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Sefton Council 

MEETING: HEALTH AND WELLBEING BOARD
DATE: 14th September 2022
TIME: 2.00 pm
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
Margaret Jones
Martin Birch
Dr. Rob Caudwell
Dr Craig Gillespie
Clare Morgan
Anne-Marie Stretch
Andrew Booth
Superintendent Dawn McNally
Ged Sheridan
Louise Shepherd
Angela White
Anita Marsland

COMMITTEE OFFICER: Amy Dyson Democratic Services Officer
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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 8 June 2022

4. Sub Group Updates (Pages 9 - 18)

Report of the Director of Public Health

5. Early Help Partnership Annual Report (Pages 19 - 70)

Report of the Associate Director, Children and Young People Services, Mersey Care NHS Foundation Trust

6. Cost Of Living Crisis (Pages 71 - 116)

Report of the Chief Executive, Sefton Council

7. Marmot Presentation

Presentation of the Director of Public Health

8. Targeted Lung Health Check Programme (Pages 117 - 132)

Report of Cheshire and Merseyside NHS

- 9. Department of Health and Social Care Guidance** (Pages 133 - 142)
Report of the Director of Public Health
- 10. Cities Inequalities Project** (Pages 143 - 148)
Report of the Director of Public Health
- 11. Sefton Health Communications, Engagement and Information Group: Quarterly update to HWBB** (Pages 149 - 154)
Report of Cheshire and Merseyside ICB - Sefton Place
- 12. For approval: Final Draft Sefton Pharmaceutical Needs Assessment 2022-25** (To Follow)
Document to follow

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

HEALTH AND WELLBEING BOARD

**MEETING HELD AT THE COMMITTEE ROOM - BOOTLE TOWN HALL,
TRINITY ROAD, BOOTLE, L20 7AE
ON WEDNESDAY 8TH JUNE, 2022**

PRESENT: Councillor Moncur (in the Chair) (Sefton Council)
Councillor Cummins (Sefton Council), Councillor
Doyle (Sefton Council), Deborah Butcher (Sefton
Council), Margaret Jones (Sefton Council),
Dr. Rob Caudwell (Southport and Formby Clinical
Commissioning Groups), Fiona Taylor (NHS Sefton
Clinical Commissioning Groups), Peter Chamberlain
(South Sefton Clinical Commissioning Group), and
Andrew Booth(Sefton Advocacy)

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Louise Shepherd (Alder Hey Children's NHS Foundation Trust), Lorraine Webb (Venus Charity) and Angela White (Sefton Council for Voluntary Service).

47. DECLARATIONS OF INTEREST

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

48. MINUTES OF PREVIOUS MEETING

RESOLVED:

That subject to the following addition to Minute No. 41 - CCG Update on Dementia Offer, the Minutes of the meeting held on 9 March 2022 be confirmed as a correct record:

(2) the dissent of Councillor Cummins from the above decision be recorded.

49. SUB GROUP 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:

(1) Children and Young People Partnership Board (CYPPB) which meets bi-monthly, and had met once since the last update on 9 February 2022. The Group discussed the Youth Offending Cohort and received an update on the development of the Sefton Partnership and the wider Cheshire and Merseyside Integrated Care System.

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- (2) Special Educational Needs and Disabilities Continuous Improvement Board (SEND CIB) which meets bi-monthly and had met once since the last update, on 22 March 2022.
- (3) Adults Forum which had met once since the last update, on 22 March 2022. The meeting had a dementia focus.
- (4) Health and Wellbeing Executive which had met three times since the last update, on 10 March 2022, 28 April 2022 and on 16 May 2022. The Executive had received updates around the Better Care Fund, including the end of year report for 2021/22 which was appended to this agenda item for approval from the Board.
- (5) Health Protection Forum which had met once since the last update, on 28 April 2022. The Group will hold its first formal meeting in June 2022 and will initially meet every two months to discuss the following topics for the work-plan: Seasonal flu and COVID 19, screening and immunisations, drug related death and blood borne viruses (and HIV).

The Board also received an update on changes to Pharmacies in its area from NHS England.

RESOLVED: That

- (1) the report be noted; and
- (2) the Better Care Fund end of year report be approved.

50. SEFTON HEALTH COMMUNICATIONS ENGAGEMENT AND INFORMATION GROUP - QUARTERLY UPDATE

The Board considered the report of the Head of Communications and Engagement, NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. The report is received by the Board on a quarterly basis and it updated the Board on the achievements and next steps of the Sefton Health Communications, Engagement and Information Group (SHCEIG).

RESOLVED:

That the report be noted.

51. HEALTH TRANSITION

The Board considered the presentation of the Accountable Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, and Executive Director for Health and Social Care and Place Director Designate. The presentation outlined the Clinical Commissioning Groups' achievements between 2013-2022 as well as the work done during the pandemic. The presentation also covered the future of health and social care in Sefton.

The Board expressed its thanks and appreciation for Fiona Taylor, who was departing her role as NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, and acknowledged Fiona's contributions to Sefton as a borough and its residents.

RESOLVED:

That the presentation be noted.

52. EARLY HELP PARTNERSHIP BOARD UPDATE

The Board received the report of the Assistant Director of Operations, Mersey Care NHS Foundation Trust, which summarised the role, remit and membership of the Early Help Partnership Group, established in Summer 2019, by highlighting strengths and areas of ongoing challenge and detailed future priorities.

RESOLVED:

That the report be noted.

53. ANCHOR INSTITUTIONS

The Board considered the presentation of the Director of Strategic Partnerships NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups. The presentation offered an overview of discussions that took place at Cheshire and Merseyside Health and Care Partnership Engagement Sessions surrounding Anchor Institutions and ICB Engagement Strategy.

RESOLVED:

That the presentation be noted.

54. SOUTH SEFTON PRIMARY CARE NETWORK AND SOUTHPORT AND FORMBY PRIMARY CARE NETWORK STRATEGIC PRIORITIES

The Board considered the presentations of the South Sefton Primary Care Network Clinical Director and the Southport and Formby Primary Care Network Clinical Director. The presentations gave an overview of each Primary Care Network, their aims and successes, future developments and associated risks.

RESOLVED:

That the presentations be noted.

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55. SEFTON ONLINE HEALTH, CARE AND WELLBEING APP LIBRARY

The Board received the report of the Associate Director of Digital, NHS Informatics Merseyside which outlined the purpose, background, approach, benefits and next steps of the Sefton Online Health, Care and Wellbeing App Library which launched on 8 March 2022.

RESOLVED:

That the report be noted.

56. THE STATE OF AGEING

The Board received the report of the Deputy Programme Manager, Living Well Sefton which provided a summary version of a report by the Centre for Better Ageing. The report outlined how the State of Ageing in England was and offered recommendations on what needed to happen to address this.

RESOLVED:

That the report be noted.

57. PARENTAL CONFLICT

The Board received the report of the Head of Communities which provided a summary of the work carried out across parts of Sefton's Early Help partnership. It detailed 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.

RESOLVED:

That the report be noted.

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	Subgroup Updates		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	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 8th June 2022

Recommendation(s):

- (1) The updates are received and noted by the Board
- (2) A nomination is made to the Primary Care Commissioning Committee
- (3) The Board agree delegation to the Chair to sign off the Better Care Fund Plan for 2022/23

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)

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional revenue costs identified within this report

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(B) Capital Costs

There are no additional Capital costs identified within this report

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None identified in the report	
Legal Implications:	
None identified in the report	
Equality Implications:	
There are no equality implications.	
Climate Emergency Implications:	
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 the report have a neutral impact on Climate	

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: N/A
Greater income for social investment: N/A
Cleaner Greener N/A

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What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6930/22) and the Chief Legal and Democratic Officer (LD.5130/22) 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.

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

Appendices:

The following appendices are attached to this report:

Revised Terms of Reference for the Health and Wellbeing Board

Background Papers:

There are no background papers available for inspection.

1. Introduction

- 1.1 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 subgroups.

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. Updates

2.1 Children and Young People Partnership Board (CYPPB):

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Meetings of the CYPPB are now bi-monthly and since the last update there have been two meetings on 27th April 2022 and 8th June 2022. There was no meeting in August and the next meeting is scheduled for October 2022.

At the April meeting the following items were discussed: NHS Commissioned Mental Health Support; Elective Home Education; Leeds Family Valued Model; Voice of the Child and National Child Measurement Programme At every meeting the Risk Register is reviewed.

The first report outlined how the NHS commissions support that can be accessed by children and young people within the youth criminal justice system. The Board was informed that it is known that a high proportion of children and young people who encounter the youth justice system have poor mental health and details were provided on a range of support across levels of need that can be accessed by this cohort, including dedicated targeted and specialist support. It was noted that some services are open access and children, and young people do not need to be referred. There are also specialist services with Alder Hey up to age 18 and a range of support options are available including a Crisis Care Team, again at Alder Hey, which was in place during Covid. Mental health support is a joint responsibility between the CCG and the LA, the Integrated Care Partnership and Board are working towards more integrated commissioning which will be easier.

A presentation was provided on Elective Home Education. It was noted that contact has continued with families throughout Covid including via telephone, email and socially distanced face to face contact to continue the support to home educating families. Although some parents are proficient there are risk factors, e.g. the child can be socially isolated or there is repeated failure to provide an outline of suitable education provided, or there could be unidentified or unmet SEND need. A Monitoring and Placement Group meets regularly, and a standing item is "Cause for Concern" where actions are routinely monitored. Data was provided on a number of areas such as EHE distribution by gender, area, year group and reasons provided by families underpinning the decision to electively home educate. Information on staffing and also a potential national registration scheme for children not in school was also provided and there is hope that such a scheme may give Local Authorities more powers than they have currently.

A verbal update on the implementation of the Leeds FV Model was provided. This is as a result of a bid to the DfE two years ago around innovation. Sefton has been awarded £3m over three years which is mainly for staffing. The main areas are:

1. Culture, Family Valued Approach. Working alongside family to have earlier opportunities to work with them, hearing the voice of children and families and their solutions to inform plans. Having families as a resource that we are working with them.
2. Family Group Conferencing. We have the family in a room with an independent person and look at their solutions.
3. Edge of care team. These are for those at danger of entering the system and we will look at restorative work. This is about to be kickstarted and the outcomes are expected to be: less children in care, more children in care staying in Sefton and better working relationships with families.

The purpose of the report on Voice of the Child was to start to identify the various methods and mechanisms to hear the voice of the child and how youth can participate in a systematic way in designing services. The aim being to get it right. The report provided information on why it is important to consult with children and young people and that they understand the process and how their feedback will be used. The current position in Sefton was outlined including examples of excellent practice such as the Preparation for Adulthood guide completed by young people as well as the Sefton Cycle Consultation work undertaken by Young Advisors. The report outlined the work of SYMBOL and noted that young people are saying there are too many officers attending and the feedback is more directed to Senior Officers than young people. The report concluded that we need to ensure we do not overburden young people.

A report was presented to the Board on the National Child Measurement Programme which is a mandated Public Health programme and part of the Government strategy around obesity and prevention which is not without its problems as there are a small number of complaints from parents about being informed their child is overweight. The Board was informed that a pilot is yielding good results. Sefton is taking part in a research project with some parents being asked to take part in the project using Map Me. This will be followed up in Yr 12. An update on the project which can inform national policy will be provided at a later date.

In June 2022 the reports received were: Children's Social Care and Early Help Partnership/

Martin Birch talked through a presentation on Children's Social Care. In particular he drew the Board's attention to information under the various headings which were What are we worried about; What do we need to do; What's working well, and a Performance Overview. He noted that regardless of the outcome of the inspection people are working hard, however, staffing and morale is a continuing issue. We are in the middle of a recruitment campaign but pay and retention needs further exploration, and we need to keep the impact on families and their perception of us in mind. Martin Birch also highlighted that performance is now presented in a different/ more usable way. The presentation also touched on the changes to accommodation, work on Liquid Logic and feedback sessions with staff. In terms of what is working well he noted that staff are wanting to move on, and the energy is fantastic, training under the family valued approach is underway which fits our approach with families. Recruitment of Service Managers continues as 4 out of 5 have been appointed. Martin Birch then proceeded to talk through the slides on performance which were an overview of the main areas over a 12-month period. The areas covered were: Open cases; Open cases forecast; Contacts – front door; and noted the steady climb since Ofsted publication;

A report was presented by Anne Tattersall who chairs the Early Help Partnership Group which was to provide high level details about the group, its role and purpose, key objectives, membership, governance and concluded with strengths and challenges and future priorities. It was noted the membership is varied and passionate with vibrant discussions. In terms of Governance, they report to the Health and Wellbeing Board (HWBB) and oversight is also by the Safeguarding Children's Partnership. The overarching purpose is to ensure that people of all ages receive timely, well co-ordinated and good quality early help services.

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Challenges are around the increased demand and complexity of assessments and identifying clear pathways so there is no duplication. There is a dashboard reviewed monthly, however, it is potentially council focused and there is a need for more effective predictive data to offer more proactive rather than reactive approach. Anne Tattersall talked through the priorities and noted they have good examples of service user voice and concluded with the next steps which are to produce the annual report and review the strategy.

The Board also receives notes from the following groups for information if they had met:

SEND CIB

Early Help

Emotional Health and Wellbeing Group

Community Safety Partnership

Provider Alliance

2.2 SEND Continuous Improvement Board (SEND CIB)

There have been two meetings since the last update, one on 17th May 2022 and one on 12th July 2022.

At the May meeting the following items were discussed: Parent Carer Survey, Support Offered to Parents and SEND Performance.

A report was received on the Parent Carer Survey which was to provide the Board with the feedback from the 2022 Public Consultation Exercise on Special Educational Needs and/or Disabilities (SEND) Local Area Provision in Sefton. The Board was reminded that this is the fourth consultation activity relating to SEND since the 2017 SEND inspection. The aim of all the surveys has been to help provide the Board with feedback to monitor experience, involvement, and satisfaction around the key areas of Education, Health, Social Care, Information provision and on how the system is working together.

The Spring 2022 survey took place between 1st March and the 10th April 2022; having been extended by 10 days to allow for additional participation. A wide network of distributors supported the promotion of the survey, using a range of methods, including face-to-face, newsletters, social media, the Consultation Hub, and the Local Offer. The survey was also available in a hard copy version and parents and carers who need support to complete the survey could call a dedicated officer for support to complete the survey over the telephone or face-to-face. The survey was completed by 140 parents and carers. Parents and carers who completed the survey could also enter a prize draw to win one of three £50 shopping gift cards. The prize draw has taken place and the winners notified. The responses were analysed from both a quantitative and qualitative perspective. The Consultation report included a summary of the responses and the quantified responses to each of the questions asked. Following a detailed discussion between Board members about the work that currently takes place to engage families (including Aiming High newsletter, preparing for adulthood letters in year 9, Local Offer, Communication with mailing lists and via websites, events, use of specialist support services) it was agreed that the feedback from parents particularly about communication was disappointing with the need for further work on this identified in the context of the national increase in demand.

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The item on Support offered to Parents was introduced by Tricia Davies who informed the Board that a meeting took place in April 2022 to discuss concerns raised around support to Parents and Carers, and since then there has been no further request for support. However anecdotal evidence suggests that parents and carers feel the support is not as sufficient / in the right format / at the right time as it needs to be. Improvements in support are needed around communication, how to escalate issues, increase understanding and reduce the culture of blame. Softer outcomes around support need to be delivering for parents as feedback suggests support is going backwards after improvements were made. This is due in part to an astronomical growth in the number of requests for support, combined with the difficulties recruiting to posts and current staff working to capacity, meaning backlogs do occur and this has impacted on EHCP performance. Officers often work late evenings and weekends to try and keep up with the increasing demand and the Inclusion Team are looking at different offers from September, which it is hoped will have an impact on the support available.

The Improvement Plan was presented as part of the SEND Performance update. It was noted that there is an ongoing refreshment of the improvement plan which reiterates the importance of reporting by individual data lines. The information is included in the performance monitoring so that if there is a dip it is picked up swiftly, this has been presented to Senior Leadership for sign off and implementation. There was considerable discussion by the Board around the increase in referrals and issues with regards to capacity across all partners and how this is impacting wait times. There was discussion around what is taking place to help deal with this such as triaging, urgent escalation, service operating longer or different hours, discharge plans to community services, recruitment etc and how this is being captured as part of the dashboard. Finally it was noted that CAMHS isn't just a clinical service at Alder Hey and as such it should be considered in the whole. There needs to be wider examination of messaging used, the different parts of the system and possibly even a name change or rebrand to bring it in line with the wider THRIVE framework, and incorporating all aspects of Emotional Health & Wellbeing.

At the July 2022 meeting the following items were discussed: SEND Green Paper, Sefton Response; SEND Performance which included the Improvement Plan and Escalation Reports.

A paper was presented to SENDCIB on the draft response to the consultation on the SEND Green Paper from Sefton Council. Responses can be sent by partners and Board members could also send comments to the authority for inclusion or simply comment on the response. It was noted that this is a significant enhanced partnership responsibility and there are suggestions in the consultation such as un-ringfenced grant for SEND in the future which will impact on budgets such as for Higher Needs Funding (HNF) so partners were requested to consider responding. In particular Board members attention was drawn to Q14 and Q15 which were about budget priorities. It was noted that currently 11 Local Authorities in England receive Safety Value support, 55 other Local Authorities including Sefton will be part of a wider best value programme support and nearly all Councils have a deficit. In terms of Delivering Better Value there is a meeting scheduled for the next few weeks. Some Headteacher colleagues had sent

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responses to the authority and others were sending a collective response. It was noted that the national Parent Carer Forum (PCF) are recommending that funding follows the child and there are minimum standards.

SEND Performance is a standing item on each agenda and the updated Improvement Plan with KPIs was included. Exception reporting on those areas of work that are not achieving the agreed KPIs was also provided and this included details on the following: Speech and Language Therapy (SALT) for both 0-18 years and 18-25 years, Physiotherapy 18-25 years, CAMHS referral to choice and also referral to partnership, ASD assessments 0-18 ADHD assessments 0-18, and it was also noted that KPIs are to be agreed for ASD assessments 18-25 years and ADHD assessments 18-25 years. A dashboard and narratives were supplied for each of these services. It was noted that the Management Team in Health are working on shared care arrangements, however, there will be an impact on enabling services to discharge back to the GP. A task and finish group are looking at a model going forward. There is a funding bid to address capacity and the footprint of the work has changed and there are Sefton/ Merseyside shared services which they are looking to streamline across North Mersey. It was noted there has been a perfect storm driving the request for a diagnosis and what is the current offer e.g., parents request an EHCP as they are waiting for SALT, there is a need to understand what is the Early Help offer.

It was agreed that in two meetings time (November 2022) there will be a follow up item on this discussion about support and the local offer.

The risk register is reviewed at each meeting.

2.3 Adults Forum

The Adults forum have met once since the last report on the 26th of July.

The forum discussed Changing places developments in the Borough. Sefton have been successful in securing a bid of £150K from the 'Levelling up' fund and are working on 3 new sites Bootle strand, Ainsdale and Victoria Park. The group received an update on the Sefton Place Governance. The group also received an overview of progress on the Day Opportunities review, reflecting the consultation from October last year to January which sought feedback from service users and carers such as younger people what their view was on day services. A formal process will begin around Autumn. Further work is ongoing with Community Catalysts who have worked in other local authorities and with New Directions to help shape the market and understand future models. A formal reference group is established. The group received a health update and discussed the need for Sefton wide standards to be achieved and future models of working with PCNs. The group received an update on the Cost of Care Exercise, the exercise is ongoing with Care Homes and Domiciliary Care Providers this will need to be submitted to central government on the 14th October. Crucial to get right to support the Care Home Market. The group also received briefings on the Central Government Adult Social Care reform 'building back better' which covers the way ASC is funded – lifetime cap on personal care spends, a more generous means test and the fact that Self-funders can ask council to arrange their care. The group also received an update from Living Well Sefton detailing their living well Sefton

resilience grants, health protection activity and increased recruitment to social prescriber roles.

2.4 Health and Wellbeing Executive

The Executive Group have met twice since the last report on the 21st July and the 25th August

The group receive performance and financial information for the Better Care Fund as standard.

In July the group agreed a final draft of updated Terms of Reference for the Board following the boards recent development programme. These are appended to this report. The group received an update on the Integrated Care Board Development and the expansion of reablement, along with wider Better Care Fund developments.

In August the group also discussed inspections and oversaw the developing BCF plan for 2022/23 which the board will need to sign off through delegation to the Chair. The Board are asked to confirm they agree to this.

2.5 Health Protection Forum

The Health Protection Forum met on the 11 August 2022. At the time of writing, the minutes had not been approved. This was only the second meeting since standing up after the cessation of meetings in response to the Covid-19 pandemic response. The forum received feedback from subgroups: acute respiratory infection, Blood Borne Viruses and HIV, Drug Related Deaths, Screening and Immunisations. An update from the task and finish group on extreme weather was also received

2.6 Other updates

The Board are asked to consider the following; As part of the new governance arrangements within Sefton, there will be a newly established primary care commissioning committee that will have a key role in leading the development of local general practice. Under these new arrangements there is an opportunity for the membership of this important committee to have representation from the Sefton Health and Wellbeing board which will be instrumental to further ensure that Sefton health and wellbeing priorities inform the work of that committee. The Health and Wellbeing Board is asked to nominate a member of the board to become that representative.

At the Cabinet meeting of Sefton Council the following updated membership to the Board was agreed.

Members appointed by the Leader of the Council	Councillor Moncur – Cabinet Member – Health and Wellbeing (Chair)
	Councillor Cummins – Cabinet Member – Adult

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	Social Care (Vice-Chair) Councillor Doyle – Cabinet Member – Children’s Social Care
Executive Director of Adult Social Care and Health and Place Director	Deborah Butcher
Director of Public Health	Margaret Jones
Executive Director of Children’s Social Care and Education	Martin Birch
Clinical Director for Sefton Place	Dr Rob Caudwell, will now attend the Board in his new role as Place Clinical Director
Representative of NHS England	Vacancy
Representative of Healthwatch, Sefton	Vacancy
Representative of the NHS Acute Provider Sector	Clare Morgan Anne-Marie Stretch (additional representative)
Representative from the Every Child Matters Forum	Sue Potts (Will be replaced by Janine Hyland at the next Council Meeting)
Representative from the Health and Social Care Forum	Andrew Booth
Representative from Merseyside Police	Superintendent Dawn McNally
Representative from Merseyside Fire and Rescue Service	Mark Thomas
Representative from Alder Hey Children’s Foundation trust	Louise Shepherd
Representative from the Voluntary Community Faith Sector (representative to be agreed through Sefton CVS as the umbrella organisation for the voluntary community and faith sector)	Angela White
Independent Chair of the Programme Delivery Group (part of the Sefton Partnership Governance)	Anita Marsland

3. Conclusion

The Board are asked to note the contents of the report and confirm the specific asks of confirming a nomination to the Primary Care Commissioning Committee and agreeing delegation to the Chair to sign off the Better Care Fund Plan for 2022/23

Report to:	Health and Wellbeing Board	Date of Meeting	14 th September 2022
Subject:	Early Help Partnership Annual Report		
Report of:	Mersey Care NHS Foundation Trust	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Anne Tattersall		
Email:	anne.tattersall@merseycare.nhs.uk		

Purpose / Summary of Report:

To present to the Board the Annual Report of the Early Help Partnership. Anne Tattersall, Chair of the Board will attend to present.

Recommendation

That the board receive and note the contents

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EARLY HELP ANNUAL REPORT 2021-22

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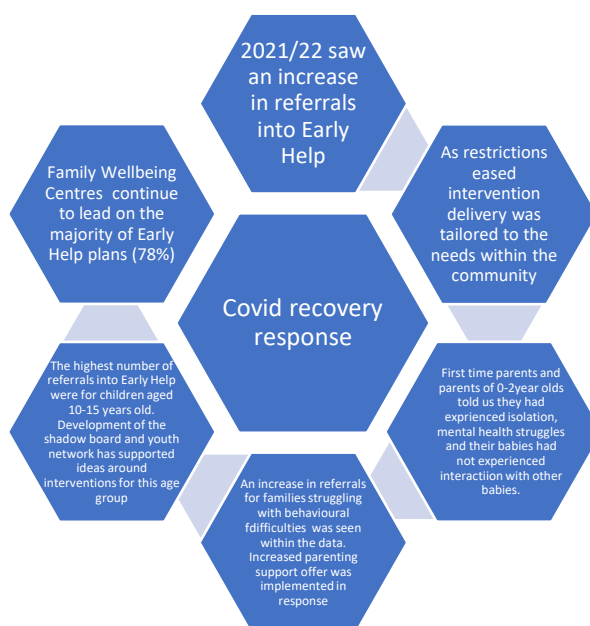
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Executive Summary

This report provides a summary and key highlights of the response to supporting families through Early Help in Sefton. The report captures the breadth of support being offered throughout the Early Help Partnership and recognises the services that work alongside families as part of the 'Team around the Family'.



Key achievements



The team around the school approach has been encapsulated across Early Help. This has been extended to Early Years settings to support early identification of need for under 3's. Targeted intervention delivery of ACES, parenting programmes & relax kids has increased.



A total of 650 families who received Early Help support during 2021/22 achieved positive outcomes on closure.



Sefton BABS Parent-Infant Mental Health Service co-location within Family Wellbeing Centres has supported the integration of the service across Early Help.



Sefton have successfully secured funding to commit to improving positive parental relationships and reducing parental conflict. The funding has enabled training for staff across the partnership and tools to be developed to work alongside families where parental conflict is a feature.

2022/23 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, 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
- Building capacity in communities aligned with Family hub based working
- Joint multi-agency workforce development plan across Early Help system
- Strengthening data governance within the Early help Partnership Board
- 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.

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Introduction

Most children in Sefton lead happy and healthy lives, are part of loving families who take good care of them and support them to reach their potential. All children in Sefton deserve the best possible start in life; but unfortunately, there are some who face disadvantages that affect their development, which impacts on their future potential, health and happiness. Providing 'Early Help' plays a vital part in offering these children and their families the support they need to reach their full potential and keep them safe.

In Sefton we have a rich partnership of Early Help services who work to support families every day. These range from: education settings who are vital in providing learning and support for children, young people and families and which provide a safe place for children to thrive and learn; universal health services such as midwives, GPs, health visitors and school nurses; police teams; and our vibrant voluntary and community sector partners.

This report provides a summary of the work carried out across some of Sefton's Early Help partnership. These services work alongside partner agencies supporting children, young people and their families as part of a 'Team around the Family', helping them to reach their potential, prevent issues from escalating and enabling them to lead happier and healthier lives.



