alone today, up 67% between 2000 and 2019.<sup>7</sup>

This has implications for housing and for health and social care.

**1.3  
million  
men  
aged  
65+**



**Number of men  
that are living alone**

These trends confirm that England is becoming a more challenging country to grow old in. We can see in our data that the pandemic has, of course, contributed to many of these problems – but they are ultimately longer term issues that have been developing for some time. And they will not go away as we return to life as it was before COVID without concerted action.

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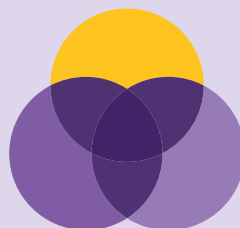
It is widely known that our chances of having a decent old age vary, and the data we have amassed confirms that the people who are least well-off have the slimmest chance of all.

Across England today – depending on where we live and how well-off we are – there are differences of up to ten years in how long we can expect to live and more than 17 years in the time we get in good health without a disabling illness.<sup>4</sup>

Almost 1 in 5 homes headed by someone aged 60 or older is in a condition that endangers the health of the people who live there.<sup>8</sup>

In fact, almost 9,000 people died in England and Wales last year because their homes were too cold.<sup>9,10</sup>

The UK state pension is one of the worst in Europe providing just 58% of previous earnings from work - below the OECD average of 62%.<sup>11</sup> Those people who have to rely on the pension as a main or only source of income face a bleak financial future.

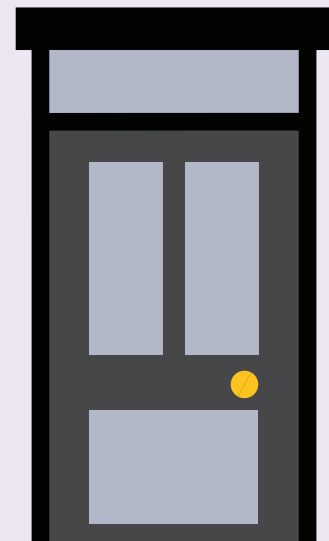




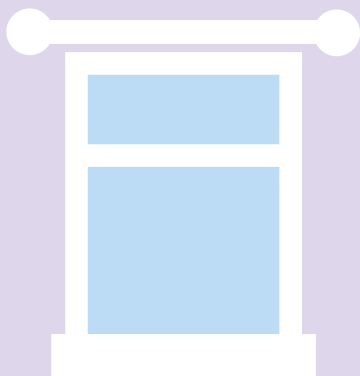
All this data demonstrates vividly that we cannot afford to be complacent about ageing and about our collective futures, and particularly the futures of people experiencing poverty, discrimination, and other disadvantages accumulated over the course of their lifetimes.



The State of Ageing 2022 has five chapters: Health, Homes, Work, Communities and a chapter setting out the context in which we are ageing. It looks at data from a wide range of sources such as the English Housing Survey, the GP Patient survey, the Health Survey for England and the Community Life Survey, as well as a host of official statistics from the Office for National Statistics (ONS) and government sources such as the Office for Health Improvement and Disparities and the Department for Work and Pensions.



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While we make recommendations for action under each chapter, our overall recommendation is that government appoints an Older People's Commissioner for England to protect and promote the rights of older people and to help make England a better place to grow old in.

