

Public Document Pack



MEETING: HEALTH AND WELLBEING BOARD
DATE: 28th 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
Telephone: 0151 934 2045
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 Executive Director of Adult Social Care and 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** (Pages 155 - 312)
Report of the Director of Public Health

This page is intentionally left blank

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.

Agenda Item 3

HEALTH AND WELLBEING BOARD- WEDNESDAY 8TH JUNE, 2022

- (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.

Agenda Item 3

HEALTH AND WELLBEING BOARD- WEDNESDAY 8TH JUNE, 2022

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.

Agenda Item 4

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

Agenda Item 4

(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

--

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):

Agenda Item 4

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.

Agenda Item 4

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.

Agenda Item 4

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.

Agenda Item 4

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

Agenda Item 4

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

Agenda Item 4

	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

This page is intentionally left blank



EARLY HELP ANNUAL REPORT 2021-22

Agenda Item 5

Contents

Executive Summary

Introduction	_____	6
--------------	-------	---

Governance

The Early Help Partnership Group	_____	8
----------------------------------	-------	---

Early Help Strategy & Delivery Model	_____	9
--------------------------------------	-------	---

Priorities and Progress	_____	10
-------------------------	-------	----

Performance Data

Year on year comparisons – headline data	_____	11
--	-------	----

Focus on Partnerships – Children

Shadow Board	_____	12
--------------	-------	----

SWACA	_____	13
-------	-------	----

We are With You	_____	14
-----------------	-------	----

Reducing Parental Conflict – promoting Positive Relationships	_____	15
---	-------	----

South Early Intervention Huddle	_____	16
---------------------------------	-------	----

Sefton CVS	_____	17
------------	-------	----

First Steps – Commissioned Family Wellbeing Centre	_____	18
--	-------	----

Waterloo Family Wellbeing Centre	_____	19
----------------------------------	-------	----

Parenting 2000	_____	20
----------------	-------	----

Sefton BAB's	_____	21
--------------	-------	----

Sefton Young Carers & Young Adult Carers Service	_____	22
--	-------	----

Focus on Partnerships – Parents

SWACA	_____	23
-------	-------	----

Sefton CVS	_____	24
------------	-------	----

Focus on Partnerships – Families

Light for Life	_____	25
----------------	-------	----

Safe Families	_____	26
---------------	-------	----

Focus on Partnerships

VENUS	-----	27
-------	-------	----

ACES	_____	28
------	-------	----

Career Connect	_____	29
----------------	-------	----

Sefton Parent Carer	_____	30
---------------------	-------	----

Mental Health and Therapeutic Approaches	_____	31
--	-------	----

Active Sefton	_____	32
---------------	-------	----

Case Studies

Focus on Partnerships – Children

Waterloo Family Wellbeing Centre	_____	33
Parenting 2000 (A)	_____	34
Parenting 2000 (B)	_____	35
Sefton BAB's	_____	36
Sefton Young Carers & Young Adult Carers Service	_____	37
Active Sefton	_____	38
SWACA	_____	39

Focus on Partnerships – Families

Light for Life	_____	40
Safe Families	_____	41

Focus on Partnerships

ACES	_____	42
Parenting 2000 – Baby Talk Perinatal Drop-in Group	_____	43
Career Connect	_____	44

Training and Learning	_____	45
------------------------------	-------	----

Quality Assurance	_____	46
--------------------------	-------	----

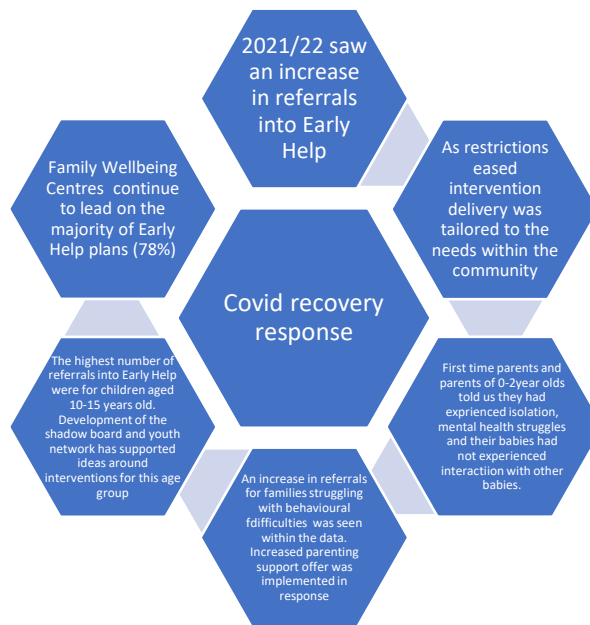
Strengths and Challenges	_____	47
---------------------------------	-------	----

Future Priorities	_____	48
--------------------------	-------	----

Agenda Item 5

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.

Agenda Item 5

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.

Agenda Item 5

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 OOD 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.

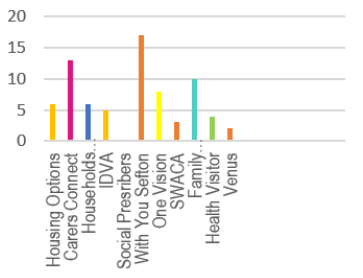
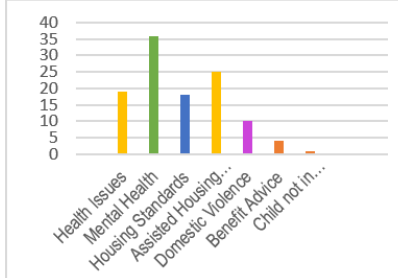


Table 2 Reasons for case discussions



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.

Agenda Item 5

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.

Agenda Item 5

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

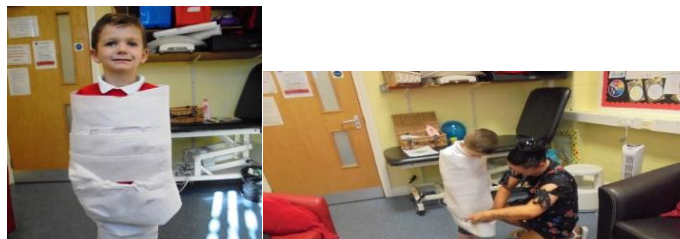
- To deliver vital support to vulnerable families on Early Help Assessments.
- To support families through the assessments by delivering targeted interventions.
- Providing a timetable of activities for families to access to sustain their progress and to engage with other families.

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 with The **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.

Agenda Item 5

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

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



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

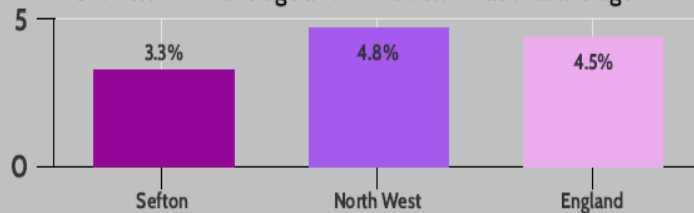
Shortlisted

Elective Home Educated, Early Help & YOT

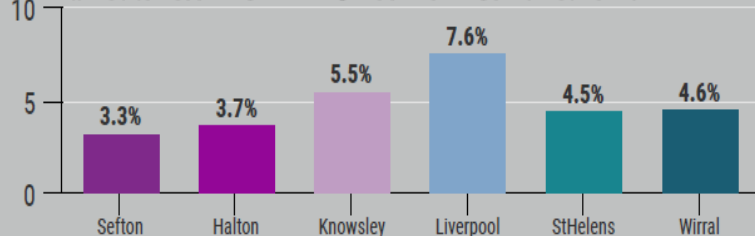


16-17 NEET and Not Known % March 22

-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.

Agenda Item 5

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.

Agenda Item 5

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."

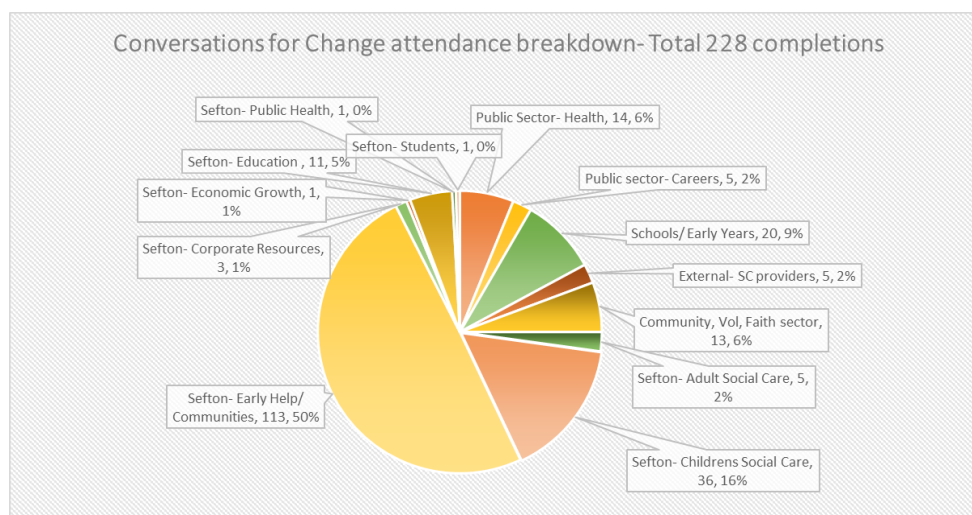
FEEDBACK FROM PARENT - "Career Connect is absolutely brilliant! The coach has been so patient with both Lee and myself. Lee doesn't engage with anyone but he did with Career Connect. The coach seemed to know exactly what he wanted and needed. We were worried that he hasn't done anything since leaving 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."

Agenda Item 5

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

Agenda Item 5

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.

This page is intentionally left blank

Agenda Item 6

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.

Agenda Item 6

(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

Contact Officer:	Jan McMahon
Telephone Number:	Tel: 0151 934 4431
Email Address:	jan.mcmahon@sefton.gov.uk

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

Agenda Item 6

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:

Agenda Item 6

- *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.

Agenda Item 6

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

Agenda Item 6

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

Agenda Item 6

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

Document Control

Issue/Amendment Record

Version	Date of Issue	Reason for Issue
V1	08/10/2019	Initial Draft
V2	16/10/2019	Updated Draft
V3	16/01/2020	Updated Draft

Document Ownership

Role	Name/Title
Author	Claire Brewer Business Intelligence Officer
Release Authority	Wayne Leatherbarrow Service Manager – Performance & intelligence.

Distribution

Contents

Introduction.....4
Important Considerations.....4
Index of Multiple Deprivation4
Income Deprivation Affecting Children Index.....6
Income Deprivation Affecting Older People Index6
Subdomains.....7
Ward Level Analysis8
References9

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.

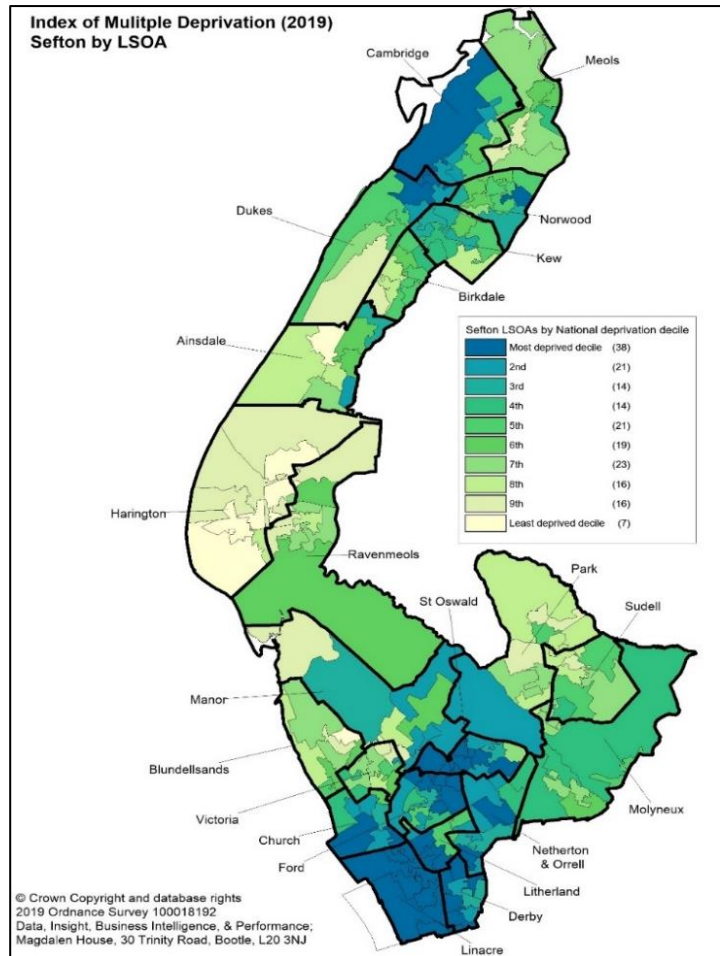


Figure 2: Map of IMD decile by Sefton LSOA

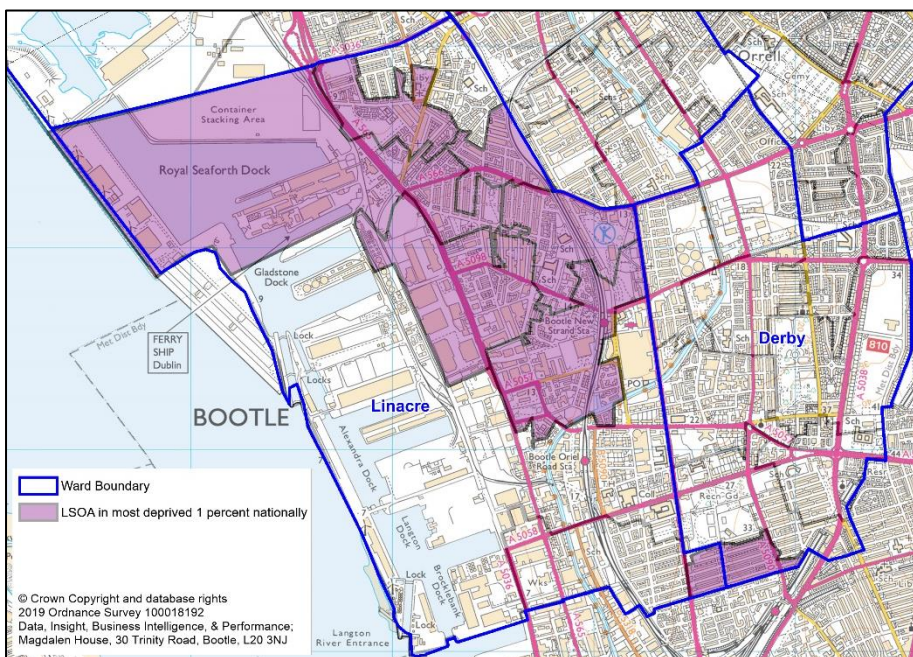


Figure 3: Map of Sefton LSOAs in most deprived 1% nationally

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)

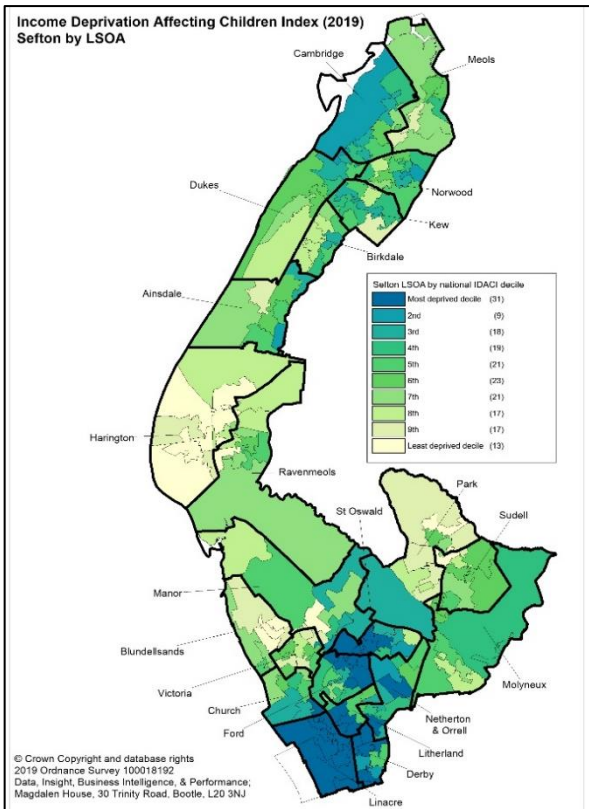


Figure 4: Map of IDACI decile by Sefton LSOA

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)

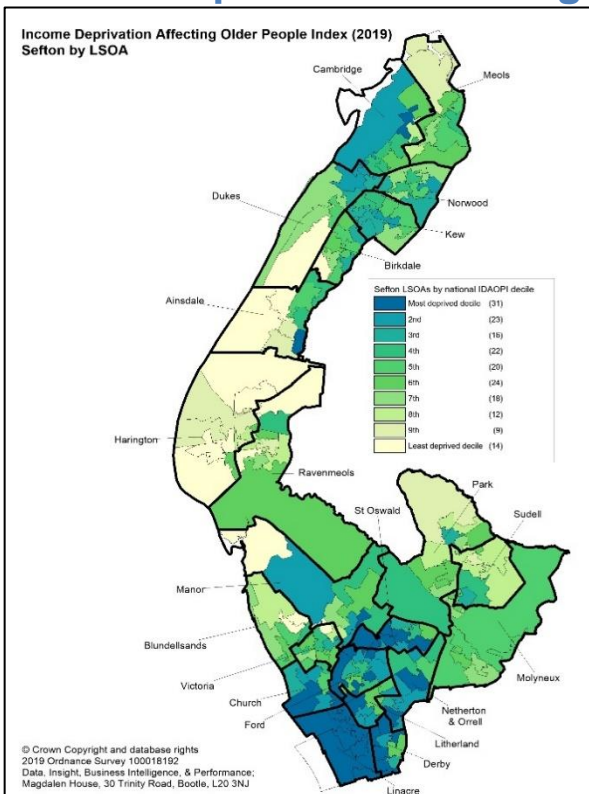


Figure 5: Map of IDAOP decile by Sefton LSOA

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>

This page is intentionally left blank

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

Issue/Amendment Record

Version	Date of Issue	Reason for Issue
V 0.1	21/12/2020	Final
V 0.2	16/08/2022	Update Children Living in Low Income Families (Relative)

Document Ownership

Role	Name/Title
Author	Wayne Leatherbarrow/ Gemma Monaghan Murrow
Release Authority	Margaret Jones Director of Public Health

Distribution

Final version for general release.

Contents

Contents..... 3
Executive Summary 4
Statistical Overview 4
The National Context..... 4
Sefton Demographics..... 5
Deprivation in Sefton..... 6
Children in Low Income Families (CiLIF)..... 7
Children in Low Income Families (CiLIF) – Update
..... 11
References..... 12

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

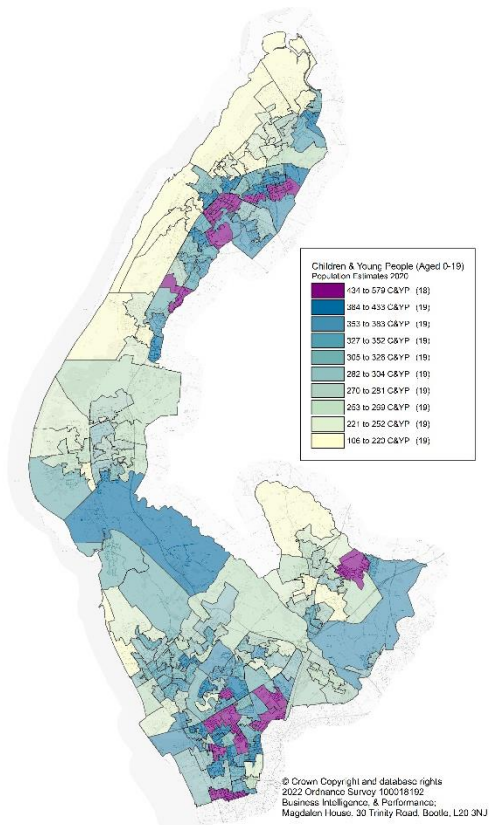
Aged: 0 - 19	Sefton Count	Percentage of total population			
		Sefton	LCR	NW	England
White	56054	94.4%	91.0%	82.8%	77.3%
White British	54770	92.3%	89.3%	80.5%	72.8%
Mixed	2029	3.4%	3.5%	4.1%	6.0%
Asian	756	1.3%	2.7%	9.9%	10.4%
Black	235	0.4%	1.5%	2.2%	4.9%
Other	275	0.5%	1.2%	1.0%	1.4%

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

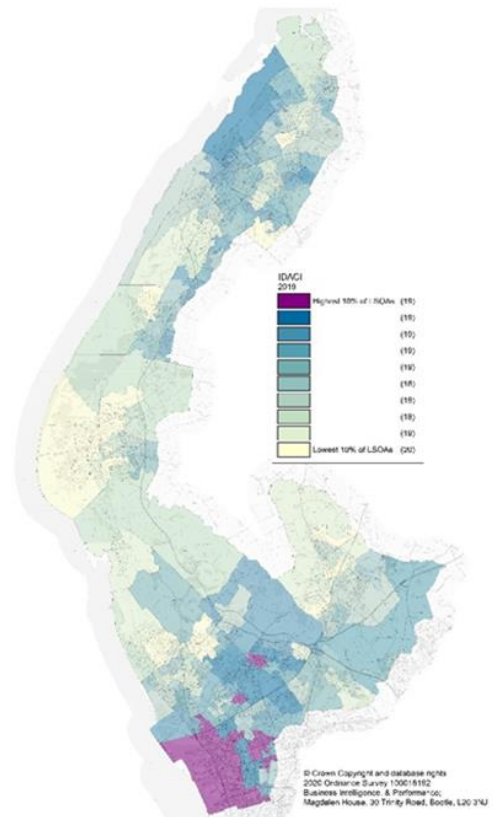
Population Single Year Age Bands - Sefton

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

0-24 Year olds by Sefton Lower Super Output Area



Income Deprivation Affecting Children Index (IDACI)



Deprivation in Sefton

Deprivation may have considerable effects on children, including their physical and mental health (both as a child and later in life), along with their school attendance, education attainment and future prospects.

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation domain (one of the seven domains making up the Index of Multiple Deprivation – IMD). The higher the IDACI score, the greater the deprivation in the area.

IMD and its seven domains are calculated by lower super output areas (LSOA), an average of this is used to create local authority (LA), regional and national figures. In 2019, Sefton’s average IDACI score was 0.17, this was higher than the national level (but lower than scores seen regionally and in LCR). Sefton average scores have reduced from 2004 to 2019, there has also been reduction in the three comparator areas.

31 of the 189 LSOAs in Sefton fall within the top 10% of deprived areas nationally this means that the children living in these areas are some of the most deprived in England. Of Sefton’s 31 most deprived LSOAs;

- five of are in the top 1% of deprived areas nationally
- a further 19 are in the top 5%
- An increase from the 27 LSOAs in 2015

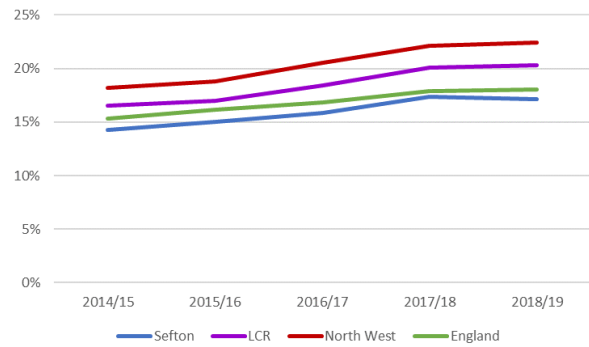
In comparison, 30 LSOAs have fallen in the lowest 10% deprived areas nationally.

- 13 are in the least affected 5%
- A slight reduction from the 14 LSOAs seen in 2015.

Overall 56 LSOAs in Sefton have shown an increase in the IDACI when comparing 2019 scores to those of 2015, 129 reducing and 4 remaining the same.

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.

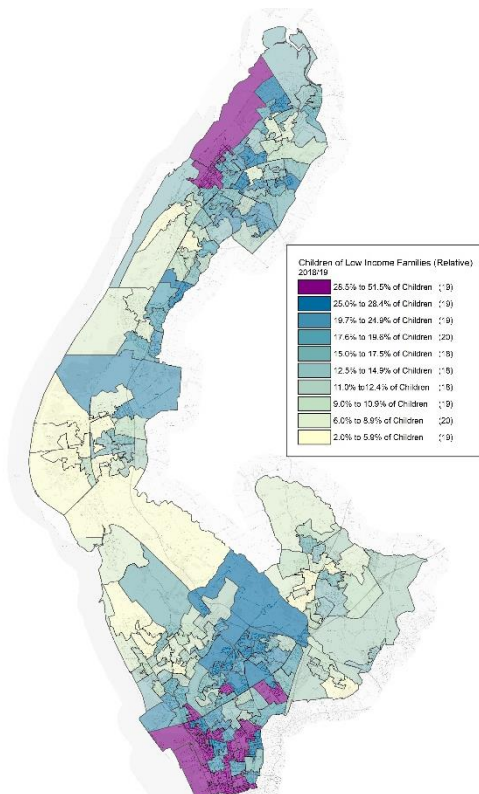
Children Living in Relative Low-Income Family Rates

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



Copyright and database rights 2022 Ordnance Survey 100018102
Business Intelligence, & Performance; Magdalen House, 30 Trinity Road, Bootle, L20 3NJ

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.

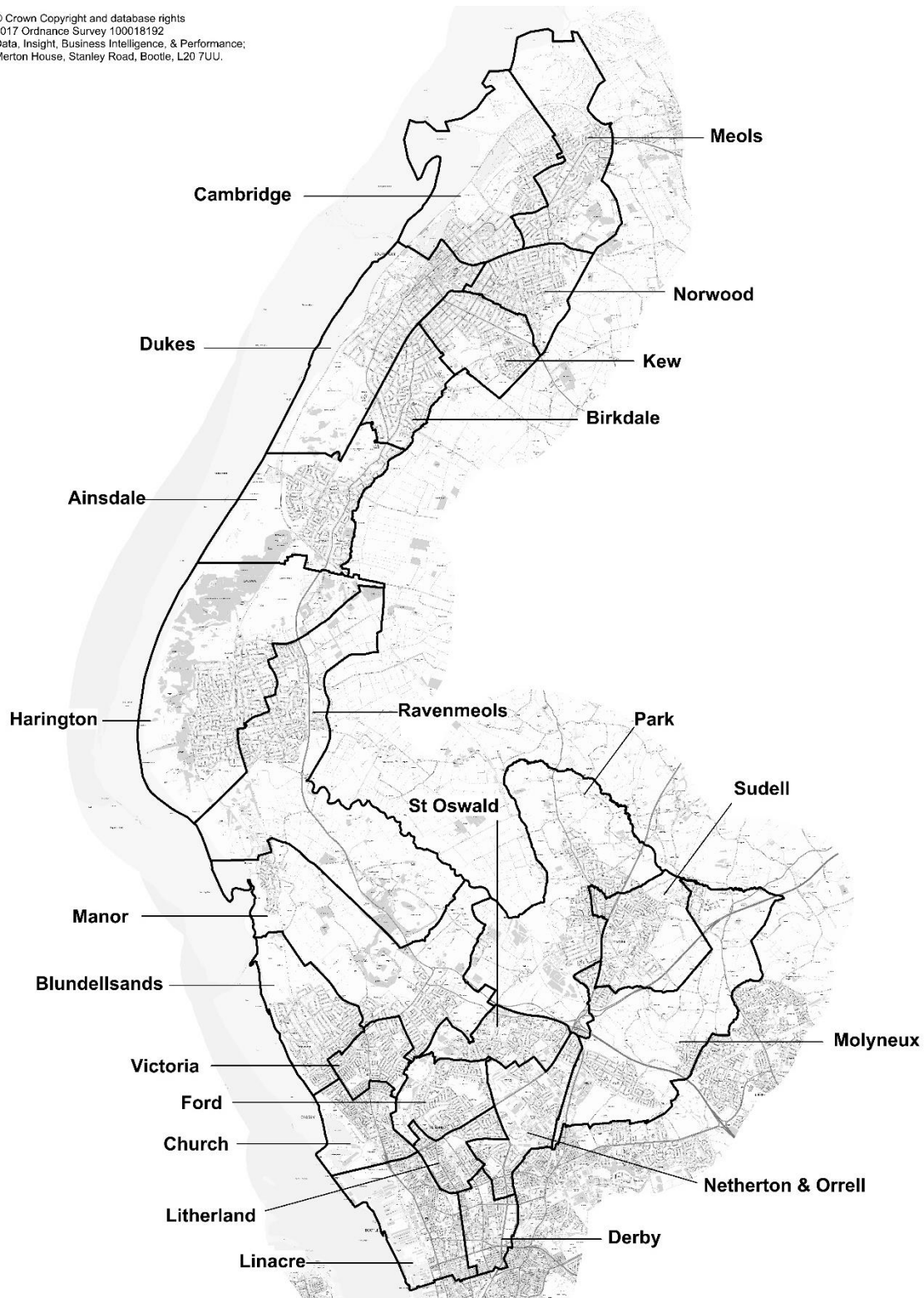
Children of Low Income Families (Relative)		0-4		5-10		11-15		16-19		Total	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Ainsdale	North Sefton	87	16.1%	111	15.2%	110	16.4%	105	20.3%	411	16.7%
Birkdale	North Sefton	90	13.3%	116	11.0%	112	13.8%	102	16.4%	413	13.1%
Blundellsands	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

© Crown Copyright and database rights
2017 Ordnance Survey 100018192
Data, Insight, Business Intelligence, & Performance;
Merton House, Stanley Road, Bootle, L20 7UU.

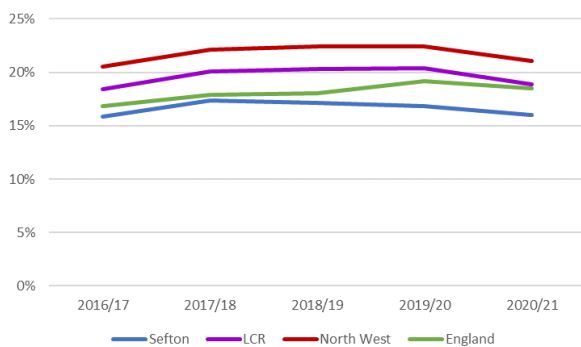


Children in Low Income Families (CiLIF) – 2021 Update

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).

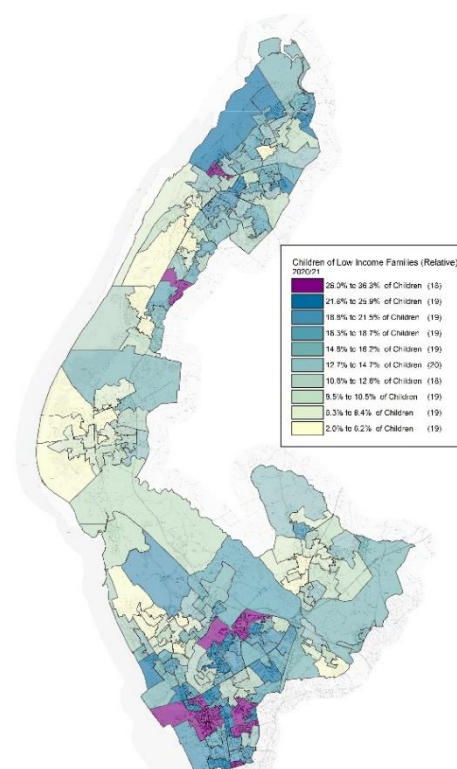
There has been substantial changes in the national rankings of the 189 Sefton Lower Super Output Areas (LSOA), when comparing 2020/21 to 2018/19.

- 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



© Crown Copyright and database rights 2022 Ordnance Survey 100018192 Business Intelligence, & Performance; Magdalen House, 30 Trinity Road, Bootle, L20 3NJ

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.
--	--	--	--	-----------

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.

Agenda Item 6

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

Page 117

Sarah McGrath, Planned Care Lead

Agenda Item 8



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:

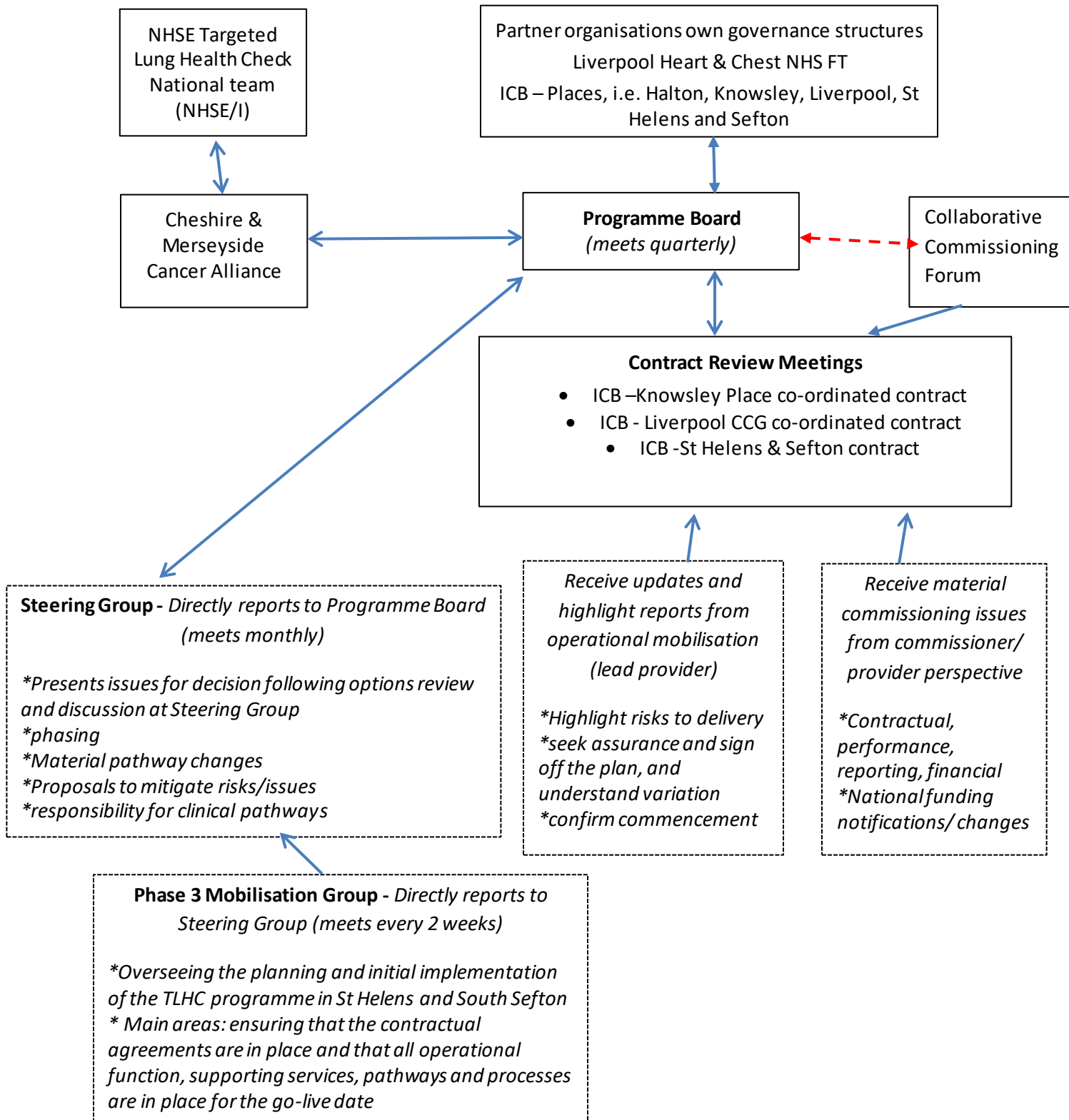
The following documents are appended to this report.

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

This page is intentionally left blank

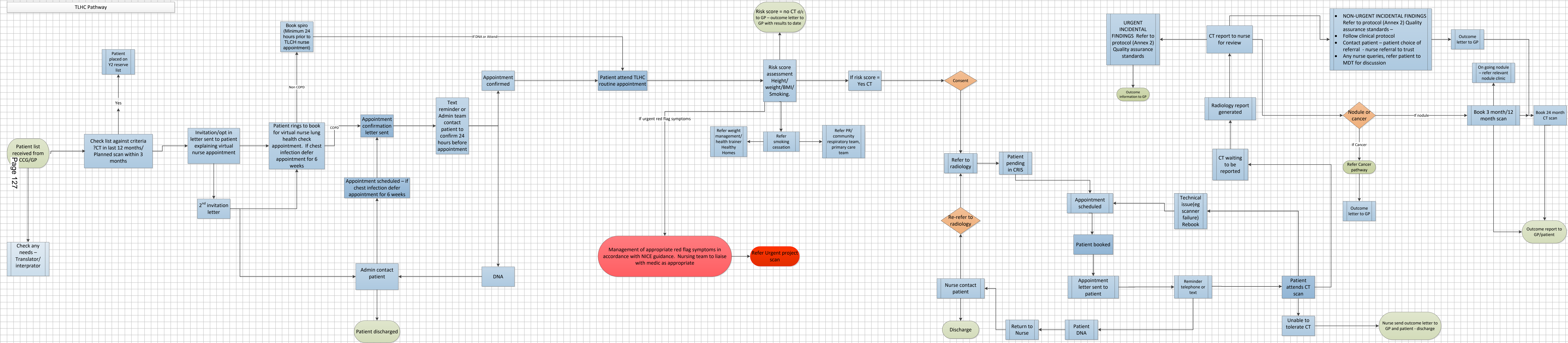
Agenda Item 8

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



This page is intentionally left blank

TLHC Pathway



This page is intentionally left blank

Agenda Item 8

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.

This page is intentionally left blank



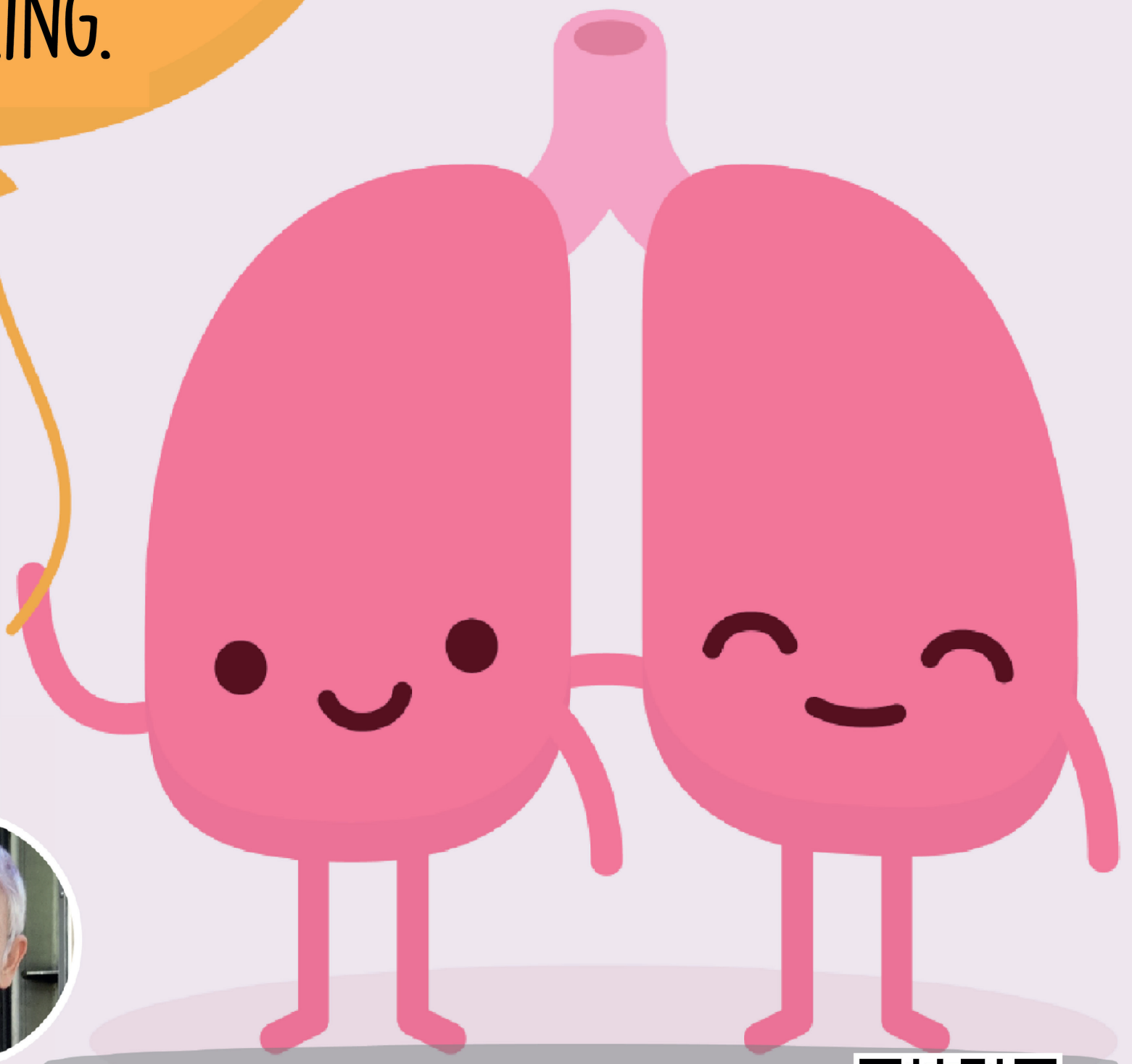
A SIMPLE CHECK-UP
FOR PEOPLE AGED
55-74 TO FIND OUT
HOW WELL
YOUR LUNGS ARE
WORKING.

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)

This page is intentionally left blank

Agenda Item 9

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

Agenda Item 9

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	
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 Change	

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

Agenda Item 9

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,

Agenda Item 9

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.

Agenda Item 9

- 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.

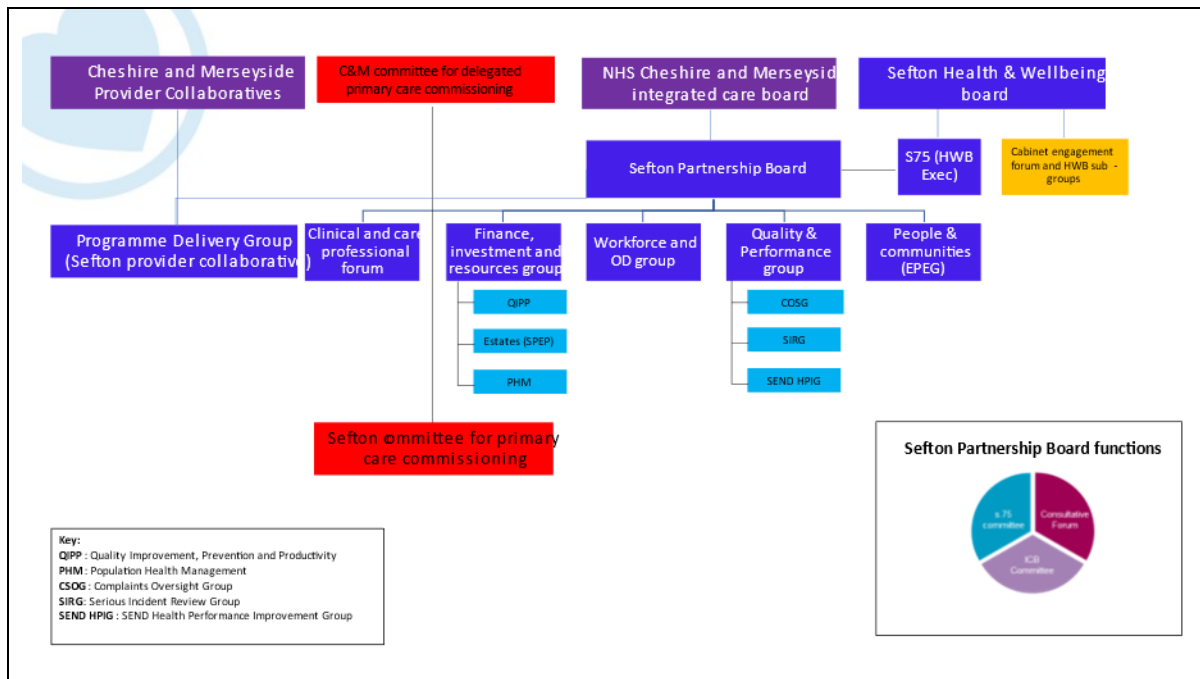
CQC will review ICSs and consider how well ICBs and CQC registered providers discharge function, including the role of the ICP.
The ICB and partner NHS trusts must have a Joint Forward plan that must involve their Health and Wellbeing board.