Agenda Item 5

Effective Early Help services prevent problems from occurring and can tackle them head on when they do before problems get worse. They also help to build resilience in families, developing strength and skills that prepare children for adult life and help families to cope better with the challenge's life throws at them.

Early Help takes many forms from community support from family and friends, local businesses, and community organisations; universal services such as nurseries; Schools; GPs; Midwives and Health Visitors, through to more targeted services. Some services will play a role in the provision of both a universal and targeted offer such as our Family Wellbeing Centres who provide a universal offer open to all but have a targeted approach through an Early Help Assessment. The Police, and Health Visitors also offer both universal and targeted support, using their universal offer to identify risk early and follow up with more targeted support where necessary.

“The total support that improves a family’s resilience and outcomes, or reduces the chance of a problem is getting worse”

Some services are specifically targeted to certain vulnerable groups such as young people and adults dealing with substance misuse, housing issues, mental health support. There are also targeted programmes in schools to improve children’s social and emotional skills and other issues. Evidence clearly shows that early intervention has the strongest impact during the first few years of life, it is also true that effective interventions can improve children’s life chances at any point during childhood and into adolescence.

Collaborative working between Early Help services and children’s social care is crucial to support seamless transitions for families into and out of statutory child protection services, ensuring families receive the right support, in the right place and at the right time.

In Sefton, these relationships continue to develop, and systems mature which ensure we prevent as many families as possible from entering or re-entering statutory services.

Early Help is only effective if there is a truly integrated offer and partners work together to support families, children and young people. Strong partnerships are a key feature of how we work in Sefton, and we will continue to build and develop these partnership arrangements for Early Help and work to improve our support for the communities of Sefton. This report will showcase some of the good practice developed over the past twelve months and highlight areas for future development.

Governance

The Early Help Partnership Group

The Early Help Partnership Group has continued to meet under a new Chair – Anne Tattersall. Meetings have been themed in a similar way to the format of partner contributions within the report with a focus on Children and Parents. Considerable discussion has been ongoing as to determining a strong shared vision across the partnership. Regular updates were also received from partner agencies and groups. The Early Help Partnership Group reports directly to the Children and Young Peoples Board.

The Early Help System:



Agenda Item 5

Early Help Strategy and Delivery Model

The Early Help Strategy acknowledges that to have a mature early help system we need to transform the way professionals work with each other and with families, and to develop the right culture, systems and behaviours that support the delivery of the model across the partnership.

The key areas for development during 2020-2025 are:

-  **Establish Effective Leadership, Partnership Working and Governance**
-  **Establish easy to use Early Help online information and advice**
-  **Develop a suite of tools for early help practitioners to use – ensuring a whole family strength based consistent approach to working with children and families**
-  **Develop effective and timely processes for sharing information between agencies**
-  **Refresh structures and pathways that support the access to early help**
-  **Develop a skilled and competent workforce across the partnership**
-  **Develop a joint commissioning framework for early help**

Priorities and Progress

Development of a 'team around the school approach'

Early Help workers are aligned to each school and have developed strong relationships with many interventions being delivered within school sites. The COVID response has delayed this extending to the anticipated team around the school approach.

Increased scrutiny and moderation of quality assurance to include participation from families capturing their voice.

Greater involvement from the shadow board, more of a focus on case studies and the introduction of service user surveys have contributed to capturing the family's voice.

Driving quality and practice of Early Help, ensuring all partners are engaged and accountable

Through the development of Early Help Champions, shared audits with partners and regular sharing of best practice through case studies this has been a central strand to the work undertaken across the partnership.

Development and agreement of 'Five Foundations of Early Help'

Whilst the five foundations of Early Help were not formally adopted, the discussion and shared vision for Early Help is ongoing across the partnership and many of the pillars remain central to how we work.

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Performance Data

Year on year comparisons – What this means for families in Sefton.



During 2021/22 increased scrutiny of data analysis has driven performance and a greater understanding within council led services. It is the ambition that during 2022/23 the development of a shared outcomes framework and approach will strengthen the overall performance of Early Help.

Early Help has seen an increase in re-referrals during 2021/22, the level of need for families accessing Early Help has been evident in the complexity of difficulties families are experiencing. Domestic abuse, Child/Young Person Mental Health and Behavioural difficulties have been the top 3 reasons for referral into Early Help. This is representative of the national picture and is not specific to Sefton. As part of a Covid-recovery response increased face to face interventions have been delivered from Family Wellbeing Centres and partnership groups. Additional staff training opportunities for IAPT and Commit to Change has been invested in for 2022/23 to develop the offer and respond to need.

Focus on Partnerships - Children

Shadow Board

The shadow board aims to strengthen professional practice, services and ensure the voice of the child/young person is central to service improvement and development. The voice of the child/young person is fundamental within early help services as often decisions, policies, interventions facilitated will directly affect them. The shadow board will enable young people to feel empowered, informed and have the capacity to have their voices heard at the decision-making table. The shadow board has been delivered bi-weekly from our Early Help Youth Staff with regular attendance of 10-12 young people.

Throughout the year the young people have participated in a range of activities with the focus being on Improving services for young people and families. A SWOT task was completed in July 2021 for the Early Help Partnership Board. The aim of the session delivered was to capture the voice of the young people involved in the shadow board linked to their experiences of services. During January-March 2022 the young people have explored a range of areas in table below. A number of representatives from the shadow board also attended the Knifesavers programme with Liverpool Football Club in March 2022. The young people were able to listen, learn and participate in the afternoon training.

Capturing the Children's Voice

Why are these groups important to young people?	What do you get from coming to the group?	What do you want to do next term?	What would your Youth Zones look like if you had funding?
1: To get us out of the house. 2: To get us away from our parents. 3: To meet new people. 4: To get out our feelings. 5: To support our Mental Health 6: To meet new people. 7: To help other young people.	1: Our dinner and tea. 2: Better Social Life 3: Making new friends 4: A break from home. 5: Better motivation. 6. People listen to what we say. 7: Make a difference to things when we get asked.	1: Sports activities would be good. 2: Domino's night. 3: To work with Liverpool like we did at ACES. 4: Bowling/Flip out. 5: Help in the area with painting benches maybe.	1: LED lights 2: Telly 3: Bean Bags 4: Pillows and blankets 5: Oven trays and mixing bowls 6: Sports stuff. 7: Rug.



Next Steps

- **Social Action Programme** due to start May 2022: The aim of the programme is to enable young people to increase their understanding around their role within communities and ensure active participation. The programme will be delivered in partnership with Liverpool Football Club.
- **Sports leadership Award:** The aim of the programme is to increase young people's participation in healthy lifestyles with the view of increased resilience and mental health and wellbeing. The programme will be delivered in partnership with Liverpool Football Club.
- **Creation of Youth Zones:** The Group are currently exploring additional funding and will work alongside the Youth Endowment Fund to ensure all areas have youth friendly zones.

Focus on Partnerships – Children

swaca

SWACA

During 2021/22 SWACA have provided a range of services to over 500 Children and Young People in Sefton, who have been identified through initial assessments directly, or through mum's initial assessment, as having experienced / been affected by domestic abuse. These include:

- 433 Children / Young People service users accessing 1:1 support
- 55 Children / Young People service users accessing support from SWACA's Child on Parent Violence / Abuse Project
- 21 Children / Young People service users accessing SWACA's Together Programme (group work project)

Services for children and young people service users include:

- 1:1 casework support for a minimum of 6 sessions (usually in schools)
- The Together Programme structured group work programme (age appropriate)
- Support from a specialist Child on Parent Violence / Abuse Project
- Other bespoke services
- SWACA also provide (educational / training) support to various (multi-Sector) organisations operating in Sefton, regarding domestic abuse and 'healthy relationships', to improve awareness

Other issues

SWACA has not been able to provide a Refuge service during 2021/22, primarily relating to COVID-19, but SWACA is in the process of establishing a new and enhanced Refuge, in partnership with One Vision Housing. This will open in Summer 2022.

SWACA will also be establishing an adult Male victim's service in the very near future, to increase our inclusivity, and this extended service will include supporting dad's, alongside mum's, who are victims of / affected by child on parent violence / abuse.

SWACA has also secured funding to develop a new service for Women (mums), living in Sefton, who are accessing services from Liverpool Women's Hospital and are identified as at risk of domestic abuse. We hope to start this service in the very near future.

Focus on Partnerships – Children

withyou

We are With You

The service has been responsive to low numbers of young people and families in treatment by offering a wide range of support and initiatives to young people, families and professionals throughout the last year and increasing service accessibility.

- The service has maintained its strong relationship with the Youth Justice service, adapting its offer to deliver engagement sessions to young people unsure about being referred to the service. This initiative has been agreed between With You and Sefton Youth Justice in response to reduced referrals and to ensure that young people are given the opportunity to talk to a With You worker about the support that is available.
- With You launched Project Re-Frame in January 2022. Re-Frame's main aim is to reduce the criminalisation of children, to divert them from the criminal justice system. At the point of arrest, for possession of a Class B or C substance, the child is offered this restorative programme and if they engage, they will avoid further criminal prosecution (via outcome 22 OOC Pathway). The University of Kent will be evaluating our work through a randomised control trial, the gold standard of evaluation. This will increase the sector's confidence in understanding what works and ensure delivery of diversion projects is of the highest standard to protect and support children.
- The service delivered drug & alcohol awareness sessions in partnership with the Sefton Safeguarding Children's Partnership. *Supporting Children & Families Impacted by Drug & Alcohol Use* has been delivered to professionals from agencies including Education, Sexual Health, 0-19 Service, CSC, Family Wellbeing and Youth Justice. Additionally, the service has contributed to the SSCP Safeguarding training which takes place each month and serves to raise awareness of the service with professionals in the borough. The service has also delivered awareness presentations to the Family Wellbeing Central Locality, the School Health Teams, Smoke Free Sefton and to CAMHS School Mental Health Teams.
- The service has delivered drug & alcohol awareness workshops and assemblies to over 500 pupils across 10 schools and colleges this year. Providing non-judgmental and evidenced based information to young people around substance use and ensuring they are aware of the pathways to support.
- We have launched an online booking system for young people and parents. The online booking service allows those worried about their drug or alcohol use to book an initial telephone appointment with the service at a date and time convenient to them. We have yet to see significant uptake of this offer, with focus being on promoting the offer to partners across Sefton.

Agenda Item 5

Focus on Partnerships – Children

Reducing Parental Conflict – promoting Positive Relationships

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. Over the last year, Sefton received a pooled fund of £159,000 to support parents facing continued conflict in their relationships and prevent lasting impact on their children. Sefton worked as part of a Liverpool City Region (LCR) cluster.

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

Progress

An Ambassador and 6 Champions have been recruited and completed a 12-week training programme. In addition, the Ambassador has gained a Level 4 qualification. 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 meetings, 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.

Governance

A multi-agency steering group meets bi-monthly. The purpose of the group is to lead the development and implantation of an action plan to improve positive relationships.

Next steps

Embed practitioners' ability to:

- Recognise the difference between Domestic Abuse and Parental Conflict
- Utilise available tools for reducing parental conflict
- Promote the referral pathway
- Promote a bespoke regional digital tool, due to be launched June 2022

Steps are also underway to access 3 years more funding via the Department for Work and Pensions.

Focus on Partnerships – Children

South Early Intervention Huddle

The Early Intervention Huddles are designed to bring partner agencies working together in a common geographical area, to dynamically problem solve issues where early intervention and prevention is appropriate.

Within the Huddle, professionals bring a case (with consent), that may not be progressing as quickly as they would like or an aspect they may be stuck with. All agencies check their own systems to share what is known and current involvement. Together they dynamically problem solve any issues that may be present with advice sought on where to go for support.

Over the past 12 months, 77 cases were discussed at the Huddle.

Table 1 Referrals into the Huddle.

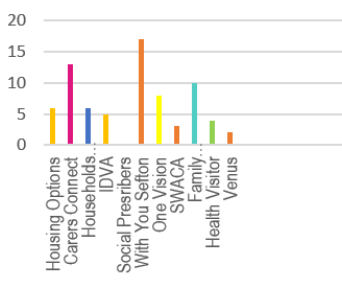
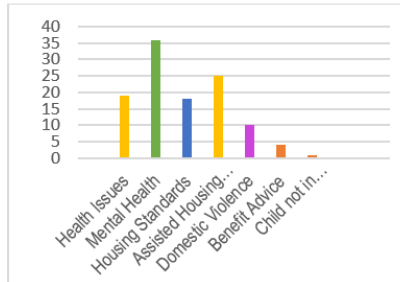


Table 2 Reasons for case discussions



Examples of outcomes and partnership working for families are as follows:

1. An Early Help Worker, Excel Housing and Poet's Streets Housing Associations worked together to repair a home and remove remnants from a home used as a cannabis farm. Mum is being supported with accessing a new property and money management.
2. Adult Social Care, Housing and Health, pulled together to support a family who were close to becoming homeless stay in their property temporarily. The family including 3 adult children with disabilities are being supported to find suitable accommodation.
3. Households into work, Housing Options, Adult Social Care, Council Tax team and Neighbourhoods team are supporting a tenant who is homeless due to debt, and fear of loan sharks. He is now accommodated in emergency accommodation whilst being supported to find a supported living property and managing debt.

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Focus on Partnerships – Children



Sefton CVS

Every Child Matters Forum

The Forum is the co-ordinating body for the Voluntary, Community and Faith Sector in Sefton working with Children, Young People and Families, with 433 members. It is facilitated by Sefton CVS and has representation on the Health and Well-Being Board.

Thrive Network Sefton

The network held 5 meetings this year and a number of new partnerships were developed. Thrive is the model that Sefton has adopted in its Children and Young People’s Emotional Health and Wellbeing Strategy.

Multi Agency Thrive Model Training Workshops were delivered with SEAS Partners throughout the year over Zoom. Agencies across the partnership have completed the training. Feedback from attendees was that they could clearly understand where they fit in the model and had more awareness of other partner agencies and what they could offer.

Early Help Level 2 Pilot

The Pilot was successful in accessing funding from the Violence Reduction Partnership through Sefton MBC for a further 12 months. Q2 and Q3 Venus and Parenting 2000 continued to deliver the L2 Guided Self Help to families across Sefton. Due to the changes to the Front Door the plan for delivery for Q4 had to be revised, but other similar support was provided to families for this quarter. Co-ordination of this work and reporting to VRP on the project was completed by CVS.

Buddy Up

Buddy Up is a mentoring and befriending project for young people between 13 and 18 with additional needs. The project encourages social inclusion by recruiting and training volunteer peer mentors. The mentors are all young people aged between 13 and 25 who want to support young people with additional needs by befriending them and supporting them to take part in fun activities.



Focus on Partnerships – Children



First Steps – Commissioned Family Wellbeing

Context

First Steps Family Wellbeing Centre consist of a small team supporting over 67 children on Early Help as well as families on Child in Need and Child Protection plans. Since the COVID pandemic we have seen a sharp increase in the number of referrals for children with mental health issues and how these impact on school attendance. This is an area where we are focusing most of our training budget for staff and as a centre we also offer a space for Homestart to hold Counselling sessions for children and adults.

Community Support – we provide a supportive network around families, often preventing any formal need for support. We provide a sense of belonging, an informal listening ear and supportive friendships for new families. The offer is now also available from the new Birkdale Library Hub, Station Masters House. The offer includes:

Drop-in sessions including Rhyme Time, Dancing Songbirds, Baby Rhyme Time, Tiny Club and Inbetweenies, Baby Massage, Dad’s club, Toddler group and Little Treasurers.

Paid sessions from Jo Jiggles.

Support baby weighing clinics on both sites run by the local health visitor team.

Space for Homestart to hold their counselling sessions

Holiday Provision

The school holiday periods allow us to extend our offer as we use the larger school spaces. During the Easter holiday period alone, we provided free activities for 128 adults and children including Stay and Play, Den Building, Top Tots, Baby Sensory and an Easter Treasure Hunt. We are now busy planning our Summer Fair which is also back by popular demand this year which includes lots of free activities but also help and advice from local services too.

Other ways we support our community include adult learning which increases the self-esteem and confidence in our adult community. 5 adult learners recently completed our Childcare course run by First Steps Enterprises and their popular Volunteer course for the summer term both provided accreditation for the attendees as well as opportunities for future employment.

Partnerships

We are always there to support our families through particular tough times through our links with local businesses, charities and donations. We have developed a strong partnership with SWACA hosting their successful Mirror project supporting women and children, as victims of domestic abuse, in two concurrent groups.

Our staff also deliver food every Friday from our collection at Waitrose to our most vulnerable families and support them with the collection of food from the Foodbank. We have a number of wider links within our community, having signed up with the OLIO app. We provide fresh food from local supermarkets and work closely with the LIONS charity who support with Asda vouchers and furniture. We are also supported by St John’s Church in Birkdale who provide us with shopping vouchers as and when our families need them as well as over 20 Easter hampers which we gave to our most vulnerable families. Recently, we engaged with WAVE a meeting with Ainsdale churches, Ainsdale Councilors, and Sefton CVS to share how we can further collaborate to support our families and vulnerable adults in our community, providing an exciting new project for our future.

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Focus on Partnerships – Children

Waterloo - Commissioned Family Wellbeing Centre

Universal Delivery

Sessions to families included “Prambles” in partnership with Crosby Library. Baby Massage courses, and Parenting advice. Volunteers offer their services and time to deliver a “chill and chat” session.

Targeted Delivery

Team around the school – work alongside Waterloo, St. John’s, Ursuline, Valewood, Forefield and Great Crosby Primary Schools, delivering interventions and 1:1 support with children to gain their voice and feelings which contribute towards the Early Help Assessments. Secondary & Special Schools are also supported. Other interventions include a drop-in session by Sefton Carers, sleep clinics and interventions such as Theraplay, Relax Kids, 1:1, tailored support and signposting for families with children with SEND.

Interventions

- Theraplay, Relax Kids, 1:1 work with children were completed face to face and staff went into local schools, homes and community to ensure young people received appropriate support. Children and young people have benefited from Theraplay techniques and Relax Kids on a 1:1 basis.
- Sleep Support - July 2021– 12 Early Help Workers from South Sefton attended training.
- In Spring 2022, following the positive feedback, we have booked for 16 South Sefton Parent Champions to attend sleep support training in May 2022.

Intent

- To deliver vital support to vulnerable families on Early Help Assessments.
- To support families through the assessments by delivering targeted interventions.
- Providing a timetable of activities for families to access to sustain their progress and to engage with other families.

Impact

Quotes

"Thank you I can't thank you enough how you helped me and my child, it's like having a different kid I really appreciate what you did for us xx"

"Thank you so much for everything you have done for my child and me. We've learnt so much and my child has developed into a delight to spend with. I know we still have work to do and it will be a long journey for us, but your support to guide us on this has been invaluable"



Focus on Partnerships – Children

Parenting 

Parenting 2000

Parenting 2000 offer a range of services, which support Early Help intervention and Prevention.

Including:

Therapeutic Counselling for adults, young people and children from aged 6 years. 35 Children and 7 adults on Early Help Plans were referred to counselling this year.

Mental Health Wellbeing Groups for Children:

Kindness Box Group for Young People. Compassion Focused Therapy (CFT) an evidenced based approach to learn how to sooth difficult emotions and thoughts such as anxiety and low mood.

Walk and Talk: Young people can walk out with youth workers in nature to boost mental and physical wellbeing and healing. It was a Covid safe way of engaging with young people as well as promoting their health and wellbeing.

Youth Circle: Emotional and mental health support group developed and led by our Educational Psychologist. This year over 30 young people attended.

Parenting Programmes:

Youth Connect 5 (YC5): Delivered 5 courses for parents/carers of children and young people with additional needs and /or behavioural issues. YC5 equips parents to better help their child/young person with their emotional /mental health.

Wellness for Work: A confidence building employability course for long term unemployed adults. From the 14 attendees 2 people gained employment and 1 entered further education.

Alchemy Youth – Parenting 2000’s Youth Friendly Brand

Youth Club has over 250 members aged 9 – 18 years. Offering a variety of targeted sessions supporting mental health and wellbeing, skills for life and citizenship. Highlights this year include:

Career mentoring withThe **Strive** programme, introducing young people to career mentors

The Girls Imperium - A boot camp for girls and young women, to give them vital skills and guidance to staying safe.

Youth Café: Our summer holiday drop-in Café providing food for children, young people and families.

Alchemy Detached Youth Mentoring:

Provides support to tackle County Lines activity by empowering vulnerable young people who are involved in or at risk of criminal exploitation to make positive choices, enhance their opportunities and widen their horizons.

This is achieved via a combination of mentoring, personal development and diversionary activities and non-clinical therapeutic support. The project has during 2021-2022 worked with 57 children and young people at risk who reported outcomes as follows:

- ↑ Over 56 % of cyp reported improved Personal Relationships.
- ↑ 93 % reported that they have made new friends.
- ↑ 77% are working towards goals at school that previously they had not been able to achieve.
- ↑ 62% are enjoying school more.
- ↑ 90% feel more knowledgeable about staying safe online.
- ↑ 80% know how to report drug suspicions online, and to say no to drugs.
- ↑ 80% strongly agree that they are making healthy choices regarding drugs.
- ↑ 90% agree or strongly agree that there are more knowledgeable about the dangers and risks of county lines.
- ↑ Over 90% feel they are now interested in new things and feeling less anxious and stressed.

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Focus on Partnerships – Children

Sefton BAB's

Sefton BABS aims to break trans-generational cycles of ACES, at the earliest possible opportunity (during the antenatal and early postnatal period).

The aim of Sefton BABS Parent-Infant Mental Health Service (PIMHS) is to support parents and infants in Sefton to build strong, secure bonds and attachment relationships with their babies, via strength-based parent-infant interventions. BABS supports vulnerable parents to 'separate out' their past/present issues and recognise the difficulties which impact/pose a risk to their relationship with their baby.

Sefton BABS work in very close partnership with Sefton Early Help and Children's Social Care Teams. These working relationships are especially key and crucial in ensuring that vulnerable/at risk families receive the right assessments, safeguarding and therapeutic support/interventions, which enable the most positive and impactful immediate and longer-term outcomes.

There is no escaping the reality that 'our infants of today will become our parents of tomorrow'. Sefton BABS offers much needed Parent Infant Mental Health Provision for vulnerable, 'at risk', families and supports parents and infants to 'build good bonds' and break costly cycles for generations to come. This can, without a doubt, significantly reduce safeguarding issues/concerns, the removal of babies from parents' care, and prevent many unnecessary and unfortunate costs to families, commissioners, and society. This is earliest intervention as its most effective, impactful, and far reaching.

Focus on Partnerships – Children

Sefton Young Carers & Young Adult Carers Service

Sefton's specialist commissioned Young Carers provides support for young people aged 5yrs – 25yrs who have some sort of caring responsibility for someone in their family. This support may go above and beyond the normal tasks that young people may be expected to help with at home. The Young Carers Team has placed a big emphasis on increasing the identification of young carers and young adult carers, via partnership working and raising awareness particularly with Sefton schools and colleges.

This past year has seen the Young Carers service in Sefton expand to be able to offer support once a young person has become 18 and beyond. The Young Adult Carers service has engaged with 144 young people since it was launched in 2020.

The Young Carers service provides opportunities for young people to connect with other young carers, facilitating peer support to help young carers feel less isolated.



Agenda Item 5

Focus on Partnerships – Parents

swaca

SWACA

Domestic abuse and unhealthy relationships are repeatedly identified as primary contributors within the Early Help context in Sefton, in terms of family challenges, distress and risk of harm (to both children and adults particularly, but not solely, mums).

Research clearly demonstrates that unaddressed domestic abuse, (in terms of both on going domestic abuse and emotional distress resulting from historical experiences of domestic abuse), can lead to serious risks of immediate physical harm, and, just as importantly, long-term trauma and poor mental health outcomes for children and parents.

During 2021/22 SWACA has provided a range of services to over 980 Women in Sefton, including those who are parents who have experienced, or been affected by, domestic abuse. These include:

- 766 Women service users accessing 1:1 support
- 41 Women (mums) service users accessing support from SWACA's Child on Parent Violence / Abuse Project
- 177 Women service users accessing SWACA's Mirror Project (adult group work project)
- Over 90 Women service users accessing Counselling, through a partnership between SWACA and SWAN Women's Centre

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Focus on Partnerships – Parents



Sefton CVS

Perinatal Support Community of Practice Sefton and Support Programme

Funding was available from Cheshire and Mersey Women's and Children's Services Partnership and Sefton CCG to further develop and enhance the work of grass roots voluntary and community groups on women's peri-natal mental health across the sub-region. The funding was to support activity in Sefton to support women and their families who are expecting a child or have recently given birth. They may be affected by social isolation due to Covid-19. The CVS Network was used to manage a small grants programme and to facilitate a Perinatal Community of Practice bringing the organisations together to share good practice.

5 Projects in Sefton received funding from Cheshire and Mersey and CCG for Perinatal Support.

The projects involved were:

Parenting 2000 - Emotional and practical support and guidance for children, young people and families

SWAN - Supporting Women to achieve mental wellbeing

Venus - Providing support, advice and group sessions

Homestart - Supporting Families

Feelgood Factory - Helping local people improve their health, wellbeing and quality of life

All projects delivered support groups for parents this allowed access to peer support, advice from trained counsellors and activities to enjoy. Parents reported improvements in their mental health and no longer feeling isolated.

A Perinatal Community of Practice was developed to link the projects together chaired by Sharon Cotterall at Sefton CVS.

The group was approached by Partners through the BABS Communications Group to expand the group to other partners.

Agenda Item 5

Focus on Partnerships – Families

Light for Life

In addition to providing whole family support, Light for Life's Early Help Worker has established a Housing Advice Surgery at Talbot Street Family Wellbeing Centre to assist with housing issues and queries from both staff and other clients attending the Centre. This is being well utilised and providing a useful addition to the services already provided.

Over the past 12 months, Light for Life's Early Help Worker has worked with over thirty families with the incoming referrals and collaborative work with Talbot Street Family Wellbeing Centre. The majority of this work that has included housing advice and assistance, mental health issues, anti-social behaviour, concerns within school settings and support with accessing food and other necessities.

The past twelve months has seen a dramatic increase in the number of families in crisis due to the rising cost of food, utilities and household essentials and this has had a significant impact on the health and wellbeing of families.

Focus on Partnerships – Families



Safe Families

Safe Families work in partnership with Councils; reducing the flow of children going into Looked After Care and improving outcomes for disadvantaged children and families. The value brought by the Safe Families model is also based on the social capital brought to communities through the volunteer model that Safe Families utilises; improving local connectivity, social organisation and ownership, along with the evidence that people can become more independent.

Safe Families offers bespoke packages of support, delivered through a network of volunteers providing a community solution for families in crisis or in need of support. The support is aimed at families of all description at any level of need and can provide support to parents and/or direct work with children, offering children's activities alongside support.

