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Sefton Council 

MEETING: OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

DATE: Tuesday, 5th September 2023

TIME: 6.30 p.m.

VENUE: Birkdale Room - Southport Town Hall, Lord Street, Southport, PR8 1DA

Member

Councillor
Cllr. Carla Thomas (Chair)
Cllr. Greg Myers (Vice-Chair)
Cllr. Iain Brodie - Browne
Cllr. Tony Brough
Cllr. Linda Cluskey
Cllr. Sean Halsall
Cllr. Phil Hart
Cllr. John Joseph Kelly
Cllr. Laura Lunn-Bates
Cllr. Dave Robinson
Ms. Diane. Blair, Healthwatch
Mr. Brian Clark, Healthwatch

Substitute

Councillor
Cllr. Carol Richards
Cllr. Michael Roche
Cllr. Dr. John Pugh
Cllr. Sir Ron Watson C.B.E.
Cllr. Daniel McKee
Cllr. Sonya Kelly
Cllr. Veronica Webster
Cllr. Paul Tweed
Cllr. Mike Desmond F.R.C.A.
Cllr. Christopher Page

COMMITTEE OFFICER: Debbie Campbell / Laura Bootland
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Democratic Services Officer

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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 the Previous Meeting (Pages 5 - 12)

Minutes of the meeting held on 20 June 2023.

4. Liverpool Clinical Services Review

Carole Hill, Associate Director of Strategy, Integration & Partnerships, NHS Cheshire and Merseyside, to attend and update

5. Domestic Abuse Update (Pages 13 - 62)

Report of the Assistant Director of People (Communities)

6. Report for Information on Vaping Amongst Young People (Pages 63 - 88)

Report of the Director of Public Health

7. GP Patient Survey (2023) - Sefton Place (Pages 89 - 100)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

- 8. NHS Cheshire and Merseyside, Sefton - Update Report** (Pages 101 - 106)

Report of the Sefton Place Director, NHS Cheshire and Merseyside
- 9. NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard** (Pages 107 - 114)

Report of the Sefton Place Director, NHS Cheshire and Merseyside
- 10. Executive/Scrutiny Protocol** (Pages 115 - 132)

Report of the Chief Legal and Democratic Officer
- 11. Cabinet Member Reports** (Pages 133 - 154)

Report of the Chief Legal and Democratic Officer
- 12. Work Programme Key Decision Forward Plan** (Pages 155 - 178)

Report of the Chief Legal and Democratic Officer

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 20TH JUNE, 2023

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)
Councillors Cluskey, Hart, John Joseph Kelly, Sonya Kelly (Substitute Member for Councillor Halsall),
Councillor Christopher Page (Substitute Member for Councillor Robinson), Pugh (Substitute Member for Councillor Brodie-Browne)

ALSO PRESENT: Mr. B. Clark, Healthwatch Representative

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Brodie-Browne, Halsall, Lunn-Bates and Robinson; and Councillor Cummins, Cabinet Member – Adult Social Care.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 21 February 2023, be confirmed as a correct record.

4. LIVERPOOL CLINICAL SERVICES REVIEW

RESOLVED:

That the item be deferred to the next meeting in order to enable all relevant health partner representatives to attend.

5. REPORT ON THE PUBLIC HEALTH PERFORMANCE FRAMEWORK

The Committee considered the report of the Director of Public Health that was a six-monthly report, that focused on 21 out of the 26 indicators which made up the Public Health Performance Framework, and which were updated in the larger national Public Health Outcomes Framework (PHOF) from September 2022 through to February 2023.

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The indicators helped to describe the scale and distribution of population health problems, their underlying causes and associated health inequalities. Where available, the overview included trends and relevant comparisons with other areas. Information was also provided about improvement actions being led by the Public Health team and commissioned services to target these high-level indicators. The report continued to highlight past and ongoing impacts on public health services and population groups from the pandemic and high costs of living. The Committee was invited to comment.

Members of the Committee asked questions/commented on the following issues:

- Increasing levels of vaping, particularly amongst young people.
- Higher than average alcohol related admissions, particularly by younger females.
- Difficulties associated with comparisons against Southport.
- Health inequalities and smoke-free homes.
- The prevalence of nitrous oxide cylinders.
- The 10% of other preventable causes of premature deaths in Sefton that were not listed.
- Physical inactivity levels in adults.
- Anxiety levels, particularly in younger females.