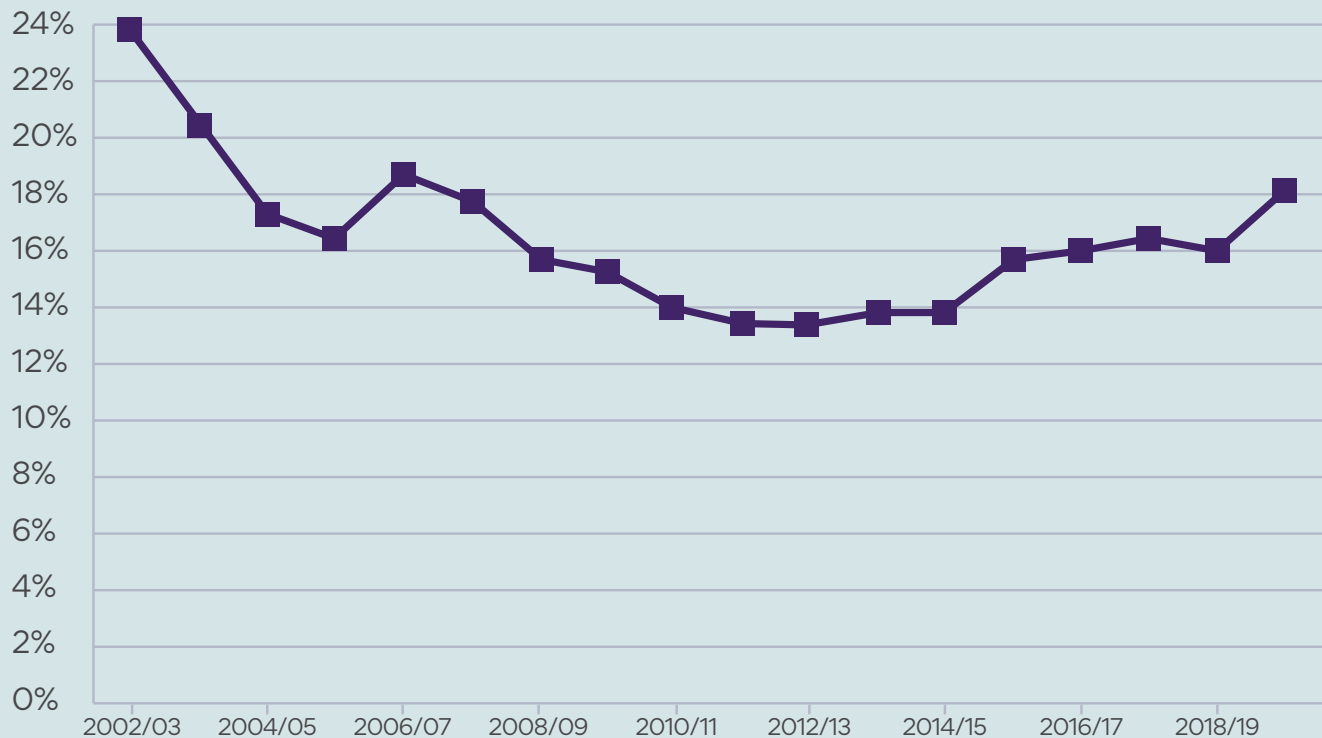
Ultimately it shows that the experience of being older in England is getting considerably worse for many. The data we have looked at demonstrates the huge challenges facing the government's levelling up ambitions to reduce inequalities across England as well as its stated commitment to increase healthy life expectancy by five years.

In line with the existing Older People's Commissioners in Wales and Northern Ireland, this role would champion the needs of older people, particularly those at greatest risk, and safeguard all our journeys into later life.



# Sharp rise in pensioner poverty

Proportion of pension age adults in relative poverty (%), UK, 2002/03 to 2019/20



Source: Department for Work and Pensions. Households below average income.

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Almost 1 in 5 people of pension age were living in relative poverty in 2019/20, following a sharp increase (of 200,000 people) over the previous year. This extends a worrying trend which first emerged in the middle of the last decade and means more than 2 million people of state pension age in the UK were living in poverty in 2019/20.

It comes after a long period of widening wealth and income inequalities among people in their 50s and 60s. The net (non-pension) wealth of the richest 20% of people in this age group doubled between 2002 and 2018, while that of the poorest 20% fell by 30%.<sup>12</sup> And with declining home ownership, this age group will face even larger financial challenges in retirement.