This may include:

- Practical work with parents on home conditions.
- Providing daytime respite for parents.
- Mentoring parents and improving parenting capacity through modelling, parental support, and advice.
- Providing emotional support to increase self-esteem, self-confidence, and self-efficacy.
- Providing practical child focused activities – ensuring appropriate boundaries and strategies and providing access to community resources through positive and stimulating activities.
- Reducing isolation and increasing integration into local communities - building resilience and networking by encouraging and accompanying families to facilitate their engagement with community resources, toddler groups, Family Wellbeing Centres etc.

During the last 6 months, Safe Families has worked with families referred from Early Help and Children Social Care.

- 43 families have been supported.
- 24 cases are currently receiving active support.
- 111 children have benefitted from or are continuing to receive support during.
- Of families supported 77% (33) were Early Help and 23% (10) were from Children's Social Care.

19 Families have closed during the period having either received partial or full support. When surveyed at the closure of support, the families gave the following feedback:

- 100% improved/maintained social networks, confidence and self-esteem and/or ability to meet child's physical need.
- 95% improved/maintained family relationships and/or confidence in positive parenting.
- 90% improved/maintained happiness and mental health wellbeing.

Of the 19 Families closed during the period having either received partial or full support.

- 13 families (68%) when referred at Early Help have now closed to all services.
- 3 families (16%) when referred at Child in Need remained stable following support
- 1 family (5%) when referred at Early Help remained stable following support
- 2 families (11%) when referred at Child in Need de-escalated to Early Help following support

Focus on Partnerships - Families



Venus

Parents and Families

We have successfully supported over 100 families within 2021-2022 on Early Help plans improving outcomes for families and children. This support has been delivered by working with the family to identify support needs, remove potential barriers and reduce the need for social work intervention. In addition to this, we were commissioned in 2021 -2022 to work on the Early Help Level 2 pilot, to identify families who may not meet the level of need threshold but still require support. This involved short term, task centered support which enabled families to gain knowledge and information about support available in their local area and empowered families to access, which has reduced the need for longer term interventions.

To complement the support plans we offer:

- Weekly drop-in groups focusing on women's emotional wellbeing
- Financial resilience support
- Women's adult counselling
- Daily Information and guidance service
- Parenting Support
- Weekly family drop-in
- Evidence Based Parenting programmes (Incredible Years, Riding the Rapids)

Children and Young People

Any children and young people we support can attend the Star Centre where young people up to the age of 18 years can access information and advice on mental health issues, as well as group support and a variety of therapies.

Since 2020 Venus has experienced a significant increase in demand for children and young people's services following the COVID-19 pandemic – this has resulted in a 134% increase from pre-pandemic 2019 figures to 2021.

Figure below shows overall referral figures:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	20	19	28	43	36	51	42	31	34	49	54	50	457
2020	69	58	61	17	16	52	52	32	63	62	105	78	665
2021	75	66	95	78	123	115	96	56	86	97	96	86	1069
2022	95	75	89										259

As a result of this we have now extended our services to an additional site at Thornton Family Wellbeing Centre, where we co-work with Sefton Council. We now provide a youth offer of an evening with a range of groups such as LGBTQ, creative crafts, life skills and a range of young people drop-ins offering mental health advice and guidance across both sites.

Focus on Partnerships

ACES

ACES Recovery Programme

The ACE Recovery Programme continues to go from strength to strength. The Recovery Programme have a bank of practitioners trained and enhanced partnerships with Health, SWACA, Adult Education, Liverpool Football Club, Active Sefton, VENUS, Supporting Families, Children Social Care and a number of voluntary community faith sector partners.

Reach of young people and adults

77 young people between April 2021 to April 2022 have engaged in the ACE Recovery Young Person Programme.

97 adults between April 2021 to 2022 have been referred and engaged in the ACE Recovery Programme.

The model below shows the activities undertaken as part of the programme 2021-2022 with anticipated and/or reported outcomes experienced as a result of the programmes.

		Increased resilience (Emotional resilience and self-regulation through development of coping strategies)	
A C T I V I T I E S	Pilot several school-based ACE Recovery Programmes.	Number of referrals into the programme.	P O T E N T I A L O U T C O M E S
	Home visits and school visits to carry out ACE assessments of individuals who may take part in the sessions.	ACE assessment and AVA scores.	
	Homework to be carried out with all participants to embed the tools learned.	Numbers engaging with the programme.	
	Ensure effective partnership engagement with a range of service areas.	Numbers completing the programme.	
	Effective supervision of facilitators and streamlined evaluation process following delivery.	Self-reported outcomes.	
	Promote of the programmes both locally and nationally.	Validated measures pre and post and follow up	
		Increased understanding and awareness of ACES.	Increased social connectivity-through opportunities to link into the wider community.
		Improved self-awareness and self-development. Understanding behaviour, emotions better recognition and controlling triggers	Increased confidence- the ability to cope in difficult situations and engage with other services.
		Developing communication skills (to communicate needs and desires).	Increased sense of achievement-through attending the course putting the course content into practice. Positive developments in personal, social and emotional life.
		Negative outcomes. Poor attribution due to the course content. Negative impact on mental health (short term) as the course brings up difficult emotions.	Increased self-esteem and mental wellbeing
		Lack of support after the sessions and ineffective move on strategy for the participants.	Increased motivation
			Increased agency- a sense of control, self-management, self-determination and choice of responsibility.
			Positive change in relationships between children's young people and families.
			Increased educational attainment
			Positive change in behaviour for the children, young people, and adults.

Agenda Item 5

Focus on Partnerships



Career Connect

Career Connect deliver Sefton Council’s NEET Prevention and Early Intervention Service commissioned by Employment & Learning. The service aims to prevent the disengagement of young people who are not actively participating in education, employment, or training (NEET) and help them get back into education and training as soon as possible to help them reach their full potential.

We work in partnership with the Council’s Early Help teams to create sustained changes with some of our most vulnerable young people in Sefton, challenging stereotypes of what young people can achieve and addressing barriers to support them to move into appropriate learning and employment through a targeted professional, Information, Advice and Guidance service. By delivering effective support to address barriers and building resilience in families, we aim to equip young people with the necessary skills to prepare them for adult life and help families to cope better with the challenges life throws at them.

Through this coordinated approach, our designated Careers Coaches and Advisors work with our young people and their families to build trusting relationships and through the delivery of high-quality careers support, achieve excellent outcomes.

IMPACT

- Career Connect have 174 young people identified with Early Help flag
- Career Connect have worked with 67 young people as part of Supporting Families and/or early Help Plans in the last 12 months from 1st April 2021 - 31st March 2022
- A total of 370 interventions delivered
- 29 young people post 16 have received support and progressed into Education, Employment or Training destinations



Service features:

- 1:1 support
- caseload model
- regular contact with young people
- employability skills
- named adviser
- whole family approach
- link to localities



Partnership working:

- SEND
- YOT
- IMPACT
- Young Carers
- Elective Home Educated
- Social Care
- Early Help
- Complementary Education/Pinefields
- Year 11 Transition



Professional Body Awards

WINNER

Careers Service Manager

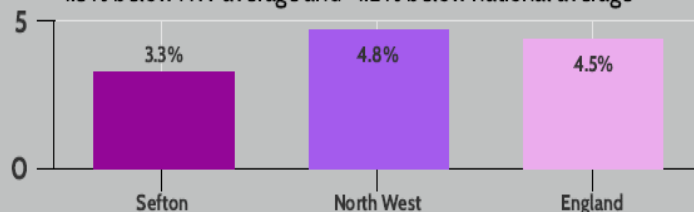
Shortlisted

Elective Home Educated, Early Help & YOT

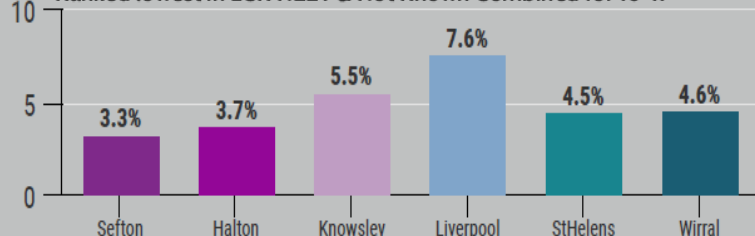


16-17 NEET and Not Known % March 22

-1.5% below NW average and -1.2% below national average



Ranked lowest in LCR NEET & Not Known Combined for 16-17



Focus on Partnerships

Sefton Parent Carer

Sefton Family Wellbeing parent/carer forums started in October 2021, initial feedback from parent/carers (P/C) was that Early Help is getting support at the right time, to support families to find out information that is important to them. Examples of support is finding activities for children, access to parenting courses for specific issues such as Children with Disabilities, help with how to complete benefit forms.

Some P/C's when looking at the internet, struggle to find up to date information about services, support. P/C's access information through Family Wellbeing staff, social workers, health visitors, schools, libraries, neighbours, their local community links, families and friends.

Parents and carers have reported that Covid-19 has affected their confidence, as support networks were limited. As services began to open they were nervous to attend groups, often feeling that they needed a first point of contact, a friendly face and someone to speak and interact with, rather than a screen.

Parents and carers also reported finding the correct support for children with disabilities, visible or not, and behavioural issues, a particular struggle. They often feel discriminated against in public and not as accepted as others.

Next Steps

A lead member of staff has been identified for each Locality; they are currently fact finding how parents want to be consulted. This could be either face to face, by telephone, as a group, through questionnaires, or via social media – to name just a few. This information will be reviewed with a view to further develop a Family Wellbeing Parent and Carers forum, taking feedback into account.

Agenda Item 5

Focus on Partnerships

Mental Health and Therapeutic Approaches

Council based Early Help, have developed a range of approaches and undertaken a workforce programme of high-level training to provide psychological therapies and evidenced-based interventions supporting children, young people and their families with mental health needs. It is trauma-informed, ACE aware and positive relationship focused. This is delivered through:

WellYP Team (Well Young Person) – a small team working with schools as a traded offer individual, group or whole school intervention. Throughout the academic year 2021 – 2022 the team delivered 121 interventions across a range of mental health needs, 5 small group interventions and 2 Wellbeing assemblies. There is currently a waiting list of schools wishing to buy in the WellYP Service as the current team cannot meet the demand.

IAPT (Improving Access to Psychological Therapies) – Sefton Council is a member of the Sefton IAPT Partnership which includes: CAMHS, Venus, Parenting 2000, Alder Hey, CCG and Council. Undergraduate and Postgraduate training is provided and funded by HEE via Manchester University. All partners have a commitment to annually grow the workforce and to deliver a range of targeted evidence-based therapeutic interventions. A total of 15 staff across Council based Early Help services have accessed training and are offering interventions. During 2021-2022 a further 6 staff qualified in delivering a variety of **IAPT** therapies delivered at Thornton FWBC and other Locality FWBC ranging from 1:1 therapy, group therapy as well as in-school based interventions. A total of 60 therapeutic interventions were delivered. A new referral pathway was established in January 2022 to improve accessibility and consistency for families.

Family Wellbeing Thornton Partnership with Venus – in March 2021, we embarked on a 5-Year project to co-locate therapeutic interventions at Thornton Family Wellbeing Centre. The aim of the project is to:

- Build on the IAPT and ACE programme offer
- Include WellYP traded service
- Forge links with the MHST offer
- Co-delivery of the BABS (Building Attachments and Bonds) Initiative with Health
- Develop a referral process for therapeutic interventions that sit under CAMHS and supports earlier intervention and prevention

Since September 2021, the **Thornton Project** has developed a joint delivery programme, maximising staff capacity through co-delivery and partnership. The number of partner agencies using the centre has also increased, as has the numbers of the public accessing. Agencies regularly using the centre now include:

- Sefton IAPT staff
- Sefton Early Help staff
- Venus and Star staff
- Mental Health support teams
- WellYP
- ADDvanced Solutions

The centre is now open 3 nights a week to facilitate three young people groups: Creative Drop In; LGBTQ+; and R-Gen group. Groups include:

- Incredible Years IAPT
- Riding the Rapids Primary IAPT
- Riding the Rapids Senior IAPT
- Adolescent Skills Training group IAPT
- Cathy Creswell – Parenting the anxious child
- ACEs Adult
- Young Person Participation group
- Baby Mindfulness programme: sensory play, massage, rhyme time
- ADDvanced Solutions parent/carer advice and support

The centre also offers a number of drop-in services to the community: Parent Mental Health; Early Help; Young Person Mental Health.

Focus on Partnerships

Active Sefton

Active Sefton supports Early Help through various programmes and partnerships, using positive activity to help address wider agendas and issues that may be experienced by our children and young people.

These include

- **1-2-1 Futures Community Programme:** Providing children and young people aged 11-19 with 1-2-1 mentorship to support with their physical and mental-wellbeing.
- **1-2-1 Secondary Offer:** Providing children and young people in secondary schools with a full programme of support to improve their physical and mental wellbeing.
- **MOVE IT:** A community-based weight management programme for children aged 5-18, and their families, who are above their ideal weight or need help with weight maintenance.
- **Active Schools:** Promoting health and wellbeing in primary schools across Sefton through a range of programmes and workshops. This project supports the pupils and their families to follow healthier choices by equipping them with the knowledge and skills to do so.
- **Reset, Restart, Rethink:** The programme works with either victims of domestic abuse or those who have witnessed domestic abuse, on a 1-2-1 basis, as an extension to the Children and Young People's 1-2-1 Programme, with the aim of improving physical and mental well-being.

In addition to Active Sefton delivery, the team also work in partnership with Early Help to co-deliver the following programmes:

- ACE's Programme; Commit to Change Perpetrator Programme; Ride the Rapids

Impact

Throughout 2021/2022, over **6,500 children and young people** attended Active Sefton sessions. 83% of young people across the services offering mental wellbeing support have improved their mental health, with 71% increasing their confidence. This is alongside all children and young people increasing their physical activity levels and improving healthy habits around nutrition. Feedback from schools demonstrated how young people's behaviour has significantly improved, alongside school attendance and attainment, focus and concentration.

Feedback

"I really enjoyed the positive energy and motivation from the coach. It really helped me when I didn't think I could do more, he helped me a lot. I wouldn't change anything about the programme, I think it's great."
(Move It participant)

"Thank you, Active Sefton, for helping to make us healthier". "I really enjoyed learning about the benefits of eating different types of food." (Pupils from St Monica's Primary School who participated in Active Schools)

The 1-2-1 programme has resulted in one student, who was on a personal support plan stage C and since the programme he has now been downgraded to Stage B, which means he is becoming less at risk of exclusion. This is also improving the relationship with parents as they can see the additional support being given to their child. (Assistant Head Teacher, Maricourt High School)

Agenda Item 5

Case Studies

Focus on Partnerships – Children

Case study

Waterloo – Commissioned Family Wellbeing Centre

A family made up of both parents and two children ('J' - aged 2 years & 'E' - 8 years old).

Mum has been bed bound for 7 years due to neurodevelopment condition and the family were referred to WFWC for Early Help support via Sefton Carers Centre as dad reported he couldn't cope anymore.

An Early Help assessment was completed together and parents outlined their worries at present - financial difficulties - dad is working long hours but only one wage, concerns youngest 'J' was not developing age appropriately, 'E' was presenting as worried and withdrawn.

Through Early Help, a 2-year old discretionary funding application was completed and a 2-year check completed by the Health Visitor to highlight developmental delays. There is now support in place for 'J' as he attends funded nursery 5 mornings and referred to portage & SALT for additional support.

This has alleviated some stress at home as dad is now able to work from home and solely concentrate on his paid employment. Mum was able to chat to workers via video calls and she reported this really helped her feel involved with everything. Mum did not want home visits to see her as she felt embarrassed. Workers dropped food parcels weekly during the holidays to see the family that way.

Safe Families support was offered but mum felt her extended family support worked fine for them.

'E' is now accessing Young Carers to meet other young people in similar situations. He has a trusted adult there to offload his worries about mum. School have also funded free after school places twice a week which he thoroughly enjoys. This has meant dad is able to complete his job in the day and not work when the children have gone to bed. 'E' has also completed 6 weeks of Relax Kids sessions and reports to feel calmer and less anxious.

Through Early Help support and services in place the family are now in a much better place and are so grateful for all the support they have received.

"Thank you for all your help it has made such a difference."

Focus on Partnerships - Children

Parenting 

Case study (A) *Parentina 2000*

Referred by: Counsellor from Parenting 2000

Reason for referral: Young person experiencing poor mental health/anxiety

Overview

14-year-old boy struggling with his mental health, due to trauma suffered in the very early stages of his life and bullying at primary school. After Covid, this led to him not being able to access his educational establishment. This young person found school difficult as he struggled educationally.

Mum was under her GP for her anxiety due to the trauma she had suffered from a young age and into adulthood with two major traumas; the loss of her first born and domestic abuse when married to the children's father.

Response

EHW asked the GP to do an urgent referral to CAMHS due to the son's declining mental health. CAMHS assigned a mental health practitioner to work 1:1 in the family home and a psychiatrist to manage his medication.

EHW worked closely with the CAMHS worker who decided that alongside his poor mental health that he probably had undiagnosed ASD. CAMHS worker did the referral to the ASD pathway and asked the Clinical psychologist to take the history. EHW worked with clinical psychologist to support mum with her trauma. EHW referred mum for Rewind Therapy on the recommendation of the Clinical Psychologist.

EHW supported mum to claim PIP for her son. Also, with an excessive £3000 bill from her household energy provider which had put mum into debt, EHW helped with an application to British Gas Energy Trust in getting a Smart Meter fitted; and this followed with a complaint to the energy provider asking for a refund.

Outcomes

- The son's diagnosis of autism has supported him to understand how he processes information. Accepted by Sefton's complementary education service has allowed him to access education at home, which helped mum to better understand some of his difficulties and some of his routines.
- Mum had further counselling to prepare her for the Rewind therapy. Mum found the rewind therapy hard but helpful.
- Smart meter fitted, proved the amount of electricity used and resulted in a partial refund. British Gas Trust awarded mum money, this removed 80% of the debt.
- Early help and multi-agency working together successfully supported this Lithuanian Family.

Focus on Partnerships

Parenting 

Case study (B) *Parentina 2000*

Referred by: Hospital Mental Health Team

Reason for Referral: Mum's mental health had led to an overdose

Overview

Mum had taken an overdose and missed the school pick up for her children. This had an impact on her eldest son who was then worried that she may not turn up again in the future. Her eldest son started to show anger and aggression at home. Sleep routines for all three children was also a concern. Due to this the two older children were often late to school, and the mornings were very stressful for mum and the children.

Mum had difficulties in asking for family support and also for finding time and support for herself. Mum and dad were also struggling financially due to several loans that needed repaying and items on credit that had been purchased by another member of the family in their name. Both mum and dad are self-employed, but mum had not been working.

Response

Early help assessment was conducted with mum shortly after the overdose; worked collaboratively with the crisis team to ensure that a safety plan was in place for mum and that any ongoing medication had been arranged and collected from the pharmacy.

Early Help made referrals to the Swan Centre for mum to access some counselling, also met with mum to discuss ways on how to tackle asking the family for support with her youngest.

Early Help worker conducted some sleep workshop work with the family, and as a group created a sleep routine for all three children. Through a TAF meeting, school also offered the option of breakfast club which enabled the children to start earlier and have a positive start to the day, one in which they did not feel "late" to school.

Early Help signposted family to the Citizen's Advice Bureau, and they managed to consolidate their debts into an easy monthly repayment which reduced the stresses on home life.

Arranged Relax Kids referral and zoom counselling sessions with Parenting 2000 for the eldest son, along with school organising a mentor to support him through his anxieties.

Outcomes-

- Children were arriving at school on time
- Sleep had improved mental wellbeing of whole family
- Mum went back to work, self-employed, with family support for childcare
- Mum and eldest son accessed appropriate therapeutic support
- Mum had grown in confidence and felt in a more stable place with her mental health
- Eldest son was dealing with the school day with less anxiety and anger had reduced at home

Focus on Partnerships – Children

Case Study *Sefton BAB's*

Family had been hard to engage, so nursery nurse from the health visiting team worked with the Early Help team and completed a joint visit. Mum required support around the child's behaviour.

The collaboration between the Early Help worker (EHW) and the nursery nurse (CNN) from the health visiting team, meant that a clear plan for the mum and her child was developed with mum only having to share her story once. Mum's participation means that the plan has a much better chance of working as her views and concerns were taken into account by both teams and she could see the collaborative working.

The benefits for the CNN and EHW are they have been able to define who is responsible for each area of work (this means no overlap and blurring of roles with clear accountability); and have already arranged a further date for reviewing progress with mum which ensures that she and her child are kept at the centre of the Early Help plan.

Mum commented on the visit and said she has been listened to and feels supported. She was happy for future visits to continue on a joint basis.



Agenda Item 5

Focus on Partnerships – Children

Case study

Sefton Young Carers & Young Adult Carers Service

'KS' was referred to the Young Carers service by a teacher at her school. She had noticed 'KS' was becoming very withdrawn and was distancing herself from her usual friendship groups.

'KS's mum is registered as blind, she has been losing her sight gradually for a few years. She is currently undertaking white stick training. 'KS' constantly worries about her mum and feels a great responsibility supporting her mum when they are out and about.

Recently 'KS' found her mum after she had a fall at home, which she found very distressing and fears her mum will get badly hurt one day.

'KS' started coming to the Young Carers weekly clubs and soon made lots of new friends. Each week she became more confident and attended a 3-day circus skills workshop during the school holidays.

Mum has said that the change in 'KS' has been so positive, she is a lot happier at home and engaging well in school again. She continues to attend the weekly clubs and says she looks forward to the trips that will be coming up in the school holidays.

She has also made lots of new friends at club who she keeps in contact with during the week and arranges to meet up with outside of the Young Carers clubs.



Focus on Partnerships - Children

Case study *Active Sefton*

Reset, Rethink, Restart Programme

'B' is a single mum who self-referred in July 2021 on to the 'Reset, Rethink, Restart' programme after speaking to one of the programme mentors, Jackie. The programme works with either victims of domestic abuse or those who have witnessed domestic abuse, on a 1-2-1 basis, as an extension to the Children and Young People's 1-2-1 Programme. Working in partnership with SWACA, Family Wellbeing Centres, IDVA's and Early Help Teams, referrals are made across Sefton and a range of activities take place in various settings including leisure centres, parks and open spaces. Participants are assigned a mentor who works with them to deliver 1-hour sessions over 6-12 weeks, which are bespoke to the individual needs and interests, with the team further signposting on to appropriate services if not already engaged. The programme can be tailored to work with adults on their own, a family unit together or see the adult and children separately, using physical activity to break down barriers.

'B' described how she and her sister grew up in a toxic household with her their mum's partner being abusive and violent towards them. She felt like she needed support with her anxiety and depression and felt weekly 1-2-1 sessions with her mentor Jackie would help her feel better about herself. The aims of the sessions were to build up 'B's confidence to attend activities alone, alongside increasing her self-confidence in everyday life. The barriers to overcome involved childcare for her son as she has little support, also struggling with general fitness and motivation, alongside her anxiety.

As a result of taking part in Reset, Rethink, Restart, 'B' was introduced to the Netherton Activity Centre, as it has a crèche for her son to attend who could be looked after whilst she undertook activities in the Centre. This has enabled her to have access to free time on her own to get herself fitter and consequently feel better about herself. As part of the programme, participants receive a three-month free gym pass, which has meant she could sustain her activity outside of the 1-2-1 sessions. As a result of the sessions, 'B's mental wellbeing significantly improved, as well as her self-esteem and confidence. With some of the techniques she was taught by Jackie (including breathing techniques) her anxiety levels have also decreased, as has her depression, and she has managed to keep making progress since finishing with the service.

Further support for 'B' was gained from signposting her to the crèche at the Netherton Activity Centre, as well as referring her in to Living Well Sefton where she will receive a wider range of support addressing all social determinants of health.

Feedback received from 'B':

Hi Jackie, just been to see the crèche and gym, it is absolutely fantastic. I am so made up, it is going to change my life thank you so much x

My anxiety has improved, I look forward to coming the gym, I feel I am getting back on track putting me first, I am going at least 3 times a week.

Since I have been coming to the gym my confidence has come a long way, having a reason to get out of the house has helped with my depression.

It helps me work out my frustrations. Having Jackie to talk to who does not judge has helped a lot.

The programme is fantastic, it has given me the opportunity to work out and take some time for myself, the crèche is amazing, Brenda is fabulous with my son, I feel so at ease leaving him there. Since the programme, my mental well-being has improved. There's still a way to go but Active Sefton are amazing, and I couldn't thank you all enough.

From her sister:

B is so made up with the programme she is so happy, she can have time to herself to attend the classes and gym, having her son in the creche has been so good for the both of them.

Focus on Partnerships – Parents

swaca

Case study
SWACA

'A' separated from her ex-partner several years ago, who was controlling and coercive, subjecting her to physical, emotional, and sexual abuse. 'A' raised concerns about the impact of the domestic abuse on her child, her own wellbeing and her current relationship, together with the ongoing emotional stress of having to see her ex-partner when she facilitates handover for contact. There is a child arrangement order in place to enable the father to see his child.

'A' requested emotional support from SWACA to support moving forward with her life, as she felt her ex-partner was still controlling her through contact. A SWACA Adult Caseworker undertook regular phone appointments with 'A', arranged due to COVID-19 restrictions. The appointments adopted a person-centred approach, focusing on 'A's 'whole experience' of domestic abuse and provided emotional support using psychoeducational resources. This increased 'A's understanding of what domestic abuse consists of, enabling her to be able to recognise future abusive behaviours.

The sessions enabled 'A' to safely explore and increase her understanding of how domestic abuse had impacted on her emotional wellbeing and relationships with others, for example through negative thought processes, and behaviour responses. This provided 'A' the opportunity to identify changes she wanted to make and initiating change.

Other work completed centred on emotional and physical safety from 'A's ex-partner, supporting her child's emotional wellbeing, the importance of self-care, and developing emotional regulation techniques. 'A' also received counselling via SWACA psychotherapist for therapeutic support around her anxiety.

'A's child was allocated a children's worker to enable a safe space for them to explore their emotions/feelings and thoughts.

'A' highlighted that she was more aware of how the domestic abuse has affected her and that she had more of an understanding of why she responds to issues the way that she does. 'A' was able to fully acknowledge the ongoing impact of the child arrangement order was having on her life and 'A' built up the confidence to make changes to the order, so that she did not feel as vulnerable when facilitating handover. 'A' was able to identify the importance of being kinder to herself and that it would not be a quick process to heal after the long-term domestic abuse she had experienced.

'A' was also able to implement self-care strategies and to fully express that she felt things would improve following the work she completed with SWACA.