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.

Agenda Item 9

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,

Agenda Item 9

		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.

Agenda Item 10

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:

Agenda Item 10

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.

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

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

Agenda Item 10

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.

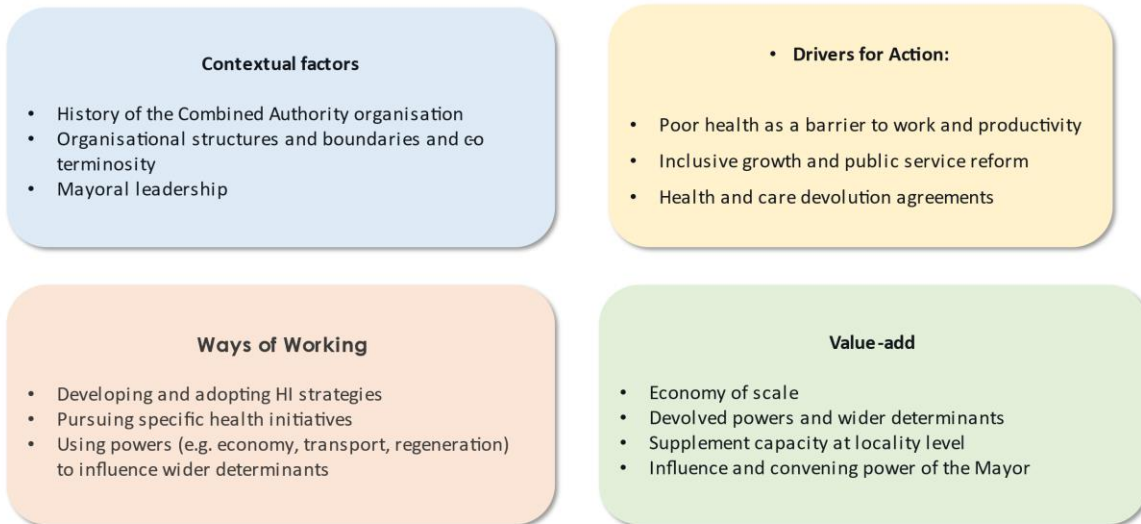
To achieve this, the project aimed to:

- 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

Agenda Item 10

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.

This page is intentionally left blank



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
organsiational chart_J

This page is intentionally left blank

Agenda Item 12

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	For approval: Final Draft Sefton Pharmaceutical Needs Assessment 2022-25		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	Yes
Exempt / Confidential Report:	N		

Summary:

To report on the process and key findings of the 2022-25 Sefton Pharmaceutical Needs Assessment and seek approval for publication before 1 October 2022.

Recommendation(s):

That the Board:

(1) Approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25, as attached, and authorise to publish the PNA by 1 October 2022, in accordance with its duties under the Health and Social Care Act 2012 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations)

(2) Note the content of the PNA, and the summary of methodology and key findings in this report, including the feedback received during the 60-day consultation period (2.6 and Appendix 8 of the PNA)

(3) Note the role of the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021) in guiding decisions about production of subsequent PNAs and supplementary statements; and the discharge of the Board's responsibilities in relation to the PNA

Reasons for the Recommendations:

The Board is a Committee of the Council and has responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA) under the Health and Social Care Act 2012, in accordance with the 2013 regulations.

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

No alternative options have been considered as the Health and Wellbeing Board are legally required to publish a Pharmaceutical Needs Assessment by 1st October 2022.

Agenda Item 12

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs resulting from the content of the report

(B) Capital Costs

Not applicable

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: The Health and Social Care Act 2012, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	
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
<p>The environmental impact of community pharmaceutical services is unlikely to differ very significantly from the previous assessment in 2018-21 in terms of the number of services and the way pharmaceutical health needs are met by those services. Environmental sustainability is not directly addressed in the PNA, the scope for which is prescribed in detail by DHSC. The ongoing provision of community pharmacy services continues to imply carbon emissions and vehicle emissions from manufacture, transport and supply. However, there are reasons to believe that environmental impacts are likely to decrease rather than increase in the medium to longer term because of improvements in sustainable technologies.</p> <p>The community pharmacy network is a core part of Primary Care for health needs. Cheshire and Merseyside Integrated Care System has launched a Green Plan, which includes a section on 'Medicines, Prescribing and Anaesthetic Gas'. This and other initiatives in the Green Plan will help to place community pharmacy services on a more sustainable footing.</p> <p>It should also be noted that access to pharmacies is considered in some detail in this</p>	

report, both for owners of private vehicles, and for those who choose or rely on public transport or active travel, including customers with disabilities. This information is used to inform decisions about opening and closing pharmacy premises, and indirectly supports active travel and the principle of compact, accessible communities.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

Assesses health needs that can be met by pharmaceutical services, with consideration of needs of people with protected characteristics under the Equality Act 2010, and other 'inclusion groups'. The PNA aims to achieve equity of access to pharmacy services for all population groups

Facilitate confident and resilient communities:

The PNA includes information about the full range of pharmacy services on offer in Sefton, which highlights the continuing and growing emphasis on prevention, early detection and intervention

Commission, broker and provide core services:

Provides a basis for understanding health needs and pharmaceutical service needs in Sefton for service commissioners in NHS England and NHS Improvement (to be delegated to Cheshire and Merseyside in Integrated Care Board from April 2023), and in organisations working together within Sefton Partnership

Place – leadership and influencer:

Takes a place-based approach to assessment of need and influences decisions on applications to provide services within Sefton borough

Drivers of change and reform:

PNA includes specific statements on needs in Sefton and highlights processes used to determine when a revised assessment will be prepared or supplementary statement on need issued

Facilitate sustainable economic prosperity:

Provision of information to those with responsibility for making decisions on market entry and consolidation applications for pharmacies

Greater income for social investment: Not applicable

Cleaner Greener: See 'Climate Emergency Implications'

Agenda Item 12

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 6950/22) and the Chief Legal and Democratic Officer (LD 5150/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A draft Pharmaceutical Needs Assessment was published on Sefton Council's electronic consultation hub on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. A report on this consultation is included in the final draft of the PNA, in accordance with DHSC guidance.

The regulations state that when making an assessment for the purposes of publishing a PNA, each Health and Wellbeing Board (HWB) must consult with the following stakeholders about the contents of the draft PNA for a minimum of 60 days:

- the local pharmaceutical committee,
- the local medical committee,
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of
- pharmaceutical services, any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement, and
- any neighbouring health and wellbeing board

Responses to a community pharmacy service survey and public questionnaire conducted in 2021, and the formal 60-day consultation period have informed this PNA.

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Helen Armitage
Telephone Number:	0151 934 3151
Email Address:	helen.armitage@sefton.gov.uk

Appendices:

The following appendix is attached to this report:

Final Draft Pharmaceutical Needs Assessment (PNA) 2022-2025 v1.0



Final Draft
Pharmaceutical Need:

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

1.1 Since 1st April 2013, responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA), transferred to Health and Wellbeing Boards (HWB). The PNA is used as the framework for commissioning pharmacy services in a defined area and is a statutory document, by virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which require each HWB to:

- Publish a statement of its revised assessment within three years of its previous publication.
- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent.

In May 2020 with the advent of largescale disruption to Health and Care services due to the Coronavirus pandemic, The Department of Health and Social Care (DHSC) announced that the requirement to publish a revised PNA would be suspended for a year. This deadline was subsequently revised back to October 2022.

1.2 In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England and NHS Improvement (NHSEI) is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are currently submitted to Primary Care Support England and determined by NHS England and NHS Improvement. Responsibility for pharmaceutical services in England will be delegated to Integrated Care Boards (ICB) by 2023.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Four types of applications can be made based on the PNA, (below). Applications that do not rely on the PNA are to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

Agenda Item 12

- to meet a current need identified in the relevant pharmaceutical needs assessment
- to meet a future need identified in the relevant pharmaceutical needs assessment
- to secure improvements or better access identified in the relevant pharmaceutical needs assessment
- to secure future improvements or better access identified in the relevant pharmaceutical needs assessment

The Health and Social Care Act 2012 further describes the duty of commissioners, in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical services for their population. Besides commissioners in Cheshire and Merseyside NHSE/ICB, the PNA also informs commissioning decisions amongst partner organisations within the Sefton Partnership, including the local authority, for example some services commissioned by public health. The PNA is therefore an important tool to ensure that commissioning intentions for services that could be delivered via community pharmacies are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a distinct component.

- 1.3 This report presents an overview of how the revised 2022-25 Sefton Pharmaceutical Needs Assessment was developed on behalf of the Board, and its key findings; and seeks approval to publish by 1 October 2022. The report also describes the Board's responsibilities in relation to the PNA, with reference to the updated Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards (DHSC, October 2021).

2. Sefton Pharmaceutical Needs Assessment 2022-25: Methodology

- 2.1 The responsibility to produce the PNA, on behalf of the Sefton Health and Wellbeing Board, has been discharged by a multi-professional steering group including senior representatives from the following organisations and teams and joined by Council Members for Health and Wellbeing (HWB Chair) and Adult Social Care:
- Sefton Council Public Health
 - Sefton Council Business Intelligence
 - Sefton Council Consultation and Engagement
 - NHS England and NHS Improvement North, Primary Care
 - South Sefton and Sefton and Formby Clinical Commissioning groups (CCG) Pharmacy
 - South Sefton and Sefton and Formby CCGs Medicines Management
 - Noting that CCGs ceased in July 2022 and former functions passed to Integrated Care Boards and other place-based structures in Sefton within the Cheshire and Merseyside Integrated Care System (ICS)
 - Sefton Local Pharmaceutical Committee
 - Sefton Healthwatch Representative
 - Sefton Community Pharmacy Service Representative

As for previous PNAs, the development process was also shaped by a multi-professional Cheshire and Merseyside PNA development group co-ordinated by the NHSE/I North Primary Care Manager. The group jointly reviewed timelines, survey development, and issues arising around data collection. Working collectively and on similar timelines is intended to promote a consistent approach.

- 2.2 Under usual circumstances, a revised PNA must be published every three years or earlier if 'significant' change warrants it. The suggested timeline is 55 weeks. Preparation of this latest assessment was additionally challenging due to Covid-related demands on all key partners, including business intelligence functions and community pharmacy services.

The first update to original guidance from 2012 was published by DHSC in late 2021 when work was already underway. The Information Pack is comprehensive and aims to provide 'hints and tips to assist health and wellbeing boards in drafting their pharmaceutical needs assessment'. Efforts have been made to follow these wherever possible. As a result, the revised PNA is more streamlined in some areas, e.g., less content about the evidence-base underpinning pharmacy interventions, and more detailed in others, e.g. more information about health needs of different population groups.

- 2.3 The content of the document is closely linked to the Sefton Joint Strategic Needs Assessment (JSNA). Information that goes towards the final assessment of needs broadly comprises,
- Demographic and health data, describing the population profile, and relevant health status and inequalities of the population, including groups with protected characteristics or additional barriers to access, and differences in specified localities
 - Information about the location, accessibility, opening hours and range of services provided by community pharmacies in Sefton
 - Information about services that influence demand for pharmaceutical services, including provision of pharmacy services in neighbouring local authority areas
 - Information about people's experiences of using pharmacies in Sefton

- 2.4 Three consultation and engagement activities were completed as part of the PNA development: a pharmacy provider survey, a public and patient questionnaire, which ran during for four weeks each during in autumn 2021, and a formal 60-day consultation on the draft PNA, which closed on 11 September 2022. Plans relating to these activities were presented to Sefton Consultation and Engagement Panel. The Final Draft PNA document includes summary information about the findings from both surveys and a section outlining feedback received and amendments made following the statutory consultation.

- 2.5 The contractor survey took place over 4 weeks in September 2021 and 88% of relevant services sent in response, which was slightly lower compared to other Cheshire and Merseyside HWB areas. The patient and public pharmacy survey in Sefton started in October 2021 and ended in December 2021. A total of 70 people responded to the survey, which was lower than in previous years, and may reflect ongoing disruption and capacity issues associated with Coronavirus. Findings were positive, e.g., 80% of respondents reported being satisfied with the range of

Agenda Item 12

services that Sefton pharmacies provide, and 99% stated that it was 'easy' getting to their usual pharmacy.

2.6 In accordance with the regulations a draft PNA was published on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022. The 2013 regulations require a report of the consultation to be included in the final version of the pharmaceutical needs assessment, which should include the responses to the consultation, any response to them by the HWB and a list of any amendments or changes subsequently made to the pharmaceutical needs assessment.

7 responses were received during the consultation period and are summarised below and with the required level of detail in Appendix 8 of the PNA document.

- 7 respondents submitted comments to the online consultation, including one who submitted more detailed comments via email. 2 respondents identified themselves as responding on behalf of pharmacy-related organisation, and the remainder as individual members of the public. It should be noted that 2 responses were submitted at the consultation step of the previous PNA 2018-21.
- All respondents felt that the purpose, context and implications of the PNA had been sufficiently well explained, and 6 out of 7 agreed that the PNA accurately reflected the needs of the population, 1 out of 7 online survey respondents said they disagreed with the conclusions of the PNA, and 2 out of 7 disagreed with the assessment of future needs in the draft PNA. Disagreement with these assessments was in relation to the latest number of 100-hour pharmacies and out of hours provision, and issues with services descriptions (below)
- One respondent who completed the survey on behalf of a relevant organisation emailed 17 suggested minor additions or changes to improve accuracy, completeness and currency of service provision as described in the draft document. Of these, all but three were altered in the document fully or in part.
- One comment not previously mentioned was made in the closing 'Other Comments' section of the survey and said, 'People should have an efficient, stress-free service'.

The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.

3. Sefton Pharmaceutical Needs Assessment 2022-25: Key Findings

3.1 The PNA is a comprehensive assessment of relevant needs in relation to pharmacy provision in Sefton. As such the full report, which is included in the annex to this report, is substantial. Key findings of the revised final draft assessment are:

3.1.1 Sefton has 71 pharmacies which serve a population of 275,899. There is currently one pharmacy for every 3,900 residents which compares

favourably to the national average of one pharmacy for every 5,000 population. The number of pharmacies ranges from one to six per ward and reflects patterns of population densities and urbanicity.

- 3.1.2 Community pharmacy services are complemented by acute hospital pharmacies that serve Sefton's residents and the network is also enhanced by the availability of pharmacy services in neighboring authorities (Liverpool, Knowsley and West Lancashire) – at least 26 within one mile of Sefton's borders.
- 3.1.3 There are few areas in Sefton that cannot access a pharmacy within a 15-minute drive. If walking is considered, travel times are longer for some communities, most notably in the less urban areas. 95% of pharmacies reported that customers can park within 50m of the pharmacy; 72% said there was a bus stop or train station within 100m; with the remainder sited between 100-500m from one. 86% of pharmacies have an entrance which can be used unaided by wheelchair users and providers reported a wide range of adaptations available.
- 3.1.4 Very few community pharmacies open before 9am across Sefton during the working week, but the majority, 95% are open after 5pm. There is generally good provision of pharmacy services across Sefton on a Saturday. There are 4 wards that are without weekend provision, however they can access pharmacies in neighbouring wards. 50% of contractor survey respondents reported they were not willing or able to provide out of hours services.
- 3.1.5 Pharmacy opening hours across Sefton are considered satisfactory with wide access available throughout the week and sufficient coverage over evenings and weekends, supported by the availability of out of hours services and three '100 hour' pharmacies located in the north and south of the borough. In the survey of pharmacies, 27% said they could offer support for patients whose first language is not English, either through a member of or an interpreter/language line.
- 3.1.6 A wide range of essential, advanced, enhanced and Other NHS commissioned (includes Sefton Council Public Health and services commissioned previously by Clinical Commissioning Groups, now within Sefton Integrated Care System) is available in Sefton. Uptake of advanced and enhanced service options may increase further from the figures in this report.

Together pharmacy services span prevention and health promotion, advice-giving and signposting; medicines sales, dispensing and advice; detection of health issues that can benefit from lifestyle or pharmaceutical intervention, e.g., hypertension case-finding; seasonal Influenza and Covid-19 vaccinations, and specialized appliance services e.g. the stoma customisation service. 79% of patient and public survey respondents were satisfied with the range of services on offer and the variety of feedback about what service users most value reflects the broad scope of services on offer.

Agenda Item 12

Community pharmacies played a central role in Sefton's Coronavirus pandemic response, e.g. through the local enhanced service: COVID-19 Vaccination Programme and the advanced service: COVID-19 Lateral Flow Device Distribution Service. 91% of respondents to the patient and public survey were satisfied with the service they received from community pharmacies during the pandemic.

3.1.7 Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

3.1.8 Assessments provided in the PNA against the required regulatory statements find:

- the provision of community pharmacies is sufficient and enhanced by the availability of pharmacy services in neighbouring authorities
- no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs
- no specific and significant gaps in local provision that would improve services or result in better access to services currently or in relation to future needs
- housing developments of up to 200 houses in the next five years are planned in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. Sefton's population is expected to change with significant increases in the number of older people. The PNA will need to be kept under at least annual review to identify new gaps in necessary service provision or improvement and access needs

3.1.9 Since no needs for, or improvements or better access to, pharmaceutical services are identified in the draft PNA 2022-25 the only types of application for new premises that can currently be submitted are those which offer benefits unforeseen in the PNA or for distance selling premises. NHSE/ICB are directed to refuse a consolidation application if it satisfied that to grant it would create a gap in pharmaceutical services provision, and the HWB must make representations on this question.

4. Maintaining the Sefton Pharmaceutical Needs Assessment

4.1 The next pharmaceutical needs assessment is legally required to be published within three years of 1 October 2022. Changes of a 'significant extent' to the population, its demography or health needs should trigger a complete revision of the PNA, unless Sefton HWB concludes that this would be disproportionate. The updated Pharmaceutical Needs Assessment Information Pack for Local Authority

Health and Wellbeing Boards (DHSC, October 2021) provides a decision tree in appendix two (p71) [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](#)

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services (from opening, closure, consolidation) where:

(a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and

(b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes, or it is already producing its next pharmaceutical needs assessment but recognises a need to immediately modify the existing document to prevent significant detriment to the provision of pharmaceutical services

Example decisions and supplementary statement templates are provided in the DHSC 2021 information pack. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 include requirements to publish revised assessments and supplementary statements between publication dates of PNAs. The PNA will be reconsidered annually in line with the integrated commissioning cycle, as well as when any changes to the pharmacy contractor list occurs, to ensure that the document reflects need and the commissioning landscape. This action will continue to be overseen by Sefton Health and Wellbeing Board with input from NHS England, led by the Sefton PNA Steering Group.

- 4.2 In order to maintain the PNA and inform decisions about revision and publication of supplementary statements, information about changes to pharmacy availability and location, opening hours and service provision should be collated as required and annually. Current information about locality population and demographic changes; changes in health needs; and influences of health and care service changes on pharmaceutical needs will also need to be appraised.

The outcomes of this process could include accuracy updates to the existing PNA, identification of a gap or gaps in provision due to reductions in pharmacy services or local availability (signalled in a supplementary statement), or a decision to begin a complete revision of the PNA.

5. Conclusion

- 5.1 It is the statutory responsibility of Health and Wellbeing Boards to produce a revised PNA 2022-25 by 1 October 2022. Input into the revised final draft assessment has been provided by members of a multi-professional steering group. The latest PNA Information Pack for Health and Wellbeing Boards (DHSC, 2021) has been used to guide the process and content of the new assessment as far as possible within resource constraints. The new PNA provides a fully updated assessment of current and future pharmaceutical service needs and has an essential role in informing the provision of community pharmacy services.

Agenda Item 12

The Sefton PNA 2022-25 PNA finds that provision of community pharmacies is sufficient, reflecting population density distribution and local health needs, and enhanced by the availability of pharmacy services in neighbouring authorities; that there are no specific and significant gaps in local provision of necessary or other NHS services currently or in relation to future needs, or in local provision that would improve services or result in better access to services currently or in relation to future needs. Maintenance of the PNA, including annual review should closely appraise the extent and timing of changes in need from housing developments expected within the lifetime of this PNA.

- 5.2 The Board is asked to approve the Sefton Pharmaceutical Needs Assessment (PNA) 2022-25 and authorise its publication by 1 October 2022 in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 5.3 The Board is also asked to note the methodology used to develop the PNA; the processes, decisions and actions required to maintain the currency of the PNA; and the value of new resources produced by DHSC, 2021 designed to help HWBs undertake their duties and responsibilities in relation to their PNA.

Sefton Pharmaceutical Needs Assessment

2022-2025

DRAFT

DRAFT

Foreword

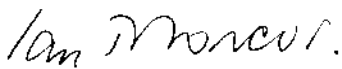
Sefton's Health and Wellbeing Board has responsibility for the ongoing review, development, and publication of the Pharmaceutical Needs Assessment. Pharmaceutical Needs Assessment 2022-25 is our third formal fully revised assessment of pharmaceutical service needs in Sefton.

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content must be considered by those responsible for the approval of pharmacy contract applications (at NHS England and NHS Improvement) and service commissioners in NHS England and NHS Improvement (to be delegated to Cheshire and Merseyside in Integrated Care Board from April 2023), and in organisations working together within Sefton Partnership.

In conjunction with the Sefton Joint Strategic Needs Assessment, this document will assist us when reviewing commissioning strategies, and providing feedback on applications to enter Sefton's Pharmaceutical List. The unprecedented health challenges posed by the Coronavirus pandemic have reminded everyone of the essential role of pharmacy services as part of Primary Care services and our communities.

We commend this report to you, and we look forward to your continuing involvement as this document is updated and reviewed.

Signed



Councillor Ian Moncur

Chair of Sefton Health and Well Being Board

Cabinet Member – Health and Wellbeing

Agenda Item 12

Reader Information

Title	Sefton Pharmaceutical Needs Assessment
Team (s)	Public Health and Business Intelligence
Author(s)	H Armitage and C Brewer
Contributors	J Jasper, S McAteer, A McGee, J Murray, J Tierney, A Nygaard, H Redhead, S Patel, T Roberts, T Hood
Reviewers	Pharmaceutical Needs Assessment Steering Group
Circulated to	Sefton Health and Wellbeing Board Consultation and Engagement Panel Sefton's Health and Wellbeing Board
Version	
Status	Final Draft
Date of release	12 September 2022
Review date	Annual review with Supplementary Statements as necessary with a formal review completed by 1 October 2025
Purpose	To support commissioning and adequate provision of pharmacy services for people in Sefton
Description	The Pharmaceutical Needs Assessment (PNA) is a primary tool for commissioners of pharmacy services working with in Cheshire and Merseyside Integrated Care System, including Sefton Partnership NHS. It supports the decision-making process for pharmacy applications and shapes commissioning intentions for services that could be delivered via community pharmacies. The PNA brings together health and demographic data, with survey data from the public and pharmacy service providers to identify any gaps in current and future provision of necessary pharmacy services and service changes that could improve provision or access.
Contact details	Helen Armitage Consultant in Public Health Helen.Armitage@sefton.gov.uk Claire Brewer Business Intelligence Officer Claire.Brewer@sefton.gov.uk

PNA Working Group Members

- 1 Brian Clark OBE, Healthwatch Representative
- 2 Councillor Ian Moncur, Chair Health & Wellbeing Board, Cabinet Member – Health & Wellbeing
- 3 Councillor Paul Cummins, Cabinet Member – Adult Social Care
- 4 Dr Lisa Manning, CEO, Sefton Local Pharmaceutical Committee
- 6 Fiona Taylor, Then Chief Officer, NHS Southport & Formby CCG and NHS South Sefton CCG (now part Cheshire and Merseyside Integrated Care Board)
- 7 Susanne Lynch, Head of Medicines Management Sefton, Cheshire and Merseyside Integrated Care Board
- 8 Sejal Patel, Lead Pharmacist Sefton Cheshire and Merseyside Integrated Care Board
- 9 Jacqueline Jasper, NHS England and NHS Improvement North, Primary Care
- 10 James Moir, Sefton Local Pharmaceutical Committee
- 11 Helen Armitage, Consultant in Public Health, Sefton Council
- 12 Claire Brewer, Business Intelligence Officer, Sefton Council
- 13 Jayne Vincent, Consultation, Engagement and Performance Officer, Sefton Council

Acknowledgements

Grateful thanks are extended to all stakeholders who have contributed information and views, during the various stages of preparation and consultation, which have informed this PNA.

We would also like to acknowledge the input from the Cheshire and Merseyside Pharmaceutical Needs Assessment Group, Sharon McAteer from Halton Council and Sophie Kelly from Liverpool City Council for setting up and administering the public survey on behalf of Cheshire & Merseyside

Agenda Item 12

Table of Contents

FOREWORD	3
EXECUTIVE SUMMARY	11
1. INTRODUCTION AND PURPOSE	148
2. SCOPE AND METHODOLOGY	19
2.1 Scope of the PNA	18
2.2 Methodology and Data Analysis	19
2.3 Consultation	201
2.4 PNA Review Process	211
2.5 How to use the PNA	212
2.6 Localities used for considering pharmaceutical services	223
3. NATIONAL PHARMACEUTICAL SERVICES CONTRACT	233
3.1 Essential Services and Prescription Volume	233
3.2 Advanced Services	244
3.3 Enhanced Services	24
3.4 Locally Commissioned Services	29
3.5 Funding the Pharmacy Contract	31
3.6 Community Pharmacy Contract Monitoring	31
3.7 Other Commissioned Public Health Services	32
3.8. Other Commissioned CCG Services	32
4. OVERVIEW OF CURRENT PROVIDERS OF PHARMACEUTICAL SERVICES	34
4.1 Community Pharmacy Contractors	34
4.2 Dispensing Doctors	34
4.3 Appliance Contractors	34
4.4 Local Pharmaceutical Services (LPS)	35
4.5 Acute Hospital Pharmacy Services	35
4.6 Mental Health Pharmacy Services	

Error! Bookmark not defined.

4.7 GP Out of Hours Services	35
4.8 Bordering Services / Neighbouring Providers	354
5. PHARMACY PREMISES AND WORKFORCE	595
5.1 Pharmacy locations and level of provision	595
5.2 Pharmacy opening hours, including out-of-hours and 100 hour pharmacies	35
5.3 Internet-based/mail order pharmacy provision	37
5.4 Access to and provision of community pharmacy services in local authorities bordering Sefton	704
5.5 Conclusion	Error! Bookmark not defined.4
5.6 Patient and public survey	72
5.7 Pharmacy survey	80
6. POPULATION AND HEALTH PROFILE OF SEFTON	ERROR! BOOKMARK NOT DEFINED.
6.1 Life Expectancy	36
6.2 Birth Rate	46
6.3 Preventable Mortality	47
6.4 Major causes of ill health and mortality in Sefton	47
6.5 Long Term Conditions	48
6.6 Tobacco	51
6.7 Alcohol	52
6.8 stance Misuse (Drugs)	52
6.9 Obesity	53
6.10 Sexual Health	53
6.11 Influenza Immunisation	55
6.12 Mental Health	56
7. PHARMACY ACTIVITY THAT SUPPORTS LOCAL PRIORITIES	58
7.1 Pharmacy locations and level of provision	58
7.2 Pharmacy opening hours, including out-of-hours and 100-hour pharmacies	Error! Bookmark not defined.5
7.3 internet-based/mail order pharmacy provision	68
7.4 Access to and provision of community pharmacy services in local authorities bordering Sefton	69

Agenda Item 12

8. PRESCRIBING ACTIVITY	71
9. SEFTON PATIENT & PUBLIC PHARMACY SURVEY 2022	71
10. PHARMACY SURVEY	79
10.1 Access for clients whose first language is not English	79
10.2 Access for people with a disability and/or mobility problem	80
10.3 Pharmacy consulting rooms	81
10.4 Prescription Collection and Delivery Services	82
11. MEETING PHARMACEUTICAL NEED	82
11.1 Advanced Service Provision	82
11.2 Enhanced Service Provision	83
11.3 Other NHS Service Provision	84
11.3.1 Public Health Commissioned Services	84
11.3.2 CCG commissioned Services	89
12. CONCLUSION	91
APPENDIX 1: POLICY CONTEXT	92
APPENDIX 2: ABBREVIATIONS USED	97
APPENDIX 3: COMMUNITY PHARMACY ADDRESSES AND OPENING HOURS	100
APPENDIX 4: PHARMACY PREMISES & SERVICES QUESTIONNAIRE AND REPORT	102
APPENDIX 5: PUBLIC AND PATIENT QUESTIONNAIRE	117
APPENDIX 6: FORMAL CONSULTATION LETTER AND QUESTIONNAIRE	141
APPENDIX 7: FORMAL CONSULTATION RESPONSE	147

Table of Figures

List of Tables

Table 1 - Rate of cancer mortality for selected cancers (2019)	48
Table 2 - Rate of cancer incidence for selected cancers (2019)	50
Table 3 - Number and rate of under 18 conceptions in Sefton 2013 – 2020)	53
Table 4 - Uptake of flu vaccine in Sefton 2018/19 – 2020/21	56
Table 5 - Pharmacy opening times	65
Table 6 - Pharmacy closing times	65
Table 7 - Pharmacy opening times outside normal working hours, by ward	66
Table 8 - Average Items dispensed per month per pharmacy (2020/21)	71
Table 9 - Demographics of patients responding to the survey	72
Table 10 - Pharmacy parking provision	75
Table 11 - Does pharmacy deliver medication?	75
Table 12 - Problems finding pharmacies	76
Table 13 - Pharmacy satisfaction	57
Table 14 - Other languages staff can speak	80
Table 15 - Total and Median New Medicine interventions declared by Sefton Pharmacies (April 2019 to Feb 2022)	83
Table 16: Pharmacies in Cheshire and Merseyside holding Anti-Viral Medication Stock	84

List of Maps

Map 1 - Pharmacy locations in Sefton – January 2022	59
Map 2 - Pharmacy locations in North Sefton – January 2022	Error! Bookmark not defined.
Map 3 - Pharmacy locations in Central Sefton – January 2022	59
Map 4 - pharmacy locations in South Sefton – January 2022	60
Map 5- Pharmacy location (with 1 mile buffer) and population density	60
Map 6 - Map of drive times to community pharmacies during day	62
Map 7 - Map of drive times to community pharmacies during rush hour	62
Map 8 - Map of walking times to community pharmacies	63
Map 9 - Map of travel times to pharmacies by public transport on a weekday	63
Map 10- Map of Sefton pharmacies open on Saturdays	67
Map 11 - Map of pharmacy provision on Sunday	68
Map 12 - Map of pharmacy by type in Sefton	69
Map 13 - Cross border pharmacy provision (SHAPE, 2022)	70

List of Figures

Figure 1 - Illustration showing PNA development process	20
Figure 2 - Other NHS Pharmacy Services: Sefton Pharmacy Survey (2021).....	31
Figure 3 - Project population change in Sefton, 2020 – 2043 (based on 2018 populations)	36
Figure 4 - Life expectancy at birth within Sefton	46
Figure 5 - General Fertility Rate, Live Births per 1,000 females aged 15–44 years	47
Figure 3 - Mortality rate from causes considered preventable (2001/03 - 2018/20)	47
Figure 7 - Estimated prevalence of long-term conditions in Sefton (2020–21)	49
Figure 8 - Trend in cancer incidence	50
Figure 9 - Cancer incidence by ward in Sefton (2014– 2018)	51
Figure 10 - Under 16 conceptions between 2009–11 and 2018–20	54
Figure 11 - Under 18 conceptions leading to abortion (2011 – 2020)	54

Agenda Item 12

<i>Figure 12 - Self-reported wellbeing for Sefton, North West and England (2020-21)</i>	57
<i>Figure 13 - Crude rate of pharmacies in Sefton wards per 10,000 population</i>	60
<i>Figure 14 - Importance of location (Public survey of community pharmacy services, 2021)</i>	64
<i>Figure 15 - Transport mode to get to pharmacy (public survey of community pharmacy services, 2021)</i>	64
<i>Figure 16 - Why did patient visit pharmacy?</i>	72
<i>Figure 17 - When did patient use pharmacy?</i>	73
<i>Figure 18 - How did patient get to pharmacy?</i>	73
<i>Figure 19 - Pharmacy location</i>	74
<i>Figure 20 - Accessing pharmacy</i>	75
<i>Figure 21 - Consultation advice</i>	77
<i>Figure 22 - Accessing pharmacies out of hours</i>	77
<i>Figure 23 - Pharmacy waiting times</i>	78
<i>Figure 24 - What services should pharmacies offer?</i>	79
<i>Figure 25 - Pharmacy accessibility for disabled patients</i>	82

DRAFT

Executive Summary

From 1 April 2013, local authority Health and Wellbeing Boards (HWB) became legally responsible for developing and updating its Pharmaceutical Needs Assessments (PNA).

The PNA is a primary tool for Sefton HWB, NHS England/Cheshire and Merseyside ICB and Sefton place-based commissioners to support the decision-making process for pharmacy applications and to ensure that commissioning intentions for services that could be delivered via community pharmacies are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA), of which the PNA is an allied but separate component.

The PNA brings together health and demographic data, with survey data from the public and pharmacy service providers to identify any gaps in current and future provision of necessary pharmacy services, and any service changes that could improve provision or access. Full revision of the PNA takes place on a recommended timescale of just over one year. As previously, this assessment has been developed by a multi-professional steering group - the steering group consists of representatives from the following organisations, with additional support from the Cheshire and Merseyside Pharmaceutical Needs Assessment Group, and with reference to the PNA Information Pack for Health and Wellbeing Boards (DHSC, 2021):

- HWB Chair and Committee Member
- Public Health, Business Intelligence, Consultation and Engagement, Sefton Council
- Community Pharmacy Professional Lead from NHS England North Primary Care Team
- Sefton Pharmacy Lead and Sefton Medicines Management Lead, Cheshire and Merseyside Integrated Care Board)
- Sefton Local Pharmaceutical Committee
- Sefton Healthwatch

A draft PNA was published on 13 July 2022 inviting comments to be made prior to the closing date of the 60-day statutory consultation period on 9.00 am 11 September 2022.

Agenda Item 12

Key Findings

- There are 71 community pharmacies in Sefton, 5 distance selling pharmacies and no dispensing doctors
- Community pharmacy services are complemented by acute hospital pharmacy services which dispense medications for inpatients, outpatients during clinic and to patients on discharge from hospital. There are 5 acute hospitals within Sefton's catchment area.
- There is at least 1 community pharmacy within each electoral ward, overall, there are 3,900 residents per pharmacy
- There are few areas in Sefton that cannot access a pharmacy within a 15-minute drive. If walking is considered, travel times are longer for some communities, more notably in less urban areas
- Very few community pharmacies open before 9am across Sefton during the working week, the majority, 95% are open after 5pm
- There is generally good provision of pharmacy services across Sefton on a Saturday. There are 4 wards that are without provision, however they can access pharmacies in neighbouring wards
- 3 pharmacies provide a 100-hour service
- Almost all respondents (99%) to the residents' survey stated that it was 'easy' getting to their usual pharmacy
- 80% of residents were satisfied with the range of services that Sefton pharmacies provide, whilst 16% wished they would provide more services
- There are at least 26 pharmacies within 1 mile from Sefton which can be used by our residents
- Of the 64 community pharmacies who returned surveys:
 - o Only one did not have a consultation area on their premises.
 - o Some 90% of pharmacies stated that all areas of their premises were accessible to wheelchair users
 - o 27% were able to offer support to people whose first language was not English, primarily through language line or the use of an interpreter
- All but 2 community pharmacies provided the New Medicines Service, 4 provided the Appliance Use Review service, 89% provided the NHS Flu Vaccination Service, 72 provided the NHS Community Pharmacist Consultation Service and a fifth 12 supplied the Stoma Appliance Customisation Service.
- The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighboring authorities within one mile of Sefton's borders.

Pharmacy opening hours across Sefton are considered satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.

DRAFT

Agenda Item 12

Statements from pharmaceutical regulations (2013)

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulation 2013 set out the legislative basis for developing and updating PNAs. Schedule 1 outlines the minimum information to be contained in pharmaceutical needs assessments. Detailed below are the six statements included in schedule 1.

Statement 1 -Necessary Services: Current Provision

A statement of the pharmaceutical services that the Health and Wellbeing Board (H&WBB) has identified as services that are provided-

(a) In the area of the H&WBB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) Outside the area of the H&WBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the H&WBB has identified such services).

In Sefton there is sufficient provision of community pharmacy services throughout the borough. Sefton has 71 pharmacies which serve a population of 275,899. This equates to approximately one pharmacy for every 3,900 residents (England average is 5,041 population per pharmacy). Consequently, the population is well served by pharmacy services and is above the England average. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g., Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

Statement 2 -Necessary Services: Gaps in Provision

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB, but which is satisfied-

(a) Need to be provided (whether or not they are located in the area of the H&WBB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) Will, in specified future circumstances, need to be provided (whether or not they are located in the area of the H&WBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

The need for specific community pharmacy services will be regularly reviewed in line with the demographics of the local population. This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in several locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's

population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

Statement 3 - Other relevant services: Current provision

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are provided-

(a) In the area of the H&WBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;

(b) Outside the area of the H&WBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;

(c) In or outside the area of the H&WBB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the H&WBB of the need for pharmaceutical services in its area.

The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities (e.g., Liverpool, Knowsley & West Lancashire) within one mile of Sefton's borders.

The NHS England & NHS Improvement (NHSE&I) out of hour's bank holiday rota looks at services across boundaries to ensure geographical coverage.

There is adequate access to essential services, advanced services and other NHS services (commissioned by Sefton Local Authority Public Health and Sefton's two CCGs).

Statement 4- Improvements and better access: Gaps in provision

A statement of the pharmaceutical services that the H&WBB has identified (if it has) as services that are not provided in the area of the H&WBB but which the H&WBB is satisfied-

(a) Would, if they were provided (whether or not they were located in the area of the H&WBB), secure improvements or better access to pharmaceutical services or pharmaceutical services of a specific type, in its area,

(b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the H&WBB) secure future improvements or better access to pharmaceutical services or pharmaceutical services of a specified type in its' area.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, it is important to ensure that services reflect the needs of local people and changes to the

Agenda Item 12

priorities of local commissioners including the NHS and local government in response to changing or evolving pressures. In the current financial climate, there is however limited capacity to deliver additional services within budgetary constraints.

Statement 5 -Other NHS Services

A statement of any NHS services provided or arranged by the H&WBB, NHS England, a Clinical Commissioning Group (CCG), an NHS trust or an NHS foundation trust to which the H&WBB has had regard in its assessment, which affect-

(a) The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) Whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population.

Statement 6

An explanation of how the assessment has been carried out, in particular-

(a) How it has determined what are the localities in its area;

(b) How it has taken into account (where applicable)-

(i) The different needs of different localities in its area, and

(ii) The different needs of people in its area who share a protected characteristic; and

(c) A report on the consultation that it has undertaken.

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the South. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the South, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses Sefton Local Authority Area and this geography is covered by four Primary Care Networks (clusters of General Practices with allied Primary Care services). Sefton Council is also a member of Sefton Partnership, which was formally created in July 2022 as part of nationwide changes to the system for planning and delivering health and care. Clinical Commissioning Groups no longer exist, but their work continues within the Cheshire and Merseyside Integrated Commissioning Board (ICB, part of the Integrated Care System) and through local structures like the Sefton Partnership. Analysis

and mapping undertaken as part of the PNA process was carried out at locality and ward level to take account of the varying needs of people within different areas of Sefton. This approach is congruent with the Sefton Joint Strategic Needs Assessment (JSNA), which is a key source of the information included in the PNA. For the purposes of developing this PNA various consultation and engagement processes have been undertaken. These include a survey of community pharmacy service providers, members of the public and a formal consultation with identified stakeholders and the public. Information and feedback is included throughout the PNA and appendices.

Part 1: Purpose, process and explanation of pharmaceutical services

1. Introduction and Purpose

Provision of accessible Primary Care Services is central to improving quality and implementing the vision for an effective, cost-effective, equitable and integrated health and care system. Community Pharmacy is one of the most accessible healthcare settings. Nationally 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport.

In order to provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England and NHS Improvement (NHSEI) is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. Applications for inclusion in one of these lists are currently submitted to Primary Care Support England and determined by NHS England and NHS Improvement. Responsibility for pharmaceutical services in England will be delegated to Integrated Care Boards (ICB) by 2023.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. Four types of applications can be made based on the PNA, (below). Applications that do not rely on the PNA are to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

- to meet a current need identified in the relevant pharmaceutical needs assessment
- to meet a future need identified in the relevant pharmaceutical needs assessment
- to secure improvements or better access identified in the relevant pharmaceutical needs assessment
- to secure future improvements or better access identified in the relevant pharmaceutical needs assessment

The Health and Social Care Act 2012 further describes the duty of commissioners, in accordance with regulations, to arrange for the adequate provision and commissioning of pharmaceutical

Agenda Item 12

services for their population. Besides commissioners in Cheshire and Merseyside NHSE/ICB, the PNA also informs commissioning decisions amongst partner organisations within the Sefton Partnership, including the local authority, for example some services commissioned by public health. The PNA is therefore an important tool to ensure that commissioning intentions for services that could be delivered via community pharmacies are incorporated into local planning cycles. Local commissioning priorities need to be driven by the Joint Strategic Needs Assessment (JSNA) of which the PNA is a distinct component.

Community pharmacies play a key role in supporting the health and well-being of the population of Sefton in partnership with other Primary Care and Community and Voluntary Sector Organisation, as well as the wider Health and Care system. Pharmacy services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need, so mapping service provision and identifying current and future gaps in relation to need and access are essential steps in planning and delivering pharmacy services effectively and equitably.

The Health Act 2009 outlined the process of market entry onto a “Pharmaceutical List” by means of Pharmaceutical Needs Assessments and provided information to Primary Care Trusts for their production. It amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations came into force on 24 May 2010 and

- Required Primary Care Trusts (PCTs) to develop and publish PNAs; and
- Required them to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision;

Following the abolition of PCTs, this statutory responsibility has now been passed to Health and Well Being Boards (HWB) by virtue of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1st April 2013. These Regulations also outline the process that the NHS Commissioning Board must comply with in dealing with applications for new pharmacies or changes to existing pharmacies.

Changes to the system for commissioning of healthcare, scheduled to come into effect by July 2022, involve the introduction of measures to allow NHSE & I to delegate national commissioning responsibilities to the Integrated Care Board. This will include the commissioning of pharmaceutical services. As part of this change to the commissioning system, Clinical Commissioning Groups (CCGs) will be subsumed into Integrated Care Boards.

2. Scope and Methodology

2.1 Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines

- Pharmaceutical care that provides quality healthcare, public health information and advice to all members of the population
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines
- Local enhanced services which increase access, choice and support self-care
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

2.2 Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stakeholders
- It is a developing, live document and consideration will be given on an annual basis as to the document's reflection of need and the commissioning landscape
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services
- It is developed through a multidisciplinary PNA Steering Group



Figure 4 - Illustration showing PNA development process

Development of the Sefton Health and Wellbeing Board's PNA has been initiated and overseen by a multi-professional steering group. The steering group consists of representatives from the following:

- Public Health, Sefton Council
- Community Pharmacy Professional Lead from NHS England Cheshire and Merseyside
- CCG Pharmacy Lead
- Local Pharmaceutical Committee
- Healthwatch

Agenda Item 12

- Business Intelligence, Sefton Council

The content of the document is closely linked to the local JSNA and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources in order to identify the following:

- the health and pharmaceutical needs of the population
- current local provision of pharmaceutical services, and subsequently
- gaps in provision of pharmaceutical services.

The following data sources have been used for the purposes of this PNA:

- Sefton Joint Strategic Needs Assessment
- Public Health Annual Reports
- Census data
- Public Health England's (PHE) Fingertips tool via Office for Health Improvement and Disparities (OHID)
- Public Health England's SHAPE tool for travel time maps via OHID
- NHS Business Services Authority
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- Patient and public pharmacy service questionnaires
- The Sefton Local Plan and supporting documentation in relation to proposed housing developments, demolitions and infrastructure changes

2.3 Consultation

A draft Pharmaceutical Needs Assessment was published on 13 July 2022 inviting comments to be made prior to the closing date of the consultation period on 11 September 2022.