**1 in 5**  
**pensioners**

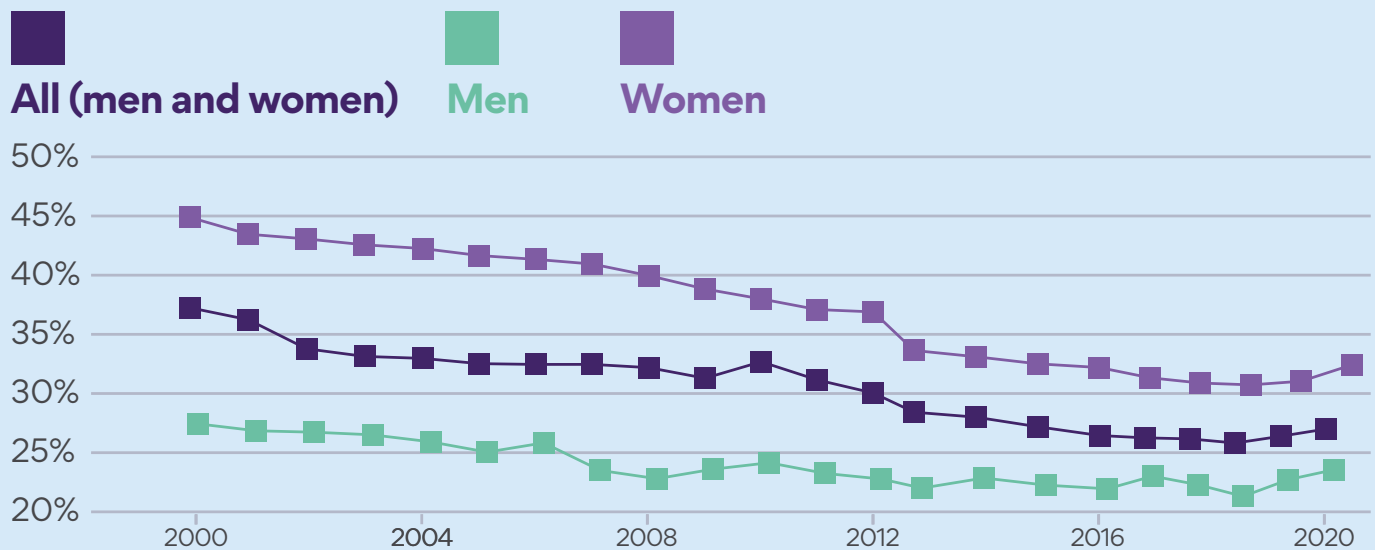
were living in relative poverty in  
2019/20.

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# The pandemic has reversed progress on the employment of older people

Inactivity rate of people aged 50-64 (%), UK, 2000 to 2021



Source: ONS, Labour force survey. Data shown is for Q4 in each year.

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Last year, we warned that challenges around employment already faced by older workers could – if exacerbated by the pandemic – push many out of the workforce for good, years before they reach state pension age.

This has now come to pass: the number of people aged 50 to 64 who are not engaged with the labour market in any way (that is, they are neither working nor looking for work) has risen by 228,000 since the start of the pandemic, and the employment rate in this group has fallen by 1.8 percentage points.<sup>5</sup>

After decades of narrowing, the employment rate gap between older and younger workers is now wider than it was two years ago. These trends are entirely at odds with the government's ambitions to extend working lives, raise the state pension age, boost productivity and level-up the UK.

But they reflect the reality for many individuals who feel shut out, undervalued, and financially disadvantaged by an ageist labour market.

We now need to see the same levels of energy that have been directed towards staving off a spike in youth unemployment focused on programmes which will pull these lost workers back into the labour market.

And employers struggling to recruit should look to the principles of age-friendly employment<sup>13</sup> to recruit and retain this valuable workforce.

**People aged between 50 to 64 who are not engaged in the labour market has risen by 228,000 since the start of the pandemic.**