Focus on Partnerships – Families

Case study *Light for Life*

Case Study One

Family A – two parents, three children, accessed the Centre as they had received a section 21 from their Private Rented Sector landlord, who was intending to sell the property.

One of the children has additional needs and although the family had tried to find alternative PRS accommodation, a suitable property was not available.

A DTR was made to the local authority who found them to be in Priority Need, along with a property Pool Plus application to access the Social Housing register, and they were rehoused within a short few weeks.

The new property is close to the University where mum attends, which she was very happy about and the family are doing well.

Case Study Two

Family B – lone parent, two children. The eldest son (adult) has ADHD and a child of his own and need their own accommodation.

Having additional needs, he found it extremely difficult to hold conversations on the phone, due to concentration and memory issues.

He was assisted to make appropriate phone calls and to register with Property Pool Plus to access the Social Housing Register.

With additional support, the application is now 'live' and he is currently 'bidding' for properties for himself and his son.

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Focus on Partnerships – Families



Case study *Safe Families*

Referral Information

'S' is a single mum, she has one child at home, 'K', who is the youngest of 5 siblings. She is an 11-year-old female and has a diagnosis of ASD. 'K' has aggressive outbursts towards 'S' randomly – 'S' is not sure of triggers. 'K' doesn't like leaving the house and she hasn't been to school for 2 years. 'S' is suffering with her mental health too as she is not able to leave house easily and do shopping etc. 'K' self-harms and has extreme hygiene issues - she will not get washed for long periods of time i.e. she won't wash or brush her hair for several months at a time.

Intervention

- **Therapeutic Parenting** was suggested to mum which she agreed to.
- A **befriending volunteer** was matched with the family to reduce isolation for mum.

Therapeutic Parenting Coaching is a telephone support program to help families deal with a range of challenges. Safe Families provides a qualified therapeutic parenting coach who will chat to the parent/carer on the phone for up to six calls. Alongside this, they are provided with a Safe Families guide to Therapeutic Parenting to support the sessions.

Topics covered include a brief overview of Therapeutic Parenting and an exploration of the brain science and trauma response, including an understanding of the Fight, Flight, Freeze response and how this impacts the executive functioning of the brain.

Participants are taught about the three C's – Calm, Connect and Consider when responding to a child who has been triggered into a trauma response and helped to explore the use of PACE (Playfulness, Acceptance, Curiosity, Empathy) in their parenting.

Other topics that are covered are structure, routine and boundaries, the importance of parental presence and 'time in', not 'time out' and the use of natural and logical consequences.

The support can be tailor-made to the individual family and may also cover strategies to manage challenging behaviour such as stealing, lying and swearing or incontinence issues or sexualised behaviour. The Therapeutic Parenting coach can also signpost parents/carers to other relevant support. 'S' has fully engaged with Therapeutic Parenting support and although her situation is very challenging, she has done her best to take on board and practice some of the new strategies she has learnt. It has been a pleasure supporting 'S' and although her daughter is extremely challenging with highly anxious behaviour, 'S' has felt that understanding this has changed her perspective and helped her to support 'K' as best she can.

The Parenting Coach has reassured 'S' that she can message them anytime if she wants to chat about anything related to Therapeutic Parenting.

Family/Parent Feedback: 'You have worked wonders with me. The things you have taught me I never knew, and I wish I had known this years ago - it would have made such a difference. I think every new parent should do this before they have their baby!'

'She opened my eyes to a lot of things - even the first session I learned a lot of information and I feel that if I had had this advice years ago, maybe things would have been a lot different with 'K'. Just being able to understand 'K' - how she feels - and a changed approach to parenting - things would have been different if I had have known earlier - Fiona is very pleasant to talk to and non-judgemental.'

Focus on Partnerships

Case study ACES

The ACE Programme coordinator completed a further analysis of 13 young people who completed the programme from Newfield School based on the high levels of poor mental health and poor educational attainment vulnerabilities to track and measure progress.

Educational attendance and attainment: 100% of the sample group had low level attendance or were on the verge of exclusion from mainstream education due to behavioural issues.

Pre course attendance below 90% September 2021	Post course attendance December 2021
23.81%	30%
97.62%	100%
61.54%	100%
80%	95%
95%	100%
19.05%	80%
97%	100%
100%	95%
100%	100%
60%	100%
90%	90%
23%	30%
57%	90%

Health and wellbeing: 100% of the young people had an ECHP and all young people were experiencing low level mental health.

- All 13 young people demonstrated an improvement in their motivation using the motivational assessment across the 8 weeks.
- All 13 young people were referred into Aiming High for additional support and additional funding was secured to provide an easter and summer residential experience.
- All 13 young people received discount memberships for the gym through Aiming High.
- All 13 young people were able to identify and build their protective factors which resulted in building resilience.
- All 13 young people were able to develop and increase their awareness and develop strategies linked to self-regulation.
- All 13 young people were able to develop and participate in grounding techniques.
- All 13 young people received 2 support session with Career Connect.
- All 13 young people received wellbeing packs.
- All 13 young people were referred to the Active Sefton 1-1 programme.
- 2 young people have been attending the shadow board to ensure the voice of young people is heard and shared.

Next steps

- ACE participants to engage with national researchers ECORYS to share experiences.
- TIE will launch training September 2022.
- Pilot programme with CCG to launch September 2022 to respond and ensure effective early intervention and prevention referral pathway is developed.
- Recovery Programmes 12-month operational plan in place and external funding secured 2022-2023.

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Focus on Partnerships

Parenting 2000

Case study

Parenting 2000

Baby Talk Perinatal Drop-in Group

Overview

Seamus was born by caesarean section in July 2021, and he was 7 weeks premature. Mum spent three weeks in the SCUBU with Seamus on breathing apparatus and feeding tubes. They were in hospital and for a few weeks when they came out there were still COVID restrictions in place, so they couldn't have visitors or go to groups. Also, mum was suffering with her C- section scar and struggled to get out for walks etc. This took a toll on her Mental Health as she was feeling isolated and lonely.



Response

Mum found out about Baby Talk through social media and in September 2021 she joined the group to alleviate these feelings of isolation and loneliness she was experiencing. She was keen to make other mum friends and to talk to people in the same situation as herself.

During the group, mum was able to access free nappies, food and baby clothes and has enjoyed the pamper session which she described as 'A MUCH NEEDED bit of self-cure'

Outcomes

Since joining Baby Talk mum has reported to have felt so much better. She looks forward to Tuesday mornings.

Mum said 'It has been brilliant to share experiences and tips with other parents and getting out of the house has improved my mental and physical health. I hope to see the group continue, so it can benefit other new parents as it has benefitted me.'

Focus on Partnerships



Case study *Career Connect*

Case Study - Young Person, now 18 years old. previously open to early help, previously on a CIN plan and one historic missing persons episode. previous non-attender at school. Has also had a brief period of involvement with Sefton YOT and CAS teams. Ongoing contact since 2019. YP has spent brief periods of time in EET destinations, back to NEET and various spells of 'not capable' due to ongoing poor mental health. Support from Career Connect continued throughout this time and following closure of plans with LA. From early interventions, YP's mental health was identified as a significant barrier. When COVID and lockdown restrictions hit, there was an obvious decline in YP's mental health leading to YP contacting Coach and expressing suicidal intention. With encouragement and emotional support, YP engaged with emergency services, attended emergency department and further appointments with mental health services. Ongoing support and eventually receiving a diagnosis and treatment. YP explored self-employment as an option, this would offer flexibility and working hours/days around their 'good mental health days'. Coach provided information, advise and guidance, referred for support for young entrepreneurs, sources for potential business start-up grants/loans. YP had a focus and began to do their own market research, identifying gaps in the market locally, made connections with a local community resource, providing low-cost rental retails space and YP began successfully trading from there in October/November 2021. As of 12th May 2022, YP reports business is successful, maintains stability with mental health due to new medication since receiving BPD diagnosis and is even seeking ways to further expand their business.

Client Voice:

Anonymous feedback received on our online survey.

"Career Connect Coach Lisa, simply put is one of the best workers on your books. She has an incredibly friendly personality and what shines through her personality most is the fact that she legitimately cares about the people she is working with. She always strives to help them as best as she can and always succeeds. Lisa has helped me through some of my darkest moments..... Most would have given up on me, I know because most have."

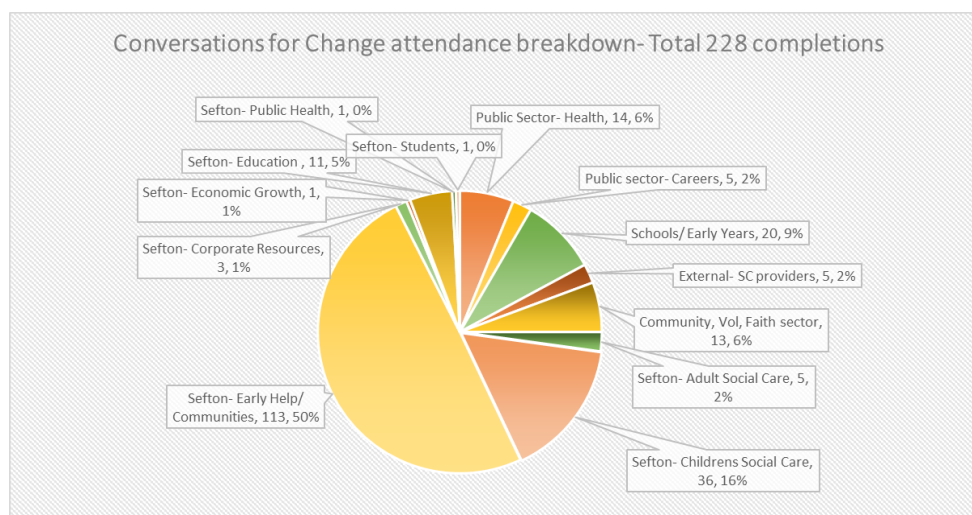
FEEDBACK FROM PARENT - "Career Connect is absolutely brilliant! The coach has been so patient with both Lee and myself. Lee doesn't engage with anyone but he did with Career Connect. The coach seemed to know exactly what he wanted and needed. We were worried that he hasn't done anything since leaving school and were worried about his involvement with gangs we thought he was going in a downward spiral. Career Connect got him the training he needed and now he can see his life moving in a different way. He is so happy and so am I and this is because of what the Career Connect Coach did."

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Training and Learning

During 2021/22 Early Help training offer has primarily been delivered virtually, there has been an increased E-Learning package to compliment the mandatory offer of training. In 2021/22 a total of 63 professionals accessed Early Help Plan, Assess, Review training and 60 attended Early Help systems training. The training is offered across the partnership to enable professionals to be equipped to take on the role of lead practitioner and use the EHM recording system.

During 2021/22 Early Help invested in external training with a delivery of conversations for change workshops. The workshops introduced motivational interviewing and relationship-based practice, the additionality of conversation clubs enables the workforce to attend workshops to practice techniques and build confidence in the approach.



The successful DfE bid in 2021 has secured the support of Leeds City Council to launch the Family Valued Partnership. During 2022 Early Help will take part on restorative practice training sessions during the course of 2022 to build on the relationship and strength based approach which has been developed.

It is acknowledged that further work needs to take place to provide a wider representation of lead practitioners across Early Help. Training and development across the Early Help Partnership and review of the training offer will be key to the next steps in creating and implementing a clear plan of how the role of Lead Practitioner will be developed wider.

Quality Assurance

The Quality Assurance Subgroup was established in April 2021. The purpose of the subgroup is to undertake and monitor all activities in relation to quality assurance. This will include any review of audit activity, identifying good practice and sharing learning identified across the partnership. Membership of the group was sought from across the partnership, CVS, Family Wellbeing Centres and We are with You (WAWY) have been influential to the group and their participation has driven the group forward.

A focus on data analysis through the Early Help Dashboard has informed activity within the group. The sharing of quality assurance practices was an early topic explored to consider how this is aligned across the services within Early Help to triangulate key findings, learn from best practice and make best use of the resource we have across the partnership. This has prompted discussion around raising awareness of key partner agencies where data is showing high level of referral to Early Help however specialist services are reporting low referrals for support. Joint audits have been completed by We are with You Service Manager and Early Help Quality Assurance and Audit Officer, in response to low referrals being reported by We are with You and an increase in referral rates into Early Help for children, young people and parents substance misuse. The findings of the audit led to further awareness sessions being held across Family Wellbeing Centres with WAWY Service Manager attending staff development sessions, newsletters being circulated across the partnership and initial discussions around co-location of WAWY practitioners within the Family Wellbeing Centres once Covid-19 restrictions have lifted. It is positive to report that WAWY are seeing an increase in involvement within families plans and a slight increase in referrals from lead practitioners.

In November 2021, the concept of the Early Help champions group was developed through the subgroup and we considered ideas on how to engage practitioners across the partnership. A poster was created with nominations sought until December 2021. It was positive to see a fantastic response from across the partnership with practitioners being nominated by their peers and managers. The group will be key to future development in capturing practitioners voice and ideas in service delivery.

Membership of the meeting presents a risk, unfortunately, wider representation from Health, Education, Police and Children Social Care has not been consistent. Since October 2021 Children's Services quality assurance arrangements were under review through Children Social Care improvement team, quality assurance activity was being implemented through Senior Leadership. This impacted on the momentum of the group and the ability to implement and fulfil the purpose of the group. This has been recognised within Early Help and agreement secured from Senior Leadership to re-establish the group. Following the decision, the group met in May 2022 with the purpose to review the Terms of reference and focus on how we engage key partners within the group. The Quality Assurance Subgroup will continue to meet bi-monthly, quality assurance frameworks are due for review and will need to be aligned to Children's Services improvement plans and vision. A survey has been created and distributed across the partnership to gain the views of key partners on the vision

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for Early Help, challenges and ideas for development. The findings of the survey will be shared with the group & included within plans in 2022/23. It is the intention for the group to be integral in developing the framework and implementing future auditing schedules across the partnership. The priority for the group is to secure consistent membership from across the partnership.

Strengths and Challenges

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
- System development, so all forms of Early Help can be captured and reported

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, 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
- Building capacity in communities aligned with Family hub based working
- Joint multi-agency workforce development plan across Early Help system
- Strengthening data governance within the Early help Partnership Board
- 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.

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	Cost Of Living Crisis		
Report of:	Chief Executive	Wards Affected:	(All Wards);
Portfolio:			
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

This report was considered by cabinet on 1st September 2022. It is shared with members of the Health & Wellbeing Board for information. The report summarises the impact of the escalating Cost of Living Crisis on local people and outlines the support available and proposed in Sefton.

Recommendation(s):

(1) Note the report and associated actions.

Reasons for the Recommendation(s):

For members of the Health & Wellbeing Board to consider the impact of the escalating Cost of Living Crisis on local people note the support available and approve plans proposed in Sefton.

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

NA

What will it cost and how will it be financed?

(A) Revenue Costs

There are no direct revenue costs as a result of this report.

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(B) Capital Costs

There are no direct capital costs as a result of this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
Legal Implications:	
Equality Implications: The equality Implications have been identified and risk remains, as detailed in Appendix D.	
Climate Emergency Implications: 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

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Those with complex care needs may be disproportionately affected by the energy costs. The Council has a number of schemes that may support those eligible during the Cost of Living Crisis.
Facilitate confident and resilient communities: The Council will actively sign post people to where they can access support. The Council will continue to work with its many partners for example with schools and early years professionals to support families who are living in poverty.
Commission, broker and provide core services: The Council commissions a number of organisations that offer information, advice and support that can be accessed by many throughout this Cost of Living Crisis.
Place – leadership and influencer: The Council will use data and feedback from our communities, children and young people in shaping plans to address the Cost of Living Crisis. The Council will demonstrate strong leadership and work with partner organisations to work towards common goals to reduce the impact of the Cost of Living Crisis on local

<p>people. Working locally at a strategic level to shape policy and strategy development in a way that will draw out the implications for tackling poverty and put in place sustainable partnership action plans.</p>
<p>Drivers of change and reform: the Council will play a key role in advocating change and reform to improve the position for Sefton residents and minimise the impact on every child's future.</p> <p>The Council will challenge the stigma and negative narratives about people living in poverty.</p>
<p>Facilitate sustainable economic prosperity: There are many people currently that do not have the level of money they need to take care of themselves and their family.</p> <p>Through Sefton@Work the Council will continue to offer a range of free and confidential job-related services to local people aged 16 years plus and provide a free, professional recruitment service to employers in Sefton to help them to recruit locally to find the right person for the job.</p> <p>The Council will continue to champion the borough and encourage investment into Sefton with a view to creating more local job opportunities.</p>
<p>Greater income for social investment: NA</p>
<p>Protect the most vulnerable: Those with complex care needs may be disproportionately affected by the energy costs. The Council has a number of schemes that may support those eligible during the Cost of Living Crisis.</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6912/22) and the Chief Legal and Democratic Officer (LD.5112/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The Council continues to engage with partners on the matter.

Implementation Date for the Decision

NA

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The following appendices are attached to this report:

Appendix A Indices of Deprivation (2019)

Appendix B Sefton Children and Young People Living in Low Income and Poverty

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Appendix C Factsheet

Appendix D Equalities Impact Assessment

Background Papers:

[What actions are people taking because of the rising cost of living? - Office for National Statistics](#)

<https://www.gov.uk/guidance/cost-of-living-payment>

[Report to: \(sefton.gov.uk\)](#)

1. Introduction

- 1.1 Sefton has a unique socio-economic geography. In its entirety it is in the most deprived fifth of English Local Authorities, with 38 of the 189 Sefton Lower Super Output Areas (LSOA) being in the top 10% nationally. This equates to approximately 58,000 residents (21% of the population). Conversely only seven Sefton LSOAs fall in the least deprived 10% nationally (4% of the population).
- 1.2 Seven of Sefton's LSOAs (3.7%) fall in the most deprived 1% of the country, equating to almost 11,000 residents. Six of the seven LSOAs are in Linacre ward and the remaining LSOA spans Linacre and Derby ward. Recent analysis from the Office of National Statistics (ONS) states

“Those living in the most deprived areas more likely to be using credit.

Just over 1 in 10 (13%) people in England reported using credit (such as credit cards, loans or bank overdrafts) more than usual because of the rising cost of living. However, this rose to almost one-fifth (18%) among those living in the most deprived areas and fell to 8% among those living in the least deprived areas.”

- 1.3 People across Sefton, like many across the country, are living with and facing further challenges in light of the mounting national Cost of Living Crisis. The combination of changes to the welfare system, soaring domestic energy and fuel prices, rising prices in the shops due to inflation has hit households hard, leaving many struggling to make ends meet. Thousands of local people face a tough winter and for some this will mean that they will need to choose between eating and heating, with many going without food so that their children or other members of their family can eat.
- 1.4 Many will be unable to heat their homes and may not have the resources to keep themselves warm as they do not have the money to be able to afford additional clothing, winter coats and blankets.
- 1.5 The impact of this ongoing crisis cannot be underestimated, recent analysis from the Office of National Statistics (ONS) states

“For those who had seen their cost of living go up, the most common lifestyle changes they had made as a result were:

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- *spending less on non-essentials (57%, around 26 million people)*
- *using less gas and electricity in their home (51%, around 24 million people)*
- *cutting back on non-essential journeys in their vehicle (42%, around 19 million people)*

More than a third of those whose cost of living had gone up cut back spending on food and essentials (35%, around 16 million people). Almost a quarter (23%, around 11 million people) used savings to cover costs, and 13% (around 6 million people) said they were using more credit than usual.”

- 1.6 Those on the lowest incomes are disproportionately affected by price rises. These households have to spend a greater proportion of their income on food and household bills, so the increasing food price inflation and the spiralling energy costs disproportionately affect them, many of them are already struggling to get by. Households across the UK will get cash payments to ease cost-of-living pressures. In February 2022 the Government announced support to help households with rising energy bills including a one-off £150 Energy Rebate payment to Council Tax payers in bands A to D. The £150 Energy Rebate payment has now been made to 99,878 households. There are approximately a further 9,500 households having their Council Tax account credited with the £150 energy rebate and have been sent a letter to confirm this and the option to take a refund.
- 1.7 Nationally, eligible low income households will also receive £650 paid in two instalments. The first instalments was to be paid directly into bank accounts from July. The second instalment of £324 will be paid in the autumn. For many this will not bridge the gap as costs continue to rise.
- 1.8 The Income Deprivation Affecting Children Index (IDACI) covers the proportion of children aged 0-15 living in income deprived households. This is defined as households that receive Income Support, income-based Jobseeker's Allowance, Universal Credit, Pension Credit Guarantee or Child Tax Credit below a given threshold. The IDACI shows Sefton is ranked 108th out of the 317 English local authorities. Sefton's IDACI rank places it in the second most deprived quintile of local authorities. But IDACI varies across Sefton and thirty-one Sefton LSOAs are in most deprived decile and 5 fall in the most deprived 1%. These LSOAs are all in the south of the borough.

- 1.9 Some families have struggled to feed their children throughout the school holidays and as they return to school some children will arrive poorly nourished and so will find it difficult to concentrate and learn. Childhood poverty is the first step to poor physical and mental health, and the largest impact on infant mortality is poverty.
- 1.10 Disabled people who are accessing therapies, accessible transport and using specialist equipment that take energy to run will be disproportionately affected by the energy costs. The recent ONS analysis states

“Around 4 in 10 disabled people experiencing rising cost of living cut back on food and essentials

[Disabled people](#) were more likely than non-disabled people to have reduced their spending on food and essentials because of their increased costs of living (42%, compared with 31%).

Economic factors, such as personal income and the level of deprivation of the area they live in (based on the [Index of Multiple Deprivation](#)), also appeared to affect a person’s likelihood of having reduced spending on food and essentials.

Among those who had seen cost of living increases, those living in the most deprived fifth of areas in England were more likely to have cut back on food and essentials (42%) than average (35%). Meanwhile, those in the least deprived fifth of areas were less likely (27%).”

Disabled people may be eligible for a Disability Cost of Living Payment under the national scheme.

- 1.11 The pandemic exacerbated mental health and wellbeing issues. As more people face financial difficulties as a result of the Cost of Living Crisis the mental health and wellbeing of many will decline further.
- 1.12 The Income Deprivation Affecting Older People Index (IDAOPI) provides the proportion of the population aged 60 and over who are income deprived. Overall Sefton is ranked 83rd out of the 317 English local authorities for this measure.

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However, Sefton's overall ranking masks the differing level of deprivation affecting older people across the borough. Deprivation disproportionately affects LSOAs in the south of the borough. Ten LSOAs (all in South Sefton) are in the most deprived 5% of the country and one in Derby ward is in the top 1%. Data from the Pension Policy Institute reveals that pensioners spend a growing portion of their income on housing, bills and food as they become older and less on transport or leisure activities. [Age UK](#) reports that:

“Among those aged 70+ who reported an increase in their cost of living, the most common reasons given were rises in the price of food shopping (96%), gas or electricity bills (80%) and in the price of fuel (81%). In response to this, over-70s are:

- *spending less on non-essentials (51%)*
- *cutting back on non-essential journeys in their vehicle (47%)*
- *using less energy at home (45%)*
- *shopping around (40%)*
- *spending less on food shopping and essentials (26%)*
- *using savings (21%)”*

- 1.13 People entitled to a Winter Fuel Payment for winter 2022 to 2023, will get an extra £300 for their household paid with their normal payment from November 2022. Some people will find it difficult to cover the travel costs. The recent analysis from the Office of National Statistics states

“When asked what was contributing to their increased cost of living between March and June 2022, almost 8 in 10 (79%) people cited the rising price of fuel. Overall, of people whose cost of living had gone up, 42% said they were reducing the number of non-essential journeys they made in their vehicle.”

- 1.14 Across the generations its further impacts may include increasing levels of social isolation, increasing levels of digital poverty, increasing demand on foodbanks, leading to increasing demand on Council services and community, voluntary and faith organisations.

2. Currently In Sefton

- 2.1 Sefton has a long established Welfare Reform and Anti-Poverty (WRAP) Cabinet Member Reference Group that is chaired by the Cabinet Member for Communities and Housing and its membership includes Cabinet Members for Adult Social Care, Health and Wellbeing and Regulatory, Compliance and Corporate Services, and senior officers for Communities, Health and Wellbeing, Strategic Support and Customer Centric Services.
- 2.2 The reference group provides the main forum for strategic discussions about WRAP including receiving and responding to policy developments, consultations, approaches to work jointly with other organisations, and ideas for local action. The reference group contributes to and works collaboratively with the WRAP

Partnership Steering Group in the development and delivery of the local Partnership Action Plan. The [Welfare Reform Annual Report 2022](#) was considered by Cabinet in June 2022.

- 2.3 The Council, along with its partners, continue to put communities, local people and businesses at the heart of what it does. The Council provides support through –

Information and Advice - The Council website and Sefton Directory provide information, advice and signpost people to support that is available. The Sefton Support Hub at www.sefton.gov.uk/seftonsupporthub is a digital One Stop Shop where local people can find help, advice and guidance, as well as financial and social support. The Council also uses its social media accounts to share signposting information to the community and amplifying the messages of Sefton CVS and other community groups that may be able to provide advice and support.

ELAS (Emergency Limited Assistance) – those facing severe hardship can access this scheme to help them meet one-off needs. This includes people in need of urgent help with the cost of food, winter coats, gas, electricity or emergency travel.

Council Tax Support – those on a low income may be eligible to receive support through the Council's Council Tax Reduction Scheme. For people already in receipt of support through this scheme and are struggling they can request an Exceptional Hardship Fund payment due to unusual or extreme circumstances. Under the Council Tax Regulations, a dwelling in which a disabled person lives may qualify for a reduction in the amount of Council Tax actually payable. There are further discounts available for others such as students, sole occupiers and care experienced young people.

Affordable Warmth Scheme - people living in fuel poverty can seek advice and information about the support available from the Affordable Warmth team on 0151 934 2222 or the local Energy Advice line managed by the charity EPPlus Freephone 0800 043 0151. They will be able to advise on the simple actions that people can take in the home that will help save energy and money, as well as reducing greenhouse gases, such as carbon dioxide.

Rent & Housing – on occasion the Council may be able to support people facing difficulties paying rent. This support is called a Discretionary Housing Payments (DHP). It is most commonly used for people affected by any national Welfare Reform changes.

Free School Meals – ([Free school meals \(sefton.gov.uk\)](http://Free school meals (sefton.gov.uk))) eligible families can apply for free school meals.

Summer Food - in its seventh year, this much-needed provision has seen Sefton Council and Sefton Council For Voluntary Services (Sefton CVS) put together thousands of packed lunches for children across Sefton. In 2021, more than five thousand meals, in the form of takeaway packed lunches, are served through the scheme. This year families who have had their income significantly affected by the impact of the cost-of-living crisis and the COVID-19 pandemic, were eligible for the scheme. To compliment the Summer Food

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offer to families, the Family Wellbeing Centres hosted a number of activities for young people, as well as helpful sessions on topics such as Debt Advice, Wellbeing Days and Mental Health awareness.