The regulations state that when making an assessment for the purposes of publishing a PNA, each HWBB must consult with the following stakeholders about the contents of the PNA:

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs)
- Any persons on the pharmaceutical list and any dispensing doctors list for its area
- Any Local Pharmaceutical Services (LPS) chemist in its area with whom NHS England (NHSE) has made arrangements for the provision of any local pharmaceutical services

- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWBB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in its area
- NHS England
- Any neighbouring Health and Well Being Board

The draft PNA was uploaded to Sefton Council's e-consult webpage for electronic response; hard copies were available upon request. The responses to the community pharmacy service survey, public questionnaire and the formal 60-day consultation period have informed this PNA.

All methods for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

2.4 PNA Review Process

The PNA will be considered annually as an integrated part of the commissioning cycle, as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Sefton Health and Wellbeing Board with input from NHS England. As a minimum the document will be checked and updated with significant changes in the following areas, once every year:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in Public Health intelligence or primary care service developments that may impact either favourably or adversely on pharmacy-based services.

Typically, this would be in the form of issuing a Supplementary Statement, unless the changes were significant enough that a new PNA was warranted and did not form a disproportionate response to the level of change identified.

Successful applications for 'consolidations and mergers' as part of the revised pharmacy regulations would also necessitate the development of a Supplementary Statement. (See Appendix Policy Context.)

2.5 How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the Sefton Joint Strategic Needs Assessment (JSNA)¹ and the strategic plans from local commissioners. Mapping out

¹ Sefton Joint Strategic Needs Assessment can be accessed at [Joint Strategic Needs Assessment \(JSNA\) \(sefton.gov.uk\)](https://sefton.gov.uk/joint-strategic-needs-assessment)

Agenda Item 12

current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following way:

- Maps and tables detailing specific services will mean patients can see clearly where they can access a particular service.
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.
- Commissioners will be able to move away from the 'one-size fits all approach' to make sure that pharmaceutical services are delivered in a targeted way.
- NHS England will be in a better position to judge new applications to join the pharmaceutical list, relocate premises, change opening hours etc. to make sure that patients receive quality services and adequate access without plurality of supply.

2.6 Localities used for considering pharmaceutical services

The locality scope for the PNA is the borough of Sefton. Sefton is an area that stretches from Southport in the north to Bootle in the south. To the east lies the town of Maghull and the west is bordered by the coastline covering Crosby through to Formby and Ainsdale. Bordering authority areas include Liverpool to the South, Knowsley and Lancashire in the north of the borough. Sefton Health and Wellbeing Board encompasses Sefton Local Authority Area and this geography is covered by four Primary Care Networks (clusters of General Practices with allied Primary Care services). Sefton Council is also a member of Sefton Partnership, which was formally created in July 2022 as part of nationwide changes to the system for planning and delivering health and care. Clinical Commissioning Groups no longer exist, but their work continues within the Cheshire and Merseyside Integrated Commissioning Board (ICB, part of the Integrated Care System) and through local structures like the Sefton Partnership.

Analysis and mapping undertaken as part of the PNA process was carried out at electoral ward level to take account of the variant needs of people within different areas of Sefton (Sefton has 22 electoral wards). This is congruent with the Sefton Joint Strategic Needs Assessment (JSNA). When reporting some service activity, it is impractical to group pharmacies by ward. Instead, pharmacies have been grouped into Sefton's 3 larger locality areas: North, Central and South. The ward groupings are as follows:

North – Ainsdale, Birkdale, Cambridge, Dukes, Harington, Kew, Meols, Norwood, Ravenmeols

Central – Blundellsands, Ford, Manor, Molyneux, Netherton & Orrell, Park, St Oswald, Sudell, Victoria

South – Church, Derby, Linacre, Litherland

3. National Pharmaceutical Services Contract

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Service Negotiating Committee (PSNC) website:

<https://psnc.org.uk/quality-and-regulations/the-pharmacy-contract/>

The pharmaceutical services contract consists of three different levels:

- Essential services
- Advanced services
- Enhanced services

<https://psnc.org.uk/national-pharmacy-services/>

3.1 Essential Services

Consist of the following and must be offered by all pharmacy contractors:

3.1.1 Dispensing

Supply of medicines or appliances, advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines. Also, the recording of all medicines dispensed, significant advice provided, referrals and interventions made using a Patient Medication Record.

3.1.2 Repeat dispensing

Management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply, the pharmacy will ascertain whether it is appropriate for a patient to receive repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate.

3.1.3 Disposal of unwanted medicines

Pharmacies act as collection points for patient returned unwanted medicines from households and individuals. Special arrangements apply to Controlled Drugs (following the Shipman Inquiry) and private arrangements must be adopted for waste returned from nursing homes.

Agenda Item 12

3.1.4 Promotion of Healthy Lifestyles (Public Health)

Opportunistic one to one advice provided on healthy lifestyle topics such as smoking cessation, weight management, etc to certain patient groups who present prescriptions for dispensing or when accessing for other services. Also, involvement in local public health campaigns throughout the year, organised by the HWB Board and NHS England.

3.1.5 Signposting patients to other health care providers

Pharmacists and their staff will refer patients to other healthcare professions or care providers when appropriate.

3.1.6 Support for self-care

The provision of advice and support by pharmacy staff to enable patients to derive maximum benefit from caring for themselves or their families. The service will initially focus on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

3.1.7 Clinical Governance

Clinical governance is not a service, but is a system of practice that upholds quality, safety, and improvement. Pharmacists must ensure the following processes are in place:

- Use of standard operating procedures
- Patient safety incident reporting
- Demonstrating evidence of pharmacist Continuing Professional Development
- Operating a complaints procedure
- Compliance with Health and Safety legislation
- Compliance with the Disability Discrimination Act
- Significant event analysis
- Commitment to staff training, management and appraisals
- Undertaking patient satisfaction surveys

3.2 Advanced Services

These are the advanced services within the NHS community pharmacy contract:

- Community Pharmacist Consultation Service (CPCS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC).
- New Medicine Service (NMS)
- Community Pharmacy NHS Seasonal Influenza Vaccination programme
- COVID-19 Lateral Flow Device Distribution Service (ended on 24th February 2022)
- Hypertension Case Finding Service
- Hepatitis C Testing Service
- Stop Smoking Advanced Service (commences 10th March 2022)

Community pharmacies can opt to provide any of these services if they meet the necessary requirements. These, together with full-service specifications and funding details are available on the PSNC website <http://psnc.org.uk/services-commissioning/advanced-services/>

3.2.1 Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed.

The service, which replaced the NUMSAS and DMIRS pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

Referrals from general practices is for minor illness, with the service also taking referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply of medicine or appliances), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

3.2.2. Appliance Use Review (AUR)

An Appliance Use Review was the second advanced service, introduced into the NHS community pharmacy contract April 2010. This service is similar to that above where it relates to patients prescribed appliances such as leg bags, catheters, and stoma products. This service can be provided by either a community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted

3.2.3 Stoma appliance customisation (SAC) service

Stoma appliance customisation was the third advanced service introduced in April 2010. This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve how long they are used for, thereby reducing waste and

Agenda Item 12

unnecessary patient discomfort. This service can be provided by either pharmacy or appliance contractors.

3.2.4 New Medicines Service (NMS)

This service was introduced in October 2011. It can be provided by pharmacies only. It provides support with medicines adherence for patients being treated with new medicines in four conditions/therapy areas. These are Asthma / Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes, Hypertension and Antiplatelet / Anticoagulation therapy. The pharmacist provides face to face counselling about the medicine at the point when the patient first presents with their prescription at the pharmacy. Arrangements are then made for the patient to be seen 10-14 days later to assess adherence and discuss any problems with the new medicine. The patient is followed up 14 days later to check all is well at which point they exit this service. From 1st September 2021, the following conditions are covered by the service: Asthma and COPD; Diabetes (Type 2); Hypertension; Hypercholesterolaemia; Osteoporosis; Gout; Glaucoma; Epilepsy; Parkinson's disease; Urinary incontinence/retention; Heart failure; Acute coronary syndromes; Atrial fibrillation; Long term risks of venous thromboembolism/embolism; Stroke / transient ischemic attack; and Coronary heart disease. The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

3.2.5 NHS Influenza Vaccination Programme

Research has shown that immunisation services can be safely provided in community pharmacy settings, that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme. Such programmes are also well received by both patients and doctors.^{i,ii,iii}

As part of the community pharmacy funding settlement community pharmacies in England are now able to offer a seasonal influenza (flu) vaccination service for adults in at-risk groups. This includes:

- Those aged 50 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions^[2] –
 - chronic (long-term) respiratory disease, such as asthma, COPD or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
 - diabetes
 - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
 - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill

² Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu

- Healthcare workers with direct patient contact or social care workers

The pharmacy service is not available for children who are eligible under the overarching NHS Influenza Vaccination Programme. They will continue to receive the vaccination through their usual primary care provision.

This service is the fifth Advanced Service in the English CPCF. Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, those with underlying disease are at particular risk of severe illness if they catch it. The aim of the seasonal influenza vaccination programme is to protect adults who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus

The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS Business Services Authority (NHSBSA) website

3.2.6 Hypertension Case Finding Service

In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHS England and NHS Improvement (NHSE&I) published new national ambitions for the detection and management of high-risk conditions.

The ambition for hypertension is that 80% of the expected number of people with high blood pressure (BP) are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target levels of BP.

At the time of publication of the NHS Long Term Plan, NHSE&I and Public Health England (PHE) estimated that fewer than 60% of people with hypertension had been diagnosed, with an estimated 5.5 million people having undiagnosed hypertension across the country.

The Community Pharmacy Hypertension Case-Finding Advanced Service has been added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of year three of the five-year CPCF deal. The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease.

There are two stages to the service - the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). Patients identified with high or very high blood pressure will be referred to their general practice.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;

Agenda Item 12

- At the request of a general practice, undertake ad hoc clinic measurements and ABPM; and
- Provide another opportunity to promote healthy behaviours to patients.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service which **commenced on 1st October 2021**.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e., it is not possible to just undertake clinic BP readings and not ABPM.

3.2.7 Smoking Cessation Service

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included the proposal that stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy should be piloted. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS England (NHSE) Long Term Plan care model for tobacco addiction.

The service officially commenced on 10th March 2022, however since this is an Advanced service, contractors are free to choose if they will provide the service and when they will start providing it. NHS trusts currently have their focus on recovery following COVID-19 and consequently they will not all immediately start to make referrals to the service; NHS England expect most to be making referrals within two years from the commencement date. The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

3.2.8 Hepatitis C testing service

The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating HCV as a major public health threat by 2030.

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The Advanced service is part of NHS England and NHS Improvement's national programme to eliminate Hep C virus (HCV) by 2025, five years earlier than the World Health Organization goal. The service uses community pharmacies to target PWIDs for testing, as they are the healthcare venue most likely to be visited by that group of people.

The overall aim of the service is to increase levels of testing for HCV amongst PWIDs who are not engaged in community drug and alcohol treatment services to:

- increase the number of diagnoses of HCV infection;
- permit effective interventions to lessen the burden of illness to the individual;
- decrease long-term costs of treatment; and
- decrease onward transmission of HCV

This service has been extended to run until **31st March 2023**.

Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service, with a sufficient number of clients, to make the investment in provision of the service worthwhile.

3.2.9 COVID-19 Lateral Flow Device Distribution Service (Ceased on 24th February 2022 as part of Government review of COVID-19 Restrictions)

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

3.3 Enhanced Services

Are those commissioned, developed, and negotiated locally based on the needs of the local population. Enhanced services are commissioned by NHSE either directly or on behalf of other organisations such as local authority public health teams or clinical commissioners working within the ICS. The PNA will inform the future commissioning need for these services. The term local enhanced services can only be used to describe services commissioned by NHSE.

NHS England currently commission an Enhanced Service for the area of Cheshire and Merseyside which contracts four pharmacies to stock, hold, and supply against prescription, antivirals for at risk patients when an identified flu outbreak including (though not exclusive to) residents of care and residential homes. A community pharmacy local enhanced service is also in place to the ongoing COVID-19 vaccination programme.

3.4 Other NHS Pharmacy Services

Other NHS Services are those provided as part of the health service, but which fall outside the group of services identified under the term Pharmaceutical Services. Other NHS services include those that are provided or arranged by: a local authority (for example public health services commissioned from pharmacies), NHS England and NHS Improvement, a clinical commissioner group working within the ICS, an NHS trust or an NHS foundation trust.

Previously, these services may have been referred to as 'Locally Commissioned Services' but 'Other NHS services' is preferred to make a clear distinction with 'Local Pharmaceutical Services', which is a legally defined term.

Agenda Item 12

Examples of other NHS pharmacy services include Minor ailment management, Substance misuse medication services / Needle exchange scheme, Emergency Hormonal Contraception service and Smoking cessation services.

It is possible for neighbouring organisations to commission similar services from pharmacies at differing remuneration rates or using different service specifications / patient group directions. This is because financial / commissioning arrangements for services are based on local negotiation and are dependent on available resources as well as local need. This does, however, lead to duplication of effort for commissioning staff and difficulties for locum pharmacists working across HWBB /Integrated Partnership boundaries. Wherever possible commissioners are advised to work together to eliminate such anomalies and provide continuity of patient care across local boundaries. Greater integration enabled by the establishment of ICS structures should promote harmonisation of services across the Cheshire and Merseyside footprint with benefits for the patient population.

The continuity of other pharmacy services provision is often difficult for contractors to achieve as individual pharmacists/locums who are accredited to provide these services may move around, thus gaps in service can appear, especially if training is not available for new staff. This should be addressed by both the contractors and commissioners but may result in some of the information in this document relating to enhanced service provision being subject to change. This should improve with self-declaration of competency.

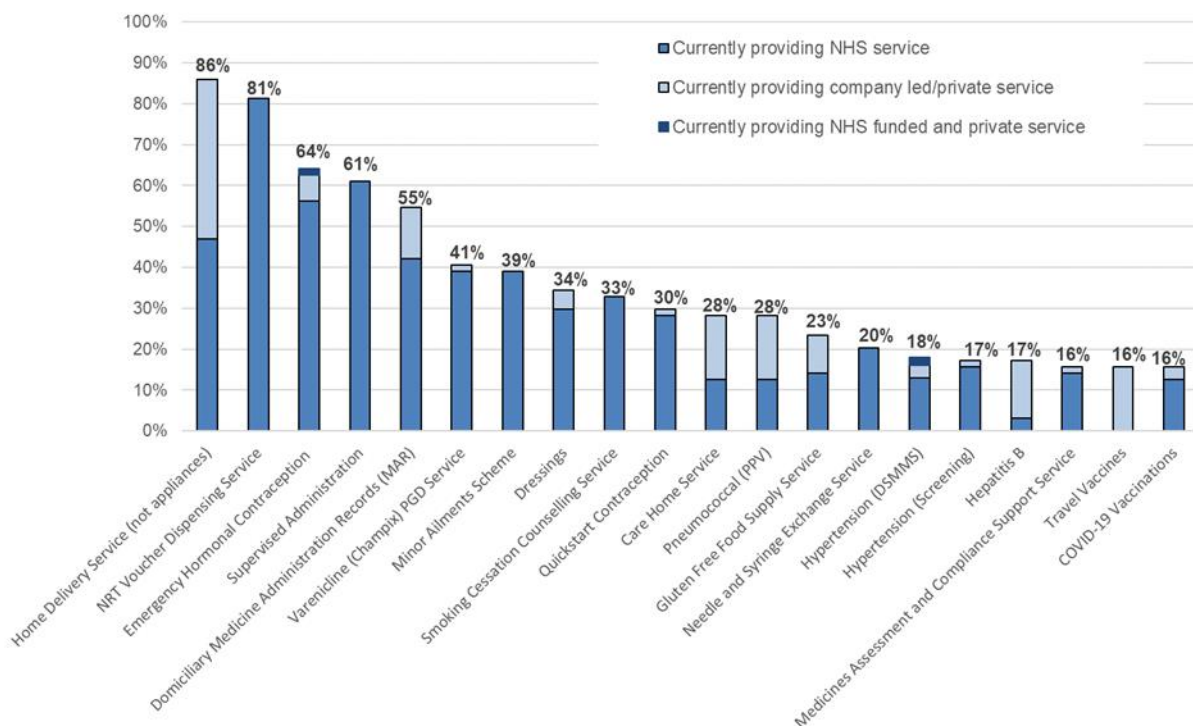


Figure 5 – Other NHS Pharmacy Services: Sefton Pharmacy Survey (2021)³

³ The survey was conducted in the Summer of 2021 and responses were received from 88% of community pharmacies.

Note: Uncomplicated urinary tract infection treatment commissioned under Extended Care at the Chemist (see 3.8 below) is missing from this chart. There is no gluten free supply service under NHS

Results from a survey of pharmacies carried out in Summer 2021, as part of this PNA process, indicate that Sefton pharmacies provide a range of services (Figure 2), with the most common being home delivery service, NRT voucher dispensing, emergency hormonal contraception and supervised administration. A copy of the pharmacy survey questionnaire and report can be found in Appendix 5.

3.5 Funding the Pharmacy Contract

The essential and advanced services of the community pharmacy contract are funded from a national 'Pharmacy Global Sum' agreed between the Pharmaceutical Services Negotiating Committee and the Treasury. This is divided up and devolved to NHS England as a cash-limited budget which is then used to reimburse pharmaceutical service activity as per the Drug Tariff (www.drugtariff.com). Funding for locally commissioned services must be identified and negotiated locally from the commissioner's own budget.

3.6 Community Pharmacy Contract Monitoring

3.6.1 National Contract

NHSE requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies are included within a programme of contract monitoring visits as independent providers of services provided under the national pharmacy contract. The delivery of any locally commissioned enhanced services is also scrutinized.

As stated within the NHS review 2008⁴, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the NHSE adopts when carrying out the Community Pharmacy Contract Monitoring visits for essential, advanced services and locally commissioned enhanced services.

The community pharmacy contract assurance process follows a structured sequence of events including:

- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff
- Self-assessment declarations
- Scrutiny of payment submission processes
- Scrutiny of internal processes for confidential data management

⁴ Department of Health 2008 *High Quality Care for All – NHS Next Stage Review Final Report*

Agenda Item 12

- Recommendations for service development or improvement
- Structured action plan with set timescales for completion

In addition to the structured process outlined above, the NHSE will also take account of the voluntary submission of the findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, the NHSE will work with the relevant professional regulatory body such as the General Pharmaceutical Council to ensure appropriate steps are taken to protect the public.

3.7 Other Commissioned Public Health Services

Sefton Council does not directly commission the provision of any services directly from pharmacies. However, it commissions other services with the expectation that they sub-contract with pharmacies for specific local services such as sexual health, substance misuse and smoking cessation interventions. These main providers are expected to check that their sub-contractors meet required minimum standards, have the relevant qualifications / training to deliver the services and submit self-declarations of competency. The services are monitored by Sefton Council on a regular basis using electronic or paper-based reporting tools and quality visits may be conducted to premises.

3.8. Other Commissioned CCG Services

NHS South Sefton CCG previously commissioned the following services, which continue under Cheshire and Merseyside Integrated Care Board and Sefton Partnership:

- Care at the Chemist (CATC)
- Extended Care at the Chemist Service – Patient Group Direction for the supply of nitrofurantoin for uncomplicated urinary tract infection in non-pregnant women aged between 16 and 65 years of age
- Supply of dressings to nursing homes
- Stock holding of Palliative Care Medicines
- COVID-19 Community Pharmacy Medicines Service

Commissioning is underway for one community pharmacy in Sefton to provide a Trans Health Medicines Stock holding service.

NHS Southport and Formby CCG previously commissioned the following services, which continue under Cheshire and Merseyside Integrated Care Board and Sefton Partnership:

- Care at the Chemist (CATC)
- Extended Care at the Chemist Service – Patient Group Direction for the supply of nitrofurantoin for uncomplicated urinary tract infection in non-pregnant women aged between 16 and 65 years of age
- Supply of dressings to nursing homes

- Stock holding of Palliative Care Medicines
- COVID-19 Community Pharmacy Medicines Service

Pharmacies seeking to provide any of the above services need to contact the Medicines Management Team at the CCG. They must also complete all of the relevant qualifications and/or training to deliver these services. Services are monitored on a regular basis using an electronic reporting tool and/or by reviewing monthly claims and invoices, communication with providers and the Local Pharmaceutical Committee (LPC), and feedback from patients and healthcare professionals.

DRAFT

Agenda Item 12

4. Overview of current providers of Pharmaceutical Services

4.1 Community Pharmacy Contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies, independent multiple pharmacies e.g., community pharmacy companies with between 5 and 300 branches or large multinational companies e.g. Lloyds, Boots, Sainsbury's etc who may own many hundreds of pharmacies UK wide.

Sefton has 73 "Pharmacy Contractors" who between them operate out of a total of 71 pharmacy premises. The population of the area is 275,889 which equates to approximately one pharmacy for every 3,900 residents (England average is 5,041 population/pharmacy). There is no predetermined number of pharmacies per head of population and comparisons with other areas cannot be used in isolation to determine level of need or provision. Other multiple factors need to be taken into account.

Every pharmacy premise must have a qualified pharmacist available throughout all its contractual hours, to ensure services are available to patients. In general pharmacy services are provided free of charge, without an appointment, on a "walk-in" basis. Pharmacists dispense medicines and appliances as requested by "prescribers" via both NHS and private prescriptions.

In terms of the type of Community Pharmacies in our area there are:

- **66 delivering a minimum of 40 hrs service per week** (excluding 5 distance selling and 3 '100' hour pharmacies)
- **3 delivering a minimum of 100hrs service per week**
- **5 providing services via the internet or "distance selling"**

Further details of community pharmacies operating in Sefton can be found in Chapter 5 of this PNA.

4.2 Dispensing Doctors

Dispensing Doctors services consist mainly of dispensing for those patients on their "dispensing list" who live in more remote rural areas. There are strict Regulations which stipulate when and to whom doctors can dispense. Sefton has no dispensing doctor practices.

4.3 Appliance Contractors

These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently Sefton has does not have an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas.

4.4 Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently no LPS contracts in Sefton.

4.5 Acute Hospital Pharmacy Services

There are five Acute Hospital Trusts within Sefton catchment area, namely:

- Liverpool University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- Walton Centre NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust

Hospital Trusts have Pharmacy Departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients, when patients are discharged following a hospital stay and during the outpatient clinics.

4.6 GP Out of Hours Services and Urgent Care

There is now one GP 'out of hours' service for the Merseyside region. The service covers Liverpool, Halton, Knowsley, Warrington, a number of practices in St Helens, as Sefton. The service is accessed by NHS 111 in working hours 6.30pm – 8am (Mon-Fri) and over all weekends and Bank Holidays. During normal pharmacy opening hours, patients who require medicine to be dispensed are provided with a prescription that is usually sent electronically to a local Community Pharmacy. During evenings and weekends, where Pharmacy services may be more limited, patients requiring urgent treatment are provided with pre-packaged short courses of medication, as described in the national out of hours formulary.

Sefton has one walk in centre in Litherland Town Hall. Residents can also be directed to Skelmersdale walk in centre and the urgent care centre in Ormskirk Hospital (both in neighbouring West Lancashire). All three operate seven days a week from 8am until 8pm and bank holidays.

4.7 Bordering Services / Neighbouring Providers

The population of Sefton can access services from pharmaceutical providers not located within the Local Authority's own boundary. When assessing pharmacy contract applications or making enhanced service commissioning decisions, the accessibility of services close to the borders will need to be considered. Information on such services can be obtained by referring to the relevant neighbouring Health and Well Being Board's associated PNA.

Part 2: Sefton's Population and Health Profile

Agenda Item 12

5. Population Profile of Sefton

5.1 Location

Sefton is a metropolitan borough of Merseyside, England and its local authority is Sefton Council. The Borough consists of a coastal strip of land on the Irish Sea and extends from the primarily industrial area of Bootle in the south to the traditional seaside resort of Southport in the north. In the south-east it extends inland to Maghull. Sefton has an approximate area of some 155km². The district is bounded by Liverpool to the south, Knowsley to the south-east, and West Lancashire to the east.

5.2 Population Structure and Projections

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included, and UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

5.2.1 Resident Population

The latest population figures released in 2021 showed that the population in Sefton was 275,899. Approximately 48% (132,868) of the population is male with 52% (143,031) female. This is similar to the national picture where 49% are male and 51% are female. The age profile of males and females within Sefton shows that, while the 20-64 age group in both genders is similar, amongst females 26% are aged over 65, compared to 22% amongst males. Across Sefton 56.7% (156,338) residents are of working age (18-64), which is lower than both National and across the Northwest where the work age population account for 60.1% and 59.9% respectively. Overall, the proportion of the population aged over 65 in Sefton is 23.7%, considerably higher than across England as a whole where over 65's account for 18.5% of the population. The average age of a Sefton resident is 46.5 years, six years older than the average age across the UK, where it is 40.4 years.

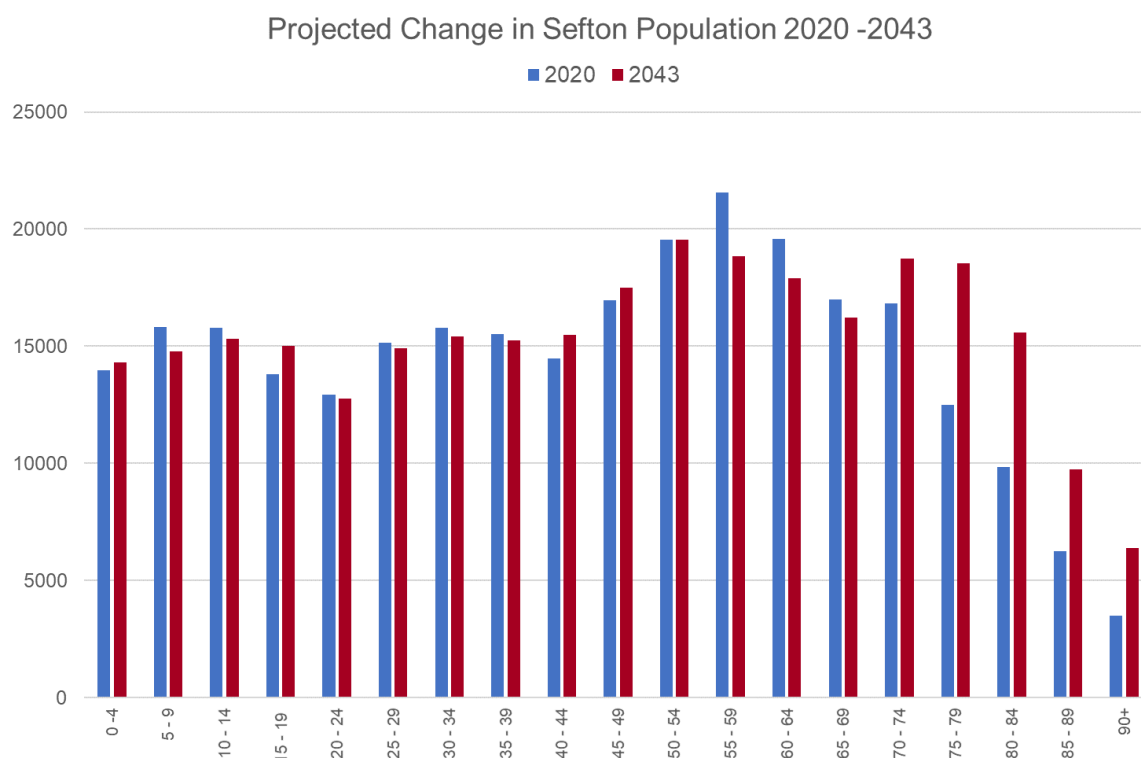
2020 mid-year population estimates for Sefton show a small 10-year population increase of 0.8% since 2010. National and Regional populations have also increased during this time period. However, the increases have been much greater than in Sefton. Since 2010 the population of England is estimated to have risen by 7.4% and the population of the Northwest of England by 5.0%.

Sefton has a low proportion of residents from minority ethnic groups, with 95% of the population being White British, higher than rates seen across Liverpool City Region (92%), the Northwest (87%) and England (79%)

5.2.2 Population Forecasts

Sefton's overall population is predicted to rise between 2020 and 2043 by 5% to 292,176. The chart in Figure breaks down the projection change in Sefton's population by five-year age bands. There are increases in each five-year band from 70-74 onwards with an overall increase in residents aged 70 and over of 40%, rising from 48,900 in 2020 to 68,900 in 2043. The biggest increase is projected

to be in the number of residents aged 90 and above, which is expected to rise by more than 82% from approximately 3,500 in 2020 to 6,400 by 2043.



Source: Office of National Statistics (2020)

Figure 3 - Project population change in Sefton, 2020 – 2043 (based on 2018 populations)

The greatest decreases are predicted to be in those who are potentially reaching the end of their working life, age 55-59 (-13%) and age 60-64 (-9%). There are smaller decreases in those in their twenties (-1.4%), thirties (-2%). The only working age group predicted to increase is the 40-49 year old age group (5%).

Amongst younger people it is predicted that there will be an increase in the 0-4 year age group (2%) and 15-19 year age group (9%) However, a reduction in those aged 5-14 (-5%), means the number of Sefton residents aged under 20 will barely change from 59,380 to 59,388.

The biggest increase for both males and females is amongst those aged 85 and above with the male over 85 population predicted to rise by over 90% and female by 52% between 2020 and 2043. Across both genders, it is projected that every age band from 70 onwards will see an increase.

5.2.3 GP Registered Population

The number of people registered with Sefton General Practices has increased in recent years and is higher than the resident population of the borough. Figures from 1st March 2022 show there were 283,668 patients registered with Sefton Practices compared to 278,816 in 2017. This means there are just under 8,000 more people registered with Sefton GPs than living in the borough. It is

Agenda Item 12

unknown how many Sefton residents are registered with GPs in neighbouring areas (Liverpool, Knowsley and West Lancashire) and how many people from these neighbouring areas use GPs based within Sefton.

5.3 Populations with Protected Characteristics

There is widespread evidence to demonstrate that some communities, such as people from minority ethnic groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers and disabled people, may face barriers to accessing health and social care services as well as support services to move into good employment; this can have an impact on their health and wellbeing.

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

5.3.1. Age

Population

See section 5.2 for detailed breakdown

- Under age 18: 54,098 (19.6% of total population)
- 18-64: 156,338 (56.7% of total population)
- 65-74: 33,598 (12.2% of total population)
- 75+: 31,865 (11.5% of total population)
- Total population 275,899 (ONS 2020 mid-year population estimate)

Health issues

Health issues tend to be greater amongst the very young and the very old.

For children:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19
- Eight out of 10 obese teenagers go on to become obese adults
- Nationally, the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.

For older people (65+):

- they are less likely to smoke or drink alcohol to riskier levels. They are less likely to take drugs, although the age of people in alcohol & substance misuse services is increasing
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation
- The proportion of the population with long-term conditions increases with age

5.3.2. Sex

Population

See section 5.2 for detailed breakdown

- Women: 143,031 (51.8%)
- Men: 132,868 (48.2%)

Health issues

- Overall life expectancy and life expectancy at 65 are lower for men in Sefton compared to women
- Women in Sefton have a significantly higher rate of emergency hospital admissions for Self-Harm than men
- In those aged over 65, emergency hospital admissions for falls are significantly higher for Sefton females than males
- Under 75 mortality rates from causes considered preventable are significantly higher for male than females in Sefton, a pattern also seen nationally. In 2017-19 in Sefton, the rate for males was 208.2 compared to 115.6 for females
- Sefton's male suicide rate is over three times higher than the female rate (14.0 per 100,000 compared to 4.5 per 100,000)

5.3.3. Disability

The definition of disability is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, that is people with a long-standing illness or disability which is not currently affecting their day-to-day activities.

Population

The 2011 Census indicates that 22.7% of people in Sefton have a disability or illness that affects their day-to-day activities, higher than the Northwest (20.3%) and England (17.6%). This equates to approximately 62,629 residents.

The 2020/21 GP register shows there were 1602 people with learning disability known to their general practice across Sefton. This is a prevalence rate of 0.6% compared to 0.56% in Cheshire and Merseyside and 0.53 in England^v

Agenda Item 12

Data from the 2021 GP Patient survey^{vi} suggests that 57% of South Sefton patients surveyed had a long-term physical or mental health condition, disability or illness. Of those 26% said it affected their daily life a lot and a further 38% said it affected them a little. Thirty six percent said it did not affect ability to carry out your day-to-day activities at all. For patients registered in Southport and Formby, slightly more had a long-term physical or mental health condition, disability or illness (59%). Of which, 19% said it affected their daily life a lot, 41% said it affected them a little and 40% said it did not affect it at all. These figures are based on a representative sample.

Health issues

- There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health
- Co-morbidity of disabling conditions
- People with learning disabilities are living longer and as a result, the number of older people with a learning disability is increasing. Despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with learning disabilities has increased over the last 70 years. Older people with a learning disability need more to remain active and healthy for as long as possible.
- Despite this data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD
- Recent data by Public Health suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

5.3.4. Pregnancy and maternity

Population

See section 6.2 for fertility rates and live births data

Health issues

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- | | | |
|------------------------|----------------|-------------|
| • Backache | • Constipation | • Cramp |
| • Deep-vein thrombosis | • Faintness | • Headaches |

- High blood pressure and pre-eclampsia
- Itching
- Nosebleeds
- Piles (haemorrhoids)
- Stretch marks
- Tiredness
- Incontinence
- Leaking nipples
- Urinating a lot
- Skin and hair changes
- Swollen ankles, feet, fingers
- Vaginal discharge or bleeding
- Indigestion and heartburn
- Morning sickness and nausea
- Pelvic pain
- Sleeplessness
- Swollen and sore gums, which may bleed
- Varicose veins

5.3.5. Ethnicity

Population

Sefton has a low proportion of residents from minority ethnic groups, with 95% of the population being White British, higher than rates seen across Liverpool City Region 92%, the Northwest 87% and England 79%.

Health issues

- Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.
- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, tuberculosis and diabetes
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Agenda Item 12

Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

5.3.6. Religion and belief

Population

Data from the 2011 Census for Sefton residents showed:

- Christian 76.8%
- Buddhist 0.2%
- Hindu 0.2%
- Jewish 0.2%
- Muslim 0.4%
- Sikh 0.0%
- Other religion 0.2%
- No religion 15.8%
- Religion not stated 6.2%

Health issues

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns
- There is a possibility of hate crime related to religion and belief

5.3.7. Marital status

Population

Data from the 2011 Census for Sefton showed:

- Single (never married or never registered a same-sex civil partnership): 33.1%
- Married: 46%
- In a registered same-sex civil partnership: 0.2%
- Separated (but still legally married or still legally in a same-sex civil partnership): 2.4%
- Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 9.3%
- Widowed or surviving partner from a same-sex civil partnership: 9%

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.^{vi}
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study (UKHLS), suggests this is also the case for females in same-sex civil partnership.^{vii}

5.3.8. Sexual orientation

Population

The preferred estimate up until now has been that provided by the Department of Trade and Industry of an LGB population of between 5 to 7%, as provided in the Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004)

The GP Patient Survey for England includes a question relating to sexual orientation. The survey suggests between 93% of patients registered with practices in Sefton define themselves as being heterosexual / straight, with 3% stating their sexual orientation as being either Gay/Lesbian (2%) or Bisexual (1%). Less than 1% defined themselves as Other and 3% preferred not to disclose their sexual orientation.

Health issues

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey^{viii} found:

- Half of LGBT people (52 per cent) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.

Agenda Item 12

- Almost half of transgender people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

5.3.9. Gender re-assignment

Population

Currently there are no standard national sources of transgender statistics, nor is there standard data on the use of health services or referrals to gender identity clinics. However, GIRES (the Gender Identity Research and Education Society) estimate that 0.6-1% of the population may experience gender dysphoria.

In the 2021 GP Patient Survey 99% said their gender identity was the same as the sex they were registered at birth. Less than 1% said it was not the same as the sex they were registered at birth or preferred not to say. The national figures showed 1% did not have the same gender identity as the sex they were registered at birth.

Health issues

Research from Stonewall shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication

- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Being transgender, non-binary or non-gender and any discomfort, a person may feel with their body, with the mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

5.4 Deprivation and Socio-economic factors

Based on average Lower Super Output Area (LSOA) scores, Sefton is the least deprived of the six wider Merseyside authorities (inc. Halton). However, of the 317 Local Authorities contained within the Index of Multiple Deprivation (IMD) Sefton is ranked as the 89th most deprived in England. There are 38 Sefton LSOAs in the most deprived 10% of areas within England, with seven of these amongst the most deprived 1%. Six of these LSOAs are within Linacre Ward and the remaining LSOA is in Derby Ward. Within the 38 LSOAs within the most deprived decile there are approximately 58,000 residents, this equates to 21% of Sefton's population living in the most deprived 10% of areas.

When recent measures of deprivation are compared with figures from 2015, 22% of Sefton's LSOAs have experienced increased levels of deprivation. However, there is minimal change in the geographical distribution of the most and least deprived areas within Sefton. The distribution of Sefton's most deprived LSOAs is typically clustered in the south of the borough and central Southport. However, it is important to note that not all individuals living in an area of higher deprivation are or feel deprived.

It is likely that no one service provider can address the issues within the most deprived areas. There is a need for partners to work together to ensure that resources are used in the locations of greatest need to ensure greater impact and value for money.

5.5 Future Planning: Housing Developments

Sefton's Local Plan outlines how the borough will look, and be developed, to 2030. The Plan, which has been developed within the statutory planning framework, was adopted in April 2017 and sets out:

- How development will be provided for to meet the needs of Sefton's communities
- The policy framework for making decisions on planning applications
- The strategic policy framework for Neighbourhood Plans
- Priorities for investment in employment, housing and infrastructure, including site allocation

Agenda Item 12

The 2014 Strategic Housing Market Assessment (SHMA) for Sefton, which informed the Local Plan, provides a long-term strategic assessment (over the Local Plan period to 2030) of both housing needs and demand and in particular affordable and special needs housing in Sefton. The key findings are:

- Taking account of demographic, economic and policy factors the SHMA shows an overall need for affordable housing of about 7,815 units (i.e., the net need of 434 per annum multiplied by 18 years) in Sefton over the 18-year Local Plan period 2012 to 2030. This need is highest in Southport, Formby and Maghull/Aintree.
- The SHMA states that not all this need has to be met by the provision of affordable housing on new sites, as a significant element in any shortfall between need and supply will *“be met by the Private Rented Sector which currently has over 10,000 individual claimants for Local Housing Allowance.”*
- The majority of affordable housing need is for social rented housing.
- It recommended that 15% of all housing provision should be for older people, reflecting Sefton’s ageing population. In particular, there is a strong need for additional ‘extra care’ older persons housing.
- It recommended that the majority of new market housing should be 3-bedroom family accommodation.
- The majority of new affordable housing should be for 1- and 2-bedroom accommodation.

It is anticipated that new areas of housing will be built and occupied during the period of this PNA. These will be primarily to the east of Maghull, around Formby, Thornton and Churchtown. At the time of writing, it is expected that during the next five years, approximately 2,400 new properties will be built within Sefton in 77 separate developments. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is a requirement of the Local Plan to ensure that developments are supported by sufficient infrastructure. Planning for all local infrastructure to support additional developments, including needs related to health service provision, will be determined as required and developed in consultation with all key stakeholders. The annual PNA review provides an opportunity to ensure that pharmaceutical provision responds to the needs of the population with reference to major infrastructure development.

6. Health Profile of Sefton

6.1 Life Expectancy

Life expectancy at birth for residents in Sefton increased between the periods 2001-03 and 2017-19, from 75.1 to 78.9 years for males and 79.9 to 82.9 for females. However, in the most recent time period, life expectancy in Sefton fell to 82.4 years for females and 78.0 years for males. This is in keeping with the national trend, where life expectancy has dropped due to the excess mortality resulting from the COVID-19 pandemic.

The chart in

Figure illustrates the change in life expectancy in Sefton during the period 2001-03 and 2018-20. The chart illustrates that life expectancy remains consistently higher for females than males. Between 2009-11 and 2016-18 the gap between male and female life expectancy narrowed (to 3.8 years). However, since then, the difference between Sefton’s male and female life expectancy has widened. In 2018-20 the gap between male and female life expectancy is 4.4 years.

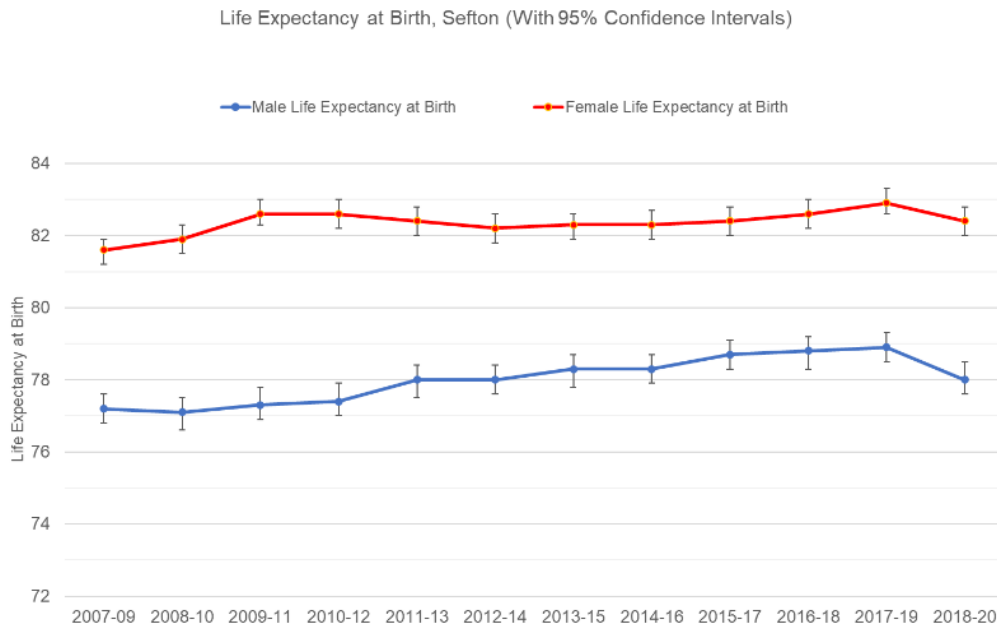


Figure 4 - Life expectancy at birth within Sefton

Source: ONS via PHOF

The male healthy life expectancy (HLE) at birth for Sefton (63.7) is not significantly different to the England average (63.2) but significantly higher than the North West (61.7). There is a gap of almost 15 years between male LE and HLE in Sefton meaning an estimated 15 years will be spent in ‘Not Good’ health.

The Sefton HLE at birth for females is higher than the male HLE at 64.2. However, females in Sefton are estimated to spend 3 more years of their life in ‘not good’ health than men. The difference between LE and HLE for females is 18. The Sefton HLE at birth for females is not significantly different to the England or North West averages.

6.2 Birth Rate

Births in Sefton have generally reduced over the last couple of years (from 2805 in 2016 to 2405 in 2020). The General Fertility Rate (GFR) shows a similar trend to the total number of births. In 2020 the rate was 54.4 per 1,000 females aged 15-44 years, slightly lower than the North West (55.9) and England (55.3) rates.