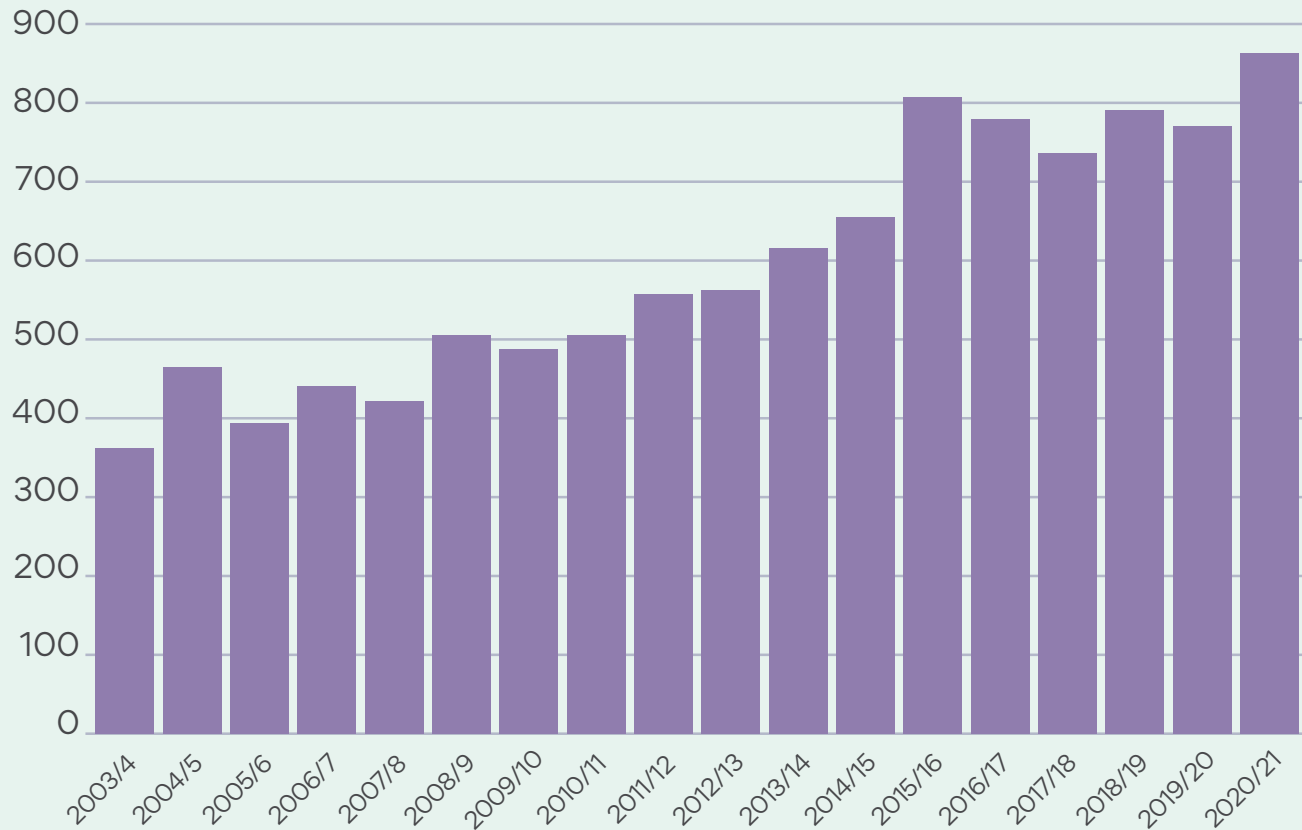
50  
to 64

228,000



# The number of older private renters is at an all-time high

Number of private rentals where the household head is aged 55 or over (thousands), England, 2003/04 to 2020/21



Source: DLUHC & MHCLG, English Housing Survey.

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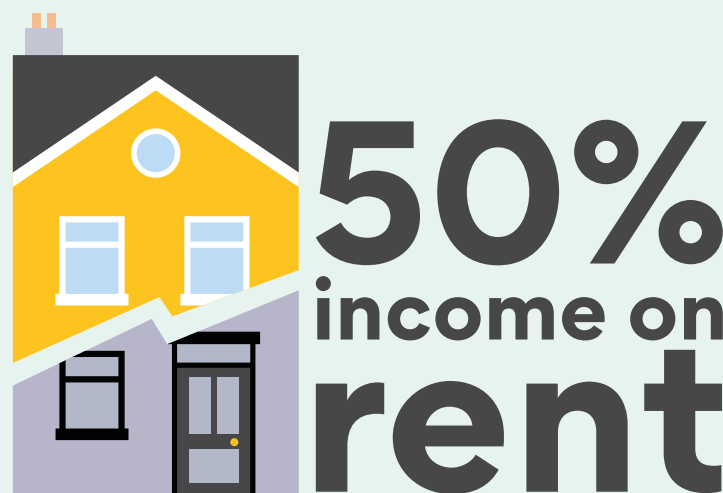
**There are currently 867,000 homes privately rented by someone aged 55 and over – an all-time high.<sup>6</sup> The proportion of homes privately rented by someone aged 55 to 64 is now 11% – up from 6% in 2010/11.**

This trend towards an increase in both the number and proportion of older renters is set to continue, as rates of home ownership among younger age groups continue to fall.