The Council has been awarded £1m Holiday Activity Fund from the DfE for 2022/23. Officers coordinate activities in the Easter, Summer and Christmas holidays for children in receipt of Free School Meals to access. As well as children accessing the range of activities they may not normally have access to they also receive food as part of the scheme.

School uniforms – the Council and schools support families with school uniform provision.

Sefton@Work - offers a range of free and confidential job-related services to local people aged 16 years plus. The team also provides a free, professional recruitment service to employers in Sefton to help them to recruit locally to find the right person for the job.

Alongside this the Council will continue to promote the free early learning and childcare support to eligible families.

Commissioned Activity – the Council commissions a range of activities to support local people and families such as debt advice, emotional health and wellbeing support and Living Well Sefton.

Living Well Sefton is a free service with a focus on supporting people with issues that may be affecting their health and wellbeing. It is a collaboration of various Sefton organisations which have the expertise and knowledge to share with local people that may help them at this difficult time.

Kooth is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop computers and is free at the point of use. It was launched in Sefton in July 2019. Kooth is an early intervention resource which targets improvements in young people's emotional and mental wellbeing. It ensures a timely and appropriate response to service requests from a range of individuals and agencies and ensures information about the service is widely available. The service provides structured 1:1 counselling service to young people in need which draw on relevant NICE guidelines, provides secure online counselling and support to young people via the Kooth.com web platform.

Influencing Activity – The Council uses its influence to make sure what we and what others do are in the best interests of Sefton and its residents. This activity takes many forms for example actively warning people not to turn to loan sharks and how to access support when needed.

Mayor's Toy Appeal - Every year hundreds of people across Sefton demonstrate their kindness and community spirit by contributing to the Mayor's Christmas Toy Appeal. Ward councillors also contribute £250 from each ward budget to this appeal meaning that families facing hardship do not miss out on the festive season.

Household Support Fund (HSF) – the Council has been allocated various grants from the Department for Work and Pensions (DWP) to support residents with the Cost of Living Crisis. In April 2022 the DWP extended HSF from 1 April 2022 to 30 September 2022 and the value remained the same as in 2021/22 (£2.435m).

However, the grant conditions changed with the requirement for:

- 33% of the grant to be spent on households with children
- Up to 33% of the grant spent on households without children
- 33% of the grant to be spent on households containing pensioners. The focus remains on food, affordable warmth, help with utility bills and other essential households' items.

In addition, resources have also been allocated to develop projects designed to identify sustainable sources of food to reduce residents' reliance on food banks. The scheme is also being used to fund Winter Pyjamas distribution via Family Well Being Centres, Winter safe packs – contribution to Merseyside Fire & Rescue Service to provide packs to households, contribution to foodbanks, Energy Project Plus – provide meter top up vouchers to be distributed by Energy Project Plus and CVS Winter Coat project – to provide winter coats.

The Council support the Foodbanks and Food Pantry network throughout the borough and are seeking to appoint a Sustainable Affordable Living Project Coordinator to support and coordinate these networks to ensure efficiency and maximum reach to the households that need support the most.

Plans are currently being devised, in partnership with Sefton CVS, to provide residents with additional support during the winter months. The plans include opening various community settings where residents would be given the opportunity to take part in meaning full activities in warm welcoming settings, whilst also accessing free food.

2.4 As well as the areas the Council and its partners are assisting struggling families with, the Council are also proposing that

- A new fact sheet has been prepared at Appendix B this will be available to all Ward Councillors and circulated widely throughout our community networks
- A new webpage will be made available entitled 'Cost of living' to assist families and individuals struggling with the costs of living
- A discretionary payment will be made to certain residents in relation to the Energy Rebate Scheme. This includes payments to households in receipt of Council Tax Reduction Scheme support who did not qualify for the mandatory scheme as their property was in Band E to H, additional payments to households in receipt of CTRS support who have already received a payment from the mandatory scheme and additional payments to all households in receipt of CTRS support which include children. In addition, payments will be

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made to households in receipt of a full Council Tax exemption, due to being Severely Mentally Impaired, who did not qualify under the mandatory scheme.

3 Equalities

- 3.1 Members are to consider the Indices of Deprivation (2019) at Appendix A, Sefton Children and Young People Living in Low Income and Poverty at Appendix B and the Equalities Impact Assessment at Appendix D.

Members are asked to note that as the Council puts plans and actions into place there is a need to be clear and precise about our processes, and impact assess potential changes ensuring that the impact of poverty and the experiences of people who are living in poverty are considered in service design and delivery.

4 Next Steps

- 4.1 The Council is developing a Child Poverty Strategy which will be underpinned by a partnership Action Plan. The draft strategy will be present to Cabinet in October for consideration.
- 4.2 Officers will continue to work closely with partners across Sefton to a develop and range of ideas and proposals to support local people in crisis, as well as reinforcing what support is currently available.
- 4.3 The Council will work at the highest levels nationally to influence policies towards tackling poverty and make the argument that poverty impacts negatively on the whole community and impacts significantly on the life chances of Sefton's children and young people.

Indices of Deprivation (2019)- Sefton Summary

Claire Brewer

Commissioning Support & Business Intelligence Service

Data, Insight, Business Intelligence, & Performance

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Distribution

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Introduction

The English Indices of Deprivation 2019 (ID2019) are the Government's official measure of multiple deprivation at small area level. ID2019 updates information produced in 2015. It provides a relative ranking of areas across England according to their level of deprivation.

ID2019 brings together 39 indicators which cover specific dimensions of deprivation: Income, Employment, Health and Disability, Education, Skills and Training, Barriers to Housing and Services, Living Environment and Crime. These are weighted and combined to create an overall Index of Multiple Deprivation (IMD). ID2019 provides scores and ranks for IMD, the seven domains of deprivation and 2 supplementary income deprivation indices – one relating to children (IDACI) and one relating to older people (IDAOP).

The IMD2019 is based on lower super output areas (LSOA) - geographical areas containing approximately 1,500 people. The LSOAs are ranked from most deprived to least deprived. Nationally the most deprived LSOA is given a ranking of 1 and the least deprived a ranking of 32,844. This report also includes analyses where LSOAs have been categorised into deprivation bands, most commonly deciles (10% bands) or quintiles (20% bands).

Important considerations

ID2019 is a relative measure of deprivation. It can be used to say that an area is more deprived than another, but it cannot be used to determine 'how much' more deprived. For example, it is not possible to say that area X, ranked 20 is twice as deprived as area Y, ranked 40.

The ID 2019 has been produced using the same methodology that was used in 2015 and for previous iterations. However, the scores and ranks can only be used to identify relative changes and not real change over time. It could be said that an area has become more or less deprived in relation to other areas, but it would not necessarily be correct to state that the level of deprivation in the area has increased or decreased on some absolute scale. Care should also be taken when comparing the indices over time as changes may have taken place between versions e.g. changes to geographical boundaries or the indicators used to measure deprivation domains.

ID2019 provides an indication of deprivation in an area but it is important to note that this level of deprivation will not apply to everyone residing in that area. Not all deprived people live in deprived areas and conversely, not everyone living in a deprived area is deprived.

Index of Multiple Deprivation (IMD)

According to the ID (2019) Sefton's IMD is ranked 89th out of 317 local authorities. Sefton's 2015 IMD ranking was 100. This suggests that Sefton has become relatively more deprived, compared to other parts of the country, than it was in 2015. Sefton's 2019 rank places it in the second most deprived quintile or fifth of local authorities (unchanged from 2015). Sefton is the least deprived local authority in the Liverpool City Region according to ID2019. This is a slight change from 2015 when Wirral was the least deprived.

Rank of average rank	2019	2015*
Halton	39	36
Liverpool	4	7
Knowsley	3	5
St Helen's	40	52
Wirral	77	103
Sefton	89	100

Figure 1: IMD rank by Local Authority (2015 and 2019)
*recast to 2019 LA district boundaries

IMD scores and rankings are produced at LSOA level, allowing deprivation to be explored within Sefton. Figure 2 illustrates the geographical spread of deprivation across the borough. In 2019, 38 of Sefton's 189 LSOAs (covering an area of approximately 58,000 residents) are in the most deprived 10% nationally. Conversely only 7 Sefton LSOAs fall in the least deprived 10% nationally (covering 4% of the population and 10,000 residents).

Seven of Sefton's LSOAs (3.7%) fall in the most deprived 1% of the country, covering almost 11,000 residents (figure 3). This is an increase from 2015, when 5 LSOAs (approximately 7,000 residents) were in the most deprived 1%. Six of the seven LSOAs are in Linacre ward and the remaining LSOA spans Linacre and Derby ward. None of Sefton's LSOAs lie in the least deprived 1% nationally and only one, in Harington ward, falls into the least deprived 5% nationally.

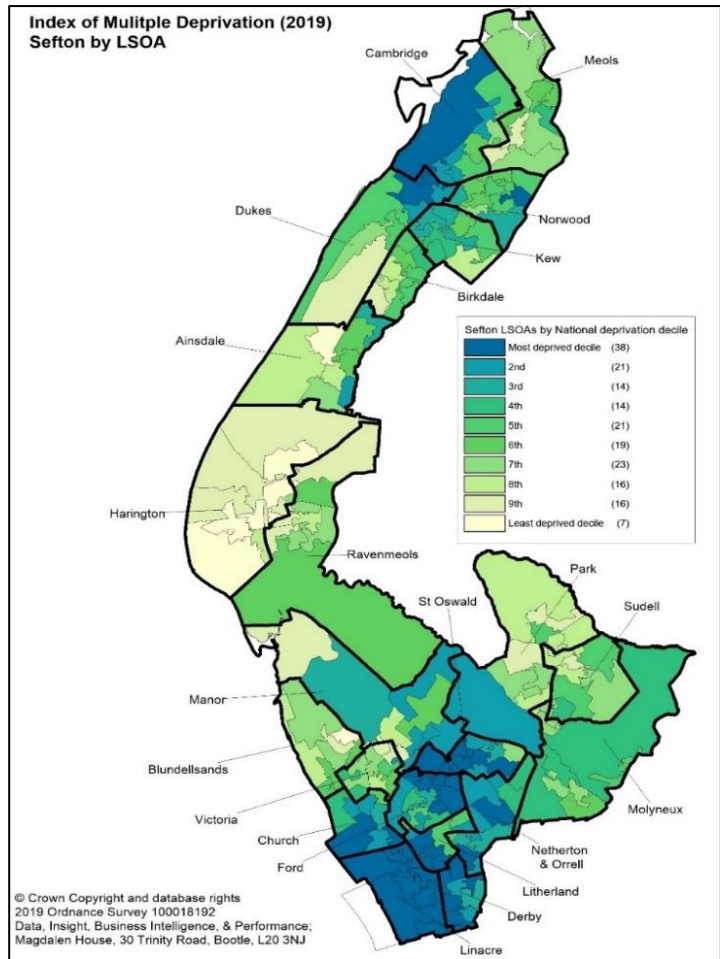


Figure 2: Map of IMD decile by Sefton LSOA

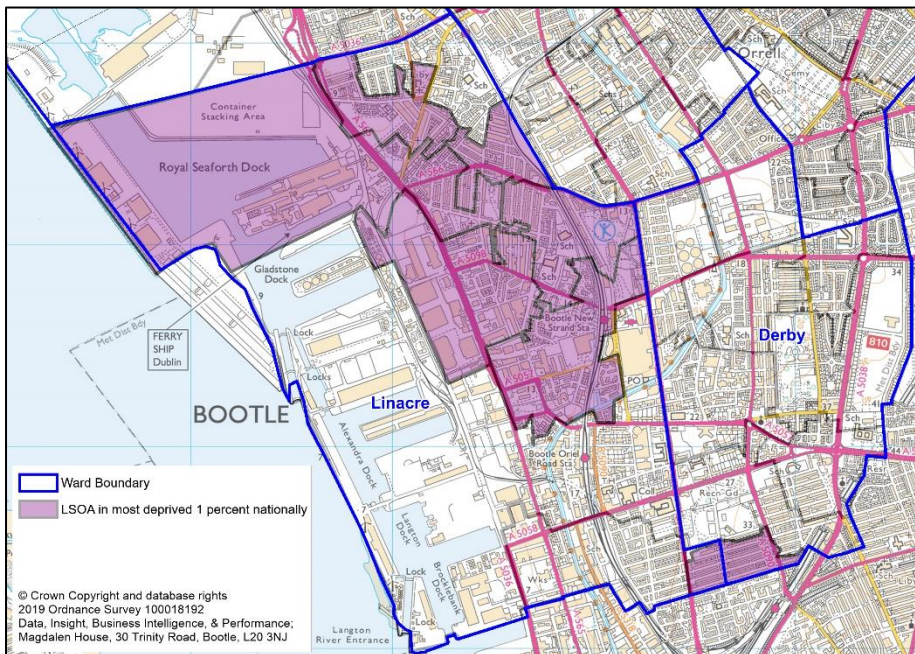


Figure 3: Map of Sefton LSOAs in most deprived 1% nationally

The most deprived and least deprived neighbourhoods in Sefton have remained largely the same between 2015 and 2019. Seventy two percent of LSOAs (137) are in the same deprivation decile on the ID2019 as they were on the ID2015. Forty-one LSOAs (22%) have moved to a more deprived decile and 11 (6%) have moved to a less deprived decile. Where LSOAs have changed deprivation decile, all have only shifted to the next decile (either up or down).

Income deprivation affecting children index (IDACI)

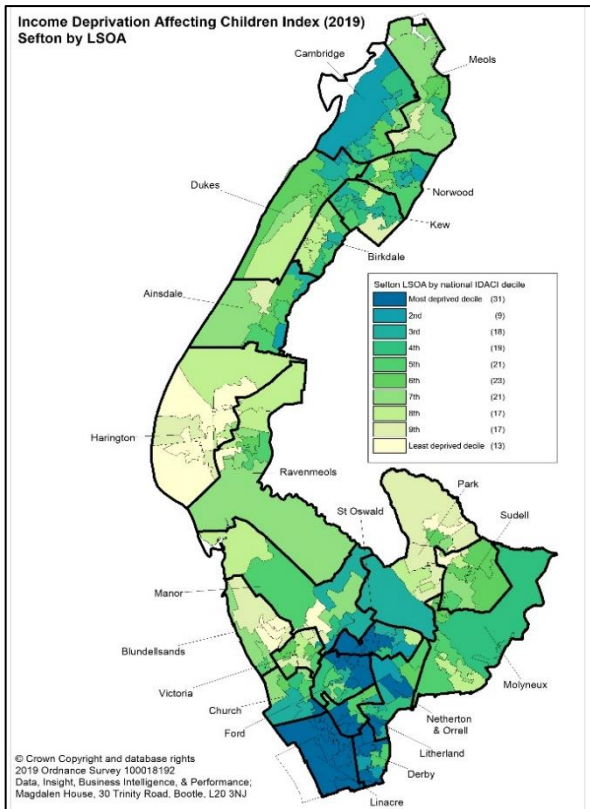


Figure 4: Map of IDACI decile by Sefton LSOA

The ID2019 includes a supplementary index for income deprivation affecting children. This index covers the proportion of children aged 0-15 living in income deprived households. This is defined as households that receive Income Support, income-based Jobseeker’s Allowance, Universal Credit, Pension Credit Guarantee or Child Tax Credit below a given threshold. The IDACI shows Sefton is ranked 108th out of the 317 English local authorities. Sefton’s IDACI rank places it in the second most deprived quintile of local authorities (the same as in 2015 when Sefton was ranked 115 out of 326 authorities).

Like with IMD, IDACI varies across Sefton. Thirty-one Sefton LSOAs are in most deprived decile and 5 fall in the most deprived 1%. As shown on figure 4, these LSOAs are all in the south of the borough. Central and north Sefton are less affected by income deprivation amongst children. Four LSOAs in Sefton and one in Formby fall in the least deprived 5%.

Income deprivation affecting older people index (IDAOP)

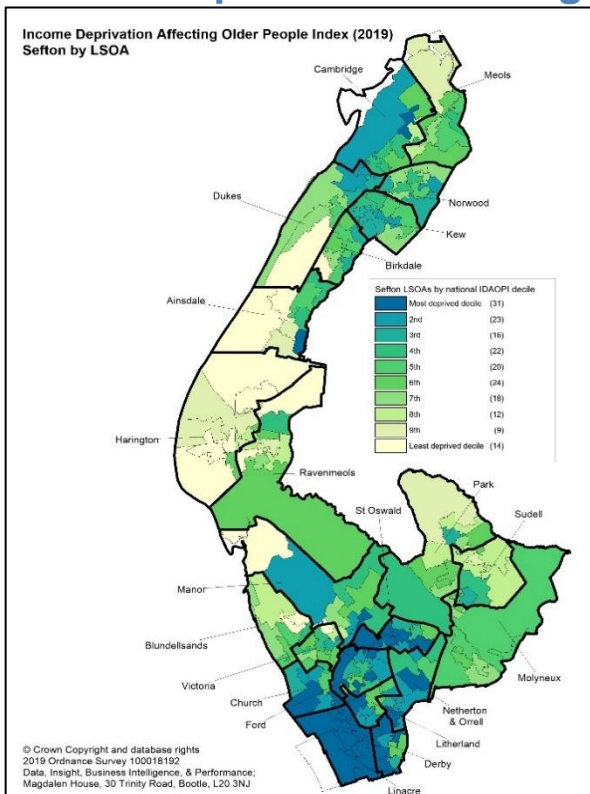


Figure 5: Map of IDAOP decile by Sefton LSOA

The IDAOP provides the proportion of the population aged 60 and over who are income deprived. Overall Sefton is ranked 83rd out of the 317 English local authorities for this measure. This is similar to 2015 when Sefton was ranked the 82nd most deprived district out of 326 local authorities. As with IMD and IDACI this places Sefton in the second most deprived quintile of local authorities

However, Sefton’s overall ranking masks the differing level of deprivation affecting older people throughout the borough. Deprivation disproportionately affects LSOAs in the south of the borough (figure 5). 10 LSOAs (all in South Sefton) are in the most deprived 5% of the country and one in Derby ward is in the top 1%. One LSOA in Harington ward is in the least deprived 1% nationally and, other than one LSOA in Blundellsands, the 7 Sefton LSOAs in the least deprived 5% nationally, are all in Southport and Formby.

Subdomains

Sefton's lowest ranking across the 7 domains is for Health & Disability (37th) and the highest is for Barriers to Housing and Services (310th). Sefton's subdomain ranks and resultant quintile bandings have not significantly changed compared to 2015.



Income

Measures the proportion of the population experiencing deprivation relating to relating to low income

Sefton rank: 67 (2nd most deprived quintile)



Employment

Measures the proportion of the working age population in an area involuntarily excluded from the labour market.

Sefton rank: 39 (most deprived quintile)



Education

Measures the lack of attainment and skills in the local population

Sefton rank: 162 (3rd most deprived quintile)



Health

Measures the risk of premature death and the impairment of quality of life through poor physical or mental health

Sefton rank: 37 (most deprived quintile)



Crime

Measures the risk of personal and material victimisation at local level

Sefton rank: 147 (3rd most deprived quintile)



Barriers to Housing & Services

Measures the physical and financial accessibility of housing and local services

Sefton rank: 310 (least deprived quintile)



Living Environment

Measures the quality of both the 'indoor' and 'outdoor' local environment

Sefton rank: 90 (2nd most deprived quintile)

Ward Level Analysis

The Local Government Association (LGA) has produced ward based IMD scores and rankings using population weighted centroids. Scores and rankings for Sefton’s 22 wards can be seen in the table below. According to this analysis Linacre is the most deprived ward within Sefton and is the 4th most deprived ward in England overall. Looking across all 7 subdomains of deprivation, Linacre also has the highest ranking for Income, Employment, Education, Health and Disability and Crime. Duke’s is the most deprived ward for Barriers to Housing and Services and Church is the most deprived ward for the Living Environment domain.

Linacre’s national IMD ranking was 13 in 2015, indicating that it has become relatively more deprived compared to other English wards in 2019. However, this is the case for most of Sefton’s wards. Only Duke’s and St Oswald ward have lower deprivation scores in 2019 than they did in 2015 and have therefore become relatively less deprived.

	Score	Rank within Sefton Wards (22)	Rank within North West Wards (859)	Rank within England Wards (7219)
Linacre	70.74	1	3	4
Derby	54.89	2	42	81
St Oswald	43.42	3	118	331
Litherland	41.46	4	143	415
Ford	40.92	5	149	439
Church	37.92	6	183	570
Netherton & Orrell	37.23	7	191	607
Duke's	31.08	8	252	1,060
Cambridge	29.44	9	293	1,244
Manor	23.62	10	389	2,015
Kew	23.57	11	391	2,023
Norwood	22.48	12	406	2,200
Molyneux	18.89	13	473	2,913
Ainsdale	17.77	14	508	3,174
Birkdale	16.02	15	550	3,647
Victoria	15.24	16	569	3,891
Sudell	15.15	17	571	3,908
Meols	13.79	18	606	4,324
Ravenmeols	12.18	19	660	4,857
Blundellsands	11.81	20	670	4,995
Park	11.42	21	683	5,121
Harington	6.66	22	824	6,628

Figure 6:IMD 2019 score and ranks by Sefton ward

References

English indices of deprivation (2019). Ministry of Housing, Communities and Local Government, <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Indices of Deprivation (2019) – Ward Reports, Local Government Association
<https://reports.esd.org.uk/reports/3092>

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Children and Young People

Child Poverty

Assessment of National and Local Statistics

Last Updated: August 2022

Wayne Leatherbarrow

Strategic Support

Data, Insight, Business Intelligence, & Performance

Document Control

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Executive Summary

Across the most recent five years (2016/17 to 2020/21) the percentage of Sefton’s children living in relative low-income families initially showed increases, though has reduced in the latest year, with 16% in 2020/21. The Borough levels have continually remained below the England national average and North West average.

CRLIF %	2016/17	2017/18	2018/19	2019/20	2020/21
Sefton	15.9%	17.3%	17.1%	16.8%	16.0%
LCR	18.4%	20.1%	20.3%	20.4%	18.9%
North West	20.5%	22.2%	22.4%	22.4%	21.1%
England	16.9%	17.9%	18.1%	19.2%	18.5%

Latest data released by the Government on the 31st March 2022, which includes numbers of children in relative low-income families' (CiLIF) by Parliamentary Constituency and to reflect geography boundaries set out by the Office for National Statistics (ONS) as at February 2021 and Census 2011, shows that in Sefton that there are 9,501 children in low-income families.

CRLIF	2016/17	2017/18	2018/19	2019/20	2020/21
Sefton	9400	10245	10141	9988	9501
LCR	64492	70616	72008	72213	67045
North West	350970	380056	386732	388232	365604
England	2208700	2356748	2392383	2544700	2463098

The highest density of children living in relative low-income families is the south of the borough.

Statistical Overview

The Children in low-income families' local area statistics (CiLIF), provides information on the number of children living in Relative and Absolute low income by local area across Great Britain. With the rollout of Universal Credit and the Higher Income Child Benefit charge, these new statistics draw data from a new database "RAPID" (Registration and Population Interaction Database) which provides a single coherent view of citizen interactions with DWP and HMRC within a tax year for the UK. RAPID provides a basis for analyses of children, the family unit, and gross personal incomes (benefits/tax credits, employment, self-employment, occupational pensions) from which estimates of the number of children in low income families can be derived.

Children in Low Income Families - local area statistics, Great Britain: 2014/15 to 2020/21

(Experimental - still being developed) was released on 31st March 2022 to include numbers by Parliamentary Constituency and to reflect geography boundaries set out by the Office for National Statistics (ONS) as of February 2021 and Census 2011.

Data Definitions:

- Children are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education. Child age is derived as the duration from Date of Birth to 31 March in each year.
- A family is defined as a single adult; or a married or cohabitating couple; or a Civil Partnership; and any dependent children.
- Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

The National Context

According to End Child Poverty, a campaign which is made up of organisations including children’s charities, child welfare organisations, social justice groups, faith groups trade unions and others untied in freeing the UK of child poverty.

- 4.3 million children live in poverty in the UK in 2019/20
- 9 children in a classroom of 30 live in poverty
- 75% of children growing up in poverty live in a family where at least one person is working.

The Joseph Rowntree Foundation states that “Two thirds of children in poverty live in a working family.”

Child Poverty Action Group suggest that poverty affects more than one in four children in the UK today. When children grow up in poverty they miss out and there are wider impacts that will affect all of us –They might miss out on the things most children take for granted: warm clothes, school trips, having friends over for tea. They

often do less well at school and earn less as adults. Furthermore, children in large families are at a far greater risk of living in poverty – 43 per cent of children living in families with 3 or more children live in poverty

On a basic level, child poverty means parents cannot afford the essentials of food, clothing and shelter, even when millions of children living in poverty have at least one employed parent. Low paid jobs and zero-hour contracts mean many working families live without income security and this could mean living ‘hand to mouth.’ The Covid-19 pandemic - loss of jobs, home schooling, bigger bills – has had an impact on many.

This potentially means children and young people are arriving at school hungry, have no or limited access to digital resources or missing out on enjoying activities with friends. Parents worry about the impact poverty has on their children, particularly that they may be bullied.

Children from poorer backgrounds may not have the same opportunities as other young people their age. They may not have access to the same learning materials, computers to help with homework or they may miss out on trips with friends. All of this can make a child or young person feel different to their peers.

Living on a low-income can increase parents’ stress levels, in turn affecting relationships and family dynamics. Many children will be aware and worried about the family's money problems.

Increases in family income can support children's educational achievements, and emotional and physical wellbeing. Additionally, children who get free school meals are less likely to get A*- C grades at GCSE than wealthier peers.

Sefton Demographics

According to mid-year population estimates for 2020, there are 59,324 children and young people (aged 0 to 19) residing in Sefton. Making up 21.5% of the Boroughs population, lower than the rates seen across Liverpool City Region (LCR) at 22.7%, the North West and England both with 23.6%.

Population Groupings

	Sefton Count	Percentage of total population			
		Sefton	LCR	NW	England
Aged 0 - 19	59324	21.5%	22.7%	23.6%	23.6%
Aged 0 - 4	13789	5.0%	5.6%	5.7%	5.7%
Aged 5 - 10	19077	6.9%	7.1%	7.4%	7.5%
Aged 11 - 15	15383	5.6%	5.6%	6.0%	6.0%
Aged 16 - 19	11075	4.0%	4.4%	4.4%	4.4%

In 2019, approximately 92% of Sefton’s children and young people (aged 0 to 19) have an ethnicity deemed as White British higher than the comparator areas (LCR – 89%, the North West – 80.5% and England - 73%).