Agenda Item 12

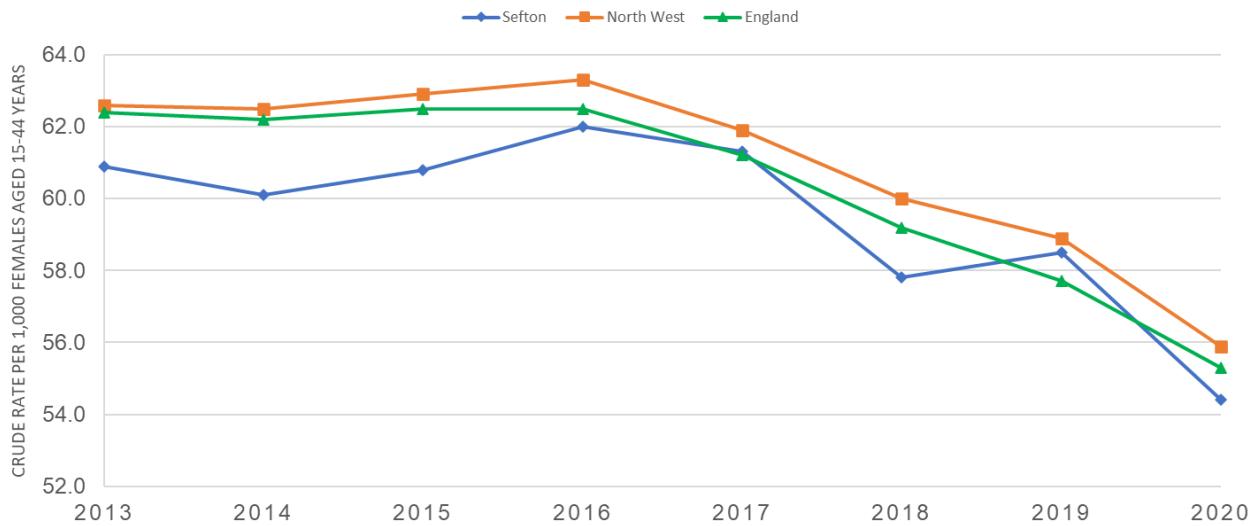
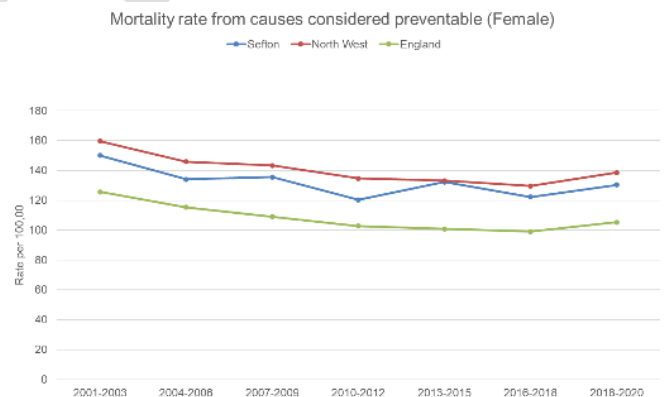
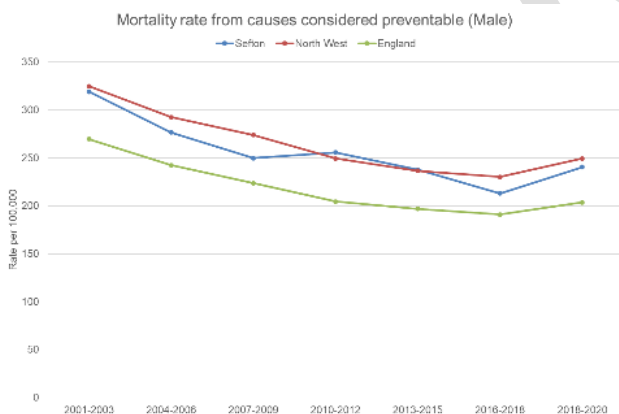


Figure 5 - General Fertility Rate, Live Births per 1,000 females aged 15-44 years

Source: ONS via NOMIS

6.3 Preventable Mortality

In 2018-20 the preventable mortality rate was 240.4 per 100,000 for males and 130.3 per 100,000 for females. The rates for males and females have both been significantly worse than the England average since 2001-03 (figure 6).



Source: Office for National Statistics

Figure 6 - Mortality rate from causes considered preventable (2001/03 - 2018/20)

6.4 Major causes of ill health and mortality in Sefton

Cancers are the largest single cause of death in Sefton, usually accounting for just under 30% of deaths in Sefton. In 2020, 24% of deaths were due to cancers. The next highest cause of death was diseases of the circulatory system (21%), then COVID-19 (12%) and diseases of the respiratory system (11%).

In 2019 there were 525 deaths in NHS South Sefton due to cancer, giving a cancer mortality rate of 298.7 per 100,000 population. In NHS Southport & Formby, there were 374 deaths, giving a

mortality rate of 228.7. Over the last decade there has been reduction in the cancer mortality rate in South Sefton (15%) and Southport & Formby (9%). However, South Sefton's rate remains significantly higher than the overall cancer mortality rate for England, which is 254.6 per 100,000 population. The mortality rate for Southport & Formby is not significantly different to the England average.

The rates of cancer mortality from lung, breast, colorectal and prostate cancer for Southport & Formby were all lower than the England average in 2019. However, in South Sefton only the rate of prostate cancer was below the England average, with lung, colorectal and breast cancer incidence all higher than England. This is outlined in Table 1.

Cancer	Mortality Rate per 100,000		
	South Sefton	Southport & Formby	England
Lung, Bronchus and Trachea	81.3	40.5	51.4
Breast	20.0	17.1	17.7
Colorectal	27.4	20.6	25.8
Prostate	38.3	38.0	45.5

Source: NCRAS, (2022)

Table 1 - Rate of cancer mortality for selected cancers (2019)

6.5 Long Term Conditions

Sefton generally has slightly higher levels of diagnosed long term conditions than average. However, asthma, kidney disease, coronary heart disease (CHD), dementia, diabetes and hypertension may be under diagnosed in the population.

Figures indicate more than 47,800 people (17%) in Sefton have been diagnosed with hypertension (high blood pressure). While this figure is high, estimates produced the National Cardiovascular Intelligence Network suggest that approximately 21,200 people with high blood pressure remain unknown to Primary Care and that the actual prevalence is closer to 30% of the population.

Approximately 4.1% of adults in Sefton have been diagnosed with coronary heart disease (narrowing or blockage of the coronary arteries), equating to just over 11,500 people.

In 2020 there were 4,902 over 65s estimated to have some form of dementia in Sefton. It is predicted that by 2030 this will have risen to almost 5,900 people over the age of 65 years living with dementia in Sefton.

Agenda Item 12

Diagnosed Long Term Condition Registers - Unadjusted Prevalence of Disease 2020-21

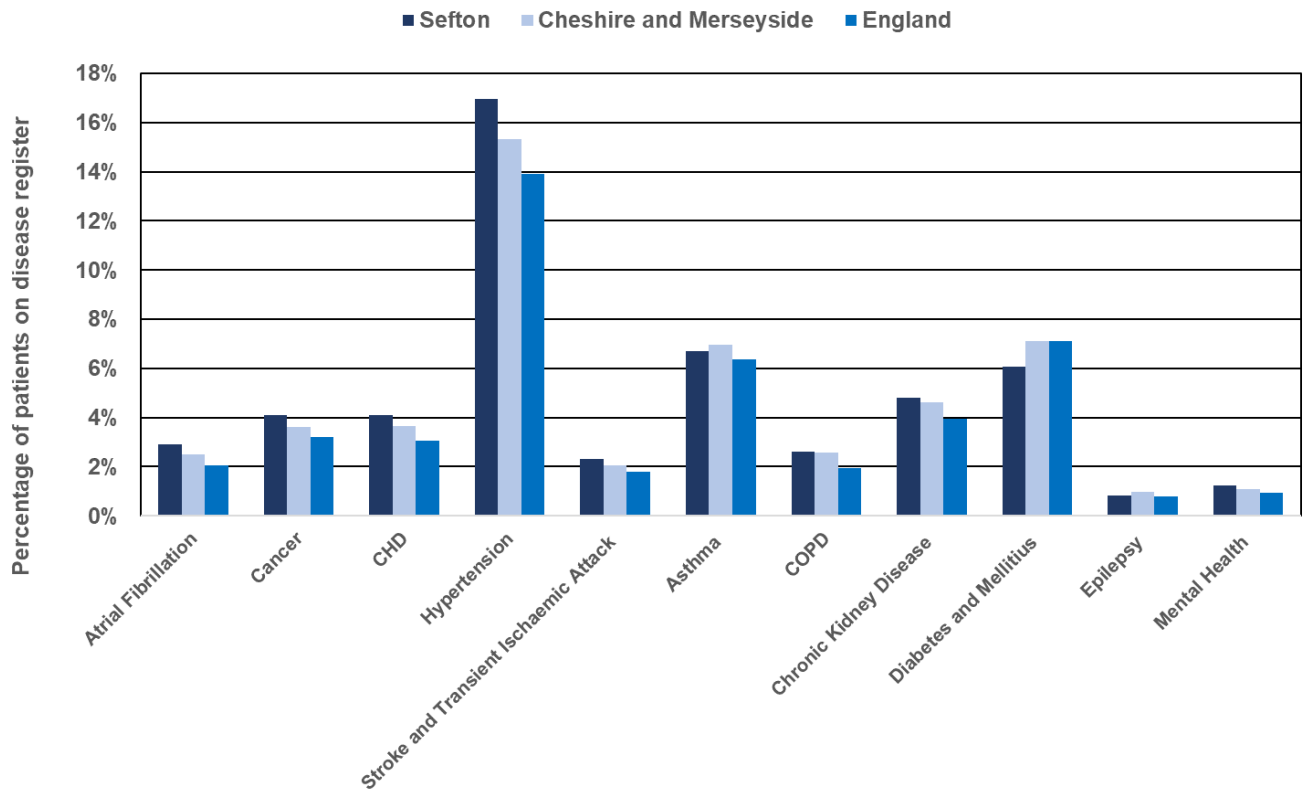


Figure 7 – Estimated prevalence of long-term conditions in Sefton (2020-21)

Source: Quality Outcomes Framework, NHS Digital (2020-21)

In 2019, 814 cases of cancer (excluding non-melanoma skin cancer) were diagnosed amongst patients registered with GP practices in NHS Southport & Formby and 1126 amongst patients registered with NHS South Sefton. This means that NHS Southport & Formby has an age standardised incidence rate of 543.7 per 100,000 population, significantly lower than the England average (610.1 per 100,000). South Sefton, on the other hand, has an age standardised incidence rate significantly higher than the national rate, at 656.7 per 100,000 population.

As with the national picture, the cancer incidence rate is higher for males than females for both Southport & Formby and South Sefton.

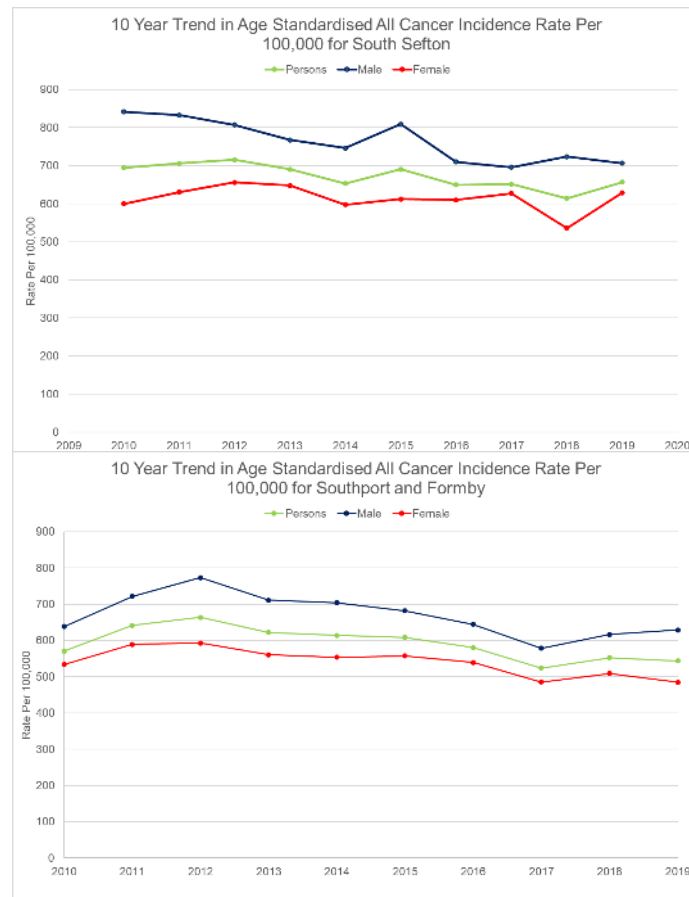


Figure 8 - Trend in cancer incidence

According to the National Cancer Registration and Analysis Service (NCRAS) rates of lung, breast, colorectal and prostate cancer for NHS Southport & Formby were all lower than the England average in 2019. However, in South Sefton only the rate of prostate cancer was below the England average, with lung, colorectal and breast cancer incidence all higher than England. This is illustrated in Table 2.

Cancer	Incidence Rate per 100,000		
	South Sefton	Southport & Formby	England
Lung, Bronchus and Trachea	107.6	57.8	74.9
Breast	106.0	76.3	90.3
Colorectal	62.5	59.0	70.2
Prostate	165.0	144.6	191.7

Table 2 - Rate of cancer incidence for selected cancers (2019)

Source: NCRAS (2022)

Cancer incidence varies between wards in Sefton. In particular cancer incidence rate is highest in Linacre, Derby, Litherland and Netherton & Orrell wards and lowest Kew, Victoria and Cambridge wards. This is illustrated in Figure 9.

Agenda Item 12

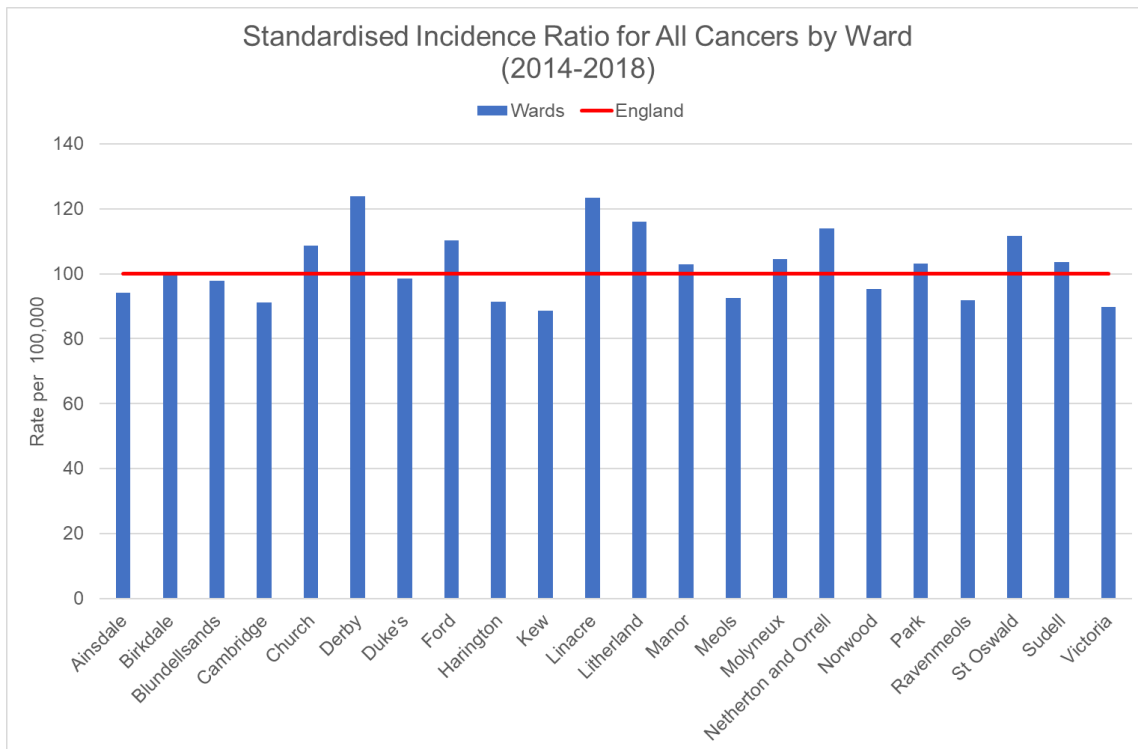


Figure 9 - Cancer incidence by ward in Sefton (2014– 2018)

Source: Office for Health Improvement and Disparities (2022)

6.6 Tobacco

According to 2020 Annual Population Survey, the adult smoking rate in Sefton was estimated to be 6.5%. This means that adult smoking rates in Sefton are significantly better than the England average for the whole population (12.1%) and the Northwest (13.4%). Historic data shows that smoking rates among adults in Sefton have halved between 2011 and 2019. Rates of smoking among adults vary across England. The highest rate of smoking for a local authority is 25% and the lowest rate is 2.3%.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is the most significant modifiable risk factor for both heart disease and cancer. Within Sefton, smoking related hospital admissions are approximately 1,240 per 100,000 population. This is significantly lower than the average for England. However, the mortality from lung cancer and from COPD are both significantly higher than the England average (63.5 per 100,000 population and 51.7 per 100,000 respectively), showing that there is still a need for tobacco control measures within the borough.

Across England, approximately 9.6% of new mothers are smokers at the time their baby was delivered. This figure is slightly higher in Sefton, where approximately 9.9% of mothers are smokers at time of delivery. There were 2,253 Sefton maternities during 2020/21, which means that approximately 223 mothers were smoking at the time of their baby's birth.

6.7 Alcohol

The harmful use of alcohol results in 3 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people around them. Harmful drinking is a major determinant for neuropsychiatric disorders, including alcohol use disorders and epilepsy, cardiovascular diseases, cirrhosis of the liver and various cancers. The Public Health England (OHID) Local Alcohol Profiles show that Sefton has significantly worse rates of alcohol specific hospital admission and mortality than the England average.

In January 2016, the Chief Medical Officer issued revised guidance on alcohol consumption which advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week. Public Health England(OHID) estimate that almost 30% of Sefton adults drink above this guideline. This equates to approximately 82,767 residents consuming alcohol at increasing risk levels. A further 4,290 Sefton adults are estimated to be alcohol dependant, according to a study by The University of Sheffield and Kings College London.

Nationally increasing risk drinking is more common amongst males and the 55-64 year old age group. The youngest and oldest age groups (16-24 and 75+) are most likely to be non-drinkers. Whilst higher earners are more likely to drink alcohol the harm associated with higher risk drinking is greatest in the most deprived areas.

In 2020/21 Sefton's rate of alcohol specific hospital admissions was 998 per 100,000, significantly higher than the national rate. Sefton's rates of alcohol related hospital admission for 2020/21 are also significantly higher than the national and regional averages. Sefton's rate of alcohol specific and alcohol related hospital admissions have risen over the last ten years. Alcohol related hospital admissions are higher for males than females and in general, rates are highest for Sefton's most deprived wards in the South of the borough

The latest Local Alcohol Profiles for England show that alcohol related mortality within Sefton is 78.3 per 100,000 population for males and 28.5 per 100,000 population for females. The rate for alcohol related mortality for females is not significantly different to the England average; however, the rate is significantly worse for males.

6.8 Substance Misuse (Drugs)

Drug services in Sefton aim to reduce drug related harm and support people to live a drug free life. In 2020/21 there were a total of 1429 Sefton adults who were in drug treatment services, a decrease of 15% compared with 2019/20.

Forty-two percent of Sefton opiate users are not in treatment, lower than for England as a whole, (47%). Sixty percent of Sefton's estimated crack users are not in treatment, a similar proportion to national estimates (58%)

Most drug users in contact with services are between the ages of 30 and 59 (84%). Heroin and other opiate users remained the highest cohort in contact with treatment accounting for 70% (1005) of

Agenda Item 12

all those in treatment. Around 35% of those in treatment for opiates have been in treatment for 6 years or more.

The number of clients successfully completing treatment for opiate dependence and not re-presenting to treatment within 6 months (3.6% of the total number of opiate users in treatment) is below the national figure (4.7%) For non-opiate clients, 29.7% successfully completed treatment and did not re-present within 6 months, compared to 33% nationally.

6.9 Obesity

Figures from 2019/20 estimate that 67.3% of Sefton adults are overweight or obese, this is higher than both the Northwest comparator (65.9%) and England overall (62.8%).

In 2019/20 26.7% of Reception year children in Sefton were overweight or obese - this is higher than the Northwest comparator (25.2%), and significantly higher than the England average (23.0%). In Year 6, 38.4% of children in Sefton were overweight or obese - this is similar to the Northwest comparator (37.4%) and significantly higher than England overall (34.2%).

In 2019/20 61.3% of adults in Sefton were recorded as being physically active, compared to a national average of 66.4%. Sefton has a large number of green spaces and parks: over 30 parks, 61 play areas and 183 open spaces. They have a wide range of facilities for all ages and abilities. However, it is estimated that only 15.6% of Sefton adults use green spaces for exercise or health compared to 17.9% nationally.

6.10 Sexual Health

Intelligence from the Office for National Statistics shows that Sefton's annual teenage conception rate in 2020 (13.8) is the lowest rate on record (since 1998). The actual number of conceptions (60) is also the lowest number on record (Table 3).

Number and rate of under 18 conceptions in Sefton 2013-2020								
	2013	2014	2015	2016	2017	2018	2019	2020
Number of conceptions	128	101	96	94	76	78	78	60
Rates per 1,000 women aged 15-17	26.2	21.1	21.0	20.9	17.4	17.9	18.1	13.8

Table 3 - Number and rate of under 18 conceptions in Sefton 2013 – 2020

Source: Office for National Statistics (2022)

Under 16 conceptions are a subset of under 18 conceptions. Sefton's rate of under 16 conceptions is low, accounting for less than 1 in 5 of under 18 conceptions. Since 2009-11, the under 16 conception rate for Sefton has generally decreased, albeit at a slower rate than seen regionally and nationally. For 2018-20, Sefton's under 16 conception rate was 3.3 per 1,000 population, compared to 2.3 per 100,000 for England and 3.0 per 100,000 for the North-West (Figure 10).

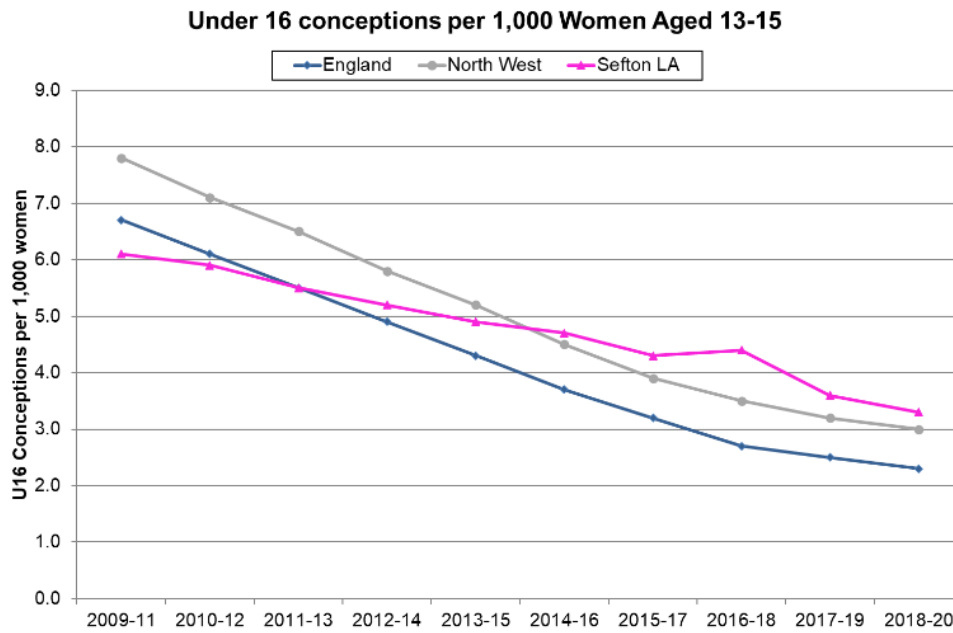


Figure 10 - Under 16 conceptions between 2009-11 and 2018-20

Source: Office for National Statistics (2022)

In 2020, 51.7% of teenage conceptions in Sefton led to an abortion. This is a decrease on 2019 (66.7%) and slightly lower than both the national (53%) and regional rates (54.4%). Between 2013 and 2019 Sefton’s proportion of teenage conceptions leading to abortion has been higher than the England and North-West averages.

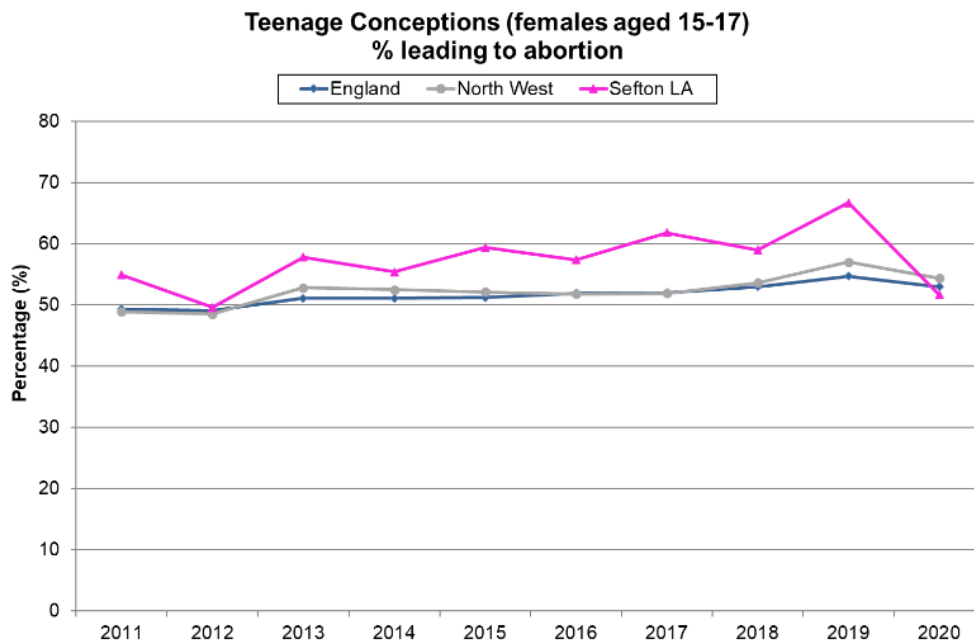


Figure 11 - Under 18 conceptions leading to abortion (2011 – 2020)

Source: Office for National Statistics (2022)

Office for National Statistics (ONS) release official ward based teenage conception rate estimates every year. Numbers of conceptions by ward each year are fairly small, so numbers are aggregated

Agenda Item 12

to 3 years. Even across 3 years the number of conceptions remains small, and the rates are inherently variable.

Within Sefton the latest ward-based data covers conceptions in 2017-19. Despite low rates for Sefton as a whole, there is wide variation in the rate of teenage conceptions within the borough. Teenage pregnancy rates are typically higher in the south Sefton. Linacre has had the highest rate of teenage conceptions since 2007-09.

6.11 Influenza Immunisation

For most people, influenza (flu) is an unpleasant illness making people feel unwell for several weeks, but it's not serious in healthy people. However, certain people are more likely to develop potentially serious complications of flu, such as bronchitis and pneumonia. This can result in emergency hospital admissions or even death. The following groups of people are now offered free NHS influenza vaccination each year:

- Those aged 65 years and over (see also section on older people)
- Pregnant women
- Those who have certain medical conditions^[5] –
 - chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
 - diabetes
 - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
 - a weakened immune system due to conditions such as HIV and AIDS, or as a result of medication such as steroid tablets or chemotherapy
- Those living in a long-stay residential care home or other long-stay care facility
- People receiving carer's allowance, or who are the main carer for an elderly or disabled person whose welfare may be at risk if they fall ill
- Healthcare workers with direct patient contact or social care workers

Research has shown that immunisation services can be safely provided in community pharmacy settings,ⁱ that the review of medication records is a useful tool in flagging up those 'at risk' and inviting them to take part in the programme.ⁱⁱ Such programmes are also well received by both patients and doctors.ⁱⁱⁱ

⁵ Note this list is not definitive and GPs clinical judgement will be used to assess if a person has an underlying illness that may be exacerbated if they catch the flu

Uptake rates of the national seasonal influenza vaccination programme for those aged 65 and over in Sefton increased in 2020/21 compared to 2019/20 to 81.4% - above the WHO target of 75%. Immunisation of those under 65 and considered at clinical risk is consistently lower, though it has also increased since the 2019/18 flu season (Table 4).

Flu vaccine uptake	2020/21	2019/20	2018/19
Over 65s	81.4%	74.2%	73.8%
Under 65 at clinical risk	51.8%	45.0%	47.3%

Table 4 - Uptake of flu vaccine in Sefton 2018/19 – 2020/21

Source: Office for Health Improvement and Disparities (2022)

6.12 Mental Health

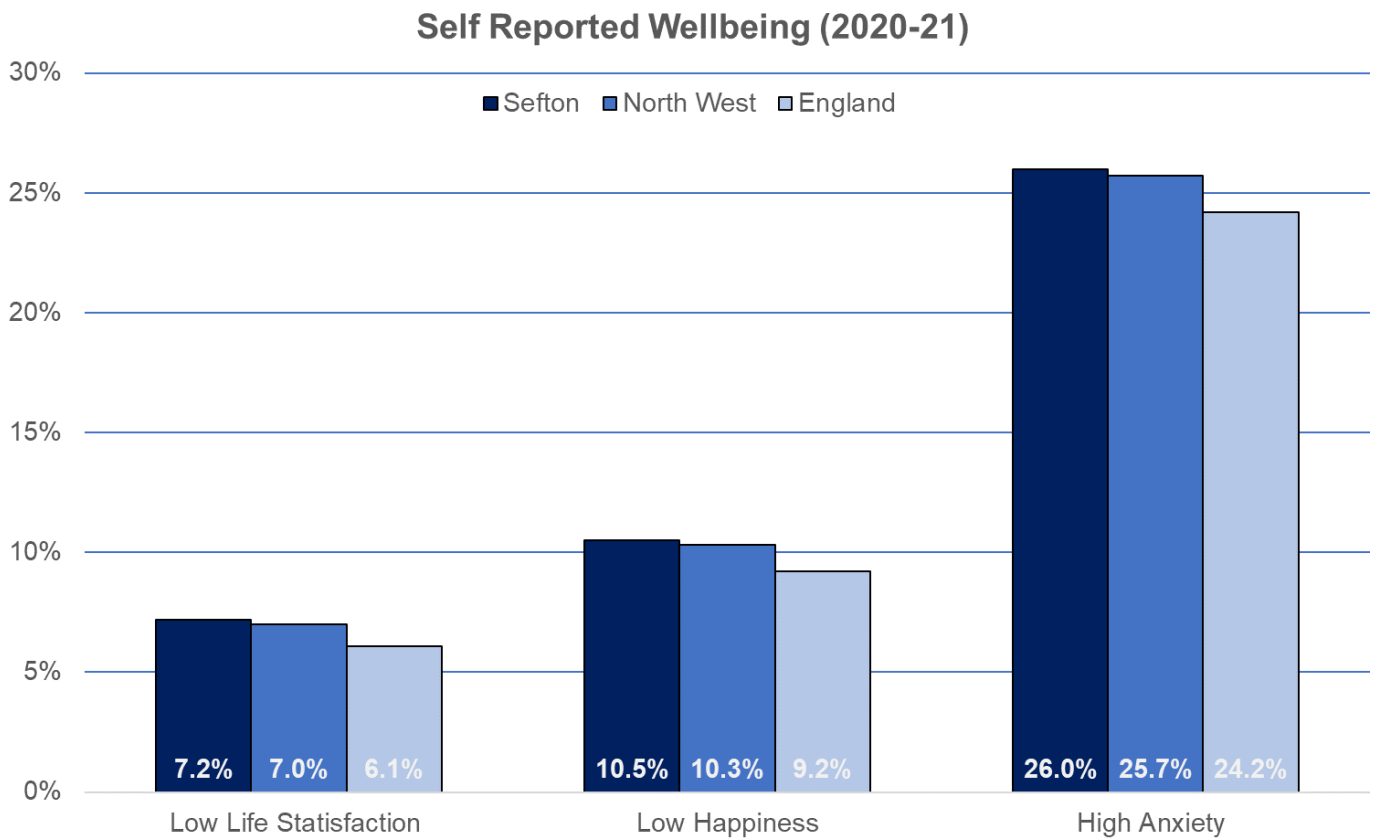
One in four adults and one in ten children will experience mental ill health in any given year. Mental health problems represent the largest single cause of disability in the UK. It covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. The cost of mental ill health to the economy in the UK has been estimated at £118 billion – roughly 5% of the UK's GDP.

The Office of National Statistics produces national measures of well-being based on the annual population survey. The survey includes the following four questions:

- 1) Overall how satisfied are you with your life nowadays?
- 2) Overall how happy did you feel yesterday?
- 3) Overall how anxious did you feel yesterday?
- 4) Overall to what extent do you feel the things you do in your life are worthwhile?

The latest survey results (2020-21) found Sefton residents reported poorer well-being than England overall, although the percentages were not statistically significant. A robust estimate of the fourth measure (worthwhile) could not be produced for Sefton in 2020/21

Agenda Item 12



Source: Public Health Outcomes Framework (2022)

Figure 12 – Self-reported wellbeing for Sefton, North West and England (2020-21)

Prevalence of serious mental health problems such as schizophrenia or bipolar disorder is also higher than the England average. Approximately 1.2% of patients registered with a Sefton GP have a diagnosed serious mental health problem compared to approximately 0.95% across England. This equates to roughly 3,400 adults suffering from a serious mental health condition. The Common Mental Health Disorders Profile also provides an indication of levels of antidepressant prescribing within Sefton. For South Sefton, the average level of antidepressant prescribing in 2017/18 was 2.0 ADQ per STAR-PU⁶. For Southport and Formby CCG, the average level of antidepressant prescribing was 1.6 ADQ per STAR-PU. The average for England was 1.5 ADQ per STAR-P

In 2020, there were 20 deaths due to suicide or undetermined injury amongst Sefton residents. The standardised rate for deaths from suicide and undetermined injuries within Sefton is 9.0 per 100,000 for 2018-20. The rate has reduced by 30% since 2014-16 (12.8%), but this is not a statistically significant change. Sefton’s rate is not significantly different from the North-West or England as a whole.

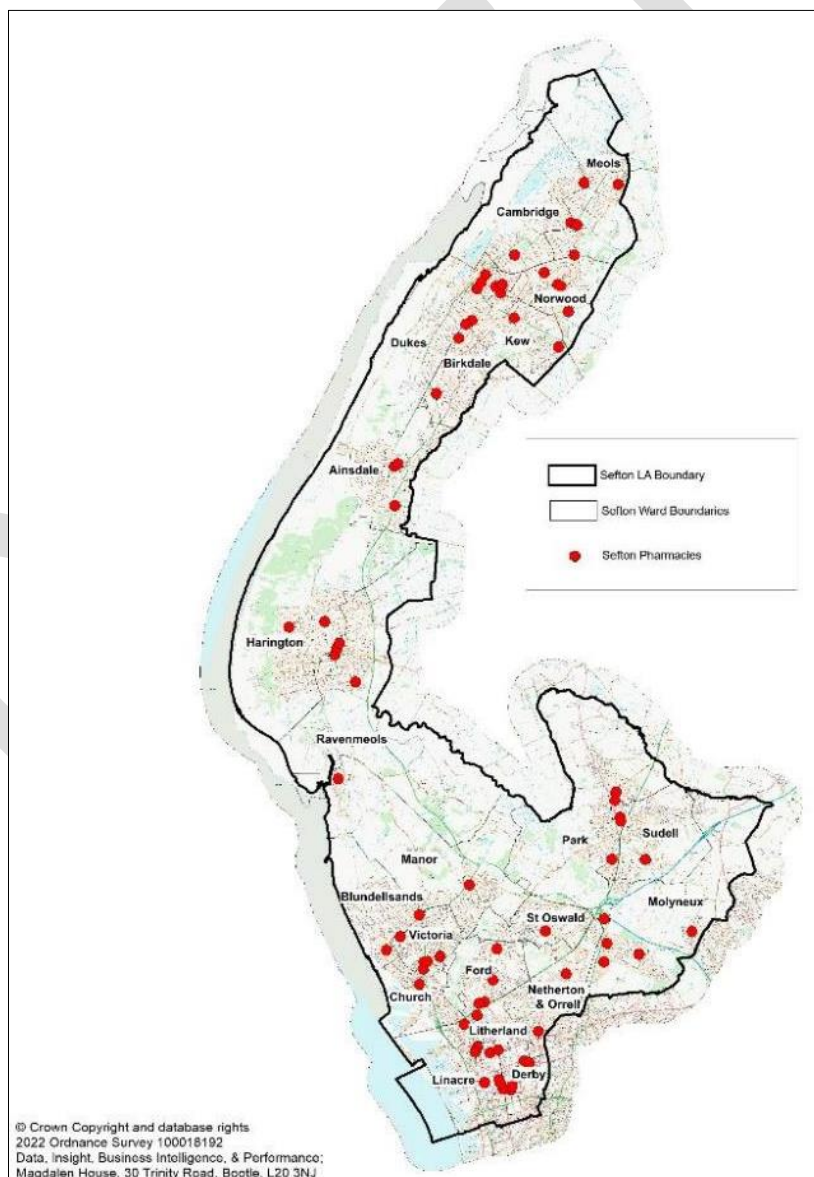
⁶ ADQ per STAR-PU is a measurement of prescribing that takes into account average daily quantities of a drug weighted for the age and sex of a patient

Part 3 -Current service provision: access; prescribing; advanced and locally commissioned services

7. Pharmacy Premises and Workforce

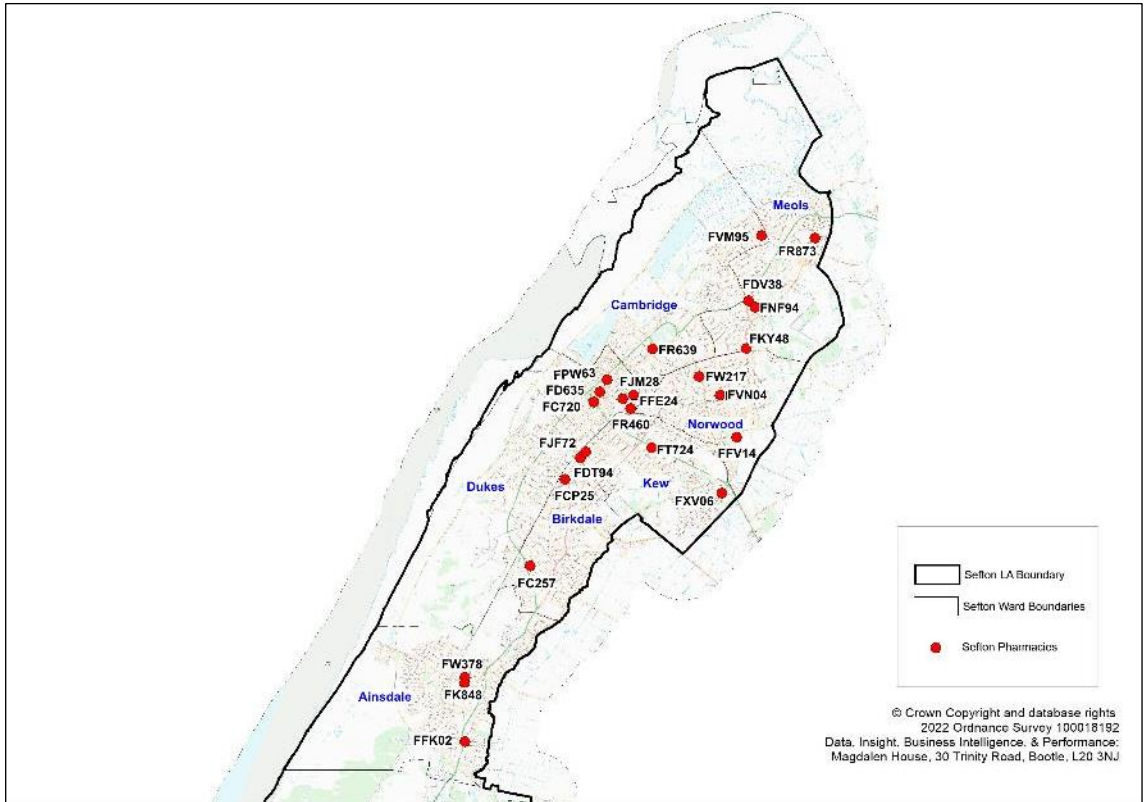
7.1 Pharmacy locations and level of provision

Information on pharmacy locations and opening times was correct at the time of completing the draft PNA January 2022, when there were 73 community pharmacies across Sefton (Maps 1, 2, 3 and 4). At publication in October 2022 there are 71 pharmacies. The following four maps illustrate the locations of these services and indicate an equitable spread across the borough.. Illustrative maps have been compiled using this data. Localities are represented at ward level and further presented on sub borough geography to maximise illustration.