Rising levels of private renting have major implications for financial insecurity among older people. The oldest renters – those aged 75 and over, spend almost half of their incomes on rent.<sup>14</sup> Retirement, and the years leading up to it, can no longer be assumed to be a time of falling living costs.

Private rentals are also the most likely to fail the government's own standard of a 'decent home', almost a quarter of such homes are non-decent.<sup>8</sup> There is a strong association between the condition of our homes and our health, with cold and damp causing and exacerbating conditions such as respiratory and cardiovascular disease.<sup>15</sup>

So rising levels of private renting have serious implications not just for the finances of their older residents but for their health and safety too.

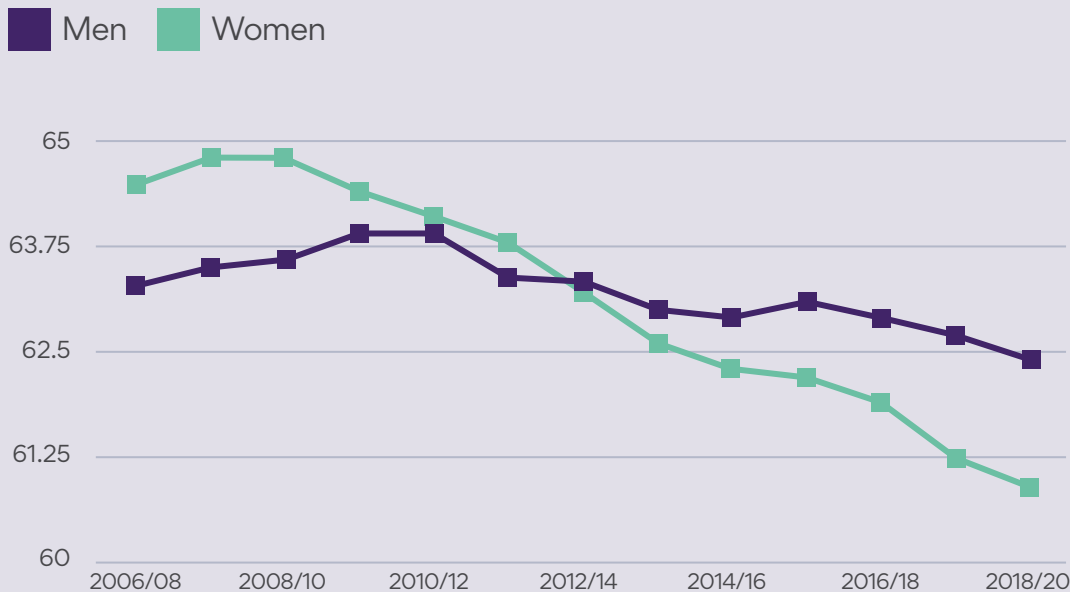


**The oldest renters spend almost half  
Page 72 income on rent.**



# The number of years people can expect to spend without a disabling health condition is falling

Disability-free life expectancy at birth by gender (years), England 2006/08 to 2018/20



Source: ONS, Health and life expectancies.

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Disability-free life expectancy – the number of years on average people can expect to live without a disabling health condition – has continued its dramatic fall, particularly among women. And there is shocking inequality in how much of our lives we will live with illness and disability.

**In the most deprived areas, people can expect to live more than 17 years more with disabling health conditions**



At birth, people in the most deprived areas can expect to live more than 17 years more with disabling health conditions than those in the least deprived areas.<sup>4</sup>

Living with a disability would not have to be a hardship if the world were structured with different access needs in mind. But it isn't.



**Fewer than 1 in 10 homes have accessibility features for people with disabilities.**

As an example, fewer than one in ten homes in England have the accessibility features that would make it easy for someone with a disability to live there.<sup>16</sup>

And these trends tell us that the way our society is set up is increasingly damaging to our health.