Ethnicity for 0 -19 year olds

Aged: 0 - 19	Sefton Count	Percentage of total population			
		Sefton	LCR	NW	England
White	56054	94.4%	91.0%	82.8%	77.3%
White British	54770	92.3%	89.3%	80.5%	72.8%
Mixed	2029	3.4%	3.5%	4.1%	6.0%
Asian	756	1.3%	2.7%	9.9%	10.4%
Black	235	0.4%	1.5%	2.2%	4.9%
Other	275	0.5%	1.2%	1.0%	1.4%

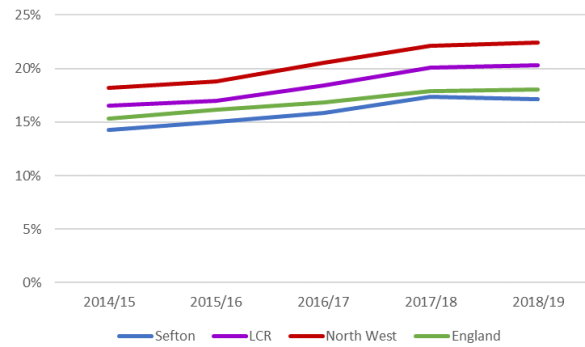
The population single year age bands (0-19) for children and young people and demography are shown in the following table and diagram.

Population Single Year Age Bands - Sefton

Age	Male	Female	Total
0 Years Old	1269	1216	2485
1 Years Old	1341	1326	2667
2 Years Old	1397	1344	2741
3 Years Old	1510	1379	2889
4 Years Old	1564	1443	3007
5 Years Old	1528	1476	3004
6 Years Old	1635	1598	3233
7 Years Old	1616	1467	3083
8 Years Old	1647	1574	3221
9 Years Old	1700	1592	3292
10 Years Old	1692	1552	3244
11 Years Old	1579	1552	3131
12 Years Old	1692	1514	3206
13 Years Old	1552	1557	3109
14 Years Old	1595	1421	3016
15 Years Old	1500	1421	2921
16 Years Old	1472	1480	2952
17 Years Old	1438	1459	2897
18 Years Old	1466	1343	2809
19 Years Old	1242	1175	2417

IMD by National Percentile and Change - Sefton

National Percentile (where 1 is most deprived nationally)	Number of Sefton LSOAs	Direction of Travel	Number of Sefton LSOAs
Percentile: 1	5	▲	56
Percentile: 5	19	▼	129
Percentile: 10	7	▶	4
Percentile: 20	9		
Percentile: 30	18		
Percentile: 40	19		
Percentile: 50	20		
Percentile: 60	24		
Percentile: 70	20		
Percentile: 80	18		
Percentile: 90	17		
Percentile: 95	13		
Percentile: 100	0		



In 2018/19, there were **10,141** children living in relative low-income families equating to **17%** of all 0-19-year olds residing in the Borough.

Children Living in Relative Low-Income Family Counts

CiLIF	2014/15	2015/16	2016/17	2017/18	2018/19
Sefton	8494	8895	9400	10245	10141
LCR	57337	59166	64492	70616	72008
North West	306958	319722	350970	380056	386732
England	1980580	2098559	2208700	2356748	2392383

Sefton is ranked 116 of the 309 lower tier local authorities in England (where one is most deprived) for the percentage of children living in relative low-income families and is the second lowest of the six Liverpool City Region (LCR) authorities (only Wirral is lower).

As of Census 2011, Sefton is split up into 189 Lower Super Output Areas (LSOA), there is considerable variance in the percentage of children living in relative low-income families across these areas.

- 10 are in top 10% most deprived areas nationally
 - four of which are in the top 5%
 - nine are in south Sefton
 - two are in north Sefton
- 30 are in lowest 10% of affected areas nationally
 - 19 are in the least 5% deprived areas nationally
 - 15 are in north Sefton
 - 15 are in central Sefton.

Children in Low Income Families (CiLIF)

Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

Across the past five years (2014/15 to 2018/19) there has been an increase in the levels of children living in relative low-income families (CiLIF) within Sefton, a pattern mirrored across the three comparator areas. Statistically the Borough has continually been below the regional and national rates, although there are specific areas of the borough where Sefton has a level of child poverty that is at least comparative or above that seen nationally.

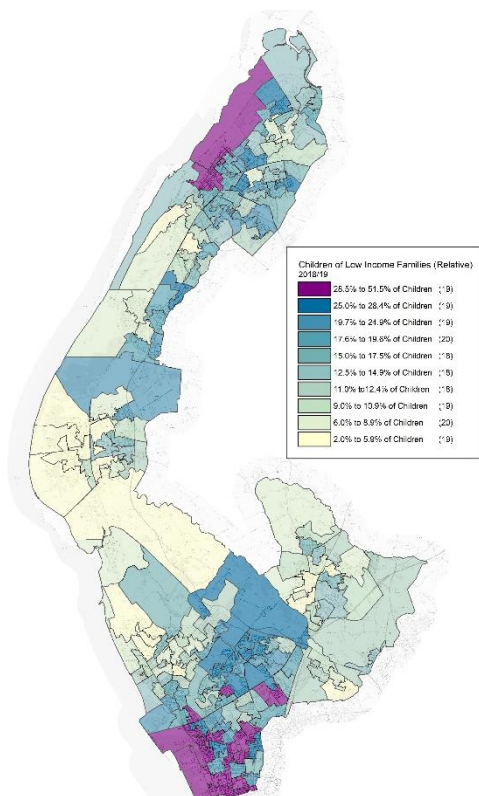
Children Living in Relative Low-Income Family Rates

CiLIF	2014/15	2015/16	2016/17	2017/18	2018/19
Sefton	14.3%	15.0%	15.9%	17.3%	17.1%
LCR	16.5%	17.0%	18.4%	20.1%	20.3%
North West	18.2%	18.8%	20.5%	22.2%	22.4%
England	15.3%	16.1%	16.9%	17.9%	18.1%

Children Living in Relative Low-Income Families by National Percentile - Sefton

National Percentile (where 1 is most deprived nationally)	Number of Sefton LSOAs
Percentile: 1	0
Percentile: 5	4
Percentile: 10	6
Percentile: 20	28
Percentile: 30	17
Percentile: 40	25
Percentile: 50	19
Percentile: 60	23
Percentile: 70	23
Percentile: 80	14
Percentile: 90	15
Percentile: 95	19
Percentile: 100	0

0-19 Year old Children Living in Relative Low-Income Families



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0–19-Year-old Children Living in Relative Low-Income Families by Sefton Ward

The following tables show the number of children and young people in low-income families' (CiLIF) by age ranges and locality, compared to the England, Northwest and Liverpool City Region (LCR) averages for 2018/19. The highest density of children living in relative low-income families are in South and Central Sefton.

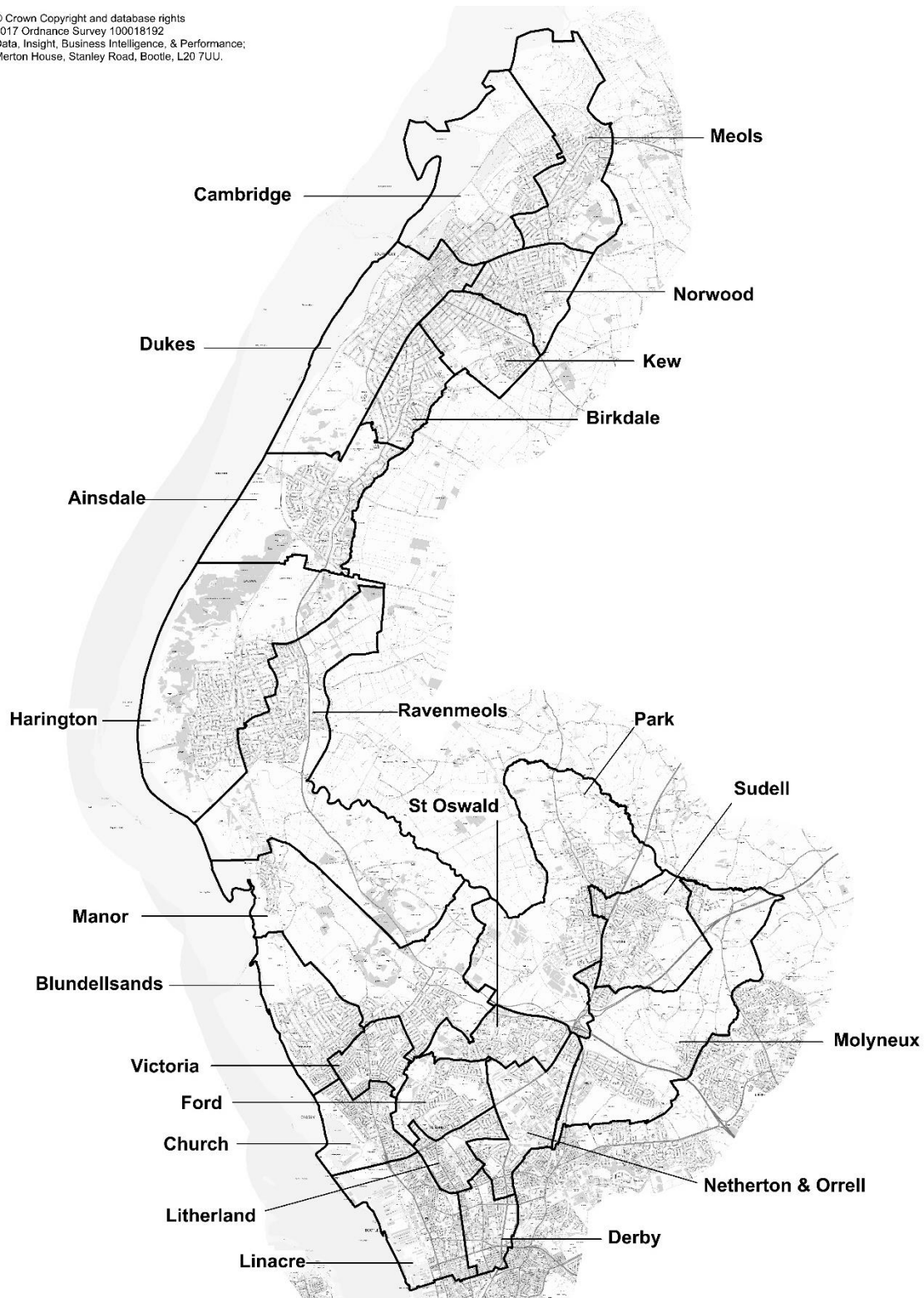
Children of Low Income Families (Relative)		0-4		5-10		11-15		16-19		Total	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Ainsdale	North Sefton	87	16.1%	111	15.2%	110	16.4%	105	20.3%	411	16.7%
Birkdale	North Sefton	90	13.3%	116	11.0%	112	13.8%	102	16.4%	413	13.1%
Blundellsands	Central Sefton	45	9.7%	51	7.6%	55	9.2%	28	6.5%	177	8.2%
Cambridge	North Sefton	94	25.8%	112	21.1%	72	19.3%	51	15.1%	324	20.1%
Church	South Sefton	111	16.3%	138	19.5%	105	18.1%	82	18.1%	438	18.1%
Derby	South Sefton	274	32.4%	248	24.8%	195	26.9%	172	30.8%	889	28.4%
Duke's	North Sefton	132	22.8%	127	19.0%	81	17.5%	79	17.1%	413	19.0%
Ford	Central Sefton	223	25.7%	205	20.0%	167	21.2%	134	23.7%	727	22.4%
Harrington	North Sefton	21	6.0%	26	3.6%	46	6.7%	33	6.7%	128	5.7%
Kew	North Sefton	155	19.0%	173	16.3%	131	15.9%	117	20.9%	580	17.8%
Linacre	South Sefton	372	35.7%	274	26.0%	251	32.1%	177	30.5%	1073	31.0%
Litherland	South Sefton	159	18.9%	190	20.1%	143	23.3%	112	22.8%	607	21.0%
Manor	Central Sefton	75	12.8%	106	13.3%	90	15.4%	68	13.3%	346	14.0%
Meols	North Sefton	95	18.4%	85	11.0%	95	13.7%	80	15.9%	351	14.1%
Molyneux	Central Sefton	69	11.6%	75	9.3%	66	10.3%	56	11.3%	263	10.3%
Netherton & Orrell	Central Sefton	164	21.3%	198	20.5%	175	24.2%	138	23.0%	671	21.9%
Norwood	North Sefton	153	15.8%	198	14.9%	188	20.3%	139	20.7%	681	17.5%
Park	Central Sefton	45	9.7%	72	10.3%	52	10.1%	46	10.6%	214	10.1%
Ravenmeols	North Sefton	61	11.4%	66	9.0%	85	12.2%	52	10.2%	265	10.7%
St Oswald	Central Sefton	219	33.5%	204	22.5%	127	20.8%	91	19.4%	641	24.3%
Sudell	Central Sefton	58	10.7%	67	10.1%	72	12.0%	47	9.7%	244	10.7%
Victoria	Central Sefton	73	9.9%	85	9.1%	81	10.3%	55	9.9%	287	9.5%
Sefton		2779	19.2%	2910	15.5%	2492	17.0%	1963	17.4%	10141	17.1%
LCR		20776	23.0%	20878	19.0%	17312	20.8%	13046	18.4%	72008	20.3%
North West		102529	23.6%	116766	21.5%	98084	23.6%	69355	21.1%	386732	22.4%
England		613494	18.3%	717529	17.0%	619477	19.5%	441880	17.7%	2392383	18.1%

Agenda Item 6

Status: Final

Sefton Ward Boundaries

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2017 Ordnance Survey 100018192
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Merton House, Stanley Road, Bootle, L20 7UU.

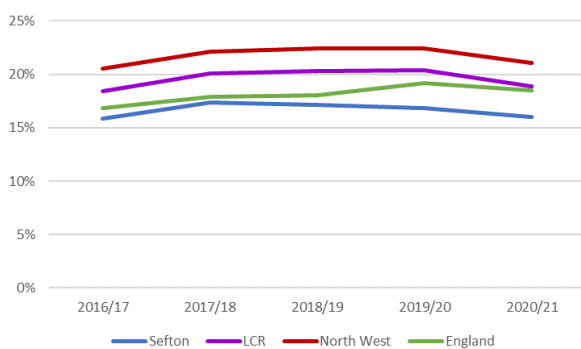


Children in Low Income Families (CiLIF) – 2021 Update

Across the most recent five years (2016/17 to 2020/21) levels of children living in relative low-income families (CiLIF) in Sefton initially showed increase, though the figure has reduced in the latest 12-months, a pattern mirrored across the three comparator areas. Statistically the Borough continues to be below the regional and national rates.

Children Living in Relative Low-Income Family Rates

CRLIF %	2016/17	2017/18	2018/19	2019/20	2020/21
Sefton	15.9%	17.3%	17.1%	16.8%	16.0%
LCR	18.4%	20.1%	20.3%	20.4%	18.9%
North West	20.5%	22.2%	22.4%	22.4%	21.1%
England	16.9%	17.9%	18.1%	19.2%	18.5%



In 2020/21, there were **9,501** children living in relative low-income families equating to **16%** of all 0-19-year-olds residing in the Borough.

Children Living in Relative Low-Income Family Counts

CRLIF	2016/17	2017/18	2018/19	2019/20	2020/21
Sefton	9400	10245	10141	9988	9501
LCR	64492	70616	72008	72213	67045
North West	350970	380056	386732	388232	365604
England	2208700	2356748	2392383	2544700	2463098

The reduction in the percentage of CiLIF has seen Sefton's rank out of the 309 lower tier local authorities in England decrease to 135. Though the Borough remains the second lowest of the six Liverpool City Region (LCR) authorities (only Wirral is lower).

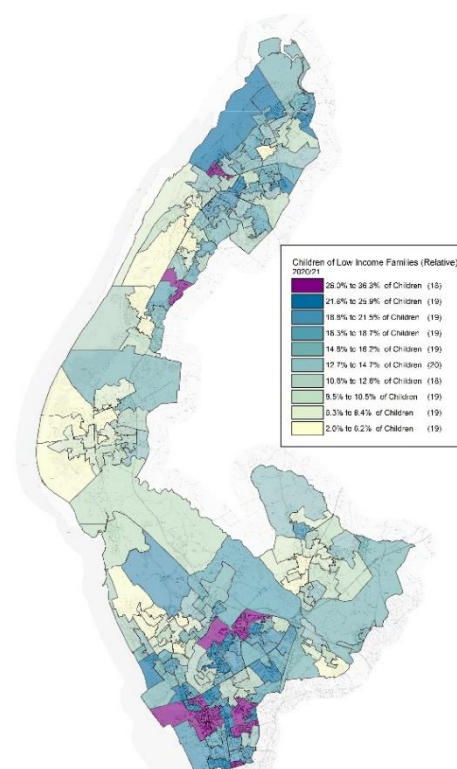
There has been substantial changes in the national rankings of the 189 Sefton Lower Super Output Areas (LSOA), when comparing 2020/21 to 2018/19.

- There are only three LSOAs within the top 10% most deprived areas nationally
 - All of which are located in South Sefton
- 35 are now in lowest 10% of affected areas nationally
 - 16 are in the least 5% deprived areas nationally
 - 16 are in north Sefton
 - 19 are in central Sefton.

Children Living in Relative Low-Income Families by National Percentile - Sefton

National Percentile (where 1 is most deprived nationally)	Number of Sefton LSOAs
Percentile: 1	0
Percentile: 5	0
Percentile: 10	3
Percentile: 20	21
Percentile: 30	16
Percentile: 40	23
Percentile: 50	27
Percentile: 60	24
Percentile: 70	19
Percentile: 80	21
Percentile: 90	19
Percentile: 95	16
Percentile: 100	0

0-19Year old Children Living in Relative Low-Income Families



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0–19-Year-old Children Living in Relative Low-Income Families by Sefton Ward

The following tables show the number of children and young people in low-income families' (CiLIF) by age ranges and locality, compared to the England, Northwest and Liverpool City Region (LCR) averages for 2020/21. Like 2018/19 the highest density of children living in relative low-income families are in South and Central Sefton.

Children of Low Income Families (Relative)		0-4		5-10		11-15		16-19		Total	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Ainsdale	North Sefton	77	15.9%	79	10.8%	109	15.5%	87	16.8%	357	14.7%
Birkdale	North Sefton	86	14.0%	98	10.0%	115	13.8%	81	14.1%	378	12.6%
Blundellsands	Central Sefton	40	8.5%	52	7.6%	48	7.8%	38	8.6%	179	8.1%
Cambridge	North Sefton	80	22.7%	93	16.3%	75	18.8%	43	12.7%	294	17.7%
Church	South Sefton	128	20.0%	122	16.3%	92	15.6%	92	20.8%	431	17.8%
Derby	South Sefton	197	26.0%	229	22.9%	183	23.6%	124	23.8%	731	23.9%
Duke's	North Sefton	73	15.0%	78	11.6%	64	12.5%	46	10.7%	261	12.4%
Ford	Central Sefton	178	22.5%	223	20.9%	150	18.7%	121	20.2%	679	20.8%
Harrington	North Sefton	20	5.4%	29	4.2%	30	4.1%	40	9.0%	121	5.4%
Kew	North Sefton	149	19.7%	168	15.5%	134	15.1%	110	18.9%	562	17.0%
Linacre	South Sefton	301	29.5%	266	24.7%	245	31.2%	138	24.3%	953	27.6%
Litherland	South Sefton	146	18.6%	186	19.0%	152	22.7%	80	17.2%	564	19.5%
Manor	Central Sefton	80	14.0%	119	14.5%	101	16.1%	70	14.4%	374	14.9%
Meols	North Sefton	86	17.3%	118	15.6%	101	15.4%	61	11.5%	368	15.1%
Molyneux	Central Sefton	67	11.9%	100	11.8%	80	11.9%	70	13.6%	319	12.3%
Netherton & Orrell	Central Sefton	178	23.2%	195	18.8%	150	19.1%	121	19.7%	645	20.1%
Norwood	North Sefton	149	16.7%	198	14.7%	173	16.6%	117	17.8%	640	16.3%
Park	Central Sefton	59	12.1%	58	8.4%	43	8.2%	42	11.2%	200	9.6%
Ravenmeols	North Sefton	44	9.1%	73	9.6%	101	14.5%	63	12.1%	279	11.4%
St Oswald	Central Sefton	181	28.3%	189	20.7%	157	23.1%	91	20.6%	621	23.2%
Sudell	Central Sefton	70	11.2%	73	10.3%	68	11.0%	63	13.7%	269	11.1%
Victoria	Central Sefton	76	10.3%	82	8.9%	76	9.7%	55	10.0%	284	9.5%
Sefton		2477	18.0%	2811	14.7%	2440	15.9%	1771	16.0%	9501	16.0%
LCR		18452	21.2%	19868	17.8%	16904	19.3%	11826	17.1%	67045	18.9%
North West		91434	21.7%	109240	19.9%	98080	22.3%	66846	20.6%	365604	21.1%
England		587211	18.1%	741721	17.5%	674842	20.0%	459320	18.5%	2463098	18.5%

References

- Children in relative low-income families: [Stat-Xplore - Log in \(dwp.gov.uk\)](https://www.dwp.gov.uk/stat-xplore)
- End Child Poverty [Key facts - End Child Poverty the Good Childhood Report | The Children's Society \(childrensociety.org.uk\)](https://www.childrensociety.org.uk)
- Joseph Rowntree Foundation <https://www.jrf.org.uk/>
- Child Poverty Action group <https://cpag.org.uk/>
- Mid-year population estimates: [Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- Ethnicity estimates: [Population denominators by broad ethnic group and for White British, local authorities in England and Wales: 2011 to 2019 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- Index of Multiple Deprivation: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Equality Analysis Report - Cost of Living Crisis

Details of proposal: Summary of Support Services available in Sefton to assist residents with the Cost of Living Crisis.

Ramifications of Proposal: Support services should be available to all eligible residents in need and should be accessible.

Are there any protected characteristics that will be disproportionately affected in comparison to others?

The protected characteristics under the Equality Act 2010 are:

- *Age*
- *Disability*
- *Gender Reassignment*
- *Marriage and Civil Partnership*
- *Race*
- *Religion or Belief*
- *Sex*
- *Sexual Orientation*
- *Pregnancy and Maternity*

Section one of the report gives detail on the situation in Sefton regarding people on low incomes who will be most impacted by increases in the cost of living.

With regard to the protected characteristics, particular concerns have been identified around the following:

Families with children (para 1.8)
People with disabilities (para 1.10)
Older people (para 1.12)

Consultation:

No additional consultation has been carried out as part of the preparation of this report or analysis.

Is there evidence that the Public Sector Equality Duties will be met?

The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

Section two of the report details the actions that Sefton is taking to support people who are experiencing difficulties during the cost of living crisis.

Characteristic	Action	Positive Impact	Negative Impact/Risks	Mitigation
All	Information and advice services via the Council website and Sefton Directory. Sefton Support Hub (online) and social media messaging	Signposts people to available support	Services will be inaccessible to those with limited or no online access or access to social media.	An accessible factsheet will be supplied to all ward members, partners and made available in libraries, One Stop Shop Contact Centre and Family Wellbeing Centres to maximise the accessibility for those with limited or no online access or access to social media.

			Accessibility of information.	The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.
All	<p>ELAS – Emergency Limited Assistance</p> <p>The Council has received 4,308 applications between the 1st April and the 31st July 2022; this is nearly double the amount (1,758) received at the same period last year.</p>	Scheme is aimed at helping people in need with one-off costs.	<p>Awareness of scheme and application process.</p> <p>Accessibility of information.</p>	<p>Staff in the One Stop Shop Contact Centre support people with limited or no online access to access the scheme.</p> <p>Staff across the Council and partners are aware of and promote the scheme to eligible local people.</p> <p>The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.</p> <p>Accessible Easy Read materials will be produced.</p>
All	<p>Council Tax Support - The following are exempt from Council Tax:</p> <ul style="list-style-type: none"> • full time students and school leavers. Halls of residence not included. • young people aged under 18 	Scheme provides for Council Tax Reduction and also Exceptional Hardship Fund payments.	<p>Awareness of scheme and application process.</p> <p>Accessibility of information.</p>	<p>Accessible Easy Read materials will be produced and made available in the One Stop and on the Council website.</p> <p>The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.</p>

	<ul style="list-style-type: none"> • severely mentally impaired people. • a foreign diplomat or member of a visiting force who would normally pay council tax • annexes occupied by an elderly or disabled person • up to 100% discount of the Council Tax to care experienced young people aged 18 or over and up to the date of their 25th birthday, who live in Sefton and who are cared for by Sefton Council. 			
All	Affordable Warmth Scheme	People living in fuel poverty can seek advice and assistance	Awareness of scheme and application process. Accessibility of information.	<p>This service is actively marketed with community groups and hosts a number of public events e.g. two annual Keep Well events, one in Southport, one in Bootle.</p> <p>The Affordable Warmth Partnership Group provides a networking opportunity to promote this offer.</p> <p>The team receives direct referrals from Social Workers and this can include people with limited or no online access or access to social media.</p>

				<p>The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.</p> <p>Accessible Easy Read materials will be produced.</p>
All	Discretionary Housing Payments	People in certain circumstances can obtain support paying rent	<p>Awareness of scheme and application process.</p> <p>Accessibility of information.</p>	<p>Accessible Easy Read materials will be produced. and made available in the One Stop and on the Council website.</p> <p>The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.</p>
All	Sefton@Work – Job search and recruitment	Assisting people to find jobs or higher earnings	<p>Awareness of scheme.</p> <p>Accessibility of information.</p>	<p>Staff across the Council promote this offer and support people with limited or no online access to access Sefton@Work. .</p> <p>The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.</p>
All	'Cost of Living' webpage	Signpost those struggling with the cost of living	Service will be inaccessible to those with limited or no online access or access	An accessible factsheet will be supplied to all ward members, partners and made available in libraries, One Stop Shop Contact Centre and Family Wellbeing Centres to maximise the accessibility for

			to social media.	those with limited or no online access or access to social media.
Age – Families with young children	Free School Meals	Eligible families can apply for free school meals	Awareness of scheme and application process. Accessibility of information.	Staff across the Council and schools promote this offer and support people with limited or no online access to access the scheme. The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs. Accessible Easy Read materials will be produced.
Age – Families with young children	Summer Food Scheme	Eligible families can receive packed lunches during the school holiday period	Awareness of scheme and application process. Accessibility of information.	Articles have been shared in printed press to increase awareness of the scheme. Staff across the Council promote this offer and support people with limited or no online access to access the scheme.
Age – Families with young children	Debt advice from Family Wellbeing Centres	FWC will run debt advice sessions for eligible families	Awareness of scheme. Accessibility of information.	Staff in the Family Wellbeing Centres support people with limited or no online access through direct advice.
Age – Families with young children	Mayor's Toy Appeal	Toys for children from eligible families at Christmas	Awareness of scheme and application process. Accessibility of	This longstanding scheme is promoted by Council staff partners and local businesses. Articles have been shared in printed press to increase awareness of the scheme.

			information.	
Age – Families with young children	Household Support Fund	Government funding to support residents, 1/3 of which is to be spent on families with young children	Awareness of schemes and application processes. Accessibility of information.	Commissioned activity is shared by partners through community groups. Staff across the Council promote this offer. The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.
Age – Older people	Household Support Fund	Government funding to support residents, 1/3 of which is to be spent on households containing pensioners	Awareness of schemes and application processes. Accessibility of information.	Commissioned activity is shared by partners through community groups. Staff across the Council promote this offer. The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs.
Disability	Under the Council Tax Regulations, a dwelling in which a disabled person lives may qualify for a reduction in the amount of Council Tax actually payable.	The person liable to pay the Council Tax is eligible for such a reduction if the dwelling concerned meets certain conditions. People with disabilities may be assisted by the general support available to all eligible residents	Awareness of schemes and application processes. Accessibility of information.	Easy Read materials will be available in the One Stop and on the Council website. The Council website and the Sefton Directory use Recite Me software so that our residents with accessibility needs and or language preferences can customise our website to meet their needs. Accessible Easy Read materials will be

				produced.
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What actions will follow if proposal accepted by Cabinet?