RESOLVED:

That the information contained in the report, which was previously presented at the April briefing of the Cabinet Member for Health and Wellbeing, be noted.

6. ADULT SOCIAL CARE PREPARATION FOR ASSURANCE

The Committee considered the report of the Executive Director of Adult Social Care and Health that provided an update on Adult Social Care's progress to ensure readiness for the National Assurance Framework. The report also provided an update on progress on the action plan which was developed following the Local Government Association Adult Social Care Peer Review, which now formed part of assurance preparation. The Committee was invited to provide any feedback.

Sarah Aldis, Assistant Director of Adult Social Care, and Lorraine Goude, Consultant Director for Children and Adults Social Care (Assurance Lead), gave a presentation on the Adult Social Care Preparing for Care Quality Commission (CQC) Assessment that provided supporting information on the following:

- National Care Quality Commission Change
- Our Assurance Plan
- Governance & Reporting structure
- Assurance Progress June 2023

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- June Update
- Big Assurance Conversation
- Partner Organisations
- Community and Experts by Experience – Positive Highlights
- You said – Opportunities
- Part 1 Self-Assessment - Checklist (Initial Findings) - Theme 1 and Theme 2)
- Theme 1 Working with People
- Theme 2 Providing Support
- Care Quality Commission Useful Information

Members of the Committee asked questions/commented on the following issues:

- The value of community engagement.
- A request for any Plans or Strategies to be submitted to the Committee at the earliest opportunity.

RESOLVED: That

- (1) the report be noted;
- (2) assurances on actions being undertaken to ensure readiness for the implementation of the Assurance Framework be received;
- (3) regular updates on progress and any identified risks be received;
and
- (4) a further dedicated work session be provided for Committee Members on the Assurance Framework.

7. NHS CHESHIRE AND MERSEYSIDE, SEFTON - UPDATE REPORT

The Committee considered the report of the Sefton Place Director, NHS Cheshire and Merseyside, that provided an update about the work of NHS Cheshire and Merseyside, Sefton. The report outlined details of the following:

- NHS industrial action.
- National support to improve urgent and emergency care performance in our system.
- Digital pilot aims to reduce patient waiting times.
- NHS Cheshire and Merseyside leading the roll out of virtual wards.
- Sefton plan development.
- Reducing differences in access to healthcare for Sefton residents.
- GP access recovery plan - faster, more convenient care.
- Responding to national call on how to tackle major conditions.
- Local maternity services listening event.
- Latest NHS Cheshire and Merseyside Board meeting.

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RESOLVED:

That the update report submitted by the Sefton Place Director, NHS Cheshire and Merseyside (Sefton) be noted.

8. NHS CHESHIRE AND MERSEYSIDE, SEFTON - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the report of the Sefton Place Director, NHS Cheshire and Merseyside, that provided data on key performance areas for North and South Sefton, together with responses for the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Liverpool University Hospital NHS Foundation Trust (LUHFT). Information on the monitoring of the 7-day GP extended access scheme, and ambulance response times were also included within the data.

Stephen Williams, Associate Director Transformation and Partnerships (Sefton), was in attendance and updated on rising demand; record vacancies; industrial action; recovery and learning from the pandemic; extended ambulance response times; the multi-agency partnership; cancer care; planned care and recovery around planned care; stroke care; Access to Psychological Therapies (IAPT); and ambulance handover times.

Members of the Committee asked questions/commented on the following issues:

- Cancer referrals and GP access.
- The possibility of inviting a North West Ambulance representative to an informal meeting of Committee Members.
- Patients attending A&E under the influence of drugs and/or alcohol and how this could be managed.
- Target reduction at a time of record demand and record staffing issues, together with the risk of patients not receiving timely treatment. Further detail could be obtained.
- Reasons for record demand.
- Ophthalmic services and risks associated with glaucoma not being diagnosed, particularly following urgent referrals from opticians. Further detail could be obtained.
- The 65 week wait target for planned care and how time limits were set clinically. Further detail could be obtained.
- Assurances around supportive discharge of patients, particularly following strokes. Further detail could be obtained.
- Assurance on the long-term care plans for patients who contract hospital associated infections. Further detail could be obtained.
- Impacts on staff wellbeing from industrial action and record vacancies. Further detail could be obtained.