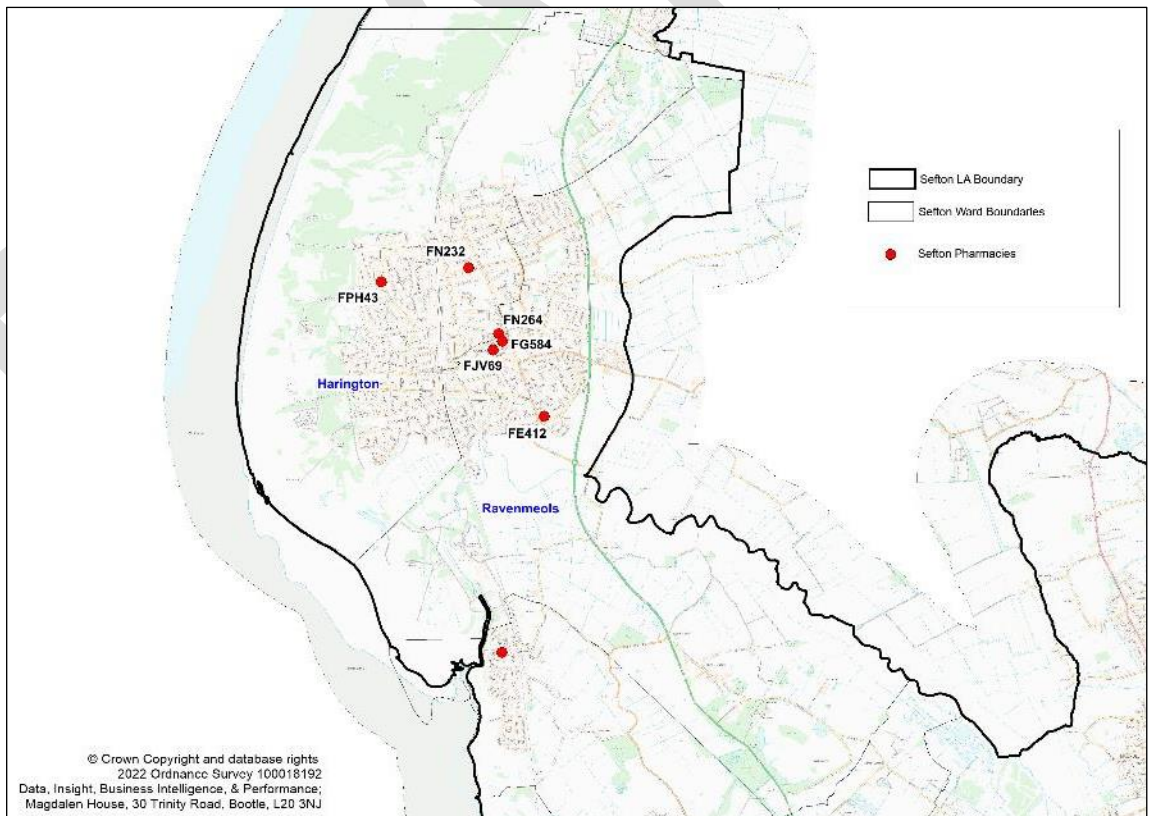


Map 2 - Pharmacy locations in Sefton – January 2022

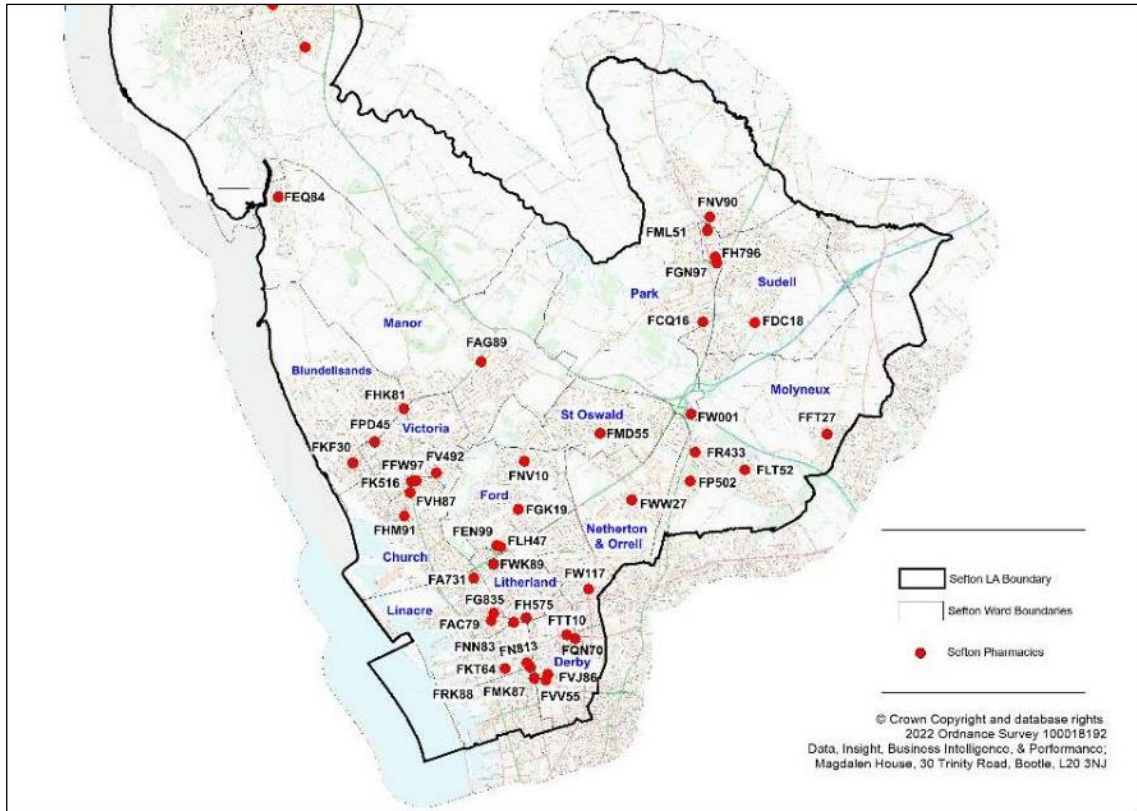
Agenda Item 12



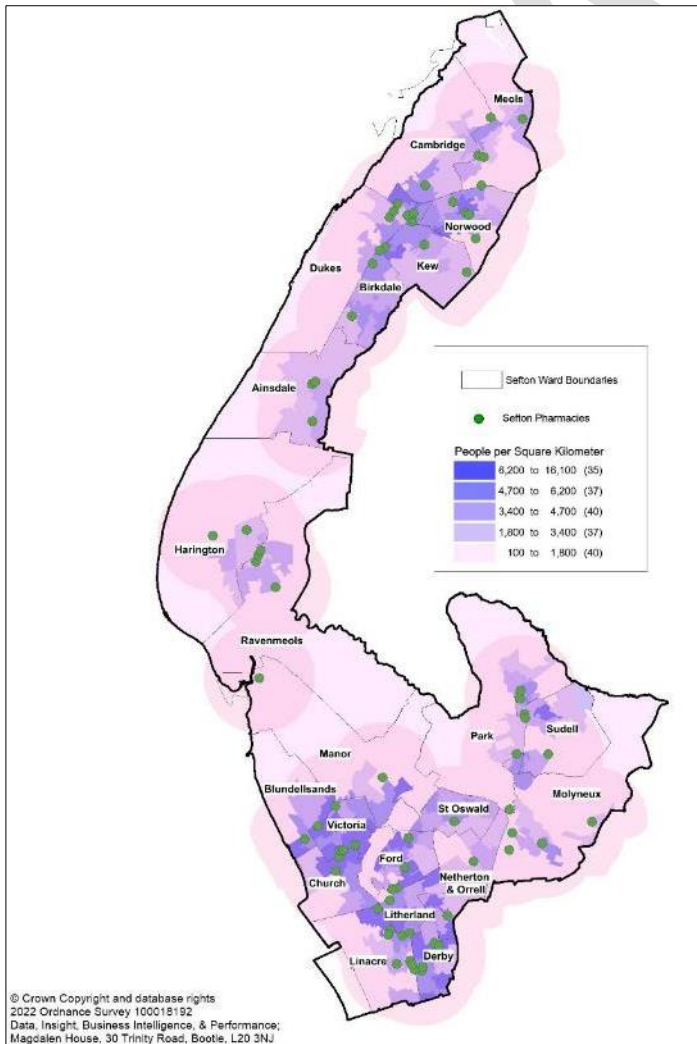
Map 2: Pharmacy locations in North Sefton – January 2022



Map 3: Pharmacy locations in Central Sefton – January 2022



Map 4: Pharmacy locations in South Sefton – January 2022



Sefton has a larger number of pharmacies in relation to the size of its GP registered population (25.7 per 100,000) when compared to England (22.3 per 10,000), Cheshire and Merseyside (23.5 per 10,000) and the North West of England (23.1 per 10,000).

However, Figure 13 shows there is a wide range across Sefton when analysed by electoral ward. All wards have a pharmacy, and the wards with the highest rate per 10,000 are also those areas with shopping centres and high population density (see map 5).

Map 3 – Pharmacy location (with 1 mile buffer) and population density

Agenda Item 12

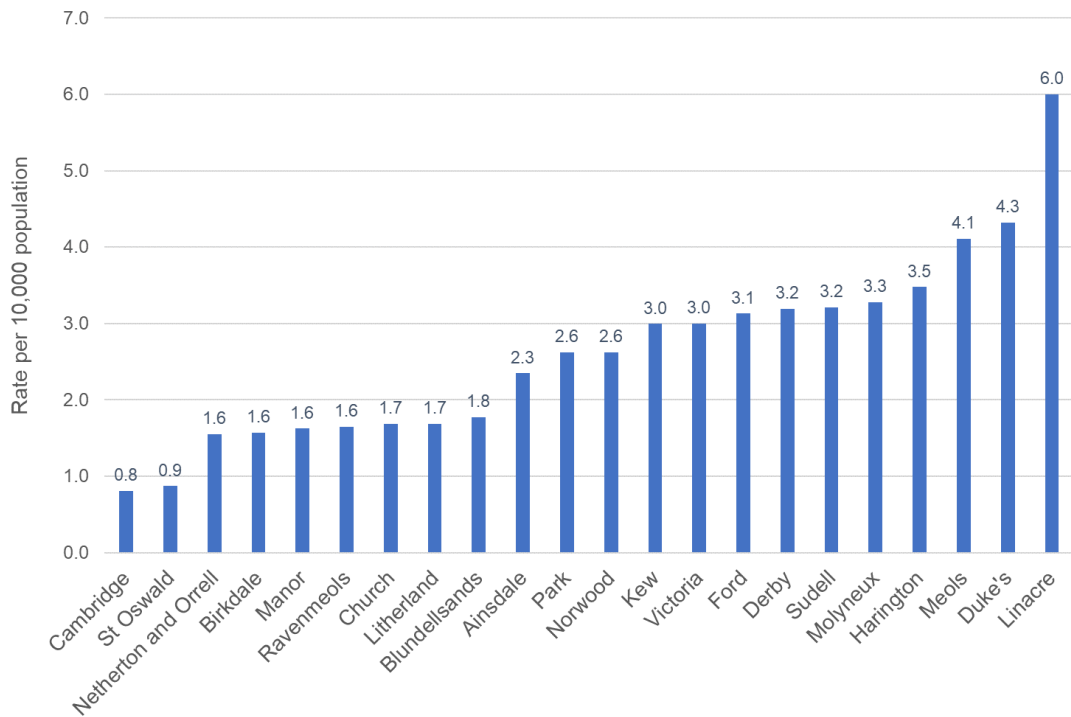


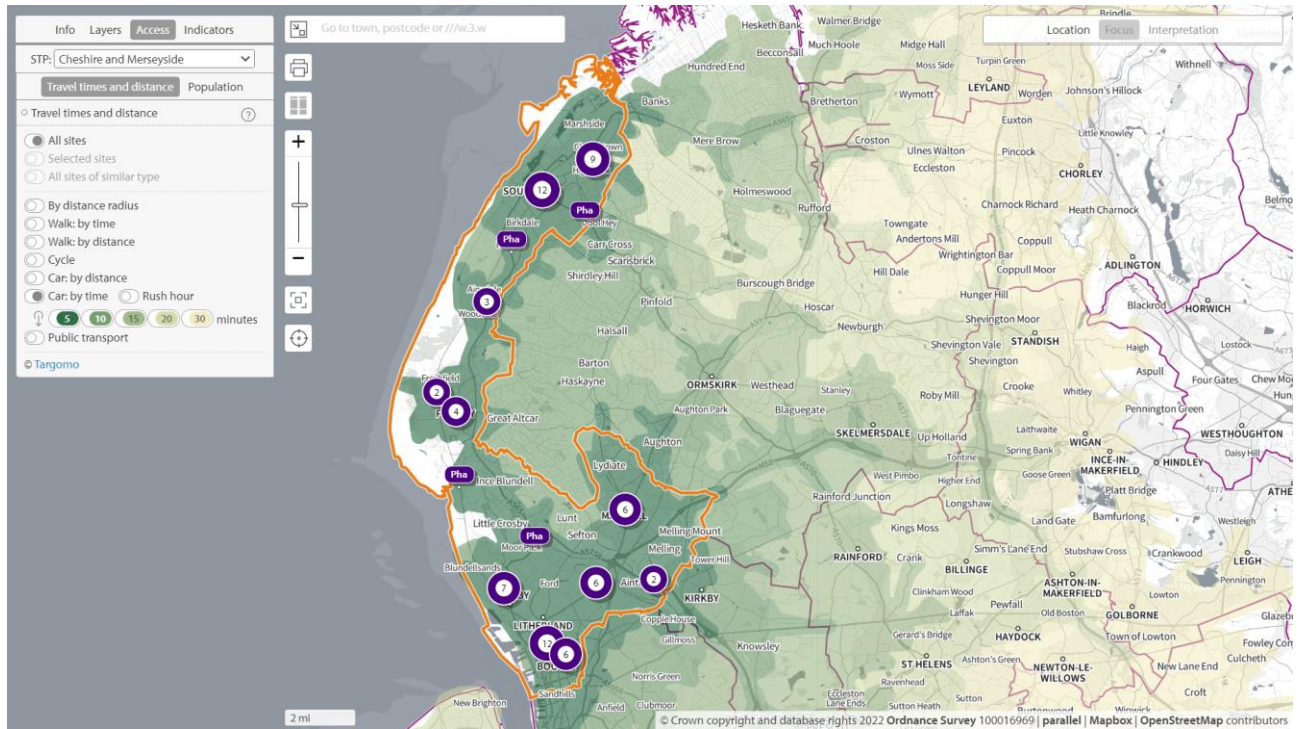
Figure 13 - Crude rate of pharmacies in Sefton wards per 10,000 population

In the public survey of community pharmacy services:

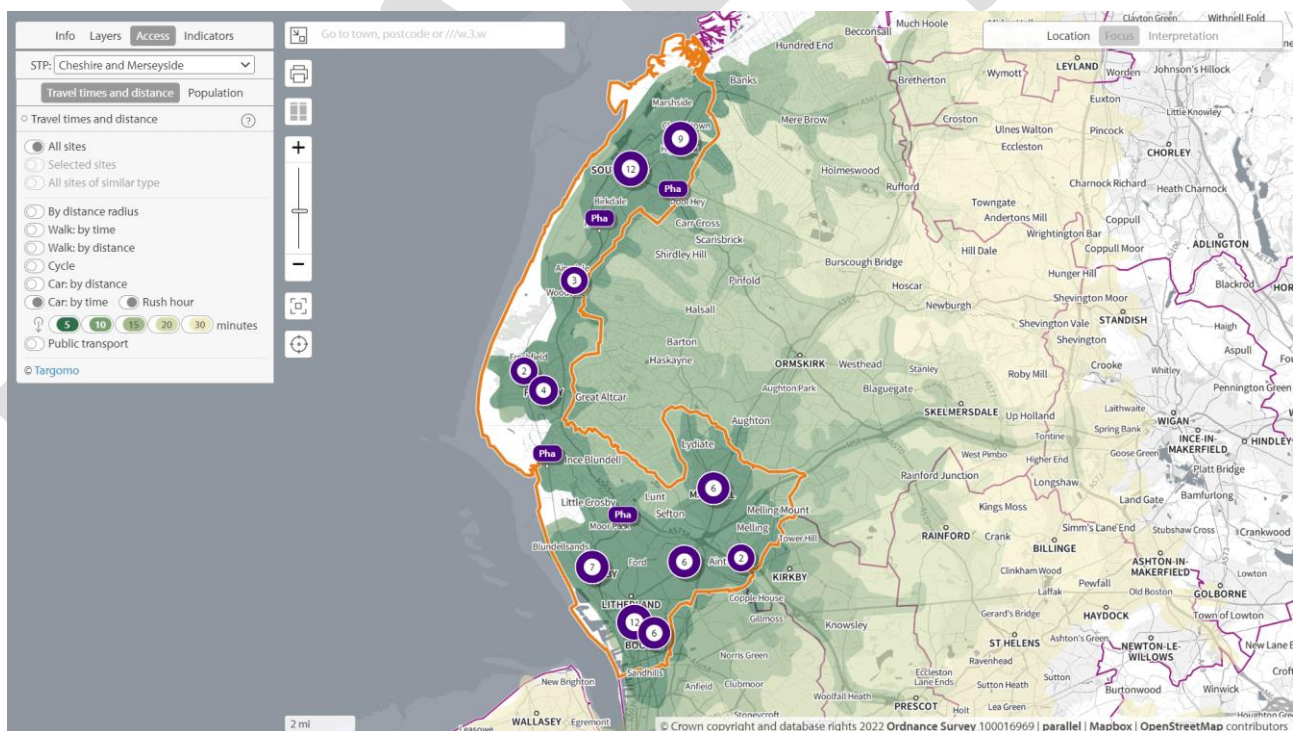
- The most important factor for choosing a pharmacy is it being close to home.
- Sixty-seven percent of respondents stated that this is the most important factor.
- A further 43% said that their pharmacy being close to their doctor's surgery is important.
- One third of respondents feel that being able to park close to their pharmacy is important
- 31% think it is important for their pharmacy to be close to other shops they use.
- Smaller proportions of respondents think that a pharmacy being close to work or near public transport links are important (Figure 12).

Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE)⁷ was used to map travel times to community pharmacies by car, public transport and on foot (Maps 6-9). The mapping shows that all Sefton communities are within a 15-minute drive of a community pharmacy in the daytime. During rush hour, the vast majority of locations remain within 15 minutes drive and none are more than 20 minutes drive from a pharmacy. If walking is considered, travel times are longer for some communities, most notably the less urban areas South-East of Formby (Ince Blundell, Sefton Village, Lunt) and North of Lydiate. Most locations in Sefton can, however, reach a community pharmacy within 30 minutes on public transport (on an average weekday morning).

⁷ <https://shapeatlas.net/>

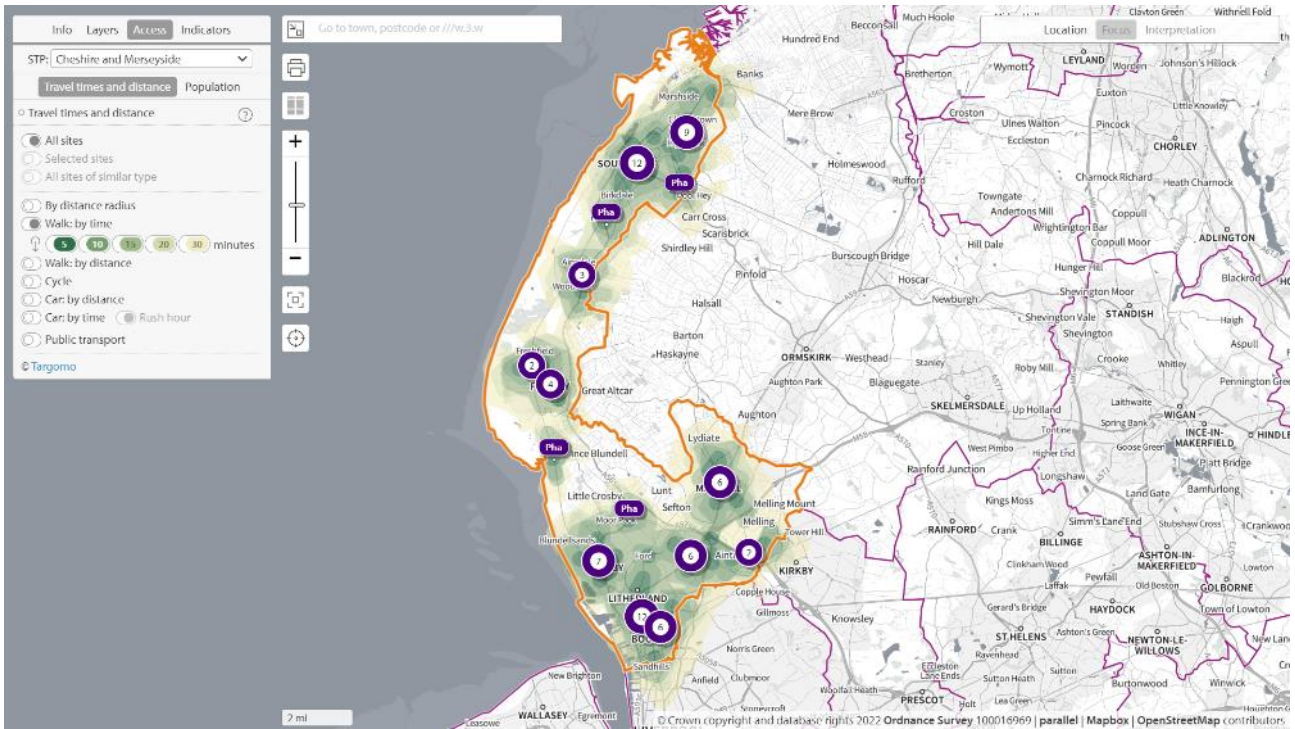


Map 6. Map of drive times to community pharmacies during day

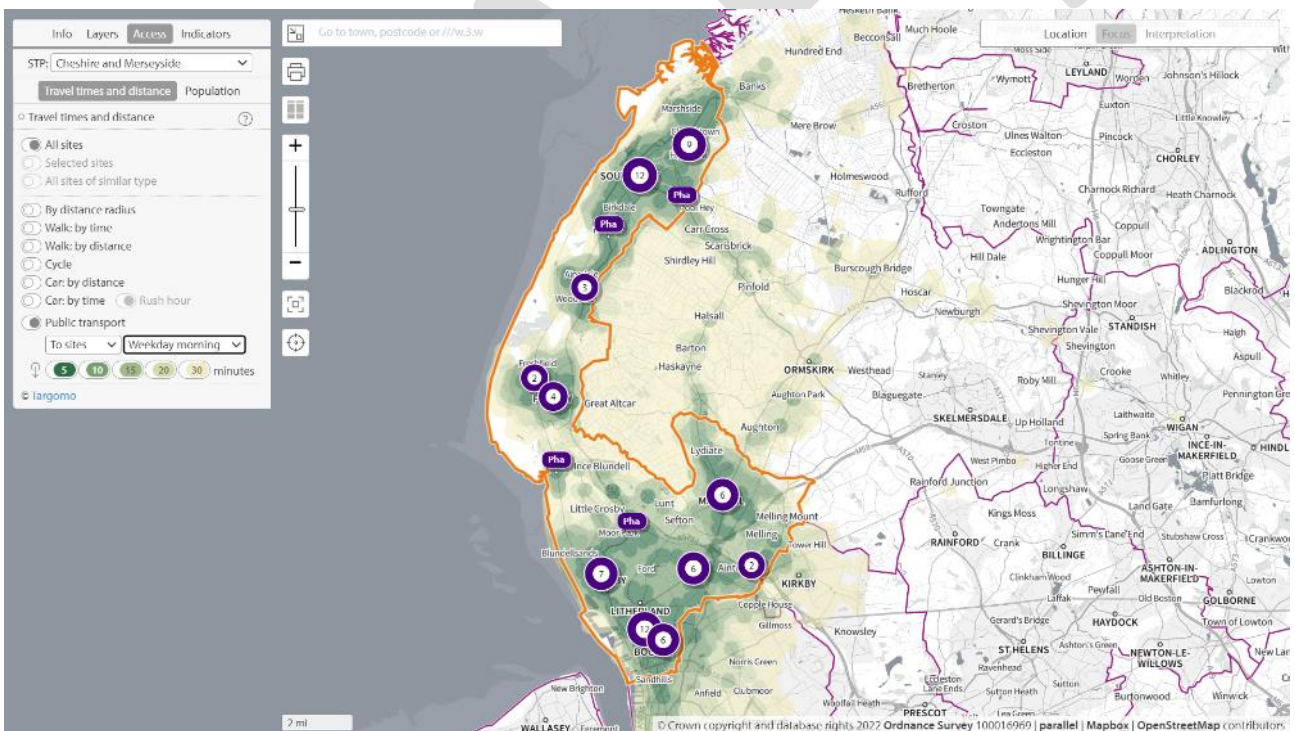


Map 7. Map of drive times to community pharmacies during rush hour

Agenda Item 12



Map 8. Map of walking times to community pharmacies



Map 9. Map of travel times to pharmacies by public transport on a weekday morning

In the community pharmacy services survey forty-seven percent of respondents had used their car to get to their pharmacy and 5% had used public transport. These percentages are similar to those obtained in 2017. The proportion of respondents who reported walking to their pharmacy has decreased since 2017, from 50% to 38% (Figure 14).

Thinking about the location of the pharmacy, which of the following are most important to you?

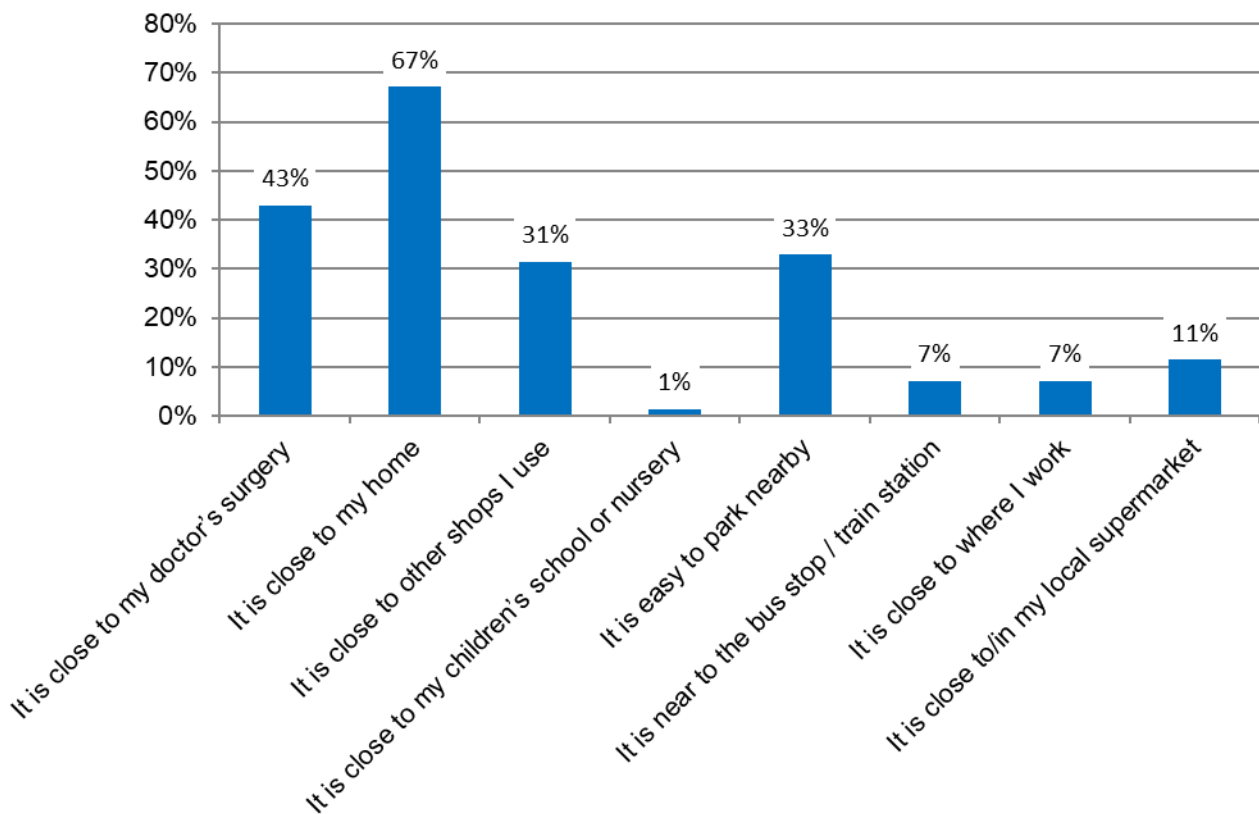


Figure 14 - Importance of location (Public survey of community pharmacy services, 2021)

How did you get to the pharmacy?

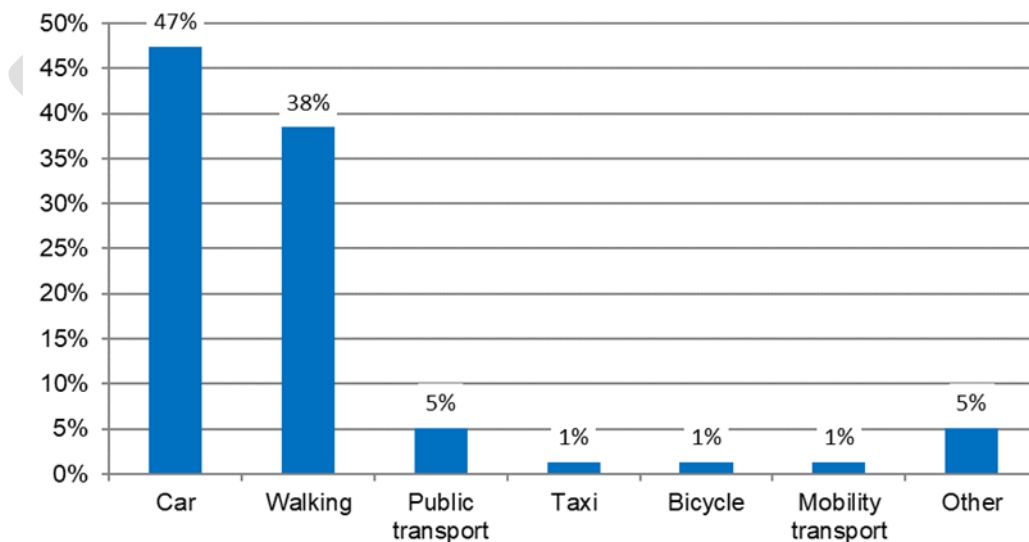


Figure 15- Transport mode to get to pharmacy (public survey of community pharmacy services, 2021)

Ninety-nine percent of respondents think it is very easy or quite easy to get to their usual pharmacy and just 1% say that it is not easy to get to their usual pharmacy.

Agenda Item 12

7.2 Pharmacy opening hours, including out-of-hours and 100-hour pharmacies

Pharmacies are contracted to provide at least 40 hours of service per week. The tables below summarise the opening and closing times and location of pharmacies in Sefton by time range and highlight the number of pharmacies that are open early and late during the week. Information on pharmacy opening hours was correct at the time of the completing the draft PNA in January 2022. The opening times are reported by ward to align with data boundaries used to develop the JSNA.

On any working day of the week there are at least 19 community pharmacies open before 9am across Sefton. Between Tuesday and Friday there are 1-2 pharmacies open before 8am. However, the majority (52-53 pharmacies) open from 9 am (Table 5).

Sefton	Days of week				
Opening times	Monday	Tuesday	Wednesday	Thursday	Friday
Before 8am	0	2	1	2	1
Between 8am and 9am	21	19	20	19	19
Open at 9am	52	52	52	52	53

Table 5 - Pharmacy opening times

The majority of pharmacies in Sefton are open past 5pm (95%) Monday to Friday. On any day of the working week between 23 and 27 pharmacies are open beyond 6pm in Sefton (32-37%). A further 5 -6 pharmacies (7-8%) are open after 8pm (Table 6).

Sefton	Days of week				
Closing times	Monday	Tuesday	Wednesday	Thursday	Friday
5pm or earlier	3	3	4	5	3
Between 5pm and 6pm	43	43	46	41	43
Between 6pm and 8pm	22	21	18	21	22
After 8pm	5	6	5	6	5

Table 6 - Pharmacy closing times

There are two 100-hour pharmacies. These are located in Linacre and Meols wards. This suggests that there is good availability of pharmacies with longer opening hours in the north and south of the borough. During the weekend, 46 (63%) community pharmacies are open on a Saturday, with 10 (14%) open on a Sunday (Table 7)

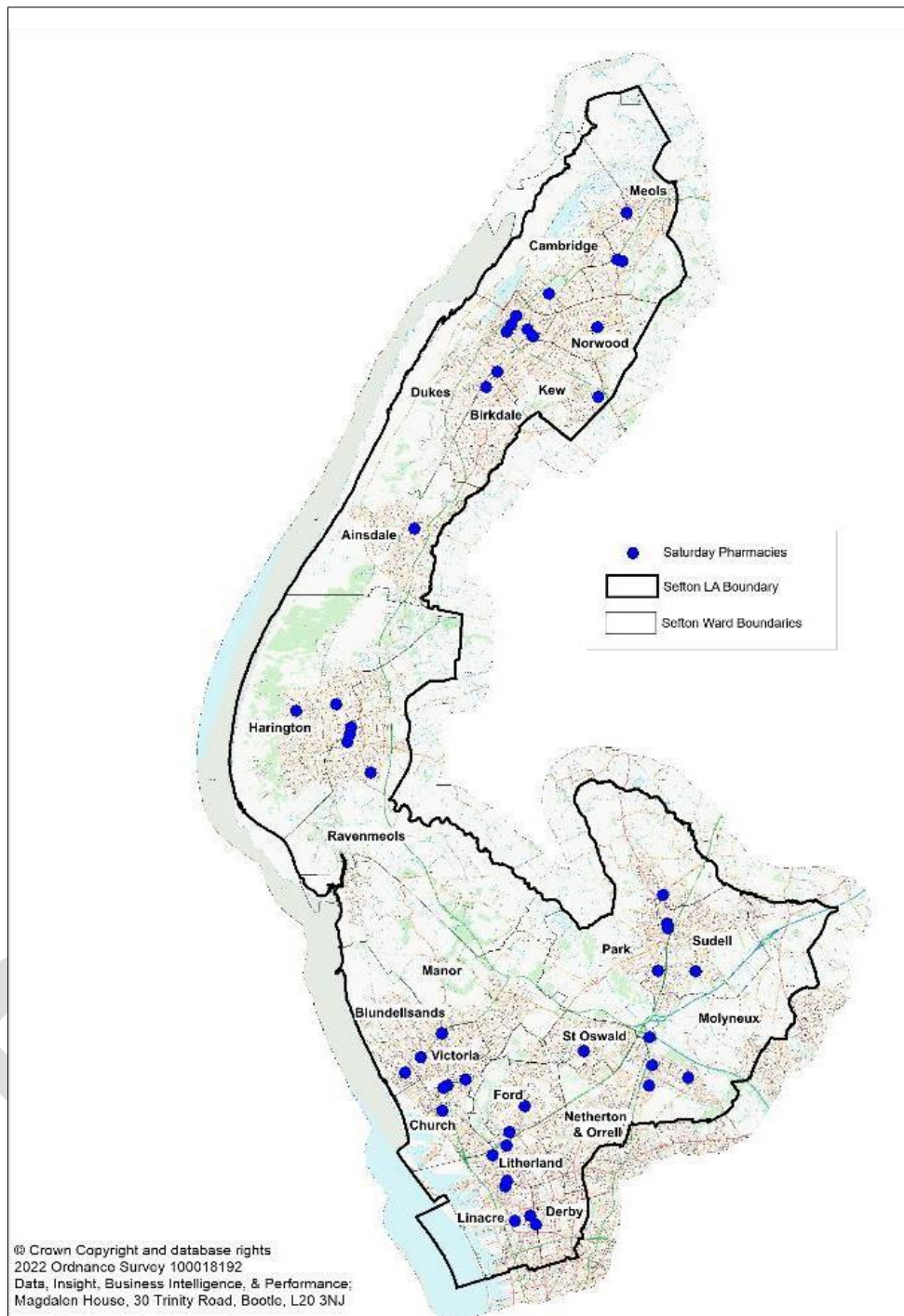
Agenda Item 12

Ward	Number of pharmacies	No. of pharmacies per 10,000 population	Weekday			Saturday		Sunday	
			Open before 9am	Open between 6pm-8pm	Open 8pm or later	Open AM	Open PM	Open AM	Open PM
Ainsdale	3	2.3	2	0	0	1	1	0	0
Birkdale	2	1.6	0	0	0	1	0	0	0
Blundellsands	2	1.8	0	0	0	2	1	0	0
Cambridge	1	0.8	0	0	0	1	0	0	0
Church	2	1.7	0	0	0	1	1	0	0
Derby	4	3.2	0	3	0	0	0	0	0
Duke's	6	4.3	2	3	1	5	5	4	4
Ford	4	3.1	0	0	0	2	1	0	0
Harington	4	3.5	0	0	0	3	1	0	0
Kew	4	3.0	2	2	1	2	1	1	1
Linacre	8	6.0	3	4	1	6	3	1	1
Litherland	2	1.7	1	1	1	1	1	1	1
Manor	2	1.6	0	1	0	0	0	0	0
Meols	5	4.1	2	2	1	3	3	1	1
Molyneux	4	3.3	1	1	0	3	1	1	1
Netherton & Orrell	2	1.6	0	0	0	0	0	0	0
Norwood	4	2.6	1	3	0	1	0	0	0
Park	3	2.6	1	2	1	3	1	1	1
Ravenmeols	2	1.6	1	1	0	2	0	0	0
St Oswald	1	0.9	1	0	0	1	0	0	0
Sudell	4	3.2	3	1	0	3	2	0	0
Victoria	4	3.0	1	3	0	4	4	0	0

Table 7 - Pharmacy opening times outside normal working hours, by ward

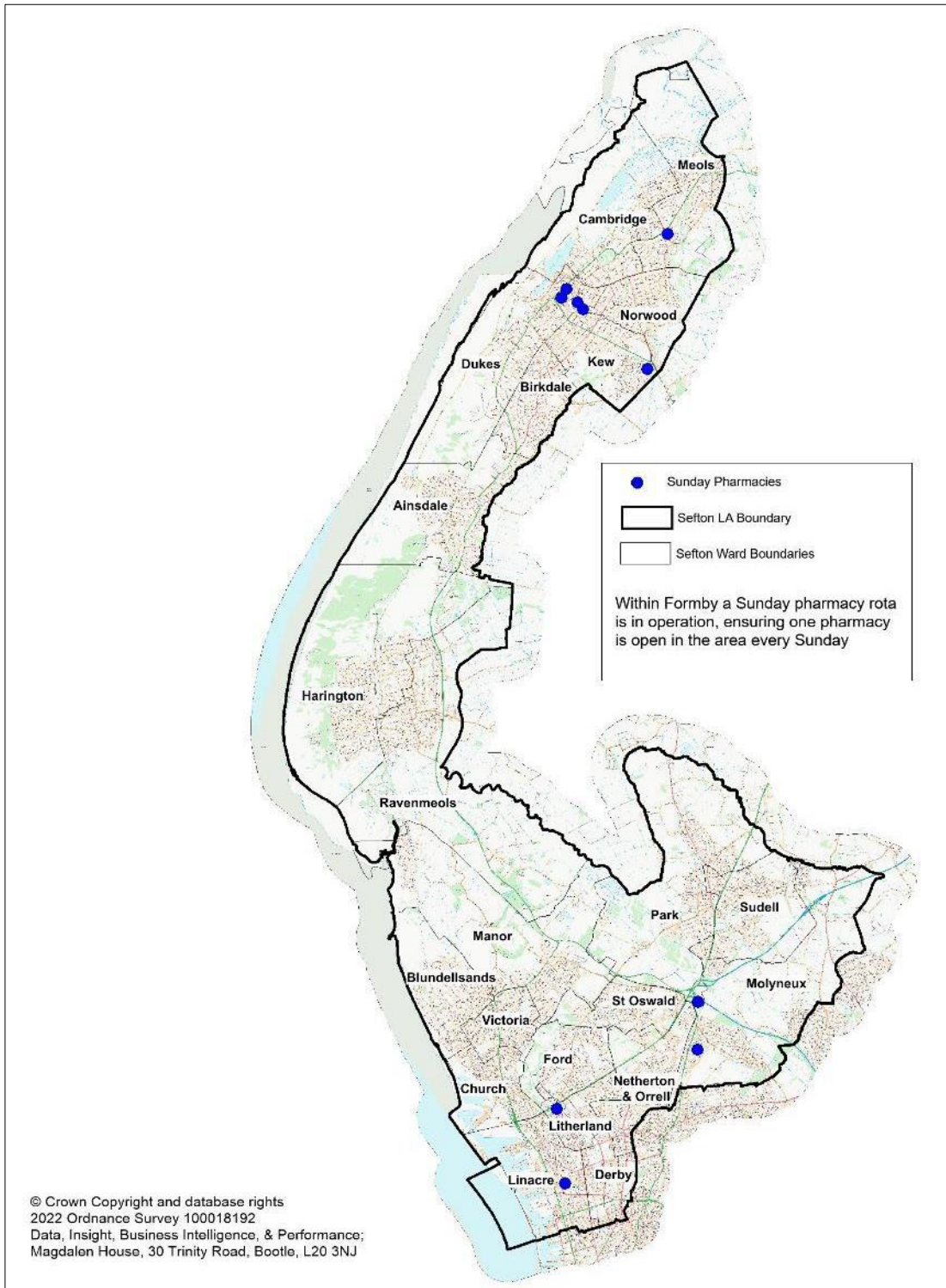
There is generally good provision of pharmacy services across Sefton on a Saturday. The only wards that do not have access to a pharmacy on a Saturday are Derby, Manor and Netherton & Orrell. However, all these wards are well served by pharmacies open on a Saturday in neighbouring wards. Map 10 provides an illustration of pharmacies open on a Saturday within Sefton.

Agenda Item 12



Map 10- Map of Sefton pharmacies open on Saturdays

Wards in the north and south areas of Sefton have access to pharmacies open on a Sunday. Within the central Sefton area, there is a Sunday pharmacy rota service in operation in Formby (Map 11). All Formby pharmacies (except the distance selling pharmacy) participate in the service. The five Formby pharmacies alternate opening each Sunday and bank holiday for one hour. If a pharmacy is open on a Sunday, it covers any bank holidays in that week. The Sunday rota is determined by NHS England and the pharmacies receive a copy of their dates at least 6 months in advance.



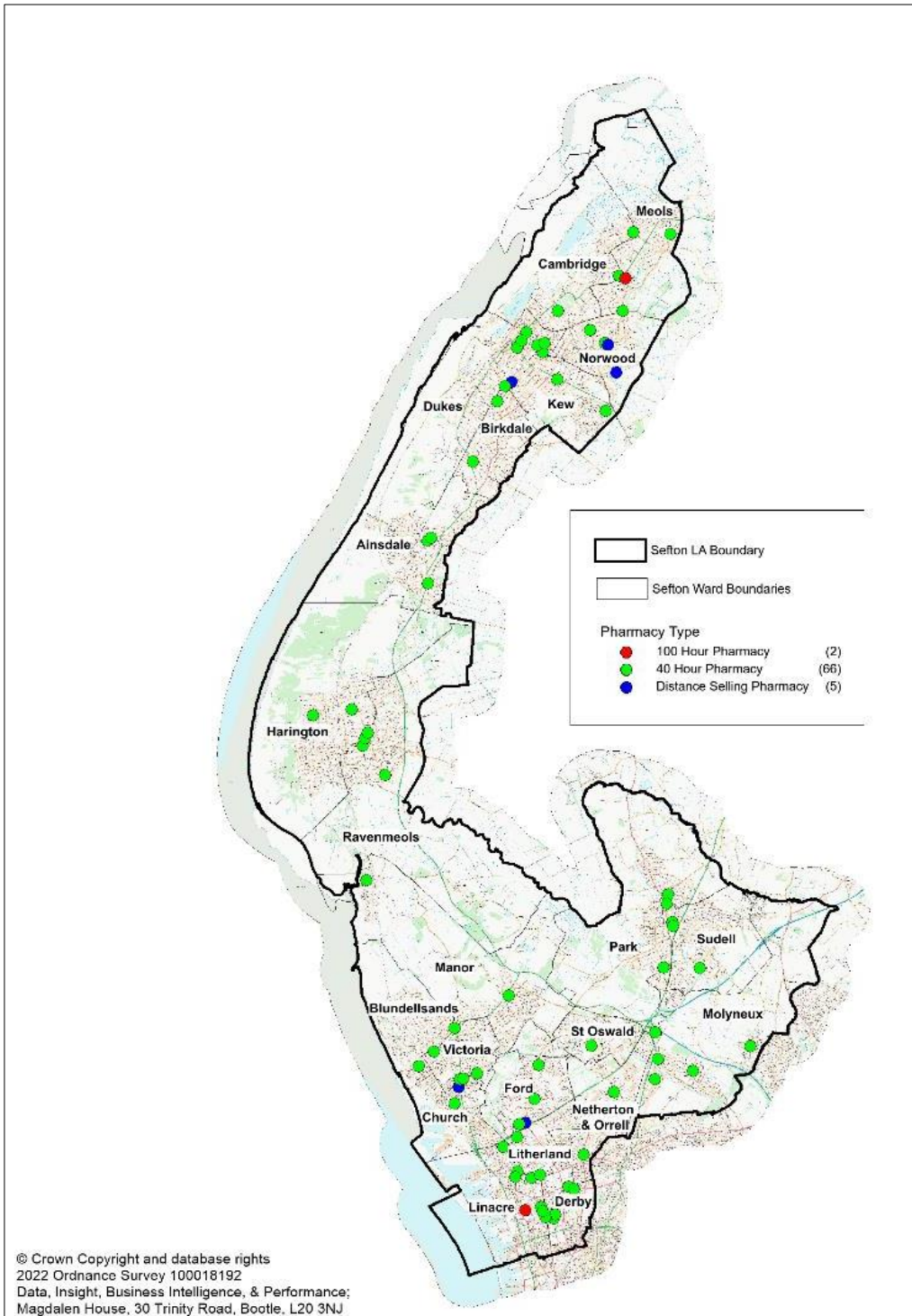
Map 11 - Map of pharmacy provision on Sunday

NB this map does not show the Formby rota of pharmacies - one is open for one hour each Sunday

7.3 Internet-based/mail order pharmacy provision

There are currently five pharmacies in Sefton that provide internet based / mail order services. Map 12 illustrates pharmacy provision by type across Sefton.