# What needs to happen?

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- A cross-departmental strategy is needed to coordinate government activity and funding to address the ageing population and level up the dramatic and growing inequality in the way we experience later life.
- Society needs a stronger voice to hold the government to account and to counter the ageism that is at the heart of many issues faced by as they grow older. An Older People's Commissioner for England with statutory powers to protect and champion older people and the needs of our ageing society must be enshrined in law as has been done already in Wales and Northern Ireland.
- The collection of national data needs to expand and become sufficiently robust so the experiences of different groups can be more clearly understood, and ethnicity data reporting must be mandatory in all official and statutory statistics and data monitoring. The near invisibility of older people from black, Asian and minority ethnic groups in the data currently means we cannot fully understand the systemic discrimination that we know is faced by people from ethnic minority backgrounds, nor ensure that policies and practices are designed to level up and support people experiencing the greatest inequalities.

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# What needs to happen?

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Each chapter also includes detailed recommendations on delivering the following changes:

### Health:

- Concerted action from across government to reverse trends in stalling life expectancy and increasing amounts of time spent living with illness and disability.
- Co-ordinated action from across government to address stark and growing health inequalities.

### Housing:

- Focused action from across government to tackle the national crisis that is our poor-quality housing stock.
- Introducing regulations to ensure that all new homes are fit for the future.

### Work:

- Targeted, individualised back-to-work support for over 50s to address the particular challenges this group faces in the labour market, including ageism.
- The creation of workplaces that support longer working lives.

### Communities:

- The creation of communities that enable older people to be active, participate in and shape the places in which they live.
- Recognition of and support for the role that community services and the voluntary sector play in health and wellbeing of people as they grow older.

To read the full State of Ageing 2022 report in online form, visit [ageing-better.org.uk](https://ageing-better.org.uk)

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## Agenda Item 11



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# Agenda Item 12

<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 8 June 2022
<b>Subject:</b>	Reducing Parental Conflict- Promoting Positive Relationships		
<b>Report of:</b>	Head of Communities	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>			
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

This report provides a summary of the work carried out across parts of Sefton's Early Help partnership. It details the importance of and the ongoing work to reduce parental conflict, helping families to reach their potential, prevent issues from escalating and enabling them to lead happier and healthier lives.

## Recommendation(s):

(1) To note this report

## Reasons for the Recommendation(s):

The report highlights a key area of preventative work, which harnesses the use of external funding.

## What will it cost and how will it be financed?

### (A) Revenue Costs

The revenue costs are entirely funded via the Reducing Parental Conflict Grant, provided by the Department for Works and Pensions'.

### (B) Capital Costs

There are no additional capital costs associated with this paper'

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## Implications of the Proposals:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>	
N/A	
<b>Legal Implications:</b>	
N/A	
<b>Equality Implications:</b>	
There are no equality implications	
<b>Climate Emergency Implications:</b>	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	N

## Contribution to the Council's Core Purpose:

Protect the most vulnerable: Provides a summary of activity and developments for children, young people and families requiring support to address parental conflict and improve outcomes for children and young people. April 21-March 22
Facilitate confident and resilient communities: Details the work delivered across the partnership to support communities, enabling them to become more resilient
Commission, broker and provide core services: Details the activities and development within Early Help from across the Partnership
Place – leadership and influencer: Details how reducing parental conflict reflects local needs at the earliest opportunity
Drivers of change and reform:
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

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

### (A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6794/22.) and the Chief Legal and Democratic Officer (LD.4994/22..) have been consulted and any comments have been incorporated into the report.

## **(B) External Consultations**

N/A

<b>Contact Officer:</b>	Amanda Hughes
Telephone Number:	07967314080
Email Address:	amanda.hughes@sefton.gov.uk

## **Appendices:**

There are no appendices to this report

## **Background Papers:**

There are no background papers available for inspection.