Section four of the report outlines a number of steps that the Council will be taking, including developing a Child Poverty Strategy and working with partners to develop additional proposals to assist residents.

Easy read documents will be produced and shared with ward members, staff and partners where required.

A fact sheet will be produced and shared with ward members, staff and partners.

Where possible take up of the schemes will be monitored.

COST OF LIVING FLYER

AUGUST 2022

2 SIDED A4, OR 4 PAGE A5 FLYER

Here are some ways you can get help if you are struggling to pay bills during the national cost-of-living crisis. This information is also available on the Council website www.sefton.gov.uk – just search “**Cost Of Living**”.

If you don't have access to a computer or smartphone, there is **free computer and Wi-Fi access** at all Sefton Council Libraries. Visit your local branch to find out more.

You can also give us a call on **0345 140 0845** or visit one of our One Stop Shops for more information. But please remember our contact centre receive hundreds of calls every day, and this is only increasing as the Cost-of-Living crisis worsens; our staff are working as hard and fast as they can, but you may have wait a while before your call is answered.

Help with Council Tax

You can get help with Council if you receive the following benefits:

- Income Support
- Income Related Employment and Support Allowance
- Income Based Job Seekers Allowance
- Tax Credits
- Guaranteed Pension Credit

Even if your income and circumstances mean that you don't receive any of these benefits, please let us know if you are struggling to pay your Council Tax and we still may be able to help you with an affordable payment plan.

If you are worried about keeping warm or paying your fuel bills you can:

- contact the Council's Affordable Warmth Service on 0151 934 2222
- call the local Energy Advice Freephone line on 0800 043 0151 (Monday to Friday 9am to 5pm)
- visit www.sefton.gov.uk/fuelbills

If you are on a low income and pay rent for your home, you may be entitled to financial assistance towards your rent through Universal Credit or Housing Benefit.

Find out more at www.sefton.gov.uk/rent-help

Agenda Item 6

Food Banks and Food Pantries

Across Sefton, there are foodbanks that can help if you can't afford the food, toiletries or household supplies you need.

Visit www.seftondirectory.com and search 'Foodbanks'. You may need a Foodbank voucher for some Foodbanks in Sefton, but not for all. Give us a call on **0345 140 0845** or visit one of our One Stop Shops for more information.

Food pantries

There are a number of food pantries across the Sefton. Food Pantries are different to Foodbanks in that they sell food at a reduced cost. With the cost of living rising, you may be struggling to budget for food. Food Pantries will help you to manage your budget and still be able to have healthy meals at home.

While Foodbanks will still be there to support families in crisis, Food Pantries can help if you are recovering from crisis but still struggling to budget.

You may need to be referred to a Food Pantry. Get in touch with us to find out more.

You can find more information on Foodbanks and Food Pantries, including where they are located, by visiting the Council website.

Sefton residents receiving any of the following benefits qualify for free school meals:

- Universal Credit and have a net household income of less than £7400 per annum
- Income Support
- Income based Jobseekers Allowance
- Income related Employment and Support Allowance
- Child Tax Credit ONLY (not entitled/receiving Working Tax Credit) and have an income of less than £16190.00
- Guaranteed element of State Pension Credit
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Support as part of the Immigration & Asylum Act

Find out how to get free school meals or apply for them at www.sefton.gov.uk/free-school-meals or call 0151 934 3263.

Healthy Start Vouchers and Vitamins

Healthy Start is a government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant and families with children under four years old qualify for Healthy Start if the family they claim certain benefits such as income support or universal credit. For more details on who is eligible to receive these please visit our website

www.sefton.gov.uk

Emergency Limited Assistance Scheme (ELAS)

Sefton's Emergency Limited Assistance Scheme supports local residents who are experiencing severe hardship, a disaster or emergency.

It is there to meet one-off needs and not ongoing expenses by providing:

- PayPoint credit,
- travel warrants
- essential household goods
- a referral to a support service

You can find out more and apply at www.sefton.gov.uk/elas or get in touch with us to find out more.

Jobs and Training

Through Sefton@Work, we offer information and advice to Sefton residents aged over 16 years on all aspects of jobs, education and training including self-employment.

Services include:

- One to one, confidential appointments with an Adviser
- Latest job vacancies and information non recruitment initiatives
- Pre-employment training programmes for employer vacancies
- Help with producing and updating your CV
- Advice and tips on interview techniques and skills
- Help with completing application forms and cover letters
- Access to the Internet, telephone, fax and postage related to jobs or training
- Access to specific training courses related to employability

For more information, please visit the [Sefton@Work website](http://www.sefton.gov.uk/sefton@work), call us on 0151 934 2610 or visit our office on Stanley Road, Bootle.

Health and wellbeing

Details of services and support available to help you deal with physical and mental health issues can be found at www.sefton.gov.uk/health-services.

You can also get health advice by calling the NHS 111 service or visiting <https://111.nhs.uk> People with communication difficulties or impaired hearing can contact NHS 111 via a textphone by calling 18001 111.

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We're lucky in Sefton that there are lots of Community Groups who might be able to help you through this difficult time. Have a look on the [Sefton Directory website](#) for information on your nearest Community Group.



Targeted Lung Health Checks Programme update

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Sarah McGrath, Planned Care Lead

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Targeted Lung Health Checks Programme: Update to HWBB

September 2022

Introduction

This report provides members of the Health and Wellbeing Board with an update on the Targeted Lung Health Checks (TLHC) Programme. In summer 2021, the former South Sefton CCG together with St Helens CCG was invited by the Cheshire and Merseyside Cancer Alliance to become a phase 3 pilot site for the national programme. Areas are prioritised for invitation based on lung cancer mortality rates. Locally Knowsley, Halton and Liverpool have previously gone live as phase 1 and 2 sites. This paper describes progress from the key workstreams involved in preparing for operational readiness. We expect that the first lung health checks will be offered in south Sefton from early January 2023.

The Programme's governance and reporting structure is included within the Appendix.

Background

The Targeted Lung Health Checks (TLHC) Programme is a new and ground-breaking flagship programme of work funded by NHS England and which will contribute to the ambition of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with lung cancer.

The National TLHC programme targets those most at risk of lung cancer and works with the NHS in local areas who have some of the highest rates of mortality from lung cancer.

The incidence rate for lung cancer in south Sefton was 1.35 times higher than the English national average for the period 2017-2019. Deaths from lung cancer for the same period were correspondingly higher, at 1.43 times the national figure, which suggests later stage presentation and diagnosis of lung cancer in our area.

The primary aim of the Programme is to detect lung cancers at an earlier stage where treatment and cure is more likely to be achievable. The intervention also serves as a key opportunity to promote smoking cessation to those who are current smokers and to enable the earlier detection of other cardiovascular and respiratory diseases.

It is estimated that:

- 30-40% of those invited will take up the offer of a lung health check.
- 60-70% of those attending for an initial check will be offered the low dose CT scan
- Around 2% of those having a CT scan will be found to have lung cancer
- Over 75% of those cases will be early-stage disease, which will enable a wider range of treatment options such as curative surgery to be offered.

NHS England is conducting a national evaluation to understand the impacts and economics of the programme and the findings will ensure an evidence-based approach to NHS England's longer-term strategy for wider roll out of a targeted screening programme of this kind. There is high likelihood that the programme will develop into the 4th national cancer screening programme alongside the breast, cervical and bowel programmes,

Pathway

Anyone aged between 55 and under 75 who is recorded as a current or past smoker within their GP records is invited to participate in the Programme. A nurse- led lung health check is undertaken, usually virtually and a risk score calculated based on the individual's

medical, smoking, occupational and family history. Those deemed to be at higher risk of developing lung cancer are offered a low dose CT scan at a mobile unit located in a local community setting, typically supermarket car parks. Results are discussed at a multi-disciplinary team and the patient will then follow NHS pathways for further management of any conditions detected by the scan. Some patients will require repeat CT at 3- or 12-month intervals and all those with no abnormality detected are offered a repeat scan in 24 months. The full pathway is appended to this paper.

Updates from Key Workstreams

1. Contracting for the TLHC Provider.

Former South Sefton and St Helens CCGs sought expressions of interest from providers to gauge the level of willingness and capability within the provider landscape to deliver the programme and to inform whether a full competitive tender would be required. Based on responses, which were scored against an evaluation framework, the decision was made to make a direct contract award to the Liverpool Heart and Chest Hospital NHS FT. This is the same provider commissioned for the Liverpool, Knowsley and Halton programmes. NHS South Sefton CCG Governing Body approved the decision in April 2022.

2. Finance

The phase 3 programme is nationally funded within an envelope of approximately £9.4M until 2025/26 for south Sefton and St Helens combined. The allocation is comprised of fixed costs and variable costs which are based on the numbers of CT scans undertaken. The majority of the funding will be utilised to commission the service from LHCH with a small proportion retained for project management costs, commissioning of smoking cessation and contingency. Data collected by Ipsos Mori as part of the national evaluation work includes capture of hidden costs such as time spent on the programme by non-dedicated staff across the system. This will be used to inform the viability of the programme as the 4th national cancer screening programme going forward.

3. Building infrastructure at Liverpool Heart and Chest Hospital

Following confirmation of the contract, LHCH are now in a position to procure additional mobile CT scanning equipment and recruit to additional nurse and administration workforce in order to deliver the phase 3 programme in line with the rollout plan. A high-level version of the plan is included within the Appendix.

4. Commissioning of additional smoking cessation services.

It is estimated that 20% of participants who take up the offer of a lung health check will be current smokers. Experience from other programmes suggests that 40% of those will accept an offer of referral to smoking cessation services following an enhanced intervention as part of the lung health check. Therefore, additional capacity needs to be established by the smoking cessation service to fulfil the increase in referrals that are expected from this programme and funding has been made available for this. Public Health leads as commissioners of smoking cessation services are undertaking this process. The commissioned service will be asked to report on uptake, access and quit rates specifically for the TLHC cohort.

5. Communications and Engagement

Public communications and engagement:

The majority of the public communications and engagement around the TLHC programme in south Sefton and St Helens will be delivered by the Roy Castle Lung Cancer Foundation, with the support and input of the NHS Cheshire and Merseyside comms team in Sefton. The Foundation has previously worked on the national NHS campaign and other local campaigns such as those in Liverpool and Knowsley.

The campaign aims to raise awareness of the TLHC programme in south Sefton and target eligible patients in key rollout areas with geo-located comms and engagement activities, including:

- Development of a communications toolkit and press release including digital and print materials. An example poster is included within the Appendix
- Outreach to key media and community groups on and offline
- Community engagement events to promote lung health and encourage uptake of the TLHC offer
- Video content featuring local patient voices/case studies and clinicians
- Paid social media advertising targeting eligible demographics in key rollout areas

Internal/GP engagement:

A GP briefing document has been created to bring all practices up to date on the wider TLHC programme, how the programme will work and roll out across south Sefton and the asks that will be made to the practices in relation to patient data and public communications.

Further information to raise awareness and understanding of the programme has been shared in GP bulletins across the region.

Roy Castle Lung Cancer Foundation will also produce a primary care communications toolkit which will be shared with practices in the south Sefton area, to raise awareness of the programme among patients and encourage uptake of the TLHC offer to those eligible.

6. On-boarding of GP practices

All practices in south Sefton have been ranked based on a composite risk score to calculate the likelihood of finding a lung cancer within the population of the practice. The first practices to be invited to participate in the Programme will be in Seaforth, Litherland and Bootle with Crosby and Maghull to follow over a 15-month period. Information sharing arrangements are required to allow Liverpool Heart and Chest Hospital to invite the target population and for LHCH clinicians to view agreed areas of the patient record as part of clinical assessment. In addition to lung cancers, there is a range of incidental findings likely to be detected by the lung check and scan. These include non-malignant respiratory conditions, cardiac disease and a small number of other cancers such as breast. Work is ongoing to streamline pathways for management of these conditions to ensure that the impact on primary care is minimised.

7. Programme timescales

Based on a risk stratification of practices, a phased rollout plan is currently being developed. The timeline for the initial 6 practices in Bootle, Seaforth and Litherland is included within the Appendix and the more detailed plan for all practices will be available within the next month. The programme will alternate between small groups of practices in south Sefton and St Helens, giving time to evaluate the impact and experience of stakeholders before the next group of practices in each place is invited.

Appendix:

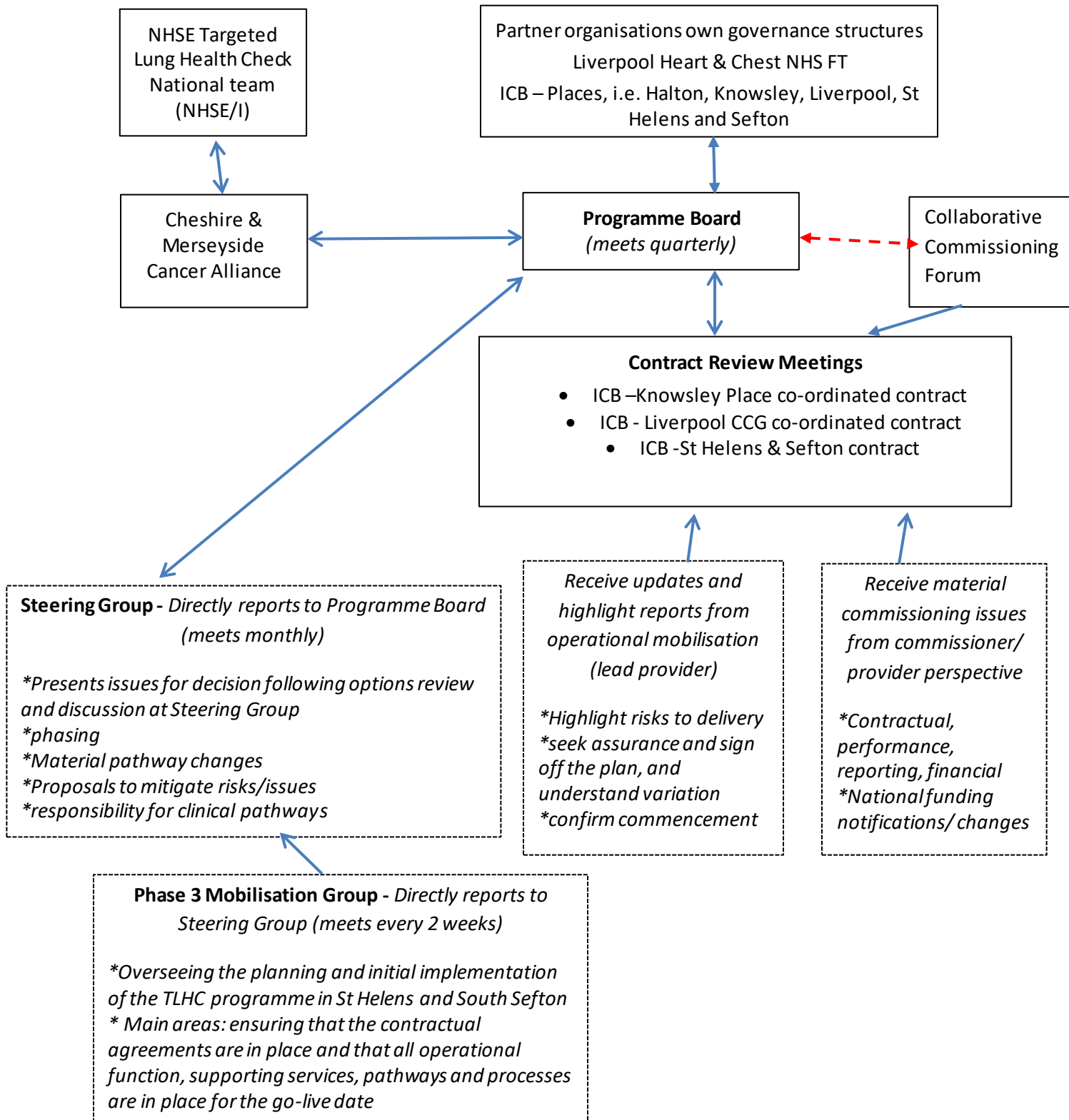
The following documents are appended to this report.

1. TLHC programme governance structure
2. Patient pathway
3. Timeline for first 6 GP practices
4. Example poster

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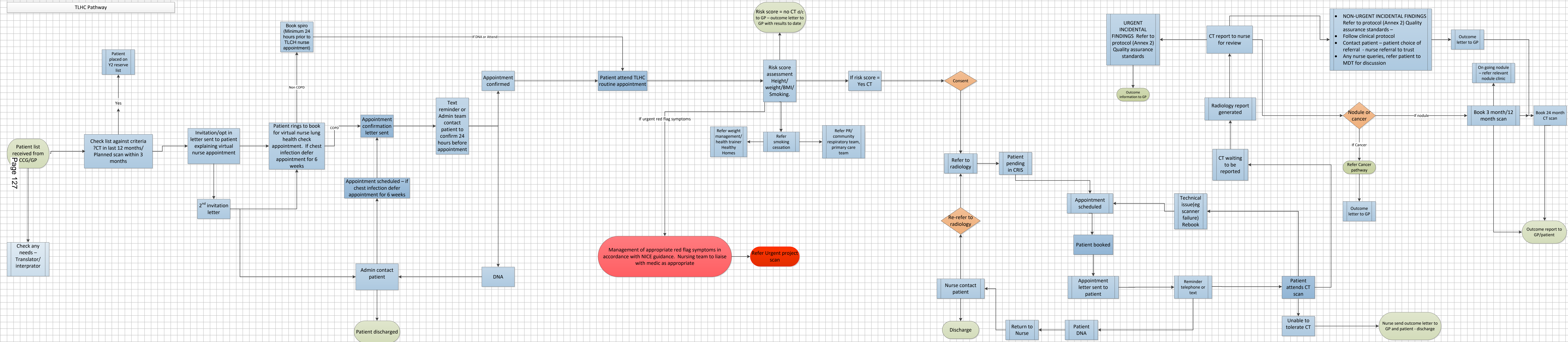
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Targeted Lung Health Check - Organisational chart (Draft for the Programme Board Meeting on 14th September 2022)



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TLHC Pathway



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TLHC Provisional Timeline for the first 6 Seaforth, Litherland and Bootle practices	
7th- 21st September 2022	<ul style="list-style-type: none"> • Practices to sign ISA to enable eligible patient demographics to be shared with Liverpool Heart and Chest Hospital. (LHCH) • Practices to agree Data Processing Impact Assessment (DPIA) and retain for own records • Searches undertaken to identify target population for invitation • Practices ensure that patient demographic data file for LHCH is transferred securely
October -November 2022	<ul style="list-style-type: none"> • Scanner location for Bootle, Seaforth and Litherland practices will be confirmed • LHCH complete data checking and migration processes to upload demographic details into live EMIS system • Public events in the Bootle, Seaforth and Litherland area to promote the programme • Practices start to promote the check to patients and advertise on practice website
December 2022	Invitations go out for patients in the first 6 practices
Early January 2023	<p>Go live - Patients start to attend the nurse led lung health check</p> <p>Low dose CT scanning begins in the agreed location in Seaforth, Litherland and Bootle area</p>
January -February 2023	Evaluation of impact on first 6 practices. Process improvements implemented as required before next tranche of practices goes live.

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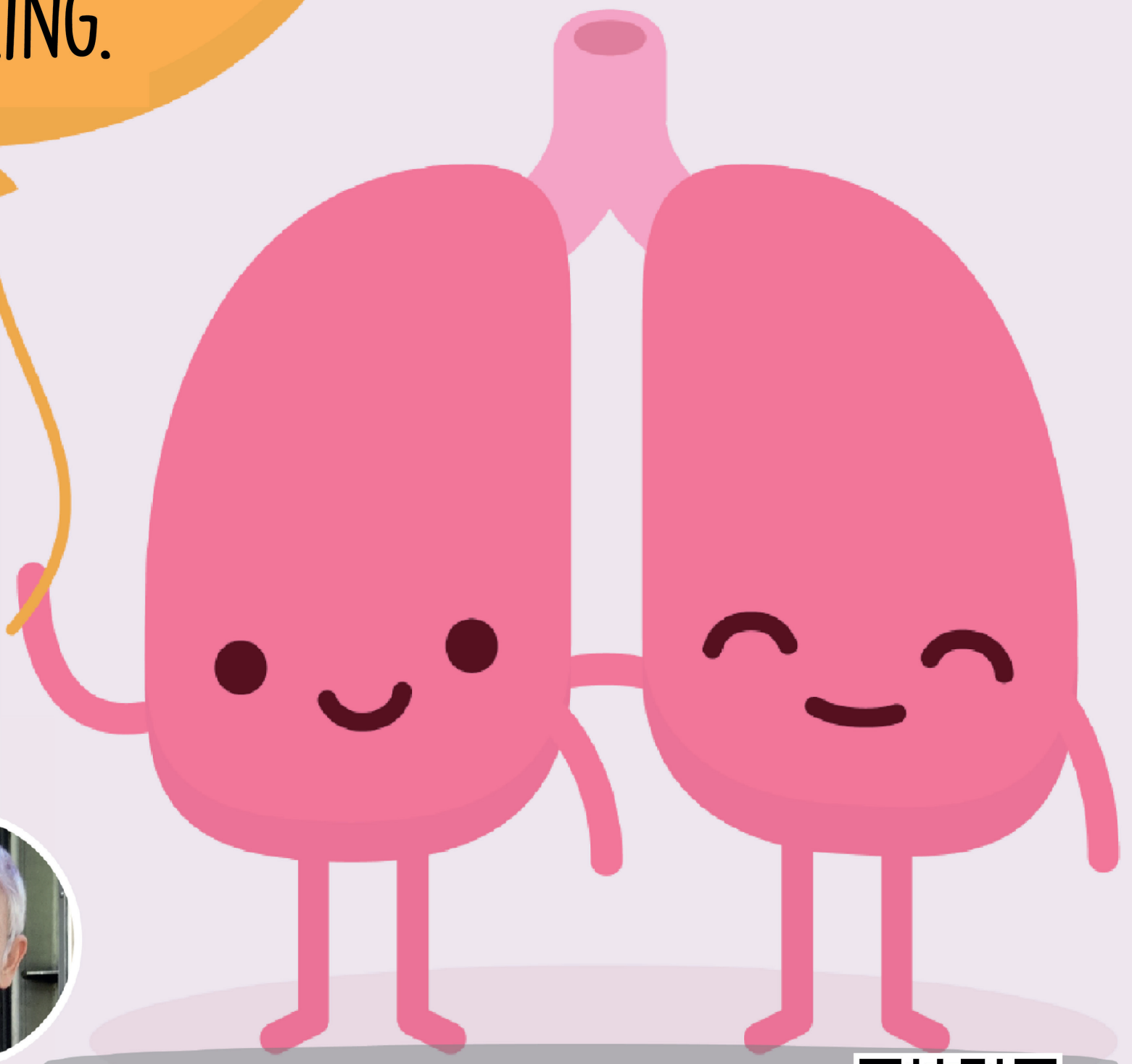
A SIMPLE CHECK-UP
FOR PEOPLE AGED
55-74 TO FIND OUT
HOW WELL
YOUR LUNGS ARE
WORKING.

LUNG HEALTH CHECKS

“This is an opportunity, at no cost to yourself, to have an expert lung health check-up.

If you value your health, why wouldn't you have it checked?”

Jo,
lung health
check attendee



FOR MORE INFORMATION, VISIT:

[ROYCASTLE.ORG/LUNGHEALTHCHECKS](https://roycastle.org/lunghealthchecks)

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	Department of Health and Social Care Guidance		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing Adults Social Care Children's Social Care		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

The report provides an overview of four key pieces of guidance released by the Department of Health and Social Care to articulate the relationship between the newly established Integrated Care System function and the Health and Wellbeing Board, Overview and Scrutiny Committee, Social Care Providers and the requirements of a forthcoming Integrated Care Partnership Strategy.

Recommendation(s):

- (1) The Board review the contents of the report
- (2) The Board offer a view on proposed responses to the consultation element of the guidance relating to Health and Wellbeing Boards.

Reasons for the Recommendation(s):

The contents of the guidance are critical to the boards operation going forward.

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

Not applicable

What will it cost and how will it be financed?

(A) Revenue Costs

The contents of the report have no additional revenue cost implications.

(B) Capital Costs

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The contents of the report have no additional capital cost implications.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): The contents of the report have no resource implications.								
Legal Implications:								
Equality Implications: There are no equality implications.								
Climate Emergency Implications: The recommendations within this report will <table border="1"><tr><td>Have a positive impact</td><td>N</td></tr><tr><td>Have a neutral impact</td><td>Y</td></tr><tr><td>Have a negative impact</td><td>N</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Y</td></tr></table> The contents of the report have a neutral impact on Climate Change	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
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							

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The report contents support the implementation of the Health and Care Bill which allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate confident and resilient communities: The report contents support the implementation of the Health and Care Bill which allow greater localised control and focus on the needs of the borough of Sefton in the design, delivery and review of Health and Care Services
Commission, broker and provide core services: The report contents support the implementation of the Health and Care Bill which will strength the role of Strategic Commission at a Sefton borough level and encourage greater collaboration for better outcomes.
Place – leadership and influencer: The report contents support the implementation of the Health and Care Bill which will allow greater local control driven by the Health and Wellbeing Board.
Drivers of change and reform: The report contents support the implementation of the Health and Care Bill which will allow a Sefton Health and Care system focus on health inequalities and wider determinants of health

Facilitate sustainable economic prosperity: The report contents support the implementation of the Health and Care Bill which will allow for a broader financial focus on the borough of Sefton for Health and Care services
Greater income for social investment: The report contents support the implementation of the Health and Care Bill which will allow for a broader financial focus on the borough of Sefton for Health and Care services
Cleaner Greener Not applicable.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6931/22) and the Chief Legal and Democratic Officer (LD.5131/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The report details a national consultation open to the public.