RESOLVED: That

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- (1) the information on Health Provider Performance be noted;
- (2) a representative of North West Ambulance be invited to an informal meeting of Committee Members, on a date to be confirmed;
- (3) the Associate Director Transformation and Partnerships (Sefton), be requested to provide additional information on the following, to the Democratic Services Manager, for circulation to Committee Members:
 - Target reductions and staffing issues and any impacts on timely treatment of patients.
 - Ophthalmic services and risks associated with glaucoma not being diagnosed, particularly following urgent referrals from opticians;
 - The 65 week wait target for planned care and how time limits were set clinically;
 - Assurances around supportive discharge of patients, particularly following strokes;
 - Assurance on the long-term care plans for patients who contract hospital associated infections; and
 - Impacts on staff wellbeing from industrial action and record vacancies.

9. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer submitting the most recent update reports from the Cabinet Member – Adult Social Care, and the Cabinet Member – Health and Wellbeing, whose portfolios fell within the remit of the Committee.

The Cabinet Member update report – Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Update on the National Assurance Framework for Adult Social Care
- Integration and National Policy Update:
 - Sefton Partnership Maturity
 - Integrated Care Teams (ICT) Development
- Life Course Commissioning:
 - Domiciliary Care
 - Day Opportunities
 - Supported Living
 - Care Homes
 - Fee Rates and Cost of Care Exercises 2023/24
- Adult Social Care Budget
- Adult Social Care Complaints, Compliments and MP Enquiries
- Principal Social Worker Update (PSW)
- Performance and Key Areas of Focus:
 - Admission into Care and Reablement:
 - Self-Directed Support and Direct Payments:
 - Employment:

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- Housing:
- Safeguarding:
- Sefton Safeguarding Adults Partnership Board
- Workforce Development
- Update on Independent Living and Technology Enabled Care (TEC) Programme

The Cabinet Member update report – Health and Wellbeing, attached to the report at Appendix B, outlined information on the following:

Public Health:

- Happy 'N' Healthy Sefton
- Procurement of Living Well Sefton & Consultation & Engagement
- Public Health Annual Report (PHAR)
- Co-commissioning Substance Use Intervention & Probation
- Mental Health Snapshot
- National Child Measurement Programme 2021/2022
- Public Health Risk Register
- Public Health Service Plan
- Public Health Performance Framework
- Dental Survey

Leisure:

- Leisure update (March)
- Leisure Update (May)
- Leisure Fees & Charges (February)
- Physical Activity Strategy
- Communities Dashboard (February)

RESOLVED:

That the update reports from the Cabinet Member – Adult Social Care and the Cabinet Member – Health and Wellbeing be noted.

10. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer that sought to:

- seek the views of the Committee on the draft Work Programme for the Municipal Year 2023/24;
- note the Terms of Reference of the Committee, from the Council's Constitution;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- invite Committee Members to participate in informal briefing sessions during 2023/24, rather than establish a traditional working group;
- seek the views of the Committee on the draft Programme of informal briefings/workshop sessions for 2023/24,

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- consider if there are any site visits that Committee Members would wish to undertake during 2023/24;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- note the update by Healthwatch Sefton.

The following appendices were attached to the report:

- Appendix A – Draft Work Programme for 2023/24;
- Appendix B - Terms of Reference of the Committee, taken from the Council's Constitution
- Appendix C - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix D – Draft Programme of informal briefings/workshop sessions for 2023/24;
- Appendix E - Update of recent activities undertaken by Healthwatch Sefton.

RESOLVED: That

- (1) the draft Work Programme for 2023/24, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) the Terms of Reference of the Committee from the Council's Constitution, as set out in Appendix B to the report, be noted;
- (3) the contents of the Key Decision Forward Plan for the period 1 July to 31 October 2023 be noted;
- (4) rather than establish a traditional working group during 2023/24, all Members of the Committee be invited to participate in informal briefing sessions;
- (5) the draft Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix D to the report, be agreed, along with any additional informal items to be included and thereon be agreed;
- (6) Committee Members be requested to give consideration to any site visits that they would wish to undertake during 2023/24;
- (7) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (8) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be noted; and

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- (9) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix E to the report, be noted.