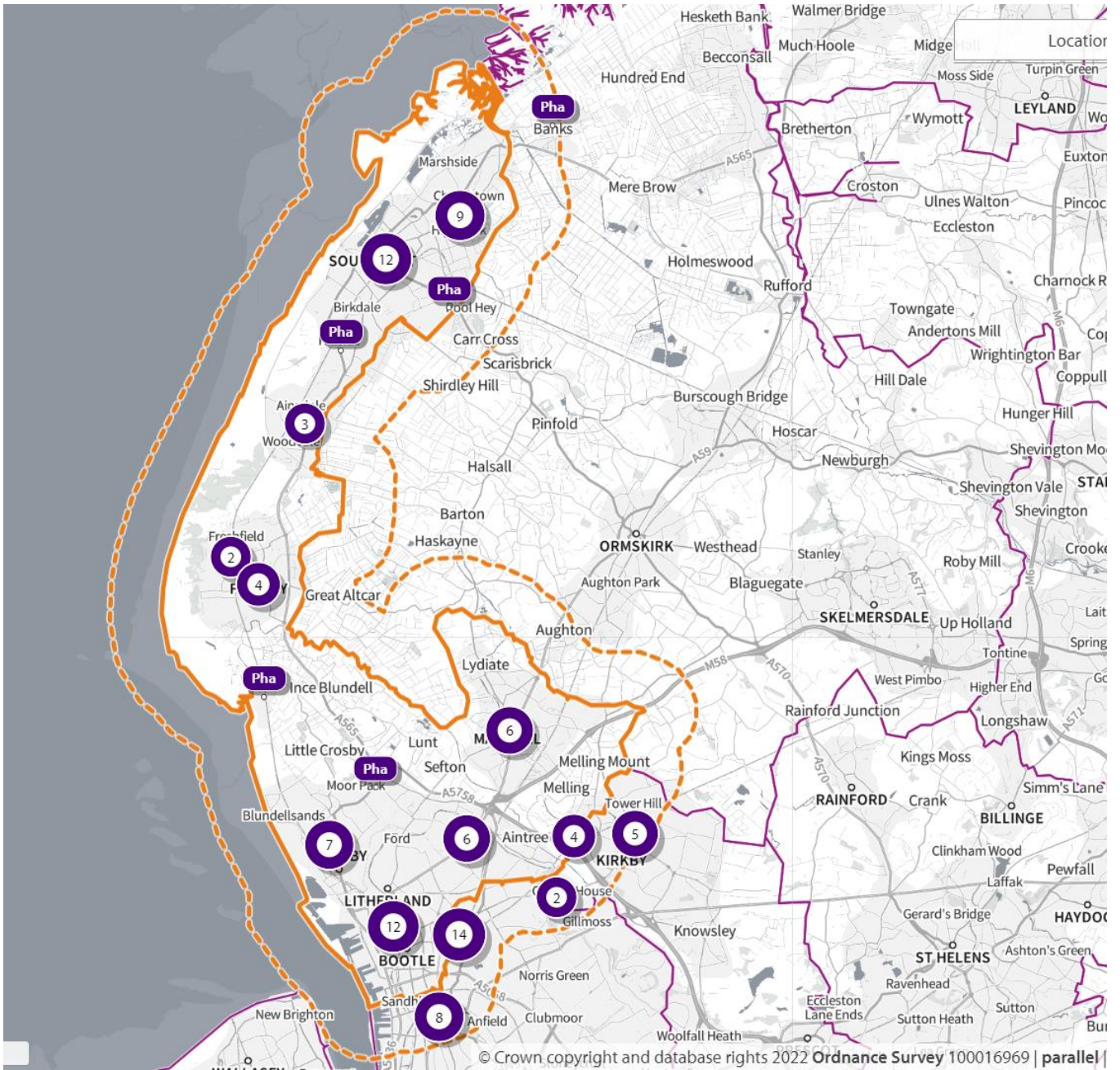
Agenda Item 12



Map 12 - Map of pharmacy by type in Sefton

7.4 Access to and provision of community pharmacy services in local authorities bordering Sefton

In addition to pharmacy services provided within Sefton, there are a number of pharmacies in neighbouring Local Authorities that may be used by local residents due to their close proximity. Map 13 shows the locations of pharmacies within one mile from Sefton. There are 26 pharmacies within one mile of the Sefton border, 7 in Knowsley, 18 in Liverpool and 1 in West Lancashire (Appendix 5)



Map 13 - Cross border pharmacy provision (SHAPE, 2022)

Agenda Item 12

8. Prescribing Activity

During 2020/21 the 45 GP practices in Sefton issued a total of 6.8 million individual prescription items. Approximately 3 million items were prescribed within the Southport and Formby CCG area and 3.8 million prescribed within the South Sefton CCG area. Within the Southport and Formby CCG area, approximately 122,839 (4.01%) items were dispensed by non-Sefton pharmacies. Within the South Sefton CCG area, approximately 152,236 (4.20%) items were dispensed by non-Sefton pharmacies. In 2019/20 and 2020/21 the largest number of prescription items dispensed by disease group for both Southport and Formby CCG and South Sefton CCG were:

- Cardiovascular System,
- Central Nervous System and;
- Gastro-Intestinal System.

The overall prescribing rate is measured as items per Age Sex Temporary Resident Originated Prescribing Unit (ASTRO PU). The ASTRO PU figure for South Sefton CCG was 1,787.32 in 2020/21. The figure for Southport and Formby CCG was 1,509.89 in the same period. The rate for Merseyside CCGs was 1,723.81 and the rate nationally was 1,445.06.

In 2020/21 an average of 7580 prescriptions were dispensed per month per pharmacy in Sefton. This is an increase on 2019/20 (7188 prescriptions) and slightly higher than the England and Northwest averages

Area	Number of Pharmacies	Average monthly items per pharmacy
Sefton	73	7580
Cheshire & Merseyside STP	626	7408
North West	1,751	7246
England	11,636	7283

Table 8 : Average Items dispensed per month per pharmacy (2020/21)

9 Sefton Patient & Public Pharmacy Survey 2022

The patient and public survey was completed to gather views from pharmacy users regarding how they use services and what they feel should be offered. The pharmacy survey in Sefton started in October 2021 and ended in December 2021. A total of 70 people responded to the survey. The age demographics of the 70 people who responded are shown table 9.

Age	% of responders
16 – 24	0%
25 – 34	4%
35 – 44	1%
45 – 54	19%
55 – 64	29%
65 – 74	23%
75 +	10%
Did not answer/disclose	14%

Table 9 - Demographics of patients responding to the survey

Of the people who responded to the survey, approximately 13% had a disability as defined in the Equality Act 2010. The disabilities disclosed included long term illness, mental health, physical disability and deafness/hard of hearing.

Of people that completed this survey, 67% had visited the pharmacy to collect a prescription for themselves and 23% to collect a prescription for someone else. Three percent visited to obtain advice from the pharmacist and 3% to purchase other medications. The remaining 4% said they had visited for other reasons including to have a flu jab (figure 16).

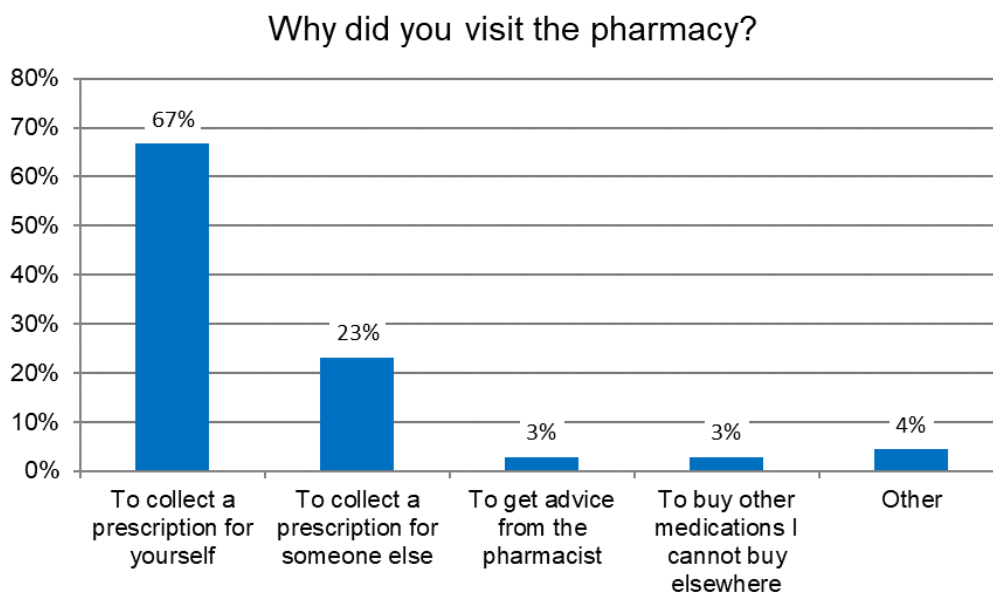


Figure 16- Why did patient visit pharmacy?

Approximately 33% of respondents visited a pharmacy in the past week, 29% in the last two weeks and 31% in the past month. Smaller proportions visited in the last three to six months or longer than 6 months ago (Figure 17).

Agenda Item 12

When did you last use a pharmacy to get a prescription, buy medicines or to get advice?

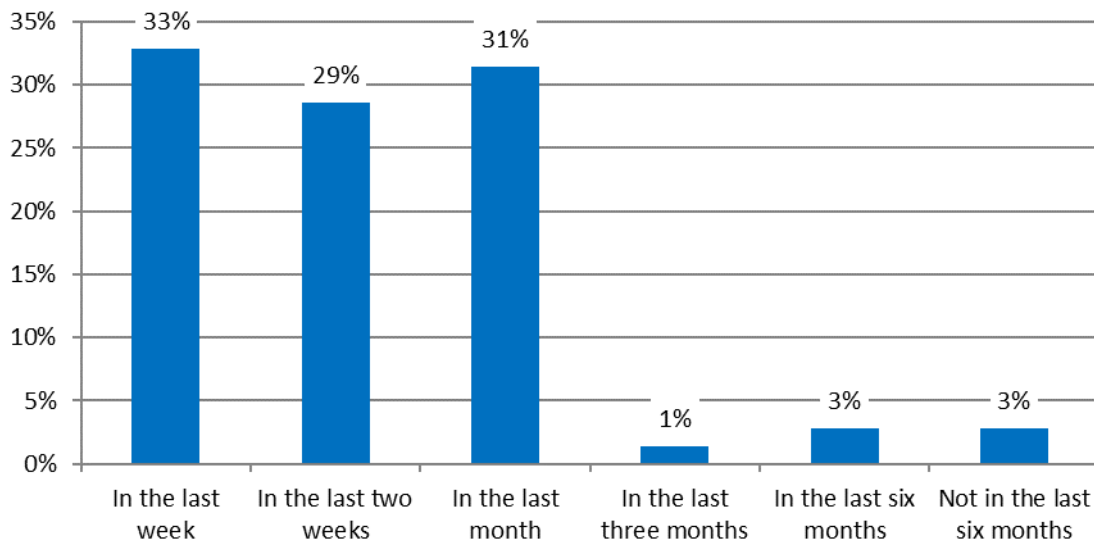


Figure 17 – When did patient use pharmacy?

Almost half of respondents said they'd got to their pharmacy by car (47%) and 38% said they had walked. Five percent of respondents had used public transport and 1% had cycled, used taxis or mobility transport to get to their pharmacy (Figure 18).

How did you get to the pharmacy?

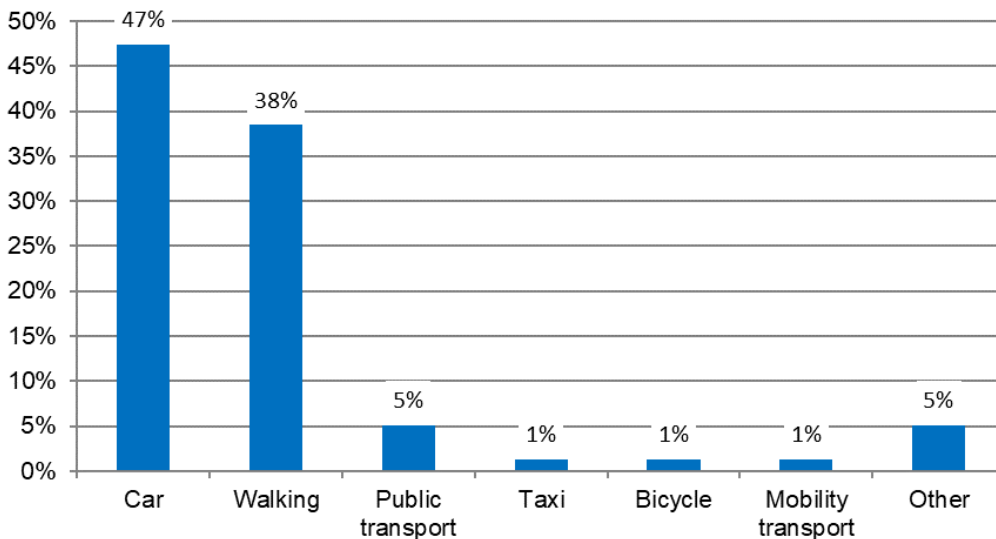


Figure 18 - How did patient get to pharmacy?

The most important factor for patients choosing a pharmacy is it being close to home. Sixty-seven percent of respondents stated that this is the most important factor. A further 43% said that their pharmacy being close to their doctor's surgery is important. One third of respondents feel that being able to park close to their pharmacy is important and 31% think it is important for their pharmacy

to be close to other shops they use. Smaller proportions of respondents think that a pharmacy being close to work or near public transport links are important (Figure 19).

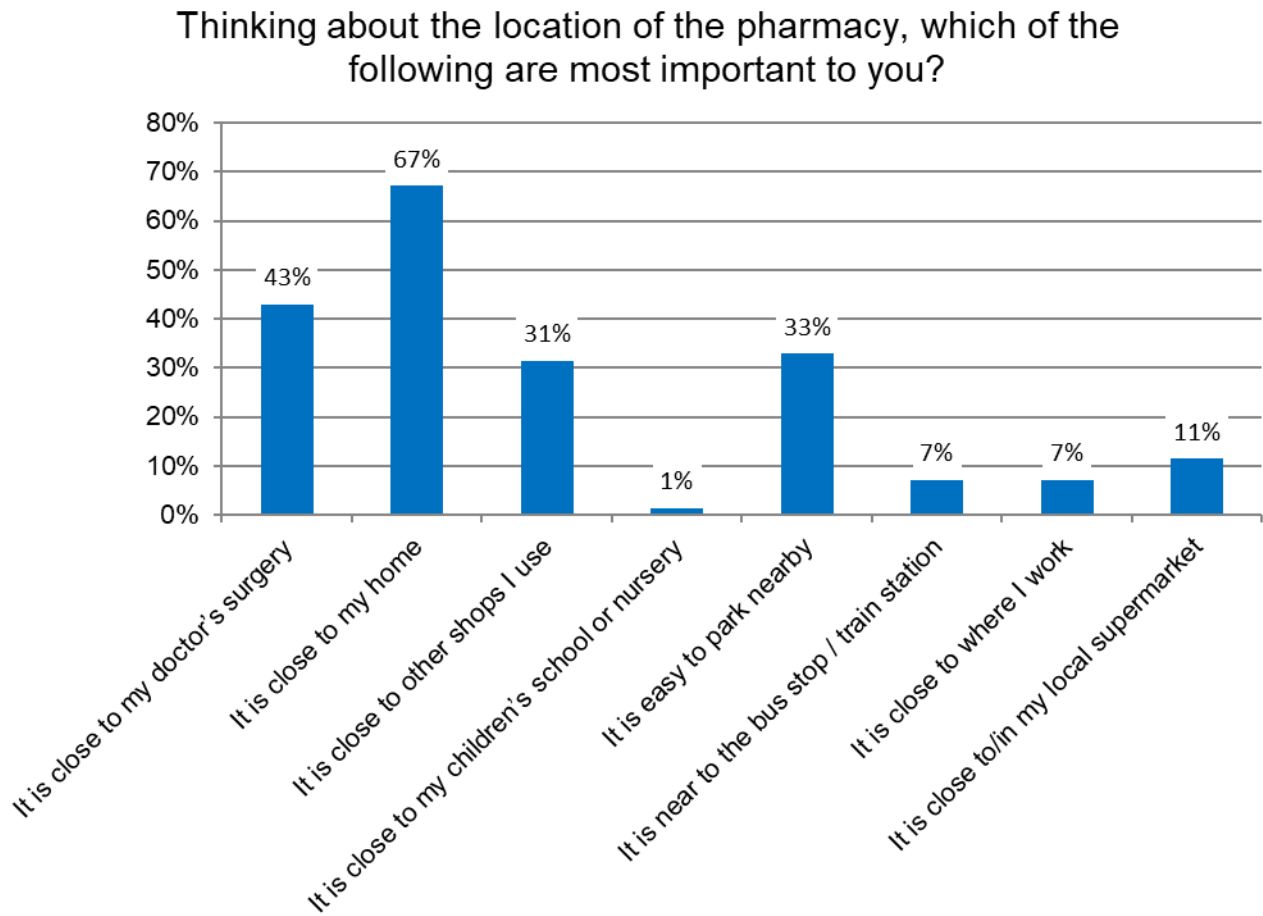
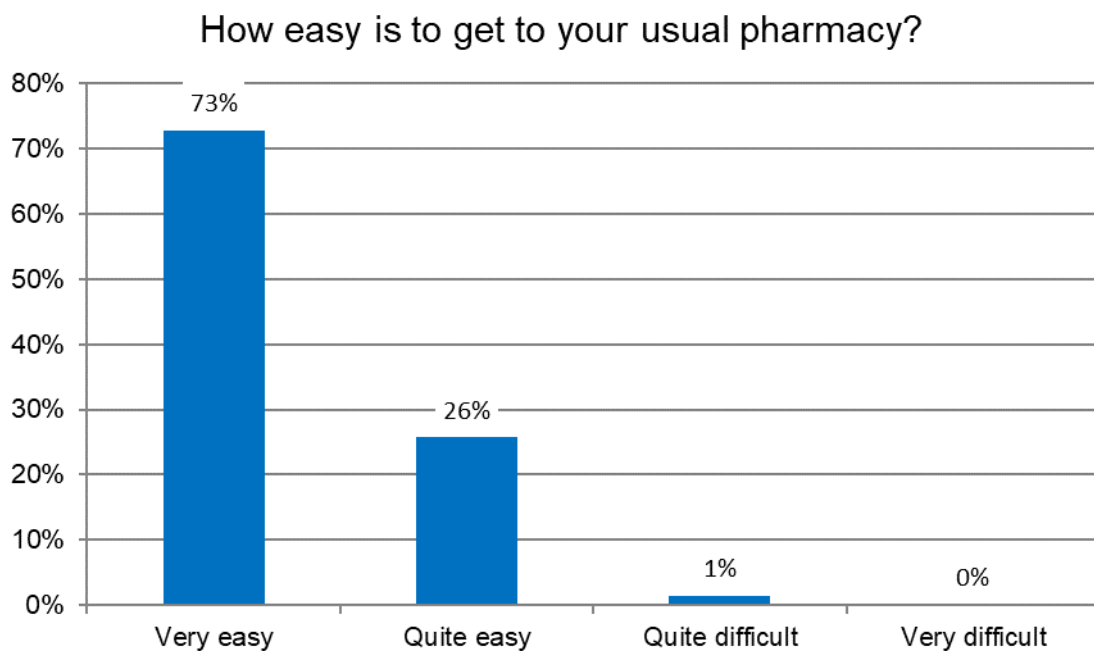


Figure 19- Pharmacy location

Ninety-nine percent of respondents think it is very easy or quite easy to get to their usual pharmacy. One percent say that it is quite difficult to get to their usual pharmacy (Figure 20).



Agenda Item 12

Figure 20- Accessing pharmacy

Of those respondents that have a condition that affects their mobility, 70% say they can park close enough to their usual pharmacy (Table 10).

If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?	Response
Yes	70%
No	27%
Don't Know	3%

Table 10 - Pharmacy parking provision

Approximately 45% of respondents said their pharmacy offered home delivery of medication if they were unable to collect it themselves. Forty-six percent of respondents did not know or have never used such a service (Table 11).

Does your pharmacy deliver medication to your home if you are unable to collect it yourself?	Response
Don't Know /I have never used this service	46%
Yes	45%
No	9%

Table 11 - Does pharmacy deliver medication?

Pharmacy consultations

Approximately one in five survey respondents (21%) had recently had a consultation with a pharmacist. Just over half of the consultations were conducted at the pharmacy counter (53%). Twenty-seven percent were conducted in a separate room, 13% over the telephone and 7% in the dispensary or a quiet part of the shop. Sixty-two percent of survey respondents rated the level of privacy in consultations as very good or excellent. A further 23% rated the privacy as good and 15% rated it as fair. No respondents rated the privacy of consultations as poor or very poor.

Of the respondents that received a consultation at the pharmacy, 47% said the consultation was regarding a minor ailment and 47% were given medicine advice. The remaining respondents were given advice about flu vaccination (20%), emergency contraception (7%) and blood pressure monitoring (7%) (Figure 21).

What advice were you given during your consultation?

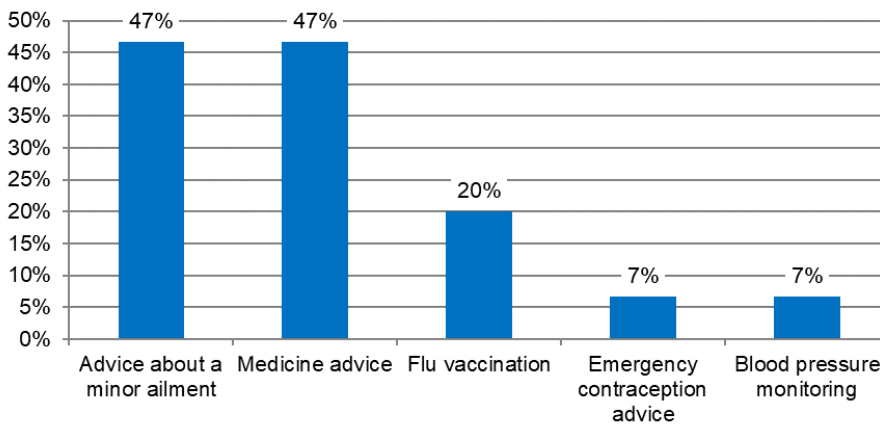


Figure 21- Consultation advice

Approximately 3% of respondents could remember a recent time they had had problems finding a pharmacy to get medicines dispensed (Table 12). These related to pharmacies being out of stock of particular medicines and concerns about safety of getting to a pharmacy late at night.

Can you remember a recent time when you have had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?	Response
Yes	3%
No	97%

Table 12 - Problems finding pharmacies

Almost three quarters of respondents have not needed to use a pharmacy when it was closed. Twenty-four percent found their pharmacy closed on one or two occasions when they needed to use it and a further 3% found it closed on three or four occasions (Figure 22).

How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?

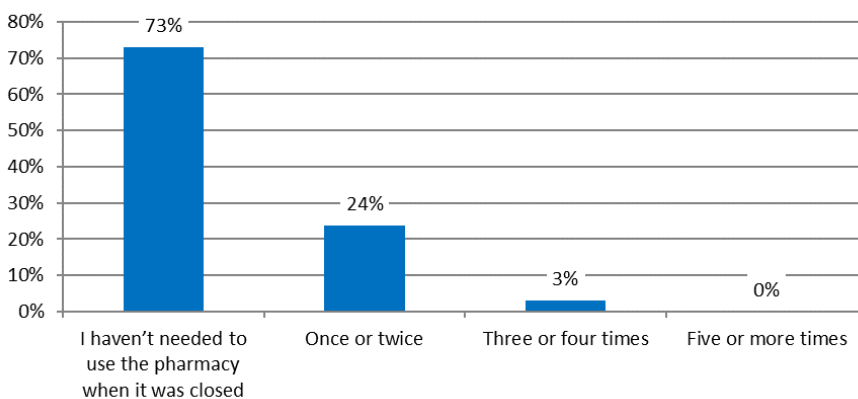


Figure 22 - Accessing pharmacies out of hours

Agenda Item 12

Of those that responded to this question, one third found their pharmacy closed on a Sunday when they needed to use it. Twenty-eight percent found their pharmacy closed on a Saturday and 17% found their pharmacy closed on a weekday. No respondents reported finding their usual pharmacy closed on a bank holiday (Figure 20). A lot of respondents could not remember the time of day it was when they had found their pharmacy closed. Of those who did, however, the most common answer was evening (38%), followed by morning and afternoon (both 25%).

Upon finding their usual pharmacy closed, 65% of respondents waited until the pharmacy was open and nearly a quarter (24%) went to another pharmacy. A smaller proportion of respondents rang NHS 111 (6%).

Patients were asked about whether they had got a prescription the last time they had used a pharmacy. Just over half of respondents were informed of how long they would need to wait for their prescription to be dispensed (51%). Thirty-seven percent were not informed but did not mind and 7% were not informed but would like to have been told (Figure 23). Seventy-six percent of respondents who collected a prescription felt that the waiting time was acceptable.

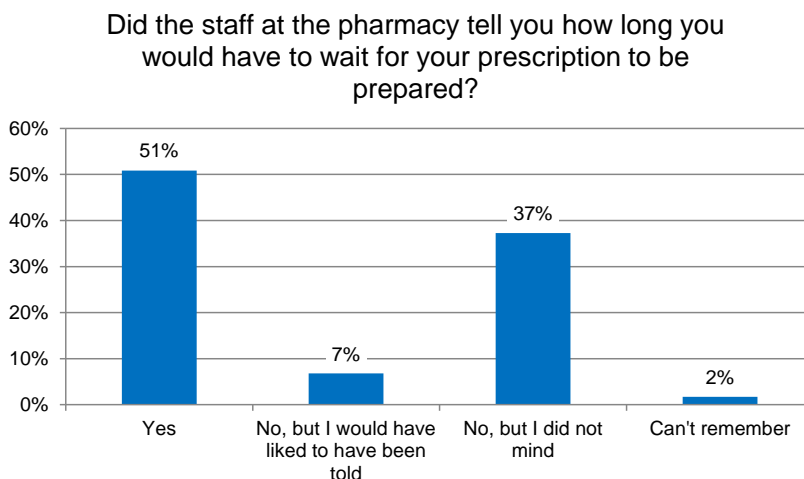


Figure 23 - Pharmacy waiting times

Over 90% of patients who collected a prescription the last time they had used a pharmacy received all the medicines they needed. In most cases where the patient had not received all the medicine they needed this was because the pharmacy had ran out of the required medicine or the pharmacy told them the medicine was not available. Three quarters of these patients received their medicine within two to seven days and the other quarter by the next day.

Generally, respondents were satisfied with their pharmacy. Eighty percent of respondents were satisfied with the range of services pharmacies provide. Sixteen percent wished pharmacies could provide more services for them (Table 13).

Please tell us how you would describe your feelings about pharmacies	Response
I am satisfied with the range of services pharmacies provide	79%
I think that pharmacies could provide more services for me	16%
No response	5%

Table 13 - Pharmacy satisfaction

When asked specifically about the period of the pandemic, 91% of respondents were satisfied with the services they had received. Reasons given for not feeling satisfied included dissatisfaction with adherence to COVID-19 restrictions (mask wearing), issues with supply of medication during this time and pharmacy staff being unable to provide advice.

Over eighty percent of people surveyed felt that pharmacies should offer flu vaccination (93%), treatment for minor illnesses (89%), new medicine reviews (87%) and other immunisations (85%). Most respondents also felt that pharmacies should offer advice and treatment on stopping smoking (73%), advice on contraception and the supply of the morning after pill (75%), weight management (61%) and screening for other conditions (55%). There was less support for advice and treatment for alcohol misuse and drug misuse, with 33% and 35% thinking these services should be available through local pharmacies. (Figure 24).

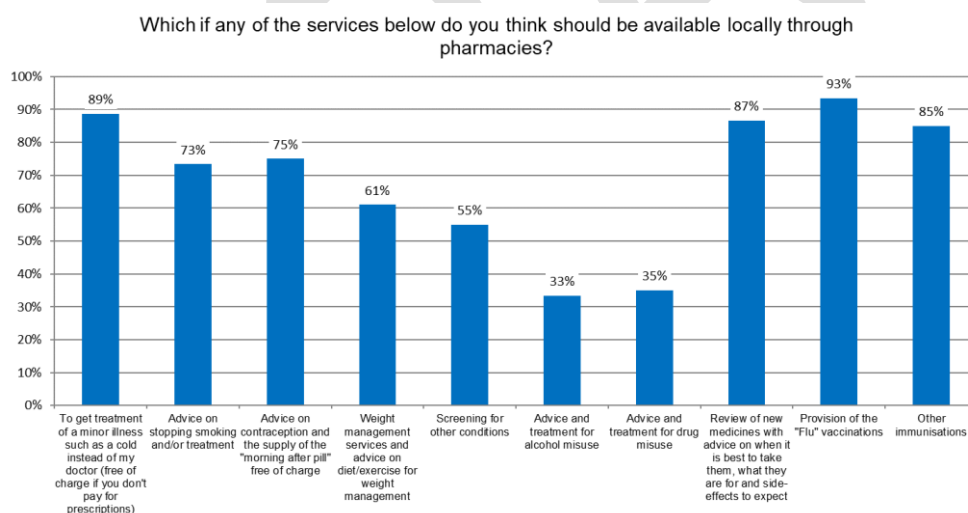


Figure 24 - What services should pharmacies offer?

Respondents were also asked if there was anything else they felt could be offered by local pharmacies. Responses included automated machines to allow 24-hour collection 7 days a week, disabled access, better stock of medicines prescribed by dentists, better communication between pharmacies and GPs, email notification regarding medicine delivery, blood pressure checks and phlebotomy services.

Agenda Item 12

Respondents were then asked to provide some information about what they particularly value about pharmacies. This was in the form of a free text box and the analysis of this is shown below:

What I value about pharmacies

- Local pharmacist being a part of the community and really knowing patients and their needs
- Pharmacist's knowledge about health conditions and medications
- Caring and well- trained staff
- Short waiting times for prescriptions and advice
- Repeat prescription service
- Delivery of medications to home
- Text messaging service
- Accessible location
- Being able to seek medical advice without seeing a doctor
- The support given during the COVID-19 pandemic
- Inviting and welcoming atmosphere

10. Pharmacy survey

There were 64 responses (response rate of 88%) to a survey sent out to all pharmacy contractors within Sefton as part of this assessment. A number of questions were asked relating to the accessibility of the premises. Further information on the Pharmacy Survey can be found in Appendix 5.

10.1 Access for clients whose first language is not English

Of the pharmacies surveyed, approximately 27% were able to offer support for patients whose first language is not English. When asked how they can support this, 15 (23%) said they used an interpreter/language line and 11 (17%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown in Table 13. The majority of residents in Sefton (approx. 98%) speak English as their first language. Smaller proportions speak other languages such as Polish, Spanish, Portuguese, South Asian languages and sign languages.

Other languages	Number of pharmacies where staff can communicate in this language
Arabic	2
Chinese	2
French	2
German	1
Spanish	2
Russian	3
Gujarati	2
Punjabi	3
Hindi	3
Malay	1
Polish	2
Nigerian	1

Table 14 - Other languages staff can speak

10.2 Access for people with a disability and/or mobility problem

All but 3 of the pharmacies (95%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 72% said there was a bus stop or train station within 100 metres and a further 23% said there was one within 100 to 500 metres.

When asked about facilities for disabled patients, 43% said customers have access to designated disabled parking. Approximately 86% of pharmacies have an entrance which can be used unaided by wheelchair users and 94% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users.

Pharmacies were also asked what other facilities were in place to support disabled customers. The facilities offered to support disabled patients are shown in Figure 25.

Agenda Item 12

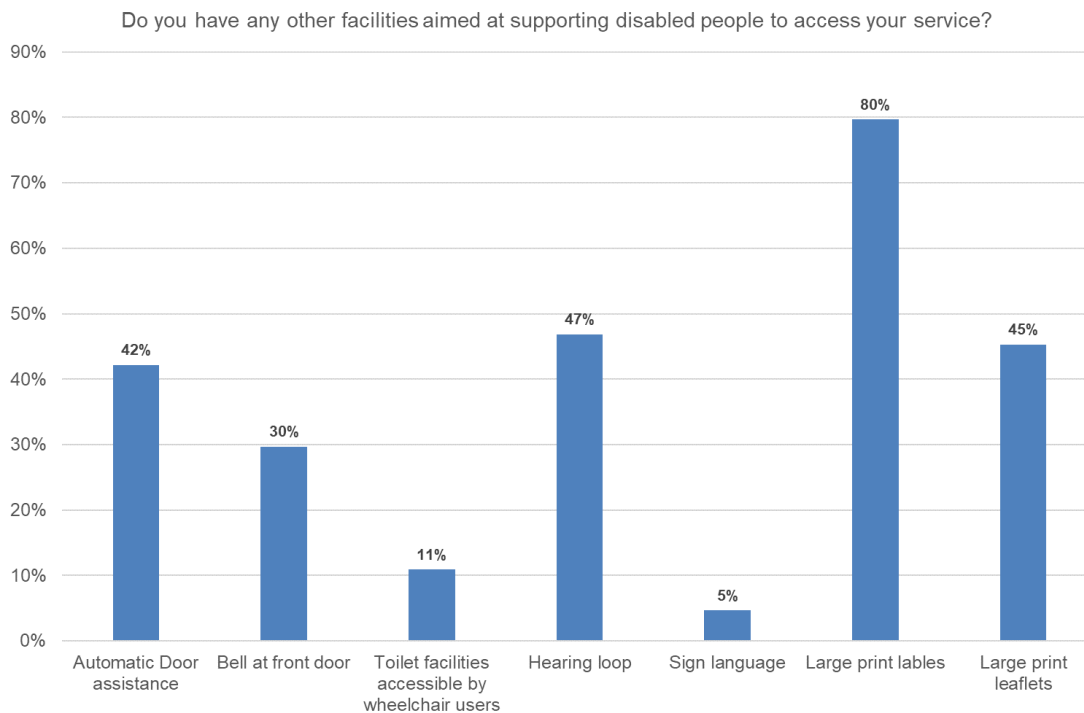


Figure 25 - Pharmacy accessibility for disabled patients

Finally, pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for particular groups (age, gender, disability, people with/about to have gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation). One pharmacy said they were aware of gaps relating to disability and gender reassignment, in particular around training and knowledge of staff on these issues. Two pharmacies said they were aware of gaps in access relating to all the groups asked about but did not provide further details.

10.3 Pharmacy consulting rooms

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only two pharmacies were not able to accommodate this request. 44% of pharmacies could provide this service at all times and a further 53% were able to provide this by arrangement.

When asked whether there is a consultation area where a patient and pharmacist can sit down together, talk at a normal speaking volume without being overheard by customers or staff and is clearly signed as private consultation, 63 of the 64 pharmacies stated that this facility was available. The one pharmacy that did not have a consultation room was a distance selling pharmacy. All pharmacies with a consultation area stated that it was a closed room. 94% of these pharmacies had access to 1 room and 6% had 2 consultation rooms on site. Approximately 90% stated that the consultation area was accessible by wheelchair.

Pharmacies were asked about access to hand washing facilities and toilet facilities. 61% of pharmacies had handwashing facilities in the consultation area and 25% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 10 pharmacies (16%) had no access to hand washing facilities in or close to the consultation area.

10.4 Prescription Collection and Delivery Services

Pharmacies were asked whether they provided prescription collection services, medicine delivery services and monitored dosage systems. Ninety-one percent of pharmacies said they offered collection of prescriptions from GP practices and 53 pharmacies (83%) offered delivery of dispensed medicines.

Of the 53 pharmacies delivering dispensed medicines 45 only provided a service which was free of charge (85%), 7 provided a free and a chargeable service (13%) and one pharmacy only offered a chargeable delivery service for dispensed medicines (2%).

11. Meeting Pharmaceutical Need

11.1 Advanced Service Provision

For a fuller description of Advanced services please refer to Section 3.2 of this document.

Community Pharmacist Consultation Service (CPCS)

The CPCS offer is currently delivered across Sefton, in 72 of 73 Sefton pharmacies (98.6%). This service, therefore, is considered adequate to meet the pharmaceutical needs of the population.

Appliance Use Review (AUR)

This is a highly specialised service and is therefore only delivered by 4 pharmacies in Sefton (5.5%). The service is delivered by 3 pharmacies in the South of the borough (Bootle, Litherland, Lydiate) and 1 in North Sefton (Southport). This service is considered adequate to meet the pharmaceutical needs of the population.

Stoma Appliance Customisation (SAC)

This service is delivered by 12 of 73 Sefton pharmacies (16.4%), 7 in the South of the borough and 5 in the North. Again, this is a specialist service needed by quite a small number of patients. Therefore, current provision is considered adequate to meet the pharmaceutical needs of the population

New Medicine Service (NMS)

The New Medicine Service (NMS) is currently delivered across Sefton, in all but two pharmacies (97.2%).

Agenda Item 12

Locality	Total			Median per month per pharmacy		
	19/20	20/21	21/22 (to Feb22)	19/20	20/21	21/22 (to Feb22)
Central	3718	3213	5119	9	6	15
North	2902	1921	4005	4	3	11
South	746	626	1530	2	1	5
Sefton Total	7366	5760	10654	6	5	10

Table 15: Total and Median New Medicine interventions declared by Sefton Pharmacies (April 2019 to Feb 2022)^x

Community Pharmacy NHS Seasonal Influenza Vaccination programme

65 Sefton pharmacies (89%) deliver the Community Pharmacy NHS Seasonal Influenza Vaccination programme. There is good coverage across all areas of the borough.

COVID-19 Lateral Flow Device Distribution Service

Delivery of this service ended on 24th February 2022, in line with the Government review of COVID-19 Restrictions.

Hypertension Case Finding Service

At the time of writing, 19 of Sefton's pharmacies provided this service (26%), with participating pharmacies spread across the borough. At time of publication in October 2022 the figure is expected to be around 50 pharmacies.

Stop Smoking Advanced Service (commences 10th March 2022)

This service will be commissioned from 10th March 2022 with providers starting when they are ready to deliver the service. More details can be found at <https://psnc.org.uk/services-commissioning/advanced-services/smoking-cessation-service/>. At time of publication in October 2022 around 13 pharmacies are delivering this service.

Hepatitis C testing service

At the time of writing only one pharmacy, based in Bootle was registered to provide this service for Sefton.

Full details of advanced service provision can be found in the appendix.

11.2 Enhanced Service Provision

Antiviral Stock Holding Service

This is specifically (although not exclusively) to support the patient pathway for access to antiviral medication to protect patients exposed to **influenza (Flu)** or **Influenza-like illness (ILI)** in an institution / **care setting** - providing accommodation and care for people who are unable to look after themselves (e.g. care home).

Following declaration of an outbreak of Flu or ILI in a care setting Oseltamivir (Tamiflu) medication in specified amounts and dosages are expected to be in stock for dealing with public health emergencies. The stock is accessed via Clinical Commissioners within the ICS to provide prescriptions for affected patients or residents in the case of an influenza outbreak.

The Pharmacy dispenses against these prescriptions and will arrange (where required) to have the stock delivered or couriered to the care home. Medication should be administered within 48 hours of a confirmed outbreak and as such this courier arrangement is to facilitate supply should the care home have difficulty in accessing the pharmacy. The pharmacies are available 365 days a year and their opening hours are published as part of the NHS England Rota arrangements.

Outside of bank holidays or weekends the care homes normal dispensing pharmacy may easily be able to furnish such prescriptions within the defined timescales. As such this arrangement is designed to support the periods where access to the care homes pharmacy may be more difficult e.g., bank holidays or weekends.

As this is a specialised service to be deployed in a particular set of circumstances, only four pharmacies across Cheshire & Merseyside are providers, as detailed in the table below.

ODS Code	Trading Name	Address	HWB area	Postcode
FWP65	Lloyds Pharmacy	Arrowe Park Hospital	Wirral	CH49 5PE
FWK62	Stockton Heath Pharmacy	Stockton Heath Medical Centre	Warrington	WA4 6HJ
FJX71	Well Pharmacy	Fountains Health	Cheshire West & Chester	CH1 4DS
FX408	Appleton Village Pharmacy	2-6 Appleton Village	Halton	WA8 6EQ

Table 16: Pharmacies in Cheshire and Merseyside holding Anti-Viral Medication Stock

11.3 Other NHS Service Provision

Other NHS Services are those provided as part of the health service, but which fall outside the group of services identified under the term Pharmaceutical Services. Other NHS services include those that are provided or arranged by: a local authority (for example public health services commissioned from pharmacies), NHS England and NHS Improvement, clinical commissioners within the ICS, an NHS trust or an NHS foundation trust.

11.3.1 Public Health Commissioned Services

Stop Smoking Services

Sefton Tobacco Control plan aims to reduce exposure to second-hand smoke, prevent people from starting smoking in the first place, and help smokers to quit.

With regards to helping smokers to quit, the Local Authority Public Health Team (LAPHT) commission a stop smoking service as part of a comprehensive tobacco control and smoking cessation plan. Most pharmacies provide the level 1 NHS voucher intervention and in 2022, 26 pharmacies are providing stop smoking services on behalf of Sefton Council using the intermediate, level 2 intervention. Pharmacies offer the following service commissioned by LAPHT and sub-contracted by ABL:

Agenda Item 12

Stop Smoking Intermediate Service

The Pharmacy Stop Smoking Intermediate Service has been established to deliver one-to-one support and advice to the user, from a trained pharmacist or a member of the Pharmacy team. Where appropriate nicotine replacement therapy is supplied. The service is provided during normal pharmacy opening hours but may not necessarily be available on every day that the pharmacy is open. Sefton pharmacies also provide nicotine replacement items if a voucher from another agency (e.g., Smokefree Sefton) is presented.

Pharmacies offering these services can be found across the borough, however they have been specifically selected in areas of high smoking prevalence, deprivation and where there are gaps in community clinic provision via the specialist service. This demonstrates that pharmacies offering smoking cessation services in Sefton are in areas where the need is greatest.

Within Sefton, there is one specialist service provider. This service is called Smokefree Sefton offering community-based stop smoking clinics across the borough.

The spread of pharmacy-based stop smoking services is aligned to areas of highest smoking prevalence, deprivation and where there are gaps in community-based services. Alternative provision is available through community-based stop smoking services delivered by ABL. A comprehensive range of these services is currently available.

In the public and patient survey 73% of people responding stated that they think stop smoking advice should be available in pharmacies, which suggests the public see this as a good venue for support to quit smoking.

Healthy Weight Services

To address the issue of obesity on a population scale Sefton council has endorsed a healthy weight declaration to form the basis of a cross cutting approach to tackle obesity in the borough. The Declaration sets out why tackling obesity is important and a number of pledges which local authorities can make to address obesity. For example, this includes ensuring catering provision in council buildings is healthy; supporting workplaces to be health promoting and adopting supplementary guidance for hot food takeaways.

There is a multi-agency steering group which supports the Declaration pledges and is driving the development and delivery of actions against the pledges. Members of this quarterly steering group include representation from council departments of health and wellbeing, environmental health, planning and external organisations Sefton clinical commissioners, Sefton CVS and Mersey Care.

There are a range of programmes in place which directly support healthy weight. This includes:

- Advice and support to families on healthy nutrition from breastfeeding, weaning and weight management is included in the universal offer of Sefton's 0 to 19 service.

- Delivery of the National Child Measurement Programme (NCMP) to record height and weight for children in reception and year 6 who are eligible as per the programme guidance. NCMP includes individual feedback to families of children who are overweight/obese with signposting for support and feedback to schools to influence local interventions to support positive dietary and physical behaviours.
- Programmes and campaigns are delivered in schools, leisure centres, parks and community venues which are aimed at increasing physical activity levels of children and young people and to improve their knowledge of the importance of being active and following a healthy diet.
- Community programme for children and their families who are overweight or obese.
- Integrated Wellness service for adults and families which includes one to one and group support to encourage greater physical activity, healthier eating and achievement of a healthy weight.

Pharmacies in Sefton are not commissioned to provide weight management services. However, pharmacies could have a role in providing ongoing behavioural support, once initiated by the Integrated Wellness service.

Five per cent of pharmacies responding to the contractor survey reported that they offer an obesity/weight management service. It is not possible to determine which types of intervention they provide and to what standards they are operating. In the public and patient survey 61% stated that they think weight management services should be available in pharmacies.

Alcohol

Local Authority Public Health Team (LAPHT) commission an integrated drug and alcohol service to provide a range of interventions including; assessment and brief advice, psychosocial support and structured alcohol treatment, including medically assisted detoxification, anti-craving medication and relapse prevention. Provision of abstinence based services are available both through the Local Authority commissioned Integrated Drug and Alcohol Services and mutual aid groups including Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).

Early intervention and prevention, including identification and brief advice are provided in Health and Wellbeing Centre's via Local Authority commissioned Living Well Sefton services.

There are currently no alcohol related services offered via pharmacy provision in Sefton. Locally community pharmacies support national alcohol harm awareness campaigns as part of the national pharmacy contract.

Make Every Contact Count (MECC)

Every day pharmacy staff have opportunities to improve the health and wellbeing of the public and their own health by Making Every Contact Count (MECC). By utilising their position at the heart of communities, pharmacies can use every interaction as an opportunity for a health-promoting

Agenda Item 12

intervention, as signposts, facilitators and providers of a wide range of public health and other health and wellbeing services. MECC is a brief intervention for behaviour change focused on encouraging and helping people to make healthier choices and achieve positive long-term change. MECC involves:

- Systematically promoting the benefits of healthy living
- Asking an individual about their lifestyle and if they want to make a change
- Responding appropriately to the lifestyle issue(s) once raised
- Taking the appropriate action to either give information, signpost or refer residents to the support they need

MECC typically covers the following topics for which there is a local resource developed:

- stopping smoking
- alcohol
- sexual health
- healthy eating
- maintaining a healthy weight
- take regular physical activity
- improve mental health and wellbeing

In Sefton the MECC Yorkshire & Humber Framework is adopted that offers a 2 tier model:

- **Level 1 (2hr training) – Brief Advice**
Applicable for people seeing individuals on a one off basis and for frontline staff
- **Level 2 (3hr training)– Brief Advice and Brief Intervention**
Applicable to people seeing individuals on more than one occasion, to be able to follow up progress of behaviour changes made

Sexual Health

Within Sefton, 55 pharmacies are commissioned to provide Emergency Hormonal Contraception (EHC).