### **1. Introduction**

- 1.1 Improving Positive Relationships between parents/carers and families, whether living together or not, is a priority within the Early Help Strategy and Supporting Families' Outcome Framework. It is recognised that this can often have the most impact on children's health and wellbeing.
- 1.2 Initial work on Reducing Parental Conflict commenced in 2019, with the roll out of initial awareness training for the wider partnership, production of supportive materials for families and the establishment of a multi-agency steering group. Unfortunately, the onset of the pandemic slowed progress.
- 1.3 Over the last year, Councils across the Liverpool City region and Sefton received a pooled fund of £159,000 to support parents facing continued conflict in their relationships and prevent lasting impact on their children. This report will detail the purpose of the funding and indicate how it is been spent, the impact and next steps

### **2. The importance of Reducing Parental Conflict**

- 2.1 Conflict between parents is a normal part of relationships. However, there is a large body of evidence that shows that parental conflict puts children's mental health and long-term outcomes at risk when it is frequent, intense and poorly resolved. These destructive conflict behaviours include aggression, non-verbal conflict or the 'silent

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treatment', lack of respect and emotional control, lack of resolution and, in their most extreme form, domestic abuse.

2.2 Parental conflict can harm children's outcomes regardless of whether parents are together or separated, or are biologically related to the child, such as in blended or foster families.

2.3 Parental conflict can affect children's physical and mental health. This can include psychological difficulties shown as aggression and conduct disorder, anxiety and depression, poor attachment, withdrawal, fearfulness, and even suicidality; and physical health problems such as higher rates of illness and fatigue, reduced physical growth and impact on nervous and hormonal systems.

2.4 Parental conflict may also affect child risk-taking behaviours, such as smoking, drug use and early sexual activity.

2.5 In 2019 to 2020, 12% of children in couple-parent families were living with at least one parent reporting relationship distress

2.6 It is essential to note that the Reducing Parental Conflict programme is designed to resolve parental conflict, not domestic abuse. Those in abusive relationships will instead be referred to specialist support.

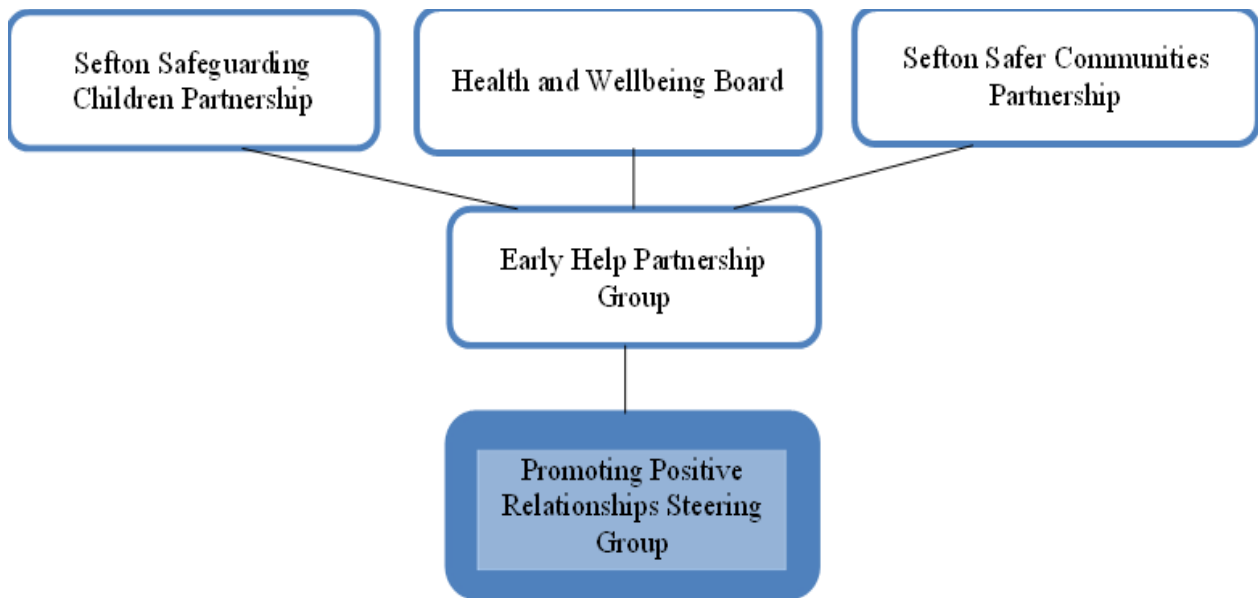
## **3. Reducing parental conflict is everyone's business**