Implementation Date for the Decision

Immediately following the Board meeting.

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

Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Background

As the Board will be aware the 1st of July 2022 saw the formal establishment of the Cheshire and Merseyside Integrated Care System (ICS) and its component parts of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) as well as local establishment of the Sefton Partnership. This is as a result of the Royal assent given to the Health and Care Act 2022 in April of this year. The Act

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introduces significant reforms to the organisation and delivery of health and care services in England. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

2. Introduction

- 2.1 Although the Health and Care Act does not make changes to Health and Wellbeing Boards and their responsibility for Health and Wellbeing Strategies and Joint Strategic Needs Assessments, there are clear interfaces that require clarity. Subsequently the Department of Health and Social Care have released four sets of guidance on the 29th of July 2022 relating to the ongoing implementation of Integrated Care Systems nationally. The body of this report summarises key points.
- 2.2 The guidance relating to Health and Wellbeing Boards asks specific questions and invites a response from the board the paper will also propose a response for the board's consideration.
- 2.3 The guidance documents released are as follows:

Integrated Care Strategy Guidance: Statutory guidance for integrated care partnerships on the preparation of integrated care strategies
<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>

Statement of expected ways of working between ICPs and adult social care providers: Provides guidance on how integrated care providers and adult social care providers are expected to work together.
<https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships>

Health and Wellbeing Board Guidance – Engagement Document: Guidance on the role of Health and wellbeing boards following the implementation of ICBs and ICPs, for further engagement
<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

HOSC Principles: This sets out the expectations on how Health Overview and Scrutiny Committees should work with ICSs to ensure they are locally accountable to their communities
<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

3. Detail

3.1 Integrated Care Strategy Guidance

This is a statutory requirement which will build on existing work of the health and Wellbeing board and Better Care Fund. It should detail how the ICS will reduce disparity in health and social care, look to improve quality and performance and will work to prevent ill health, both physical and mental health. It should also focus on maximizing independence, preventing care needs and increasing control,

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choice and flexibility in how care and support is received. It will set direction of how the NHS, Local Authority, Providers and Partners can deliver more joined up preventative person centred care across the whole life course, including doing things differently. It should be evidence based and include short-, medium- and long-term priorities. It should reflect the ambition to reduce geographic disparity linked to the Levelling Up the United Kingdom: Executive Summary (publishing.service.gov.uk) and People at the Heart of Care: adult social care reform white paper - GOV.UK (www.gov.uk). It should set out, how the ICS will meet assessed need based on the Joint Strategic Needs Assessment. Feedback and comment on this guidance are welcome.

The guidance makes specific points that the Strategy must comply with as follows.

- NHS England must take regard in applicable areas, equally the ICP must also have regard for the national mandate of NHS E.
- The ICP must consider refreshing strategy when they receive any updated JSNA.
- It should build on previous system plans, and not be prescriptive to health and wellbeing boards.
- CQC will assess how the integrated care strategy is used to inform commissioning and provision of quality and safe services.
- The Integrated care strategy must compliment the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- It must provide detail on when issues are best met by bringing things together, for example this may be an integrated workforce approach on a bigger footprint. However, the principle of subsidiarity remains and reflections on whether decisions and delivery are happening at the right level must be considered when producing strategy.
- The initial strategy is due in December 2022, but the guidance recognises that this is a year of transformation, and this may be subject to change. Although the plan must be a five-year plan this is subject to annual review. And going forward be published on the 1st April of each year.
- The ICP is responsible for ensuring the ICB, Partners, and Local authorities are engaged, cooperate and provide necessary resource for the preparation of the strategy. ICP's can agree the process for finalising and signing off.
- While the Strategy must have an evidence base of the JSNA, any unwarranted variation, disparity and gaps there is a requirement for additional assessment of local communities and needs that should be developed with providers. It must also recognise that the JSNA may miss those not engaged in formal services, therefore engagement and Co production must happen. This may be at a system or a local level.
- There is a need to uphold transparency and there must be publicly available contact details of how to get involved, as well as the requirement for Healthwatch to be involved. The guidance is clear that there must be proactive involvement of people with a range of lived experience, inclusive of children, young people and their families drawn from local experience. Providers of social care services and health, including the voluntary sector must also be consulted and engaged with at a system and local level. Clinical and care professionals, chairs of health and wellbeing boards, Directors of Children's Social Care and Directors of Adult Social Care and the Director of Public Health must also be actively involved.

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- The content must detail shared outcomes, further detail on this is expected by April 2023 through the Health and Social Care integration, joining up care for people, places and population guidance.
- It must also detail sustainable improvement in care quality and outcomes and consideration of whether a section 75 funding model is the best way to meet needs.
- It should also detail plans for joint appointments, data sharing, co-location, integrated teams, joint strategies and plans. Department of Health and Social Care guidance is expected on the scope of pooled and aligned budgets in spring 2023.
- Other key areas that must be included are Personalized care, disparities in health and social care, how will it address unwarranted variation, population health and prevention.
- The guidance references the need to fully utilise the skills of Public Health, in terms of the Health and Wellbeing Strategy and wider determinants, anchor institutions, evidence-based prevention measures, Life course approach incorporating babies, children, young people and their families and consideration of healthy ageing inclusive of finances.
- The Strategy must also include approach to Health Protection, including, infection prevention and control, antimicrobial resistance, immunizations and Emergency preparedness response and resilience.
- The Strategy must detail how system level safeguarding will be strengthened.
- It must detail how the system will approach Workforce; recruitment, planning, development and integration of the health and social care workforce, that must incorporate the ten principles included in previously published guidance on people function.
- The Strategy must also cover how adoption of innovation and research will support delivery.
- Approach to Health-related housing must be detailed
- Finally data and info sharing model with identified options for safe and appropriate data and information sharing to meet assessed need.
- Publication - A copy must be given to the local authority and ICB and those that have contributed must be given the opportunity to see it.
- The ICS should Review and evaluate including evaluation of impact.

3.2 Statement of expected ways of working between ICPs and adult social care providers

Adult social care providers are defined as any provider of adult social care services and seen as essential partners in delivering ICS strategy. Developed with the Care Provider Alliance, this is Co created advice providers should support the adult social care voice. Involve adult social care providers in service planning. The Department of Health and Social Care, LGA and NHS England, and to help understanding by making national connections and wider support through case studies. Adult social care may include charities and the voluntary community and faith sector. The sector needs to be fully engaged in the work of ICP's as a strategic partner. Some will be better able to represent the sector than others. Adult Social Care Directors are not an adequate proxy. Provider forums, PCNS at Place should be considered and the Partnership infrastructure should be used. Adult social care provider insight and data should be part of the integrated care strategy.

3.3 Health and Wellbeing Board Guidance – Engagement Document:

The guidance does not affect the role of Health and Wellbeing Boards in their role in instilling mechanisms for joint working across health and care organizations and in setting strategic direction to improve health and wellbeing of people locally. The Department of Health Social Care will update guidance on Health and Wellbeing Boards general duties and power. This document represents engagement on the draft guidance with specific questions to shape guidance and provide practical examples of role and ways of working.

Its states that Health and well-being boards must have a strong focus on establishing a sense of place given the fact they remain a forum of political, clinical, professional and community leaders.

The JSNA and health and wellbeing strategy are unchanged, other than requiring that an ICB Rep is on the health and wellbeing board, not a CCG Rep.

It sets out principles of development for the board.

- Building from the bottom up
- Subsidiarity
- Clear governance.
- Collaborative leadership
- Avoiding duplication.

It sets out the view that there is to be a continuity of relationship with the CCG/ICB and NHS England will consult health and wellbeing boards on its view of the contribution of the ICB similar to the process applied to CCG's previously.

The document sets of the Boards role in informing allocation of resources and the signing off of the BCF and states that the Board will receive an ICB Capital resources plan.

Health and Wellbeing Boards will work with ICPs and ICBs to determine their integrated approach and will be asked to consider revision of their Health and Wellbeing Strategies following the publication of the ICS strategy however it may be that they consider it sufficient.

CQC will review ICSs and consider how well ICBs and CQC registered providers discharge function, including the role of the ICP.

The ICB and partner NHS trusts must have a Joint Forward plan that must involve their Health and Wellbeing board.

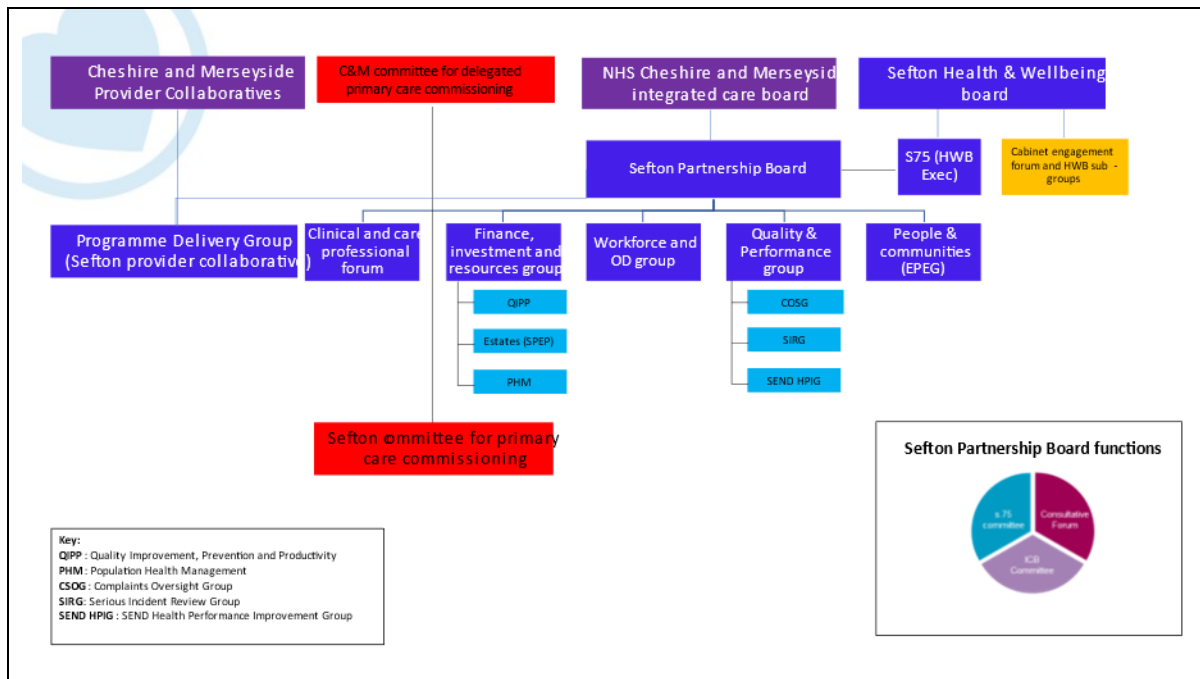
The ICS must have plans on how they will implement the health and well-being strategies in their footprint and must involve the Health and Wellbeing board in preparing or revising their forward plans.

Health and wellbeing boards must be provided with a draft of the ICS Strategy for comment and the strategy must include a statement from the Health and Wellbeing Board as whether the Health and Wellbeing strategy has been taken into proper account. This replaces the previous requirement to share CCG commissioning plans. The ICS must provide an Annual report to the Board.

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The document asks the following questions as part of their engagement, which are reflected below with proposed responses for discussion:

What examples can you provide of how HWBs are reacting to the introduction of ICBs/ICPs, brought about by the Health and Care Act?
The Sefton Health and Wellbeing Board initiated a development programme upon receipt of the White Paper on Integration in February 2021 recognising the need to evolve its role and strengthening its approach to improving the Health and Wellbeing of Sefton residents. The board has also reviewed its membership to ensure robust system wide representation and updates its Terms of Reference
Are there any issues you are encountering with the introduction of ICBs/ICPs that are affecting HWBs?
The current architecture makes it difficult to agree clear points on added value as oppose to the risk of duplication. There is concern at the lack of clarity around provider alliances and how that will develop and affect activity at a Sefton level. A cohesive understanding across all areas of the DHSC is needed with regard to the role and remit of each cohesive section, for example the drivers and accountability for the Better Care Fund as adopted as the financial framework for the partnership.
Are there new ways of working that are emerging which you would be happy to share as best practice?
Development of a cohesive performance framework applicable to the system as a whole. Greater connection of Primary Care Agendas and the use of Informal Boards to take forward specific areas of work.
How are HWBs working to join-up to ensure that they are part of discussions around implementation of the proposals in the Integration White Paper?
The Health and Wellbeing Board receives regular briefings, the Chair of the Health and Wellbeing Board is also the Chair of the Sefton Partnership.
We acknowledge the great work LGA do in supporting HWBs and the resources they provide. In the final guidance we would like to provide examples in the form of diagrams etc outlining the different structures and scenarios HWBs operate within and would welcome examples



Does this guidance provide the information you need? Are there any gaps?
 Examples of significant changes that may require review?

The Guidance doesn't make enough specific reference to Children and Young People for example how the link to the Children and Young Persons plan is intended to work.

3.4 Overview and Scrutiny Committee

This document seeks to ensure scrutiny and oversight are a core part of how ICB's and ICP operate. Overview and Scrutiny are described as having a pivotal role in continuing to scrutinise local health services. Health and wellbeing strategies still need scrutiny to drive impact on outcomes. The document recommends a framework to ensure their scrutiny work, is effective, focused and adds value, considering risks, effects and impact to populations. Recognising that Overview and Scrutiny Committees support input from local health, colleagues and the local population. It sets out five principles.

	Principle	Further detail
A.	Outcome Focused	General health improvement and wellbeing, specific treatment services and care pathways, patient safety and experience, overall value for money. Overview and scrutiny has a strategic role in the overview of how well integration is working and making recommendations of how it can be improved locally it should take a strategic approach in evaluating key strategies and outcomes of ICB and ICP and has a vital role in scrutinising health services of a place based nature.
B.	Balanced	Balanced, future focused and responsive have a key role in improving evidence base. ICB's and ICP's must agree a clear set of arrangements for scrutiny within the whole cycle of commissioning, delivery and evaluation. Reactive to issues of concerns for local communities, including performance, they should have a proactive role in complex issues,

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		ICB's should be open with Overview and Scrutiny whilst Overview and Scrutiny must respect regulatory and legal processes that may apply.
C.	Inclusive	Overview and Scrutiny strengthen voice of local people and provide local accountability. Scrutiny must engage communities and be involved with the right people at the right time including greater involvement with PCN. Trusting working relationship needed.
D.	Collaborative	Overview and Scrutiny should be focused on value for its population. Clarity needed about respective roles, may need to cover issues across local authority boundaries and take a collaborative approach to identify areas that would benefit from joint scrutiny
E.	Evidence Informed	Scrutiny informed by evidence can make the case for better integration of services. Although the Secretary of State is given greater call-in powers through the Act the need for local scrutiny to service change remains.

4. Conclusion

The guidance provides a considerable amount of information at this critical time in the early stages of the new landscape the Health and Care act brings. The Board are asked to review the contents of the report and in addition consider the responses required to the specific questions related to Health and Wellbeing Boards.

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Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	Cities Inequalities Project		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

The report provides an overview of the Health Foundation-funded Cities Health Inequalities Project and describes the next steps for consideration of the Liverpool City region engaging with this model going forward.

Recommendation(s):

- (1) The Board are asked to note the contents of the report
- (2) The Board are asked to provide approval to progress discussion and bring further information back to a future meeting.

Reasons for the Recommendation(s):

This is a potentially a significant piece of work for the Liverpool City Region that will make a contribution of the delivery of the Sefton Health and Wellbeing Strategy.

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

Not applicable

What will it cost and how will it be financed?

(A) Revenue Costs

The contents of the report have no impact on additional revenue costs.

(B) Capital Costs

The contents of the report have no impact on additional capital costs.

Implications of the Proposals:

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Resource Implications (Financial, IT, Staffing and Assets):	
Legal Implications:	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
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 the report have a neutral impact at this time however subsequent actions may lead to a positive impact in due course.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Report contents outlines potential approach to address inequalities for vulnerable residents
Facilitate confident and resilient communities: Report outlines potential approach that would positively impact on confident and resilient communities.
Commission, broker and provide core services: The potential approach outlined will positively impact on the way services are commissioned, brokered and the provision of core services
Place – leadership and influencer: Report outlines potential approach that would positively impact on Place.
Drivers of change and reform: The report outlines a potential approach that will contribute to strategic change and reform.
Facilitate sustainable economic prosperity: Although no direct impact in the contents of the report the positive impact on this core purpose may be part of an eventual outcome.
Greater income for social investment: Although no direct impact in the contents of the report the positive impact on this core purpose may be part of an eventual outcome.
Cleaner Greener; Although no direct impact in the contents of the report the positive impact on this core purpose may be part of an eventual outcome.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6932/22) and the Chief Legal and Democratic Officer (LD.5132/22....) 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.

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Appendices:

There are no appendices to this report

Background Papers:

Further reading can be found here; <https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project>

1. Introduction

- 1.1 The Cities Health Inequalities Project was a 3-year Health Foundation-funded project to explore opportunities for devolved English regions to tackle health inequalities. Its steering group included senior leaders from the Greater London Authority, Greater Manchester Health and Social Care Partnership, West Midlands Combined Authority, and the Association of Directors of Public Health.
- 1.2 The Project funded by the Health Foundation and run by Greater London Authority, Greater Manchester Combined Authority and West Midlands Combined Authority. Was active from February 2019 to April 2022.
- 1.3 The UK is home to stark and growing health inequalities. The COVID-19 pandemic has put these inequalities into sharp focus, impacting our most disadvantaged communities hardest. The drive to address these inequalities at regional level is stronger than ever.
- 1.4 Over 40% of the population in England live in cities with a directly elected mayor with a political mandate for regional system leadership. Mayoral combined authorities are in a unique position to take brave and bold action to shape and

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drive health inequalities policy at a regional level through their responsibilities for the underlying causes of ill health.

- 1.5 The 3-year project concluded in April 2022, having borne witness to the impacts of the COVID-19 pandemic and the rising awareness of health inequalities and opportunities presented to regional authorities and mayors in shaping regional action.

The project aimed to accelerate this action by providing a means to reflect, share and learn how to approach the population health challenges consistent across cities and metro regions.

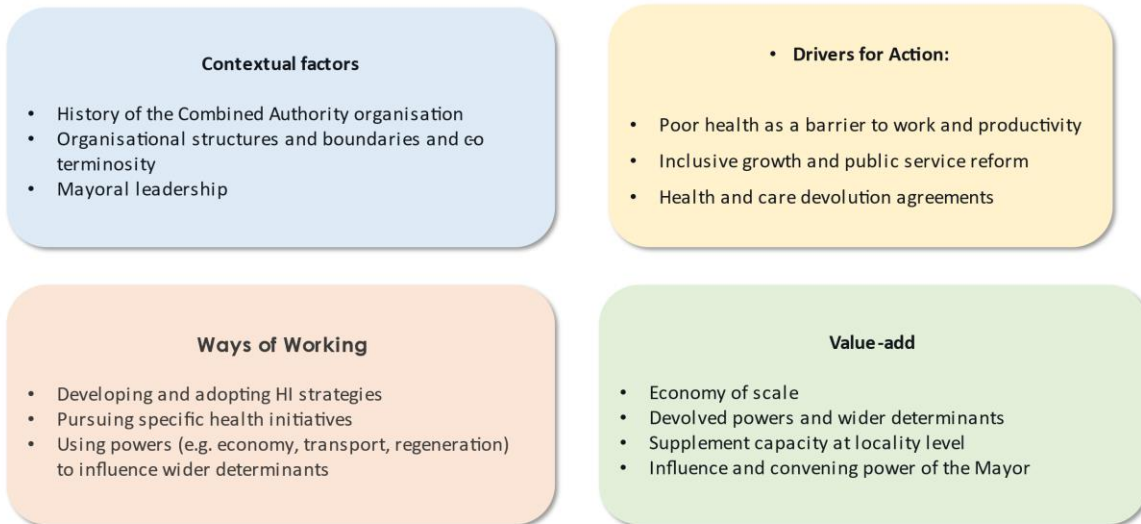
To achieve this, the project aimed to:

- Improve understanding of regional priorities, contexts, challenges and approaches to tackling health inequalities, identifying the levers of change, power and influence at our disposal
- engage all cities/combined authorities in seeking best practice and sharing knowledge
- create a mandate for action by identifying policy that works, shaping how health inequalities are framed and utilising the opportunities of devolution
- facilitate conversations, develop ideas, build relationships, collate evidence and link partners to build consensus on taking action
- champion improvements to accelerate activity in tackling health inequalities through developing guidance, toolkits, networking, expertise and support.

2. Impact Report

- 2.1 The impact report released following the conclusion of the project provides learning to accelerate action on Health Inequalities in Mayoral and City Regions. Figure one below provides a high level of overview:

What did we learn?



2.2 The report offers important reflections on shared challenges and opportunities for learning in the areas of:

Data and Intelligence - Ensuring a strategic, as well as reactive, intelligence function. Using data to create a mandate for action at city level. Quantifying the impact of HI policies at City level

Building the Political Mandate - How to build the political mandate and engaging with citizens.

Balancing, collaborating, conveying and leading - Navigating multiple roles, adding value to work at local level.

Prioritisation - Existing and emerging opportunities to influence wider determinants as part of recovery

Using existing non health powers - Influence wider determinants through cross-directorate collaboration and influence Health in all policies

3. Key Strategic links

The work has key strategic links to the Levelling up White Paper ([Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/levelling-up-the-united-kingdom)), Health Disparities White Paper, Trailblazing Devolution deals ([Devolution deals | Local Government Association](https://www.local.gov.uk/devolution-deals)) and UK Shared Prosperity Fund ([UK Shared Prosperity Fund: prospectus - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/uk-shared-prosperity-fund))

4. Appreciative Enquiry

The report proposed that any new region that was to engage should utilise an appreciative enquiry model to explore prioritisation and models for using levers

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and value-add of combined authority action. This would involve identifying needs and prioritising actions through consideration of the role of the combined authority within the regional population health system, Strategic capacity to identify entry points, and consider the Public Health intelligence system.

The next theme would be to identify and using levers for change. This would mean considering capitalising on devolved powers and functions, the role of political leadership and 'soft power' and financial resources.

The final theme would be to identify the value added of action at a regional level. This means supporting collaboration and partnerships across the region, how can regional work support action at a locality level, and engaging residents and building the public mandate.

5. The Next Steps for the Liverpool City Region

The Health Inequalities Project ended in June 2022. The policy team are exploring a new bid to expand and build on the learning from this project with greater engagement between and within regions and politically. The new project aims to expand, to include a wider range of combined authority sponsors. This project bid for entry into phase 4 is being led by Matt Ashton, Director of Public Health at Liverpool City Council. This will be discussed at the next CHAMPS Director of Public Health network meeting which will shape the next steps in more detail.

6. Conclusion

The Board are asked to note the contents and provide approval to progress discussion and bring further information back to a future meeting.

Report to:	Health and Wellbeing Board	Date of Meeting	14 th September 2022
Subject:	Sefton Health Communications, Engagement and Information Group: Quarterly update to HWBB		
Report of:	Cheshire and Merseyside ICB - Sefton Place	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Laura Gibson		
Email:	Laura.Gibson@southseftonccg.nhs.uk		

Purpose / Summary of Report:

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).

Recommendation

That the board receive and note the contents and provide comment and input as required.

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Sefton Health Communications, Engagement and Information Group: Quarterly update to HWBB

September 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 Local NHS/LA Senior Communications & Engagement Group (see Appendix: Sefton Place Communications & Engagement Organisational Chart).

SHCEIG is co-chaired by Sefton's head of communications and engagement for NHS Cheshire and Merseyside and a member of 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 (June 2022)

- Coordinated and shared 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.
- Supported the establishment of Sefton Partnership as part of Cheshire and Merseyside ICS with communications materials including:
 - Press release on transition of health services and role of Sefton Partnership released and covered locally
 - Former CCG social media platforms transferred to support Sefton Partnership
 - Social media content published and shared across partner networks
 - Examples of partnership work produced to illustrate positive impact on Sefton residents
- Supported the cascade of heat health messages from Public Health and NHS to community partners during recent heat waves.
- Supported the promotion of pop-up COVID-19 vaccinations and health checks at Strand Shopping Centre and Netherton Activity Centre to target Sefton communities with lower vaccine uptake.
- Promoted local engagement with the LUHFT service reconfiguration public consultation resulting in around 40% of responses in the first few weeks coming from Sefton residents.
- Supported the promotion of Mersey Care NHS FT's two-

Next steps

- Co-producing the narrative and principles for how Sefton Partnership will deliver on its strategy vision has been created. The narrative will be developed by drawing from existing materials, such as the collaborative agreement and ICB engagement strategy, from programmes in development, like the Delivery Plan and through engaging with key groups such as staff, communities and stakeholders.
- Building on existing work to support residents to understand the pressures to primary care and how to access them since the pandemic, to raise awareness of some new roles within primary care such as social prescribers, paramedics, out of hours service, care co-ordinators, physiotherapists, and pharmacists. This will be promoted to residents and partners in Sefton to highlight the roles and how they can help people.
- Supporting the cascade and localising, messages to support the ICB winter pressures communications strategy.
- Preparing for how the Autumn COVID-19 boosters will be rolled out in Sefton and working with Public Health on the plans for the flu vaccines which will run in conjunction with this.
- The next ICB Board meeting will be on Thursday 29 September and will be held at Bootle Town Hall. The meeting will comprise a private and a public aspect on the agenda including a 'market place' to showcase some

hour urgent community response service and Long COVID service to health and care teams across Sefton leading to positive impact on referrals.

- Provided local knowledge to support Roy Castle Lung Cancer Foundations community engagement activities as part of the ICBs Targeted Lung Health Checks in Sefton.
- Helped to identify relevant teams across organisations to test the pilot of the community insight tool developed by Sefton CVS for Sefton Partnership.
- Supported the co-production of the communications and engagement strategy and social media strategy for Sefton Partnership.

of our collaborative work across the Sefton Partnership

Appendix:

Sefton Place Communications & Engagement Organisational Chart



Sefton Place CE
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