In the public and patient survey 75% of people responding stated that they think advice on contraception and supply of the “morning after” pill free of charge should be available through pharmacies.

Mental Health

There are currently no mental health related services commissioned from pharmacies in Sefton. However Pharmacies have a role in conducting brief interventions for wellbeing and Sefton residents can be signposted to wellbeing programmes within community settings and can also self-

refer themselves into primary care mental health services, Access Sefton, in addition to seeking help from their GP. The Living Well Sefton service, commissioned via the Public Health team, is also available to local residents Living Well Sefton is made up of Brighter Living Partnership, Active Sefton, May Logan Centre, Stop Smoking Service, Feelgood Factory, Citizens Advice Sefton, Sefton Council for Voluntary Service (Sefton CVS), and Fun4Kidz. The service can help residents to stop smoking, lose weight, eat more healthily, resolve debt issues, improve their mental wellbeing and other options.

Suicide Prevention skills training is available for pharmacies, who have an important role to play in identifying those at risk and providing advice on sources of help. Additionally, pharmacies can restrict access to medication through the appropriate dispensing of prescription and over the counter medication.

Substance Misuse (Drug Misuse)

The current adult Substance Misuse Assessment, Treatment and Recovery Service sub-contracts with local pharmacies to provide Needle and Syringe Programmes and to administer supervised consumption for opiate replacement medication. Needle and Syringe Programmes and supervised administration are both essential harm reduction interventions and integral to the overall treatment services.

Supervised administration is a service that can only be provided by a pharmacy following dispensing of the opiate substitute methadone or buprenorphine. It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reduction of diversion of prescribed methadone onto an illicit market and protection of vulnerable individuals from overdose.

While Needle and Syringe Programmes are also provided by the specialist treatment services, pharmacies offer increased choice, improved access, and an opportunity to provide additional health information due to existing client relationships. There are 16 pharmacies (21%) providing needle exchange services in Sefton.

Currently 35 Sefton pharmacies (48%) provide supervised consumption of prescribed medication (methadone or buprenorphine) when required by the service for the purpose of risk management as when clinically indicated. Supervised consumption takes place at the point of dispensing within a private consultation room.

11.3.2 CCG (now ICB) commissioned Services

Minor ailments scheme: Care at the Chemist

Agenda Item 12

Unlike GPs, community pharmacies are a 'walk up and get seen' service. As such they are a key resource for advice on treating minor, self-limiting, ailments and the purchase of appropriate over-the-counter medicines. The minor ailments service takes this concept a stage further. Patients can attend any participating pharmacy within Sefton for the service and ask to be seen under the scheme. If the condition is covered by the scheme the patient will receive a consultation and be provided with advice or medication as appropriate. This service is open to patients registered with a South Sefton or Southport and Formby GP and to all eligible pharmacies who wish to participate.

The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice (and where appropriate), medicines without the need to visit their GP practice. The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long-term conditions.

30 pharmacies are signed up to deliver the Care at the Chemist scheme in Sefton. At the time of the previous PNA, in 2017, 17 pharmacies were providing this service. Pharmacies offering CATC services are distributed across the borough, and not particularly focused only in areas of need or deprivation.

Extended Care at the Chemist

Women between the ages of 16 and 65 years who have symptoms of an uncomplicated urinary tract infection (UTI) and who are not pregnant or breastfeeding, can access treatment directly from participating pharmacies without the need to be seen by a GP. Thirteen pharmacies in South Sefton provide this service alongside 14 in Southport and Formby. Again, services are distributed across the borough, and not particularly focused in areas of need or deprivation.

Supply of dressings to nursing homes

The purpose of the service is to enable nursing homes to obtain dressings required in the treatment of their residents directly from a participating community pharmacy without the need for a prescription to be supplied by the patient's GP. Dressings are supplied by community pharmacies against a patient specific requisition form.

The service is available to all patients residing in a nursing home located within the Sefton area who are registered with a GP in Sefton. Providers of this service may change throughout the year if nursing home provision changes.

Stock holding of Palliative Care Medicines

The aim of the service is to improve access for people to palliative care medicines when they are required. Pharmacies that provide the service maintain a stock of a locally agreed range of palliative care medicines and commit to ensuring continuity of supply so that users of this service have prompt

Agenda Item 12

access to these medicines during the opening hours of the pharmacy. Pharmacists are able to support users, carers and clinicians by providing information and advice.

There are currently six pharmacies providing a palliative care drugs supply service in Sefton – 3 in the South of the borough and 3 in the North.

DRAFT

Agenda Item 12

12. Conclusion

This needs assessment has determined that the pharmaceutical network in Sefton is adequate in terms of provision to meet the needs of the population and is geographically accessible reflecting the population density distribution across Sefton. The local community pharmacy network is enhanced by the availability of pharmacy services in neighbouring authorities within one mile of Sefton's borders.

Pharmacy opening hours across Sefton are considered satisfactory with wide access throughout the week and sufficient coverage over evenings and weekends. The availability of community pharmacy services extends beyond the general 9 – 5pm daytime service but varies across pharmacy providers supported by the availability of out of hours services and '100 hour' pharmacies.

This assessment has also determined that locally commissioned services are commissioned and delivered to reflect the needs of the population. Consultation with community pharmacy providers and the local population did not identify any significant gaps in community pharmacy services at this time and illustrated the wide range of pharmaceutical services currently provided. The public feedback regarding local community pharmacy provision in Sefton was positive.

Sefton Council's Local Plan is referenced in this assessment and there are housing developments of up to 200 houses in the next five years in a number of locations. The localities of Southport and Maghull are expected to have developments in the next five years that could have an impact on existing pharmacy provision and services delivered by pharmacies. This includes two extra care facilities. It is also recognised that Sefton's population is expected to change with significant increases in the number of older people. This will need to be kept under review to ensure that the pharmaceutical network in Sefton responds to these evolving needs.

This needs assessment has not identified any specific and significant gaps in local service provision at the current time and therefore any areas for service development. However, the need for specific community pharmacy services will be regularly reviewed in line with the PNA regulations and the evolving make up and needs of the local population. During the lifetime of this PNA this will be achieved through the annual review process and any requirement to produce supplementary statements to modify this assessment.

Appendix 1: Policy Context

'A Vision for Pharmacy in the New NHS'

In the last five years, the pace of change for NHS community pharmaceutical services has probably been more rapid than at any other time in the last 60 years. In that same period, community pharmacy has featured more prominently in how to improve services, how its potential can be more widely recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better utilised. That is what was intended when the Department of Health launched *A Vision for Pharmacy in the New NHS* in July 2003, which identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of *'Choosing Health'* published by the Government in 2004. This programme of action aimed to provide more of the opportunities, support and information people want to enable them to improve their health.

'Choosing Health Through Pharmacy'

As part of the *Choosing Health* programme, the Government made a commitment to publish a strategy for pharmaceutical public health which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve, and they enjoy the confidence of the public. Every day, they support self-care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health.

A New Contractual Framework

As part of the *Vision for Pharmacy* a new community pharmacy contractual framework was put in place in April 2005. It comprises three tiers of services – essential, advanced and local enhanced services.

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide.
- Local enhanced services, such as health and lifestyle advice or help for substance misusers, are commissioned locally by NHS England direct with contractors.

Community pharmacies are remunerated through this national contractual framework, most of the income to community pharmacy is made through fees, allowances and retained purchasing profit which is controlled at a national level to provide an agreed return on investment to pharmacy contractors. In return pharmacy contractors must provide certain specified services at agreed times.

Agenda Item 12

Around 85% of community pharmacy income nationally comes from NHS services. A growing source of income to community pharmacies comes from providing enhanced services commissioned by NHS England. Pharmacies provide both NHS funded care and services that are paid for directly by the patient. Some community pharmacies provide these non-NHS services to our population. These include:

- Over the counter medication, including supply of emergency hormonal contraception and smoking cessation
- Measurements like blood pressure, weight and height
- Diagnostic tests like cholesterol and blood glucose

'Our health, our care, our say'

This White Paper in January 2006 set out a new strategic direction for improving the health and well-being of the population. It focused on a strategic shift to locate more services in local communities closer to people's homes. This recognised the vital role that community pharmacies provide in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

'NHS Next Stage Review'

The final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.

'Pharmacy in England - Building on strengths delivering the future'

In April 2008 the government set out its plans in this Pharmacy White Paper and subsequently a consultation was undertaken on the proposed changes to the regulations for pharmacy. This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme which will challenge and engage NHS England, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy's potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting well-being for patients and public alike.

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy’s role in improving health and well-being and reducing health inequalities. An overview is set out below in Figure 1. This includes proposals for nationally commissioned additions to the contract in future years for how pharmacies will, over time:

- offer NHS funded treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- be commissioned based on the range and quality of services they deliver.

Building on strengths – delivering the future The Aims of the White Paper, Pharmacy in England	
<p>Supporting healthy living and better care Community pharmacies will become ‘healthy living’ centres providing a primary source of information for healthy living and health improvement.</p> <p>Pharmacy will be integrated into public health initiatives such as stop smoking, sexual health services and weight management, or offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country.</p>	<p>Better, safe use of medicines Safe medication practices should be embedded in patient care by identifying, introducing and evaluating systems designed to reduce unintended hospital admissions related to medicines use.</p> <p>Identifying specific patient groups for MURs, using MURs and repeat dispensing to identify and reduce the amount of unused medicines and including pharmacists in care pathways for long-term conditions are all examples of this.</p>
<p>Access and choice Community pharmacies improve access and choice through more help with medicines. This will be realised by developing MURs, repeat dispensing, access to urgent medicines, emergency supply and working with hospitals on medicine reconciliation.</p>	<p>Integration and interfaces Community based pharmaceutical care will be developed which will involve creating new alliances between hospital and community pharmacists as well as primary care pharmacists and pharmacy technicians.</p>
<p>Quality Underpinning all of this in the White Paper and the other policy drivers mentioned earlier is continual improvement in quality. This is a recurring theme throughout all the policy drivers currently influencing the development of community pharmacy. This refers to staff, premises and services alike. NHS England have a responsibility to ensure continuous quality by monitoring the community pharmacy services against the strategic tests.</p>	

“Healthy lives, healthy people”

The public health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.” This will be relevant to local authorities as they take on responsibility for public health in their communities.

Agenda Item 12

In addition, Community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

Equity and excellence: Liberating the NHS (2010)

“Information, combined with the right support, is the key to better care, better outcomes and reduced costs. Patients need and should have far more information and data on all aspects of healthcare, to enable them to share in decisions made about their care and find out much more easily about services that are available. Our aim is to give people access to comprehensive, trustworthy and easy to understand information from a range of sources on conditions, treatments, lifestyle choices and how to look after their own and their family’s health”.

Community pharmacy is at the forefront of self-care, health promotion and is ably qualified to assist people to manage long term conditions, the vast majority of which are managed via the use of medication. Advanced services under the contract should be maximized to ensure patients get access to the support that they need.

October 2011 - Market entry by means of pharmaceutical needs assessments and quality and performance (market exit)

The NHS Act 2006 required the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England. The Health Act 2009 amended these provisions by providing that NHS England must develop and publish local pharmaceutical needs assessments (known as “PNAs”); and NHS England would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

The Health Act 2009 also introduced new provisions which allow the Secretary of State to make regulations about what remedial actions NHS England can take against pharmacy and dispensing appliance contractors who breach their terms of service or whose performance is poor or below standard.

The first set of Regulations dealing with the development and publication of PNAs, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 (S.I. 2010/914) were laid on 26 March 2010 and came into force on 24 May 2010.

Later the National Health Service (Pharmaceutical Services) Regulations 2012 (“the 2012 Regulations”) and draft guidance came into force concerning the remaining provision under the Health Act 2009.

Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

From 1st April 2013, every Health and Wellbeing Board (HWB) in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This is of

particular relevance for local authorities and commissioning bodies. Guidance outlines the steps required to produce relevant, helpful and legally robust PNAs.

Consolidation Applications

On 5th December 2016, amendments to the 2013 Regulations came into effect.

NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means they will not be assessed against the pharmaceutical needs assessment. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services so, if NHS England commissions enhanced services from the contract with the closing premises, then the applicant is required to give an undertaking to continue to provide those services following consolidation.

If NHS England is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application.

If NHS England grants the application, it must then refuse any further “unforeseen benefits applications” seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

July 2019 – the Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

This builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service whilst confirming community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks.

Agenda Item 12

Appendix 2: Abbreviations Used

ABPM	Ambulatory Blood Pressure Monitoring
ASTRO PU	Age Sex Temporary Resident Originated Prescribing Unit
AUR	Appliance Use Review
BP	Blood Pressure
CATC	Care at the Chemist
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
CVS	Council for Voluntary Service
DMIRS	Digital minor illness referral service
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GFR	General Fertility Rate
GIRES	Gender Identity Research & Education Society
GP	General Practice / General Practitioner
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPV	Human Papilloma Virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs assessment
LA	Local Authority
LAPHT	Local Authority Public Health Team
LGBT	Lesbian, Gay, Bisexual, Transgender
LD	Learning Disability
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MECC	Making Every Contact Count
MUR	Medicines Use Review
NCRAS	National Cancer Registration and Analysis Service
NCMP	National Child Measurement Programme
NHS	National Health Service
NHS BA	NHS Business Services Authority
NHSE	NHS England
NHSE&I	NHS England & NHS Improvement
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy

NUMSAS	NHS Urgent Medicines Supply Advanced Service
NW	Northwest
OHID	Office for Health Improvement and Disparities
ONS	Office of National Statistics
OTC	Over the counter
PCT	Primary Care Trust
PCN	Primary Care Network
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POCT	Point of Care Testing
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People Who Inject Drugs
SAC	Stoma Appliance Customisation
SHMA	Strategic Housing Market Assessment
SMI	Severe Mental Illness
UTI	Urinary Tract Infection
WHO	World Health Organisation

DRAFT

Agenda Item 12

Appendix 3: Community Pharmacy addresses and opening hours

Name and Address	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Alexanders Pharmacy, 49-51 Stuart Road, L23 0QE	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	Closed
Asda Pharmacy (Aintree), Asda Superstore, L10 3LN	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	10:30-16:30
Asda Pharmacy (Bootle), 81 Strand Road, L20 4BB	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Asda Pharmacy (Southport), Central 12 Shopping Park, PR9 0TY	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00
Bispham Road Pharmacy, 94 Bispham Road, PR9 7DF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
Boots Pharmacy (Bootle), 138-139 New Strand, L20 4SX	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:00-15:00	Closed
Boots Pharmacy (Formby Chapel Lane), 27 Chapel Lane, L37 4DL	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
Boots Pharmacy (Formby Elbow Lane), 17-19 Elbow Lane, L37 4AB	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-12:00	Closed
Boots Pharmacy (Litherland), 6-8 Sefton Road, L21 7PG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
Boots Pharmacy (Aintree), Unit 5b, Aintree Racecourse Retail Park, L9 5AN	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	11:00-17:00
Boots Pharmacy (Crosby), 24-26 Liverpool Road, L23 5SF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy (Waterloo), 66-68 South Road, L22 0LY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy (Maghull Central), 7 Central Square, L31 0AE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
Boots Pharmacy (Maghull Westway), 27 Westway, L31 2PQ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	Closed
Boots Pharmacy (Southport Cambridge Rd), 131-135 Cambridge Road, PR9 9SD	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
Boots Pharmacy (Southport Central Square), Unit3 Central 12 Shopping Park, PR9 0TQ	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00	09:00-16:00	10:00-14:00	11:00-15:00
Boots Pharmacy (Southport Chapel Street), 31-39 Chapel Street, PR8 1AH	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	11:00-17:00
Boots Pharmacy, 35 Seaforth Road, L21 3TX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Bridge Road Chemist, 54-56 Bridge Road, L21 6PH	08:00-19:00	07:00-23:15	08:00-19:00	07:00-23:15	09:00-19:00	08:00-20:00	08:15-15:00
Cambridge Road Pharmacy, 137 Cambridge Road, PR9 7LT	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	09:00-19:00
CarePlus Chemist, Unit 1 27a Banastre Road, PR8 5AW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Cohens Chemist (Bridge Road), 17 Bridge Road, L23 6SA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-12:00	Closed
Cohens Chemist (Marian Square), 12 Marian Square, L30 5QA	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
Crosby Road Pharmacy, 59 Crosby Road North, L22 4QD	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-15:00	Closed
Crossens Pharmacy, 164 Rufford Road, PR9 8HU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Davey's Chemist Ltd, 69 Randall Drive, L30 2PB	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Crescent Pharmacy, 3 The Crescent, L23 4TA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Aintree Pharmacy, 11 Molyneux Way, L10 2JA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Standish Chemist, 5 The Crescent, L20 0DX	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Drakes Pharmacy, 1a Aintree Road, L20 9DL	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-15:00	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	Closed	Closed
Fishlock Chemist, 17 Station Road, PR8 3HN	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	Closed	Closed
Formby Health Rooms & Pharmacy, 81 Liverpool Road, L37 6BU	09:00-17:30	09:00-17:30	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed
Fylde Road Pharmacy, 117 Fylde Road, PR9 9XP	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	Closed
Gordon Short Chemist, 159 College Road, L23 3AT	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-17:00	Closed
GSI Pharma, Fairbarn House, L22 4QA	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
Haddens Pharmacy, 5 Litherland Road, L20 3BY	09:00-18:15	09:00-18:15	09:00-18:00	09:00-18:15	09:00-18:15	Closed	Closed
Hesketh Park Pharmacy, 91 Queens Road, PR9 9JF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed

Agenda Item 12

Name and Address	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Higgins Pharmacy, 77 Crosby Road North, L22 4QD	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	08:30-13:00 14:00-19:00	09:00-15:30	Closed
Hightown Pharmacy, Lower Alt Road, L38 0BF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-19:00	Closed	Closed
Hillside Pharmacy, 72-74 Sandon Road, PR8 4QD	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Hirshman Chemist, Sherwood House, PR8 3HW	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	09:00-13:00 14:00-17:30	Closed
Kellys Pharmacy, 195 Altway, L10 6LB	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Knowsley Road Pharmacy, 125 Knowsley Road, L20 4NJ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed
Lloyds Pharmacy, North Park Health Centre, L20 5DQ	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	Closed	Closed
Lloyds Pharmacy, Sainsburys, St George's Place, PR9 0AF	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:30	08:45-19:00	11:00-17:00
Lydiat Pharmacy, 28 Liverpool Road, L31 2LZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Meadows Pharmacy, 87-89 Liverpool Road South, L31 7AD	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00	Closed
Merton Chemist, 223 Stanley Road, L20 3DY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	Closed	Closed
Netherton Pharmacy, Gordon Youth Centre, L30 1RF	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Park Street Pharmacy, 61 Park Street, L20 3DF	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	Closed	Closed
Pharmacy First, 58 Scarisbrick New Road, PR8 6PG	08:30-12:00 13:30-18:30	08:30-12:00 13:30-18:30	08:30-12:30 13:30-18:30	08:30-12:30 13:30-18:30	08:30-12:00 13:30-18:30	Closed	Closed
Rowlands Pharmacy, 22 Liverpool Road, Birkdale, PR8 4AY	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 15 Chapel Lane, Formby, L37 4DL	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 106 Sefton Road, Litherland, L21 9HQ	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Rowlands Pharmacy, 158a Liverpool Road North, Maghull, L31 2HP	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:40-13:00	08:45-13:00 13:20-18:00	Closed	Closed
Rowlands Pharmacy, 86 Waddicar Lane, Melling, L31 1DY	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	Closed	Closed
Rowlands Pharmacy, 35 Upper Aughton Road, Southport, PR8 5NA	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Ryders Chemist, 41 Old Town Lane, L37 3HJ	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Sedem Pharmacy, 139 Roe Lane, Southport, PR9 7PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Simply Pharmacy, 2a Sefton Road, L21 7PG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
SK Chemists, 516 Stanley Road, Bootle, L20 5DW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Smartts Chemist, 42 Fernhill Road, L20 9HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
St Marks Pharmacy, St Marks Medical Centre, Southport, PR9 0TZ	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	08:15-18:15	Closed	Closed
Station Pharmacy, 24 Station Road, Maghull, L31 3DB	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	08:45-13:00 14:15-18:00	09:00-13:00	Closed
Superdrug Pharmacy, 36-38 The Esplanade, New Strand, Bootle, L20 4SP	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Superdrug Pharmacy, 10 Eastbank Street, Southport, PR8 1DT	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Tesco Instore Pharmacy, Town Lane, Southport, PR8 5JH	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-20:00	10:00-16:00
Walkers Pharmacy Ltd, 60-62 Harington Road, L37 1NU	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
Whitworth Chemist, 90 Moore Road, Bootle, L20 4SF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
Whitworth Chemist, 11a Norwood Avenue, PR9 7EG	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
Whitworth Chemist, Old Hall Farm Business Park, PR9 7RJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Woodvale Pharmacy, 779 Liverpool Road, PR8 3NT	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Woolleys Internet Pharmacy, 84 Bispham Road, PR9 7DF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed

Agenda Item 12

Appendix 4: Advanced Service Provision

Name of Pharmacy	Address	Postcode	NMS	AUR	Stoma Customisation	NHS Flu	CPCS	Hepatitis C	Hypertensive
Boots Pharmacy (Seaforth Road)	35 Seaforth Road	L21 3TX	Yes	No	No	Yes	Yes	No	No
Whitworth Chemist (Moore Road)	90 Moore Road	L20 4SF	Yes	No	No	Yes	Yes	No	No
Day Lewis Crescent Pharmacy - 317	3 The Crescent	L23 4TA	Yes	No	No	No	Yes	No	Yes
Hillside Pharmacy	72-74 Sandon Road	PR8 4QD	No	No	No	Yes	Yes	No	No
Superdrug Pharmacy (Southport)	10 Eastbank Street	PR8 1DT	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	22 Liverpool Road	PR8 4AY	Yes	No	Yes	Yes	Yes	No	No
Meadows Pharmacy	87-89 Liverpool Road South	L31 7AD	Yes	No	No	No	No	No	No
Boots Pharmacy (Southport Chapel Street)	31-39 Chapel Street	PR8 1AH	Yes	No	No	Yes	Yes	No	No
Station Pharmacy (Maghull)	24 Station Road	L31 3DB	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	35 Upper Aughton Road	PR8 5NA	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Southport Cambridge Rd)	131-135 Cambridge Road	PR9 9SD	Yes	No	No	Yes	Yes	No	No
Bispham Road Pharmacy	94 Bispham Road	PR9 7DF	Yes	No	No	Yes	Yes	No	Yes
Formby Health Rooms & Pharmacy	81 Liverpool Road	L37 6BU	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Litherland)	6-8 Sefton Road	L21 7PG	Yes	No	No	Yes	Yes	No	No
Hightown Pharmacy	Lower Alt Road	L38 0BF	No	No	No	Yes	Yes	No	No
Asda Pharmacy (Southport)	Central 12 Shopping Park	PR9 0TY	Yes	No	No	Yes	Yes	No	No
Woodvale Pharmacy	779 Liverpool Road	PR8 3NT	Yes	No	No	Yes	Yes	No	No
Rowlands Pharmacy	86 Waddicar Lane	L31 1DY	Yes	No	No	Yes	Yes	No	No
Whitworth Chemist	Old Hall Farm Business Park	PR9 7RJ	Yes	No	No	Yes	Yes	No	No
Higgins Pharmacy	77 Crosby Road North	L22 4QD	Yes	No	No	No	Yes	No	No
Smartts Chemist	42 Fernhill Road	L20 9HH	Yes	No	Yes	Yes	Yes	No	No
Rowlands Pharmacy	15 Chapel Lane	L37 4DL	Yes	No	No	Yes	Yes	No	No
Knowsley Road Pharmacy	125 Knowsley Road	L20 4NJ	Yes	No	No	Yes	Yes	Yes	Yes
Rowlands Pharmacy	106 Sefton Road	L21 9HQ	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Maghull Westway)	27 Westway	L31 2PQ	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Maghull Central)	7 Central Square	L31 0AE	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Liverpool Crosby)	24-26 Liverpool Road	L23 5SF	Yes	No	No	Yes	Yes	No	No
Boots Pharmacy (Liverpool Waterloo)	66-68 South Road	L22 0LY	Yes	No	No	Yes	Yes	No	No
Hirshman Chemist	Sherwood House	PR8 3HW	Yes	No	Yes	Yes	Yes	No	No
Care Plus Chemist	Unit 1 27a Banastre Road	PR8 5AW	Yes	No	No	Yes	Yes	No	Yes
St Marks Pharmacy	St Marks Medical Centre	PR9 0TZ	Yes	No	Yes	Yes	Yes	No	Yes
Boots Pharmacy (Formby Elbow Lane)	17-19 Elbow Lane	L37 4AB	Yes	No	No	Yes	Yes	No	No
Crosby Road Pharmacy	59 Crosby Road North	L22 4QD	Yes	No	No	Yes	Yes	No	Yes
Cohens Chemist	17 Bridge Road	L23 6SA	Yes	No	No	Yes	Yes	No	No
Fishlock Chemist	17 Station Road	PR8 3HN	Yes	No	Yes	No	Yes	No	No
Asda Pharmacy (Bootle)	81 Strand Lane	L20 4BB	Yes	No	No	Yes	Yes	No	No
Sedem Pharmacy (Southport)	139 Roe Lane	PR9 7PW	Yes	No	No	Yes	Yes	No	Yes
Simply Pharmacy	2a Sefton Road	L21 7PG	Yes	No	Yes	No	Yes	No	No
Kellys Pharmacy	195 Altway	L10 6LB	Yes	No	No	Yes	Yes	No	Yes
Cohens Chemist	12 Marian Square	L30 5QA	Yes	No	No	Yes	Yes	No	No
Merton Chemist	223 Stanley Road	L20 3DY	Yes	No	No	Yes	Yes	No	Yes
Rowlands Pharmacy	158a Liverpool Road North	L31 2HP	Yes	No	No	Yes	Yes	No	No
Ryders Chemist	41 Old Town Lane	L37 3HJ	Yes	No	No	No	Yes	No	No
Boots Pharmacy (Formby Chapel Lane)	27 Chapel Lane	L37 4DL	Yes	No	No	Yes	Yes	No	No
Superdrug Pharmacy (Bootle)	36-38 The Esplanade	L20 4SP	Yes	No	No	Yes	Yes	No	No
Cambridge Road Pharmacy	137 Cambridge Road	PR9 7LT	Yes	No	No	Yes	Yes	No	No
Lloyds Pharmacy (Bootle)	North Park Health Centre	L20 5DQ	Yes	No	No	Yes	Yes	No	No
Davey's Chemist Ltd	69 Randall Drive	L30 2PB	Yes	No	No	Yes	Yes	No	Yes
Lydiat Pharmacy	28 Liverpool Road	L31 2LZ	Yes	Yes	Yes	Yes	Yes	No	Yes
Boots Pharmacy	Unit 5b, Aintree Racecourse Retail Park	L9 5AN	Yes	No	No	Yes	Yes	No	No
Walkers Pharmacy Ltd	60-62 Harington Road	L37 1NU	Yes	No	No	Yes	Yes	No	Yes
Lloyds Pharmacy (Southport Sainsburys)	St George's Place	PR9 0AF	Yes	Yes	No	Yes	Yes	No	No
Gordon Short Chemist	159 College Road	L23 3AT	Yes	No	Yes	Yes	Yes	No	No
Day Lewis PLC 337	11 Molyneux Way	L10 2JA	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy (Southport Central Square)	Unit3, Central 12 Shopping Park	PR9 0TQ	Yes	No	No	Yes	Yes	No	No
Hesketh Park Pharmacy	91 Queens Road	PR9 9JF	Yes	No	Yes	Yes	Yes	No	Yes
Crossens Pharmacy	164 Rufford Road	PR9 8HU	Yes	No	No	Yes	Yes	No	Yes
Boots Pharmacy (Bootle The New Strand)	138-139 New Strand	L20 4SX	Yes	No	No	Yes	Yes	No	No
SK Chemists	516 Stanley Road	L20 5DW	Yes	No	Yes	Yes	Yes	No	No
Pharmacy First	58 Scarisbrick New Road	PR8 6PG	Yes	No	No	Yes	Yes	No	No
Drakes Pharmacy	1a Aintree Road	L20 9DL	Yes	No	No	Yes	Yes	No	No
Alexanders Pharmacy	49-51 Stuart Road	L23 0QE	Yes	No	No	Yes	Yes	No	Yes
GSI Pharma	Fairbarn House	L22 4QA	Yes	No	No	No	Yes	No	No
Park Street Pharmacy	61 Park Street	L20 3DF	Yes	Yes	Yes	Yes	Yes	No	Yes
Fylde Road Pharmacy	117 Fylde Road	PR9 9XP	Yes	No	No	Yes	Yes	No	Yes
Woolleys Internet Pharmacy	84 Bispharm Road	PR9 7DF	Yes	No	No	Yes	Yes	No	No
Haddens Pharmacy	5 Litherland Road	L20 3BY	Yes	Yes	Yes	Yes	Yes	No	Yes
Asda Pharmacy (Aintree)	Asda Superstore	L10 3LN	Yes	No	No	Yes	Yes	No	No
Standish Chemist	5 The Crescent	L20 0DX	Yes	No	No	Yes	Yes	No	Yes
Whitworth Chemist	11a Norwood Avenue	PR9 7EG	Yes	No	No	Yes	Yes	No	No
Bridge Road Chemist	54-56 Bridge Road	L21 6PH	Yes	No	No	Yes	Yes	No	No
Netherton Pharmacy	Gordon Youth Centre	L30 1RF	Yes	No	No	No	Yes	No	No
Tesco Instore Pharmacy (Southport)	Town Lane	PR8 5JH	Yes	No	No	Yes	Yes	No	No

Appendix 5: Cross-Border Community Pharmacy Provision

Local Authority	Name	Address	Postcode
Liverpool	Anfield Pharmacy	140 Oakfield Road	L4 0UQ
	Boots Pharmacy	Orrell Park Medical Centre, Orrell Lane	L9 8BU
	Clear Chemist	U20 Brookfield Trade Centre, Brookfield Drive	L9 7AS
	Coleman and Leighs Pharmacy	241 Walton Village	L4 6TH
	Gateley Pharmacy	138 Longmoor Lane	L9 0EJ
	Lloyds Pharmacy	Sainsbury Store, Cavendish Drive, Walton	L9 1NL
	Mckeivers Chemists	Breeze Close Health Centre, 1-3 Rice Lane	L9 1AD
	Norman Pharmacy	155/157 Walton Road	L4 4AH
	Orrell Park Pharmacy	65 Moss Lane	L9 8AE
	Rowlands Pharmacy	58 Copplehouse Lane, Fazakerley	L10 0AF
	Rowlands Pharmacy	654 Longmoor Lane, Fazakerley	L10 9LA
	Sedem Pharmacy	310-312 Westminster Road	L4 3TQ
	Sedem Pharmacy	66-74 Stanley Road	L5 2QA
	Sedem Pharmacy	Efik House, 79-81 Walton Road	L4 4AF
	Sedem Pharmacy	16 County Road	L4 3QH
	Sedem Pharmacy	Bousfield Health Centre, Westminster Road	L4 4PP
	Station Pharmacy	21 Orrell Lane	L9 8BU
Tiffenbergs Chemist	388 Longmoor Lane	L9 9DB	
Knowsley	Kirkby Town Chemist	2 Newtown Gardens, Kirkby	L32 8RR
	Rowlands Pharmacy	St Chads Walk in Centre, Kirkby	L32 8RE
	Rowlands Pharmacy	Unit 6, St Chads Parade, Kirkby	L32 8RH
	Rowlands Pharmacy	Moorfield Health Centre, Ebony Way, Tower Hill	L33 1ZQ
	Rowlands Pharmacy	81 Kennelwood Avenue, Northwood	L33 6UE
	Rowlands Pharmacy	11 Richard Hesketh Drive, Westvale	L32 0TU
	Tops Pharmacy	Units 5-6, Glovers Brow Shops, Kirkby	L32 2AE
West Lancashire	Banks Pharmacy	15 Church Road, Southport	PR9 8ET

Appendix 6: Pharmacy Premises & Services Questionnaire and Report

PNA Pharmacy Questionnaire Health and Wellbeing Board

1: Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of pharmacy	
Pharmacy postcode	
Is this pharmacy entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under review
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this pharmacy a Distance Selling Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agenda Item 12

(i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can we share the above information with the LPC and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2: Contact Details

Contact details of person completing questionnaire, if questions arise		
Name:	Phone:	Email:
Contact details for head office (if different/appropriate)		
Name:	Phone:	Email:

3: In which Local Authority are you based?

Cheshire East <input type="checkbox"/>	Cheshire West & Chester <input type="checkbox"/>	Halton <input type="checkbox"/>	Knowsley <input type="checkbox"/>	Liverpool <input type="checkbox"/>
Sefton <input type="checkbox"/>	St. Helens <input type="checkbox"/>	Warrington <input type="checkbox"/>	Wirral <input type="checkbox"/>	

4: Total opening hours (what hours are you open?)

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

5: Consultation facilities

Is there a consultation area on premises (meeting the criteria for the Medicines Use Review service) (tick one)	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No
During consultations are there hand-washing facilities?	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>
How many closed consultation rooms have you got?		Drop down 0,1,2,3+
Do patients attending for consultations have access to toilet facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Off-site	Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)?	<input type="checkbox"/> Yes	<input type="checkbox"/>
		No	
	Is the pharmacy willing to undertake consultations in patient's home / other suitable site?	<input type="checkbox"/> Yes	<input type="checkbox"/>
		No	

6: Healthy Living Pharmacies (HLP) Yes/No.

The pharmacy has achieved HLP status	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy is working towards HLP status	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
Expected completion by 24th Nov 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy is not currently working toward HLP status but would be interested in becoming a HLP in the future	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	
The pharmacy would not be interested in becoming a HLP	<input type="checkbox"/> Yes	<input type="checkbox"/>
	No	

7.1: Services

Does the pharmacy dispense the following:

	Yes	No
Stoma appliances	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence appliances	<input type="checkbox"/>	<input type="checkbox"/>
Dressings	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

7.2: Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.3: Enhanced⁸ and Other Locally Commissioned Services⁹

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁸ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

⁹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

¹⁰ This is a private service either paid for by the patient or free to the patient, that is available through your organisation/company

¹¹ Depending on local need and funding

Agenda Item 12

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC)	<input type="checkbox"/>			
Disease specific medicines management service				
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				
Emergency Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?				
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme (Care at the Chemist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?		Free text field		
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/weight management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item 12

	Currently commissioned to provide	Company led service ¹⁰	Potentially willing to provide in future if commissioned ¹¹	Not able or willing to provide
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	Free text field			
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service				
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				
Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations				
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)				
NRT Voucher Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varenicline PDG Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you provide supervised administration service, is this done in a separate private room?				
Supplementary Prescribing Service (what therapeutic areas are covered?)			<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Antibiotics supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary Medicine Administration Records (MAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locally Commissioned Domiciliary MUR Service ¹²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹² Currently commissioned by Warrington LA

Agenda Item 12

7.4: Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored/Community Dosage Systems – Free of charge on request if not covered by Equality Act (DDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored/Community Dosage Systems – chargeable if not covered by Equality Act (DDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.	Free text field

8: Accessibility

Can customers legally park within 50 metres of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How far is the nearest bus stop/train station?	<input type="checkbox"/> Within 100m <input type="checkbox"/> 100m to 500m <input type="checkbox"/> 500m to 1km <input type="checkbox"/> Other <input type="checkbox"/> None	
Do pharmacy customers have access to a designated disabled parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the entrance to the pharmacy suitable for wheelchair access unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all areas of the pharmacy floor accessible by wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bell at front door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Toilet facilities accessible by wheelchair users	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing loop	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sign language	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print labels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Large print leaflets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wheelchair ramp access	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please state	Free text field
Are you able to offer support to people whose first language is not English? If so, how?	Use of interpreter/language line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Staff at pharmacy speak languages other than English (please indicate which languages)	Free text field
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

		If yes, please specify:
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Agenda Item 12

People who have had or about to have a reassignment of gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, (please state)		Free text field

9: IT Facilities Select any that apply

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/>
Registered for NHS mail	<input type="checkbox"/>
NHS Summary Care Record enabled	<input type="checkbox"/>
Up to date NHS Choice entry	<input type="checkbox"/>

DRAFT

Agenda Item 12

Pharmacy Survey 2021– Results Summary of Results

- There are 73 pharmacies in Sefton and 64 responded to the survey. This means the response rate in Sefton was 88%
- All pharmacies offered at least one advanced service to patients, most commonly a new medicine service
- The most common locally commissioned services offered by Sefton pharmacies include NRT voucher dispensing, supervised administration and emergency hormonal contraception
- 81% of pharmacies that responded offered a free dispensed medicine delivery service
- 81% of pharmacies that responded offered a monitored dosage system to patients
- 27% of pharmacies said they could offer support to patients whose first language is not English
- 97% of pharmacies could provide advice and support to patients wishing to speak to someone of the same sex
- 98% of pharmacies have a private consultation area and 90% of these consultation areas are accessible by wheelchair

Further analysis can be found within this report.

Introduction

Health and Wellbeing Boards have, since 1st April 2013, responsibility to produce a pharmaceutical needs assessment (PNA). This is a statutory document that assesses the pharmacy needs of the local population, by identifying what pharmaceutical services are currently available in the area and where we are likely to need these services in the future because of changes to the health or geographical location of the local population. The PNA is used by NHS England when deciding on pharmacy applications. Failure to comply with the regulatory duties may lead to a legal challenge. Part of the development of the PNA involved sending a questionnaire to the 73 pharmacies in Sefton to gain an insight into the services that they offer and whether there are any gaps in service provision across the borough.

Methodology

The PNA pharmacy survey was developed through a Cheshire and Merseyside steering group set up specifically to look at the survey development. The steering group consisted of public health intelligence leads across the Cheshire and Merseyside footprint. The partnership approach to the survey development was adopted as it would allow for the comparison of results between local authority areas, resulting in consistency in the development of the final PNA product. The survey was distributed to pharmacies using PharmOutcomes, a web-based system that allows the collection of information from pharmacies.

Results

This report will be a discussion of Sefton pharmacy results only. There are 73 pharmacies in Sefton, and of these, 64 responded to the survey. This is a response rate of 88% within Sefton.

Services Offered

Pharmacies were asked a number of questions relating to the services that they offer. Firstly, an analysis of advanced services offered was completed. The survey asked about five Advanced

services – New Medicine Service, Appliance Use Review Service, Stoma Appliance Customisation Service, NHS Flu Vaccination Service, NHS Community Pharmacist Consultation Service (CPCS). Community pharmacies can opt to provide any of these services.

The analysis found the following:

- 96.9% offer a new medicine service
- 6.3% offer an appliance use review
- 18.8% offer stoma customisation
- 89.1% offer NHS Flu Vaccination
- 95.3% offer NHS Community Pharmacist Consultation Service

All pharmacies that responded offered at least one of these advanced services to patients. This is illustrated in figure 1 below.

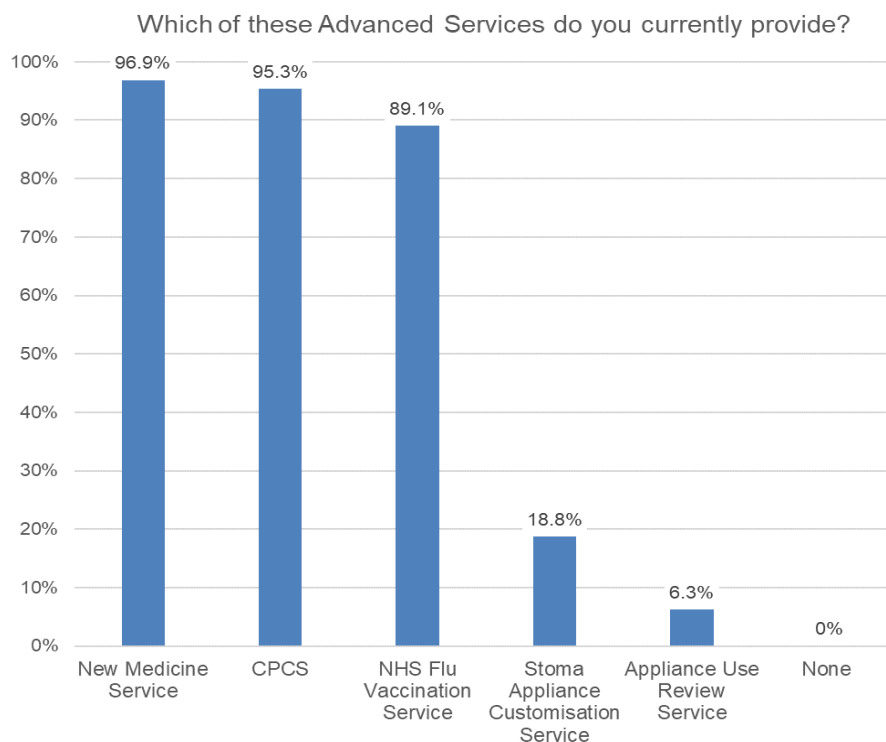


Figure 1 - Advanced Services provided

In addition to this, pharmacies were also asked whether they dispense stoma appliances, incontinence appliances or dressings. An analysis of this shows the following:

- 61% of pharmacies dispense stoma appliances
- 66% of pharmacies dispense incontinence appliances
- 80% of pharmacies dispense dressings

This is illustrated in figure 2, below.

Agenda Item 12

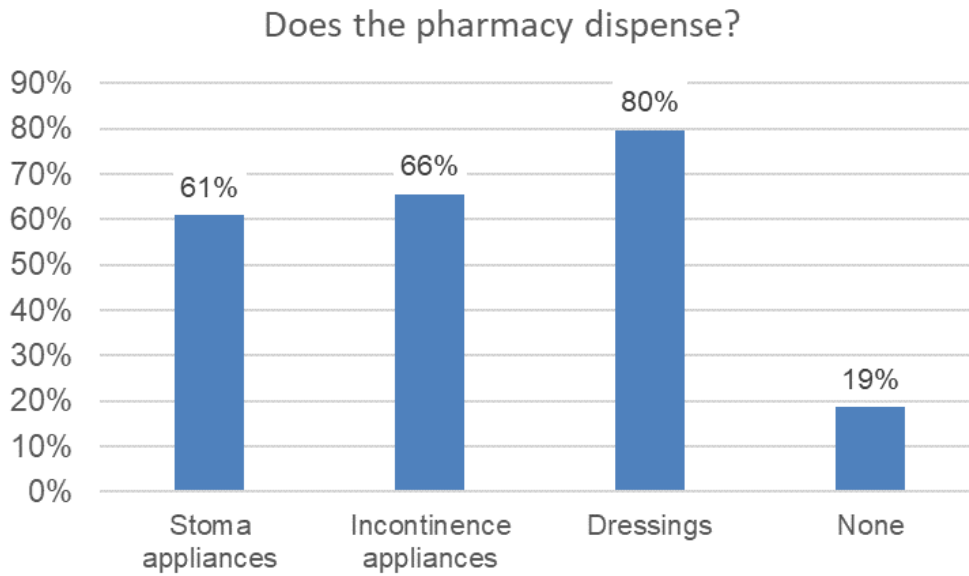


Figure 2 - Appliances dispensed by the pharmacy

Enhanced and other services

Pharmacies were asked whether they deliver any other services (or enhanced services) including urgent care services, disease specific medicines management services, public health services, medicines optimisation and vaccinations.

The most common services offered by Sefton pharmacies are home delivery service (86%), NRT voucher dispensing (81%), emergency hormonal contraception (64%) and supervised administration (61%) (figure 3). Several services were not delivered by any pharmacies including Anticoagulant monitoring, Independent prescribing, Supplementary prescribing, alcohol screening, H pylori screening and Vascular Risk Assessment Service (table 1).