3.1 Any frontline member of staff working with children, young people and families can have an impact on reducing parental conflict. The risk of conflict between parents is higher at crucial transition points in family life, such as becoming pregnant, having a baby, a child starting or changing school, or separation and divorce. However, relationship difficulties are often seen as a private matter, and couples tend to only seek help when they are in crisis. Front-line practitioners often lack the confidence, tools and knowledge to raise relationship issues with parents and so miss opportunities to identify and support families experiencing parental conflict.

## **4. Governance**

4.1 A multi-agency Steering Group has been re-established with members from across the partnership. The purpose of the group is to lead the development and implantation of an action plan to improve positive relationships. The structure chart below highlights the governance structure (Chart 1). The recent engagement with an online resource for practitioners, has provided a shared narrative and language among key stakeholders within the early help partnership and created greater buy-in to this agenda.

Chart 1



## 5. Pooled Funding 2021 - 2022

5.1 As mentioned above, Sefton pooled budgets awarded from the Department of Works and Pensions (DWP) with Wirral, Liverpool, Knowsley, Halton, St. Helen's and Cheshire East working together as a cluster, which enabled economy of scales. For sefton it was essential that we utilised our learning from trauma informed work, taking the same approach to further improve the assessment of adults in the household by embedding routine enquiry/key questioning about relationships and integrating this into the assessment process.

5.2 The Cluster group agreed to invest in several different strands:

- The development of a regional digital tool, which would support LCR families to accessing self-help developed specifically for LCR partner region.
- Family relationship training from One Plus One Parenting to train professionals to support families experiencing relationship difficulties, to include 2500 registrations and 90 professionals trained in the programme across the 7 LA's.
- A trained Ambassador and Champions from across the partnership

## 6. Progress to date

6.1 Within Sefton, and across the partnership an ambassador and 6 Champions have all completed a 12 week training programme. In addition, the Ambassador has gained a Level 4 qualification in delivering professional training. Dates have now been released across the partnership for frontline staff to attend training sessions. In addition, briefings are ongoing with key partners such as head teachers and safeguarding leads in education, 0-19 health services team managers, Youth Justice team meeting, Every Child Matter's Forum, Children's Social Care managers, Police and VCF sector, so that they understand their role and can help to identify the right practitioners to attend the reducing parental conflict training

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6.2 The training will support professionals working with young people to communicate key messages of how to nurture a healthy relationship and what to do if you are in a relationship where conflict is a consistent feature, and how to support peers. Thus, promoting future healthy adult relationships and breaking the cycle across Sefton

6.3 The long-term programme is sustainable due to a train the trainer model. The training will enable practitioners to:

- Recognise the difference between Domestic Abuse and Parental Conflict
- Explain how to use the tools which families can use to reduce parental conflict.
- Promote the referral pathway for working with families with parental conflict in Sefton.
- 

6.4 300 licenses are available now, to support any families struggling with parental conflict

6.5 A bespoke regional digital tool is due to be launched June 2022. This will provide long term and sustainable training for both professionals and families, enabling key learning and understanding what makes a healthy relationship and recognise when a relationship is not healthy, the effects of toxic stress upon a child living with parental conflict and what simple steps can be taken to reduce parental conflict.

## 7. Next steps

7.1 Sefton is in a strong position to build on existing successes to support to implementation of a new programme of work that will impact on meeting a current unmet need across the borough which we believe will positively impact on our children, their parents, the wider family, and communities.

7.2 The ambition is to extend this to the wider workforce to build a training pool to ensure there is a continuous cycle of training available.

7.3 If successful, future funding from the DWP (£60,000 over next two years) will help to build capacity and offer tailored support (from the provision of information, training, and self-help tools to provide intensive, specialist support). Whilst the LA's within the cluster group are submitting their own bid it is expected that the group will continue to offer peer support and share best practice.