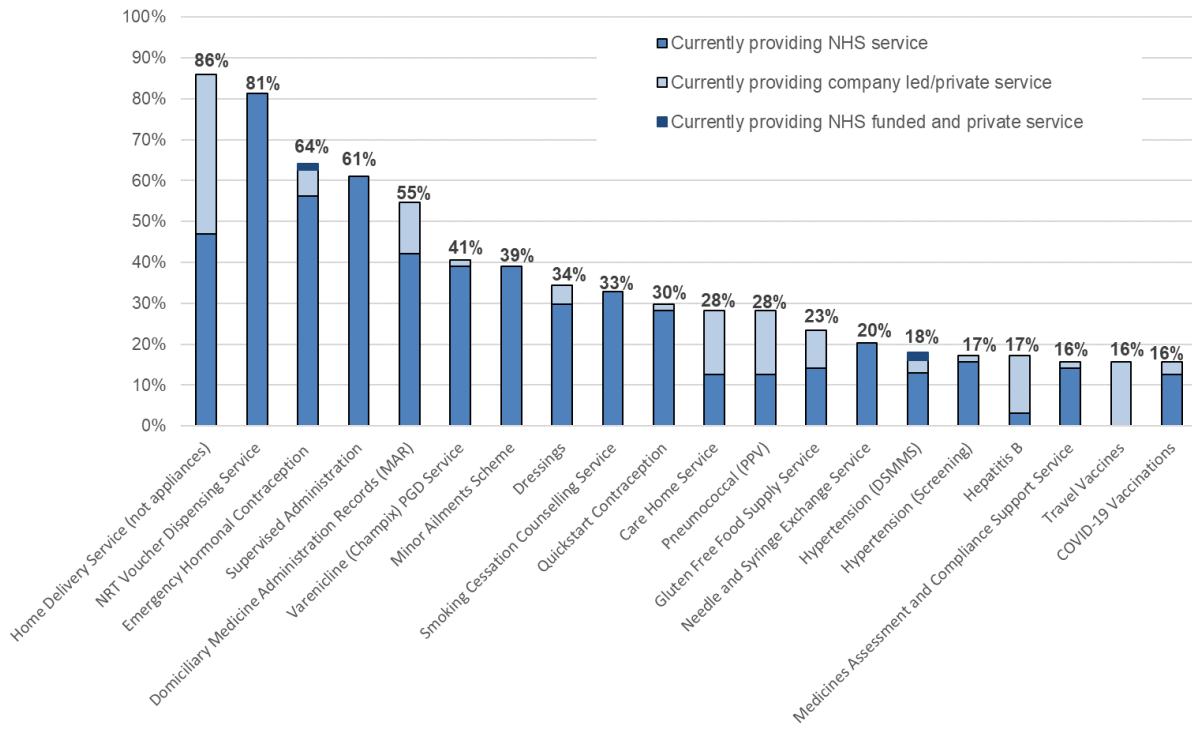


Figure 3 – Top 20 Enhanced and other services

DRAFT

Agenda Item 12

Area	Comissioned Service	Currently providing NHS service	Currently providing company led/private service	Currently providing NHS funded and private service	Total providing
Comissioned Services	Anticoagulant Monitoring Service	0%	0%	0%	0%
	Anti-viral Distribution Service	5%	0%	0%	5%
	Care Home Service	13%	16%	0%	28%
	Gluten Free Food Supply Service	14%	9%	0%	23%
	Home Delivery Service (not appliances)	47%	39%	0%	86%
	Language Access Service	6%	3%	0%	9%
	Schools Service	2%	2%	0%	3%
Urgent Care	Sharps Disposal Service	13%	0%	0%	13%
	Minor Ailments Scheme	39%	0%	0%	39%
	Out of Hours Services	8%	0%	0%	8%
	On Demand Availability of Specialist Drugs Service	3%	2%	0%	5%
	Palliative Care Scheme	13%	2%	0%	14%
Disease Specific Medicines Mangement Service	Dressings	30%	5%	0%	34%
	Allergies	6%	3%	0%	9%
	Alzheimer's/dementia	5%	3%	0%	8%
	Asthma	6%	3%	0%	9%
	CHD	2%	0%	0%	2%
	Chronic Kidney Disease	2%	0%	0%	2%
	COPD	5%	2%	0%	6%
	Depression	2%	0%	0%	2%
	Diabetes type I	2%	0%	0%	2%
	Diabetes type II	6%	0%	0%	6%
	Epilepsy	2%	0%	0%	2%
	Heart Failure	2%	0%	0%	2%
	Hypertension	13%	3%	2%	18%
	Parkinson's Disease	2%	0%	0%	2%
	Public Health Services	Emergency Hormonal Contraception	56%	6%	2%
Quickstart Contraception		28%	2%	0%	30%
Contraception Service		5%	6%	0%	11%
Chlamydia Testing		0%	5%	0%	5%
Chlamydia Treatment Service		0%	6%	0%	6%
Contraception Injection Service		0%	3%	0%	3%
Needle and Syringe Exchange Service		20%	0%	0%	20%
Obesity Management (adults and children)		5%	3%	0%	8%
NRT Voucher Dispensing Service		81%	0%	0%	81%
Smoking Cessation Counselling Service		33%	0%	0%	33%
Varenicline (Champix) PGD Service		39%	2%	0%	41%
Supervised Administration		61%	0%	0%	61%
Medicines Optimisation		Medicines Optimisation Service	5%	0%	0%
	Domiciliary Medicine Administration Records (MAR)	42%	13%	0%	55%
	Medicines Assessment and Compliance Support Service	14%	2%	0%	16%
	Independent Prescribing Service	0%	0%	0%	0%
	Supplementary Prescribing	0%	0%	0%	0%
	Not Dispensed Scheme	6%	0%	0%	6%
Screening	Prescriber Support Service	3%	0%	0%	3%
	Alcohol	0%	0%	0%	0%
	Atrial Fibrillation	8%	0%	0%	8%
	Cholesterol	0%	2%	0%	2%
	Diabetes	2%	2%	0%	3%
	Gonorrhoea	0%	2%	0%	2%
	H. pylori	0%	0%	0%	0%
	HbA1C	0%	2%	0%	2%
	Hepatitis	2%	2%	0%	3%
	HIV	0%	2%	0%	2%
	Hypertension	16%	2%	0%	17%
	Phlebotomy Service	0%	2%	0%	2%
	Vascular Risk Assessment Service	0%	0%	0%	0%
	Vaccinations	Childhood Vaccinations	0%	9%	0%
HPV		0%	8%	0%	8%
Hepatitis B		3%	14%	0%	17%
Pneumococcal (PPV)		13%	16%	0%	28%
Meningococcal Vaccinations		0%	11%	0%	11%
Shingles		0%	5%	0%	5%
Travel Vaccines		0%	16%	0%	16%
Whooping Cough		0%	5%	0%	5%
COVID-19 Vaccinations		13%	3%	0%	16%

Table 1: Other commissioned services

Despite few pharmacies currently delivering disease specific medicines management services the majority of pharmacies were willing to deliver these types of service (ranging from 72% for hypertension to 83% for Depression) (figure 4). There was also high willingness to provide a not dispensed service (78%), medicines optimisation service (77%), cholesterol screening (73%) and a contraceptive service (73%). Pharmacies were most likely to say they were not willing or able to provide out of hours services (50%), supplementary prescribing service (47%), independent prescribing service (47%) and on demand availability of specialist drugs service (47%) (figure 5).

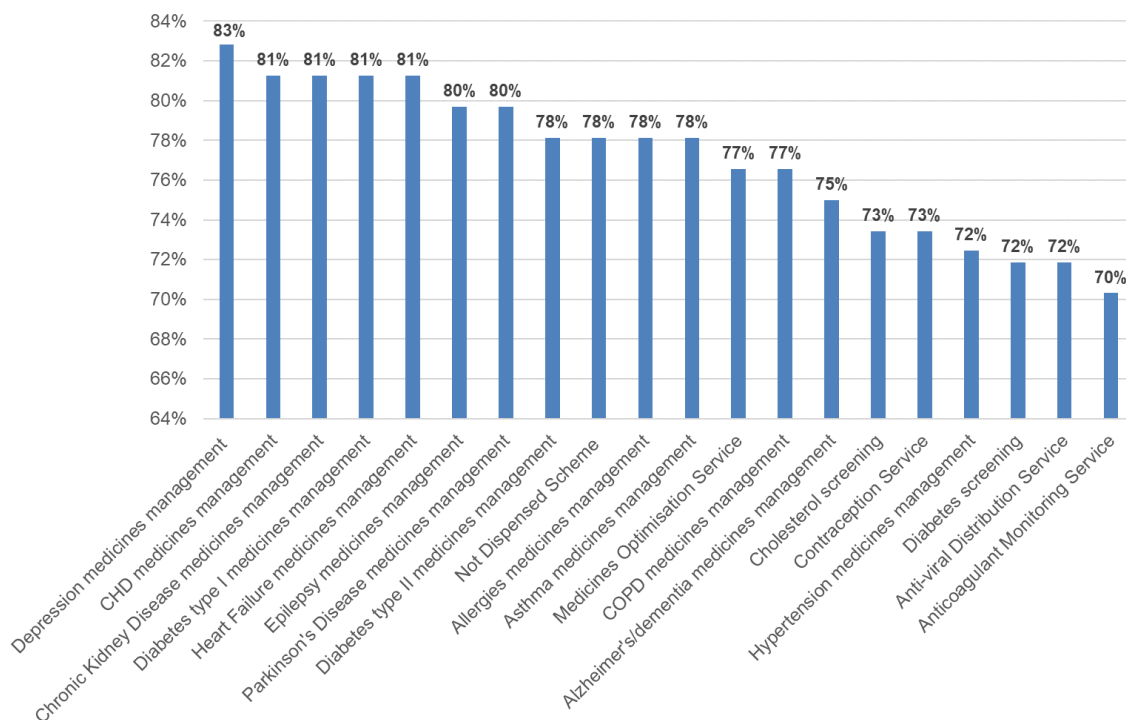


Figure 3: Other Services Sefton Pharmacies willing to provide (Top 20)

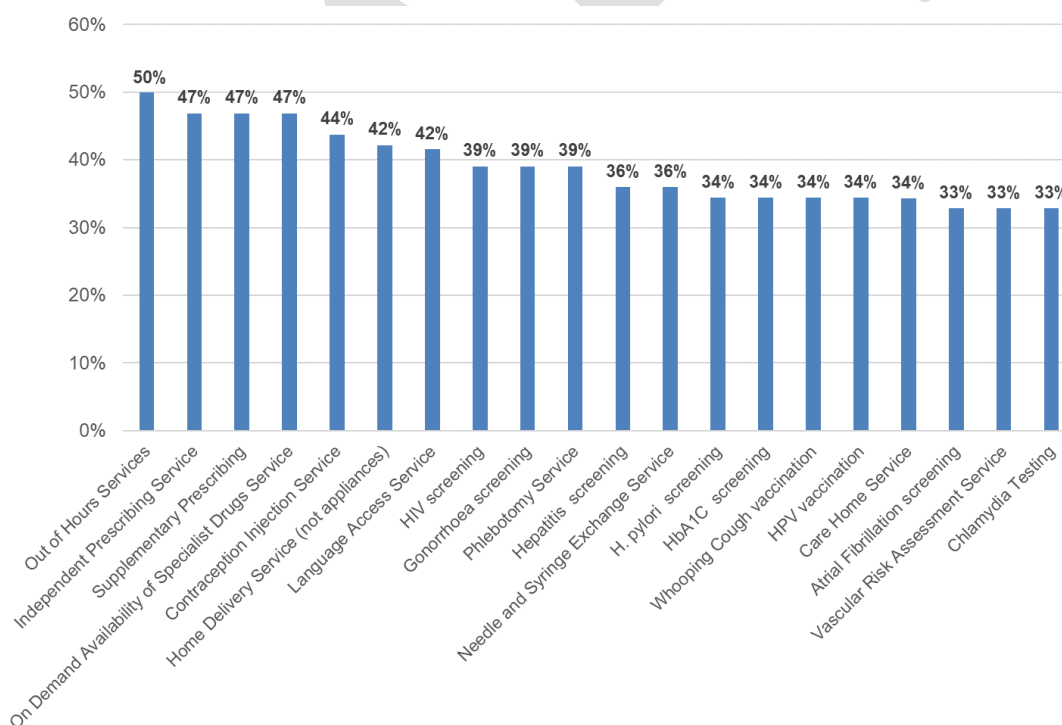


Figure 4: Other Services Sefton Pharmacies not willing or able to provide (Top 20)

Delivery of medicines

Pharmacies were asked whether they provide a prescription collection service from GP surgeries. Ninety-one percent of pharmacies said that they offered this service and the remaining 9% of pharmacies said they did not offer this service. The pharmacies were then asked if they offer a service to deliver dispensed medicines to patients. The following responses were received:

- 83% said they offered this service
- 70% only offered this service for free

Agenda Item 12

- 2% only offered the service for a charge
- 11% offered both a free service and a service for a charge

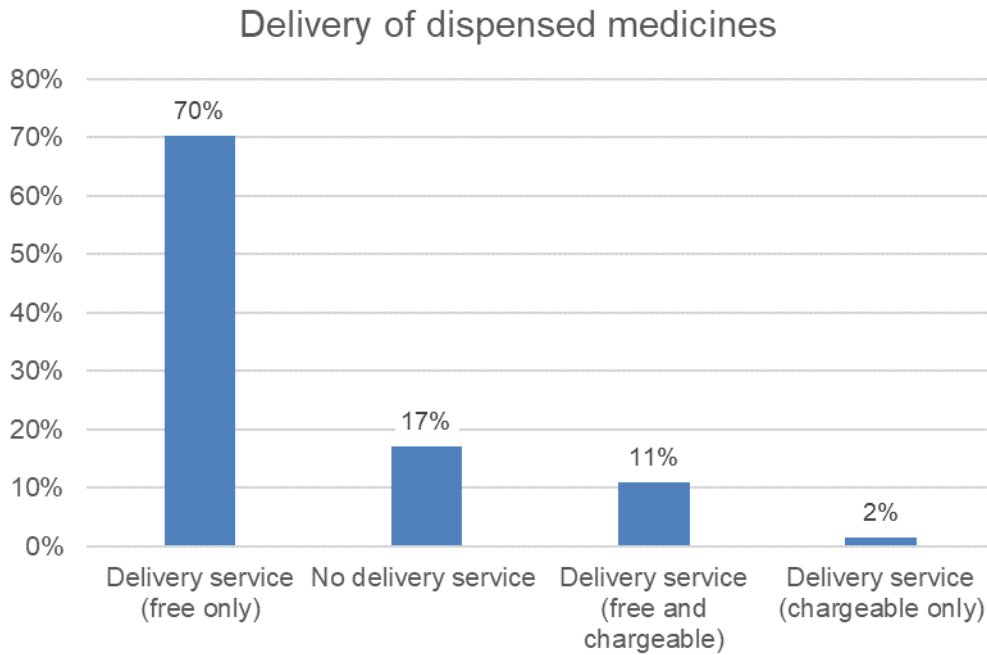


Figure 4 - Delivery of dispensed medicines

Monitored Dosage Systems

Monitored Dosage Systems (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. 52 pharmacies (81.3%) offered these systems on request if not covered by the Equality Act (DDA). Forty-four pharmacies (68.8%) only offered this service for free, 1 (1.6%) only offered the system at a charge and 7 (10.9%) provided the system both for free and at a charge.

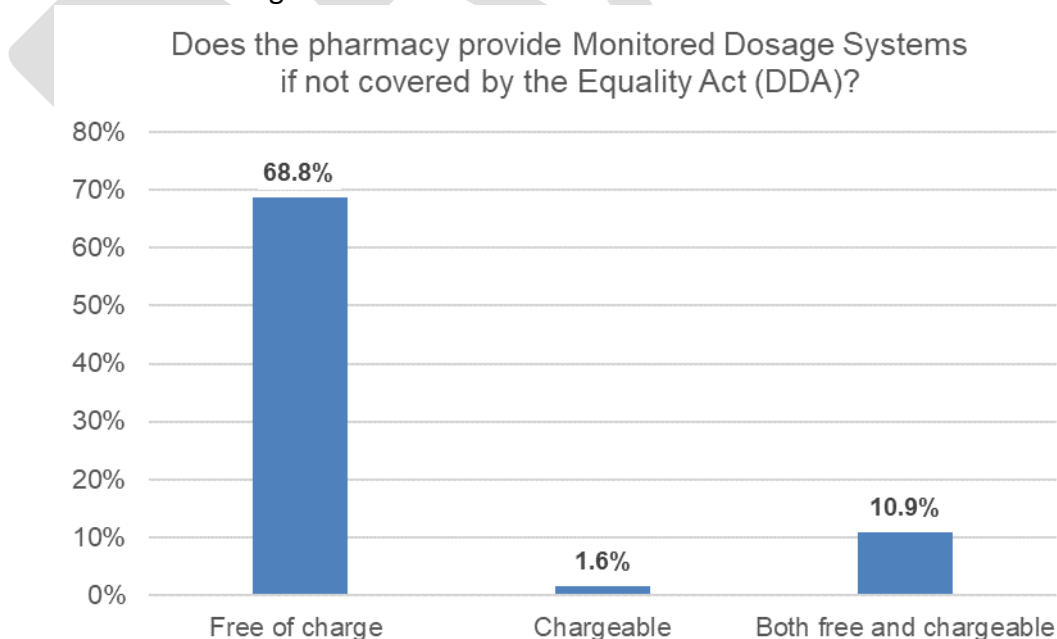


Figure 5 – Provision of Monitored Dosage Systems

Accessibility

The next set of questions aimed to understand the accessibility of the pharmacy for the patient. A number of questions were asked about accessibility from a transportation, disability and language perspective. All but 3 of the pharmacies (95%) said customers can legally park within 50 metres of the pharmacy. When asked about access to public transport, 72% said there was a bus stop or train station within 100 metres and a further 23% said there was one within 100 to 500 metres. When asked about facilities for disabled patients, 43% said customers have access to designated disabled parking. Approximately 86% of pharmacies have an entrance which can be used unaided by wheelchair users and 94% of pharmacies state that all areas of the pharmacy floor can be accessed by wheelchair users. Pharmacies were also asked what other facilities were in place to support disabled customers. A large proportion of pharmacies surveyed offer services large print labels. The facilities offered to support disabled patients are shown below.

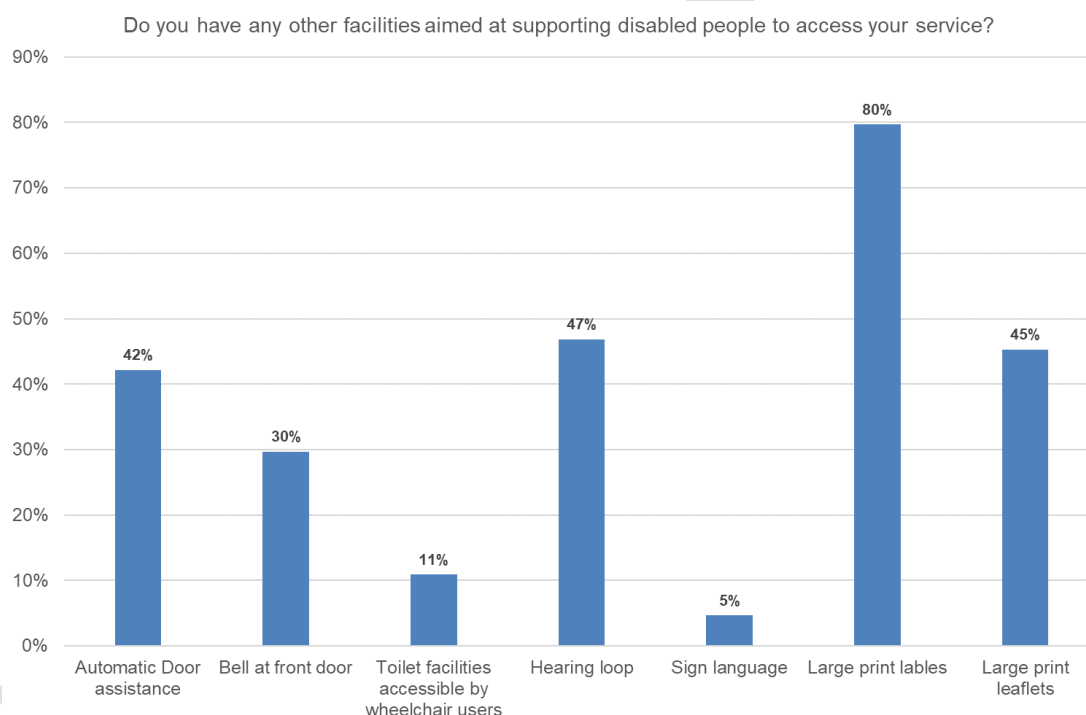


Figure 7 - Support for disabled patients

Of the pharmacies surveyed, approximately 27% are able to offer support for patients whose first language is not English. When asked how they did this, 15 (23%) said they used an interpreter/language line and 11 (17%) said that a member of staff in the pharmacy could speak languages other than English. An analysis of other languages staff could speak is shown below.

Other languages	Number of pharmacies where staff can communicate in this language
Arabic	2
Chinese	2
French	2
German	1
Spanish	2
Russian	3
Gujarati	2

Agenda Item 12

Punjabi	3
Hindi	3
Malay	1
Polish	2
Nigerian	1

Table 3 - Other languages staff can speak

Pharmacies were asked whether they were able to provide advice and support if a customer wished to speak to a person of the same sex. Only two pharmacies were not able to accommodate this request. 44% of pharmacies could provide this service at all times and a further 53% were able to provide this by arrangement.

Finally, pharmacies were asked if they were aware of any gaps in access or pharmaceutical needs for groups (age, gender, disability, people with/about to have gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation). One pharmacy said they were aware of gaps relating to disability and gender reassignment, in particular around training and knowledge of staff on these issues. Two pharmacies said they were aware of gaps in access relating to all the groups asked about but did not provide further details.

Consultation facilities

When asked whether there is a consultation area where a patient and pharmacist can sit down together, talk at a normal speaking volume without being overheard by customers or staff and is clearly signed as private consultation, 63 of the 64 pharmacies stated that this facility was available. The one pharmacy that did not have a consultation room was a distance selling pharmacy. All pharmacies with a consultation area stated that it was a closed room. 94% of these pharmacies had access to 1 room and 6% had 2 consultation rooms on site. Approximately 90% stated that the consultation area was accessible by wheelchair. Pharmacies were asked about access to hand washing facilities and toilet facilities. 61% of pharmacies had handwashing facilities in the consultation area and 25% of pharmacies had toilet facilities that patients could access. Patient access to toilet facilities would be needed for some screening services such as pregnancy testing or chlamydia screening. 10 pharmacies (16%) had no access to hand washing facilities in or close to the consultation area.

Conclusions and next steps

This pharmacy survey was completed as part of the development of Sefton's 2021 Pharmaceutical Needs Assessment. The purpose of the survey was to gain an understanding of what services were offered by pharmacies and whether there were any gaps in service provision. Of the pharmacies within Sefton, 64 responded to the survey indicating what services they offered and how they supported their patients. The results of this will be included within the final Pharmaceutical Needs Assessment document.

The next step of the Pharmaceutical Needs Assessment development is the completion of a patient survey. This will be completed during Winter 2021 and will provide an understanding of service provision from a patient perspective. Again, this will be included within the final documentation, which will be published by October 2022.

Have your say on Pharmacy Services in Sefton



Agenda Item 12

Introduction

Sefton Health and Wellbeing Board are required by law to produce a Pharmaceutical Needs Assessment (PNA) every three years, and to make sure that it is available for stakeholders to comment on before it is finally published.

The PNA describes pharmacy provision in Sefton together with when and where these are available. NHS England also uses the PNA when considering applications to open a new pharmacy, move an existing pharmacy or commission additional services from a pharmacy. The key outcomes for this consultation are

- To encourage constructive feedback from a variety of stakeholders
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

As such, we would like to invite you to take part in this consultation, which will run from 13th July to 14th September

The draft PNA can be found on Sefton Councils website by following the link.....

A consultation response form can be accessed from the same website or by following the link..... You can return your form on line, return to the e-mail address on the website or return a written form by post to the address on the form.

To limit the environmental impact, we are running the consultation electronically. However, if you require a paper version of the PNA, please contact Helen O'Reilly by e-mail: Helen.Oreilly@sefton.gov.uk who will arrange to provide this within 14 days of your request.

All feedback will be considered and the PNA steering group will decide on behalf of the HWB which sections of the PNA need amending. A consultation report will be included within the final PNA document.

This will provide an overview of the feedback received and set out how comments have been acted upon. An updated PNA including the consultation process and responses will be presented to the Health and Wellbeing Board for final publication by 1 October 2022.

What is this survey for?

This survey is to ask you what you think about the proposals for the PNA in Sefton.

When will the consultation start and end?

The consultation will start on Wednesday 13th July 2022 and will end on Wednesday 11th September.

How to get involved

To give us your views complete this questionnaire or go to www.sefton.gov.uk and fill in the on-line questionnaire. If you need more information, please telephone [0345 140 0845](tel:03451400845). for more information.

Copies of this consultation document are available in large print and other formats. To request this service please call [0345 140 0845](tel:03451400845).

Please return completed questionnaires to

Sefton Public Health
Magdalen House
Bootle
L20 3NJ

What we will do with your feedback?

The information you give us is private and confidential and we will follow the law and the Data Protection Act 1998. The information will be destroyed after it is not needed any more. Your views and the information that you provide will be analysed and will form part of a report to the Council to make a decision on the future of Adult Social Care in Sefton.

How will I know the outcome of the consultation?

When the consultation is complete, we will write a Report which will tell you what the consultation is telling us and how we have used this to inform the next stage of the process of developing the PNA. This report will be available on the Council's website. The report can be provided in other formats if requested

DRAFT

Agenda Item 12

What do we mean by a Pharmacy?

Some people call them a chemist, but in this survey, we use the word pharmacy. By pharmacy, we mean a place you would use to get a prescription or buy medicines which you cannot buy anywhere else.

The following questions are about the last time you used a pharmacy

1. Why did you visit the pharmacy? *(Please tick all that apply)*

- To collect a prescription for yourself
- To collect a prescription for someone else
- To get advice from the pharmacist
- To buy other medications I cannot buy elsewhere
- Other (please give details below)

How easy is it to use your usual pharmacy?

2. When did you last use a pharmacy to get a prescription, buy medicines or to get advice? *(Please tick one)*

- In the last week
- In the last month
- In the last three to six months
- Not in the last six months

3. How did you get to the pharmacy? *(Please tick all that apply)*

- Walking
- Public Transport
- Car
- Taxi
- Cycling
- Other (please give details below)

4. Thinking about the location of the pharmacy, which of the following is important to you? Please select **up to three**

- It is close to my doctor's surgery
- It is close to my home
- It is close to where I work
- It is in my local supermarket
- It is close to other shops I use
- It is close to my children's school or nursery
- It is easy to park nearby
- It is near to the bus stop / train station
- Other (please give details below)

Agenda Item 12

5. How easy is to get to your usual pharmacy? *(Please tick one)*

- It is very easy
- It is quite easy
- It is not easy
- It is not easy at all

6. If you have a condition that affects your mobility, are you able to park close enough to your pharmacy?

- Yes
- No

7. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

- Yes
- No
- I have never used this service

8. In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?

- Yes
- No – **go to question 9**

If you answered yes, please tell us what was the problem finding a pharmacy

9. In the last 12 months how many times have you needed to use your pharmacy or if it was closed another pharmacy close to you?

- Once or twice
- Three or four times
- Five or more times
- I haven't needed to use the pharmacy when it was closed **Go to Question 13**

10. What day of the week was it? Please tick one:

- Monday to Friday
- Saturday
- Sunday
- Bank Holiday

11. What time of the day was it?

- Morning
- Lunch-time (between 12 pm – 2 pm)
- Afternoon
- Evening (after 7.00 pm)

12. What did you do when your pharmacy was closed?

- Went to another pharmacy
- Waited until the pharmacy was open
- Went to a hospital
- Went to a Walk in Centre
- Other (please specify)

Agenda Item 12

About any medicines you receive on prescription and dispensed by your usual, or local pharmacy

13. Did you get a prescription filled the last time you used a pharmacy?

- Yes – go to question 14
- No – go to question 20

14. Did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

- Yes
- No but I would have liked to have been told
- No but I did not mind

15. If 'yes' do you think this was a reasonable amount of time to wait?

- Yes
- No

16. Did you get all the medicines that you needed on this occasion?

- Yes - go to question 20
- No – go to question 17

17. What was the main reason for not getting all your medicines on this occasion?
Please tick one

- The pharmacy had run out of my medicine
- My GP had not prescribed something I wanted
- My prescription had not arrived at the pharmacy
- Another reason (please specify)

18. How long did you have to wait to get the rest of your medicines? **Please tick one**

- Later the same day
- The next day
- Two or more days
- More than a week

19. Did the pharmacist offer to deliver the remainder of your prescription to your home?

- Yes
- No

20. If you have needed to use a hospital pharmacy (e.g. as an outpatient or on discharge following a stay in hospital), would you like to have the option to have the prescription dispensed as your local pharmacy

- Yes
- No
- I have never used a hospital pharmacy

About times when you needed a consultation, or wished to talk to the pharmacist in the pharmacy

21. Have you had a consultation with the pharmacist in the last 12 months for any health related purpose?

- Yes
- No – go to question 25

Agenda Item 12

22. What advice were you given during your consultation?

- Lifestyle advice
(e.g. stop smoking, diet and nutrition, physical activity etc.)
- Advice about a minor ailment
- Medicine advice
- Emergency contraception advice
- Other (please specify)

23. Where did you have your consultation with the pharmacist? **(Please tick one)**

- At the Pharmacy Counter
- In the dispensary or a quiet part of the shop
- In a separate room
- Over the telephone **(Go to question 25)**
- Other (please specify)

24. How do you rate the level of privacy you have in the consultation with the pharmacist? **(Please tick one)**

- Excellent
- Good
- Fair
- Poor
- Very poor

About what you feel pharmacies should be able to offer you

25. Please tell us how you would describe your feelings about pharmacies. **(Please tick one)**

- I think that pharmacies could provide more services for me
- I am satisfied with the range of services pharmacies provide

26. Which if any of the services below do you think should be available locally through pharmacies? Please tick one box per row

	Yes	No	Not sure
a) To get treatment of a minor illness such as a cold instead of my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advice on stopping smoking and/or vouchers for nicotine patches/gum etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Advice on contraception and supply of “morning after” pill free of charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Weight management services and advice on diet/exercise for weight management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tests to check blood pressure, cholesterol, whether I might get diabetes or other conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Advice and treatment for drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item 12

g) **Review of medicines on repeat prescription**
with advice on when it is best to take them, what they are for and side-effects to expect

h) **Provision of flu vaccinations**

27. Is there anything else, or any service that you feel could be provided by local pharmacies?

28. Is there anything you particularly value as a service from pharmacies?

29. Is there anything you would like to change about your pharmacy?

Finally, please provide some details about yourself

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you

Male

Female

3. How old are you?

18-29

30-39

40-49

50-59

60-69

70+

4. Disability : Do you have any of the following (please tick all that apply):

Physical Impairment

Visual Impairment

Learning Difficulty

Hearing Impairment/deaf

Mental health/mental distress

Long term illness that affects your daily activity

Other (please specify)

Agenda Item 12

Please read the following statement ...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

Yes

No

5. Ethnicity – do you identify as

Asian:

Bangladeshi

Indian

Pakistani

Other Asian background

Black

African

British

Caribbean

Other black background

Chinese

Chinese

Other Chinese background

Mixed Ethnic Background:-

Asian and White

Black African and White

Black Caribbean and White

Other mixed

White

British

English

Irish

Scottish

Welsh

Polish

Latvian

Gypsy/Traveller

Other White background

The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete ...

5. Do you have a religion or belief?

Yes

No

If you ticked yes, please tick one of the following

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Other – please specify

6. How would you describe your sexual orientation?

Heterosexual

Bisexual

Gay

Lesbian

7. Do you live in the gender you were given at birth?

Yes

No

Agenda Item 12

Appendix 7: Formal Consultation Letter and Questionnaire



Public Health
Bootle Town Hall
Oriol Road
Bootle
L20 7AE

60-day statutory Consultation Letter and Questionnaire

To whom it may concern

Pharmaceutical Needs Assessment (PNA) 2022-2025 Consultation invitation to participate

Sefton Health and Wellbeing Board are required by law to produce a Pharmaceutical Needs Assessment (PNA) every three years, and to make sure that it is available for stakeholders to comment on before it is finally published.

The PNA describes pharmacy provision in Sefton together with when and where these are available. NHS England also uses the PNA when considering applications to open a new pharmacy, move an existing pharmacy or commission additional services from a pharmacy.

The key outcomes for this consultation are

- To encourage constructive feedback from a variety of stakeholders
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA.

As such, we would like to invite you to take part in this consultation, which will run from xx July to xx September

The draft PNA can be found on Sefton Councils website by following the link...

A consultation response form can be accessed from the same website or by following the link...

You can return your form on line, return to the e-mail address on the website or return a written form by post to the address on the form.

To limit the environmental impact, we are running the consultation electronically. However, if you require a paper version of the PNA, please contact Helen O'Reilly by e-mail:

Helen.Oreilly@sefton.gov.uk or on 01924 222222 who will arrange to provide this within 14 days of your request.

All feedback will be considered and the PNA steering group will decide on behalf of the HWB which sections of the PNA need amending. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how comments have been acted upon. An updated PNA including the consultation process and responses will be presented to the Health and Wellbeing Board for final publication by 1 October 2022.

I look forward to receiving your feedback on the Draft PNA

Yours faithfully

Margaret Jones
Director of Public Health
On behalf of Sefton HWB

Have your say on the Sefton Pharmaceutical Needs Assessment (PNA)

Please tick **one** box for each question and explain your answer where relevant.

1. Has the purpose of the PNA been explained sufficiently within section 1 of the document?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

2. Do sections 4 and 6 clearly set out the context and the implications for the PNA?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

3. Do sections 5 and 7 provide a reasonable description of the services which are provided in pharmacies in Sefton?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

Agenda Item 12

4. Are you aware of any current pharmaceutical services currently provided that have not been included within the draft PNA?

- Yes
- No
- Don't Know

If you said 'Yes', please explain:

5. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

6. Do you agree with the conclusions about pharmaceutical services in Sefton?

- Yes
- No
- Don't Know

If you said 'No' or 'Don't know', please explain:

7. Do you agree with the assessment of future pharmaceutical services as set out in section 7 conclusions?

- Yes
- No

Don't Know

If you said 'No' or 'Don't know', please explain:

8. If you have any other comments, please leave them below:

Finally, please provide some details about yourself

If responding on behalf of an organisation or pharmacy, please provide the following information:

Name:

Job Title:

Pharmacy Name / Organisation:

Address:

Postal code:

Email address:

Phone number:

Please confirm that you are happy for us to store these details in case we need to contact you about your feedback

Yes

No

If you are responding as an individual:

Answer as much or as little as you want. Sefton Council will not share your personal data. However, we will share the anonymised results of the consultation with partners who we work with to deliver local services. Your contributions will be anonymised on receipt and your comments will then be used for research and consultation purposes. Your identity will not be published by us at any stage without your consent unless we are obliged to do so by law

1. Please tell us the first part of your postcode (the first 3 or 4 letters and numbers)

2. Are you

Male

Female

Agenda Item 12

3. How old are you?

18-29

30-39

40-49

50-59

60-69

70+

4. Disability: Do you have any of the following (please tick all that apply):

Physical Impairment

Visual Impairment

Learning Difficulty

Hearing Impairment/deaf

Mental health/mental distress

Long term illness that affects your daily activity

Other (please specify)

Please read the following statement ...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

Yes

No

5. Ethnicity – do you identify as

Asian:

Bangladeshi

Indian

Pakistani

Other Asian background

Black

African

British

Caribbean

Other black background

Chinese

Chinese Other Chinese background

Mixed Ethnic Background: -

Asian and White Black African and White

Black Caribbean and White Other mixed

White

British English

Irish Scottish

Welsh Polish

Latvian Gypsy/Traveller

Other White background

The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete ...

5. Do you have a religion or belief?
 Yes No

If you ticked yes, please tick one of the following

Buddhist Christian

Hindu Jewish

Muslim Sikh

No religion

Other – please specify

6. How would you describe your sexual orientation?
 Heterosexual Bisexual
 Gay Lesbian

7. Do you live in the gender you were given at birth?
 Yes No

Agenda Item 12

Appendix 8: Formal Consultation Response

Seven respondents submitted comments to the consultation on the draft PNA, including one who submitted more detailed comments via email. 2 respondents identified themselves as responding on behalf of pharmacy-related organisation, and the remainder as individual members of the public. It should be noted that 2 responses were submitted at the consultation step of the previous PNA 2018-21.

All respondents felt that the purpose, context, and implications of the PNA had been sufficiently well explained, and 6 out of 7 agreed that the PNA accurately reflected the needs of the population, with the remaining respondent entering 'don't know on this question'.

One respondent who completed the survey on behalf of a relevant organisation emailed 17 specific suggested additions or changes to improve accuracy, completeness and currency of service provision described in the draft document. Of these, all but three were altered in the document fully or in part.

Comments related to:

- the latest figure for the number of pharmacies, and the number of 100-hour pharmacies in operation (two other online respondents also each commented on one of these);
 - 6 minor omissions or errors in relation to descriptions of services;
 - 5 comments suggesting additional information to include, of which only the suggestion to further update flu vaccination data was not actioned; and
 - 2 comments concerning new organisational structures and operations within the ICS.
- Changes following the consultation are listed in the table below.

Five out of seven online survey respondents said they agreed with the conclusions of the PNA; one person replied, 'don't know' and another individual disagreed and went on to propose a lower figure for the number of 100-hour pharmacies and to propose that Sefton now has a gap in Out of Hours provision. The same individual also related their opinion that staffing cover during Christmas and New Year Bank holidays is insufficient.

Four out of seven respondents agreed with the assessment of future pharmaceutical services in the draft PNA; one responded, 'don't know' and the other two, no. Both respondents who disagreed (one responding as an individual and the other on behalf of an organisation referred to their previous comments, as discussed above). The individual who responded, 'don't know' provided some comments reflecting his recognition of funding pressures and the impact of the pandemic on health services and wrote in the Other Comments section: 'People should have an efficient, stress-free service'.

The results of the consultation are not considered to have identified new needs for, or improvements or better access to, pharmaceutical services that would necessitate a further period of consultation.

Question	Feedback	Response
<p>3</p>	<p>Do sections 5 and 7 provide a reasonable description of the services which are provided in pharmacies in Sefton?</p> <p>No: 'Not accurate', further comments by email (below)</p> <p>Change number of pharmacies from 73 to 72 (emailed to confirm 71)</p> <p>There are 3 100-hour pharmacies rather than 2</p> <p>Statement 6, page 16 – note CCGs cease to exist and subsumed into ICB</p> <p>Query regarding accuracy of description in 4.6 concerning a dispensing service operated by Mersey Care as Sefton's provider of NHS Mental Health Services</p> <p>3.2 Hepatitis C testing service had been missed off description of Advanced Pharmaceutical Services</p> <p>3.2.4 Additional information provided about the list of conditions for which the New Medicines Service is currently available</p> <p>3.2.7 Suggestion change sub-title from 'stop smoking service' to 'smoking cessation service'</p> <p>Additional background information on the smoking cessation offer suggested</p> <p>3.3 Suggest inclusion of Covid-19 vaccine programme local enhanced service in this section on enhanced services</p>	<p>*Changed to 71. See comment against question 8 below</p> <p>**Changed to 3, but clarification sought. See comment against question 6 below</p> <p>Corrections throughout to reflect current health and care system organisations.</p> <p>Description removed at this time and clarification sought</p> <p>Hepatitis C testing service added to list in 3.2</p> <p>3.2.4 updated to include this information</p> <p>3.2.7 Sub-title amended</p> <p>Additional information added</p> <p>Information on the Covid-19 vaccine programme now included in section 3.3</p>

Agenda Item 12

	<p>3.3 Comment underlining the need to harmonise commissioning and cross-border services in Merseyside</p> <p>Figure 2, comment about missing or incorrect services: gluten products no longer prescribed, UTI treatment service missing, NMS and CPCS services missing</p> <p>Note to include Southport and Formby Hospital as a provider of Out of Hours Services such as Out of Hours GP, Walk in Centre, Urgent Treatment Centre in section 4.7</p> <p>Table 4 – note that more up to date 2021/2022 influenza vaccination data has become available since drafting</p> <p>Map 11 – comment that the map does not show the rotating one hour</p>	<p>*** This point now better reflected in text. See also comment under question 6 below</p> <p>Figure 2 is broken down by NHS and private provision. A note is now included beneath to reflect that gluten free products are no longer available on prescription and that the UTI PGD service is not included, this was not picked up in the Cheshire and Merseyside Contractor Survey but should be recognized under 'Other NHS Services' and is discussed elsewhere in the PNA. NMS and CPCS are Advanced Services which are not in the scope of 'Other NHS Services' and are also included elsewhere in the PNA, these are not referred to in conjunction with figure 2.</p> <p>Not changed as this hospital site only offers Accident and Emergency and patients are directed to services already listed in section 4.7</p> <p>Not updated since trend in the previous 65 and over offer provides appropriate contextual information and inclusion of a further year of the new 50 years and over offer at the next annual update will be more beneficial than a single year of data.</p> <p>A note is now included under the map and this arrangement is already</p>
--	--	---

	<p>opening of a pharmacy each Sunday in Formby</p> <p>11.1 – latest figures for number of pharmacies providing hypertension case-finding and level 2 smoking cessation offered for inclusion, with clarification on details of smoking cessation offer</p>	<p>clearly explained in the accompanying text.</p> <p>Latest figures to date updated and clarification about smoking cessation offer included</p>
<p>6</p>	<p>Do you agree with the conclusions about pharmaceutical services in Sefton?</p> <p>No: 'The PNA states that we have two 100-hour pharmacies. The 100-hour pharmacy in the South has reduced its hours and is no longer open late on weekdays and reduced opening hours on weekends. In my opinion this has led to a gap in OOH provision.'</p> <p>'There is also not adequate cover during Christmas BH and last year the CCG had to commission additional pharmacies (in addition to NHSE rota) to open during the Christmas/New Year BH.'</p>	<p>**This comment contradicts suggested amendment by another pharmacy professional that Sefton has 3 100-hour pharmacies. Clarification has been sought</p> <p>***The need for a more harmonized approach to service-planning is noted in the PNA. Comments from another respondent suggesting that the establishment of the ICB should be highlighted as an opportunity to harmonise, plan and co-ordinate services better across Merseyside has been included.</p>
<p>8</p>	<p>If you have any other comments, please leave them below: - Please explain your answer.</p> <p>Comment noting recent closure of Boots Pharmacy (Maghull Central) following a successful consolidation application</p>	<p>Another pharmacy professional responded on this point via email.</p> <p>*The figure of 71 pharmacies is used in the report as the most current and accurate position. Where proportions and numbers of pharmacies offering different services is discussed, the number of pharmacies delivering services at that time is retained and there is a disclaimer underlining that these figures relate to the position when Cheshire and Merseyside HWBs</p>

Agenda Item 12

		undertook PNA survey work earlier in 2021.
--	--	--

All proposals for consultation were presented to and approved by the Sefton Consultation and Engagement Panel.

DRAFT

Appendix 9: References

- i Weitzel KW, Goode JVR (2000). Implementation of a pharmacy based immunisation programme in a supermarket chain. *Journal of the American Pharmaceutical Association* 40: 252–26
- ii Davidse W, Perenboom RJ (1995). Increase of degree of vaccination against influenza in at-risk patients by directed primary care invitation. *Ned. TijdschrGeneesk*139: 2149–52.
- iii Hind C, Peterkin G, Downie G, Michie C, Chisholm E. (2004) Successful provision of influenza vaccine from a community pharmacy in Aberdeen. *Pharm J.* 273; 194-6.
- iv Department of Health 2008 *High Quality Care for All – NHS Next Stage Review Final Report*
- v <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>
- vi <https://gp-patient.co.uk/analysistool>
- vii Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas.* 2012 Dec; 73(4): 295–299. doi: 10.1016/j.maturitas.2012.08.007 PMID: PMC3635122
- viii Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>
- ix https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
- x <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

This page is intentionally left blank