11. DATES OF COMMITTEE MEETINGS 2023/24

RESOLVED:

That it be noted that the meetings of the Committee scheduled to be held during the Municipal Year 2023/24 are as follows:

- Tuesday, 5 September 2023, 6.30 p.m., Town Hall, Southport
- Tuesday, 17 October 2023, 6.30 p.m., Town Hall, Bootle
- Tuesday, 2 January 2024, 6.30 p.m., Town Hall, Southport
- Tuesday, 20 February 2024, 6.30 p.m., Town Hall, Bootle

Agenda Item 5

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 5 September 2023
	Overview & Scrutiny Committee (Regeneration & Skills)		Tuesday 19 September 2023
	Overview & Scrutiny Committee (Children's Services & Safeguarding)		Tuesday 26 September 2023
Subject:	Domestic Abuse Update		
Report of:	Assistant Director of People (Communities)	Wards Affected:	(All Wards);
Portfolio:	Communities & Housing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The purpose of the report is to update Overview & Scrutiny Members on the Sefton's strategic approach to tackling domestic abuse.

Recommendation(s):

(1) Members note the content of the report

Reasons for the Recommendation(s):

It is essential that elected members understand the work of the Domestic Abuse Board and how we are responding to the requirements of the Domestic Abuse Act locally. This will provide assurance as well as provide information to enable sufficient challenge.

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

There are no alternative options as Sefton's Domestic Abuse response and the work of the Domestic Abuse Partnership Board are a statutory requirement.

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What will it cost and how will it be financed?

(A) Revenue Costs

The Council received £619,418 for 2023/24 to provide support to victims/survivors living in safe accommodation.

(B) Capital Costs

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

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None at this time	
Legal Implications:	
The work of the board and commissioning of Domestic Abuse services is a statutory responsibility of the Council	
Equality Implications:	
The equality Implications have been identified and mitigated as part of the strategy and action plan process	
Impact on Children and Young People: Yes	
The Domestic Abuse Act 2021 defines Children as being victims of Domestic Abuse in their own right. The Strategy has a large focus on protecting children and supporting them to recover from the impacts of Domestic Abuse. Representatives from Childrens Services are an integral part of the Sefton Domestic Abuse Partnership Board	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Domestic Abuse survivors/victims and their children are some of the most vulnerable members of our communities. The work of the board will strive to ensure they have adequate support.

Facilitate confident and resilient communities: We want to create communities where Domestic Abuse is not tolerated and viewed as abhorrent and that residents have confidence in Domestic Abuse support services and the support they need

Commission, broker and provide core services: It is the responsibility of the Domestic Abuse Partnership Board to give effect to the Domestic Abuse Strategy by commissioning and decommissioning services for victims/survivors and their children.
Place – leadership and influencer: Not applicable
Drivers of change and reform: Not applicable
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
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 7326/23.) and the Chief Legal and Democratic Officer (LD 5526/23.) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

N/A

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Steven Martlew
Telephone Number:	07973 988996
Email Address:	steven.martlew@sefton.gov.uk

Appendices:

- Appendix 1 - Sefton Domestic and Sexual Abuse Strategy 2023-2028
- Appendix 2 – Domestic Abuse Action Plan 2023-2028

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In September 2022 Members were provided with an update on the Domestic Abuse Act (introduced in April 2021), Sefton Council’s statutory obligations within this, and Sefton’s Domestic Abuse Partnership Board. Since then, work has continued to refresh Sefton’s Domestic and Sexual Abuse Strategy and to develop an action plan to take the prioritise within this forward.

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2. Sefton Domestic Abuse Partnership Board

2.1 Sefton Domestic Abuse Partnership Board was established in September 2021. It meets on a bi monthly basis and is made up of representatives from the following organisations:

- Sefton Council
- Merseyside Police
- Probation Service
- Sefton Women's and Children's Aid (SWACA)
- Cheshire and Merseyside Integrated Care Partnership
- Liverpool University Foundation Trust (Aintree and Royal Hospitals)
- Mersey and West Lancashire Teaching Hospitals (Southport and Ormskirk Hospital)
- Venus
- Sefton CVS
- RASA Merseyside
- One Vision Housing
- Sefton Safeguarding Adults Board
- Office for the Police and Crime Commissioner Merseyside
- Merseyside Fire and Rescue Service

2.2 Utilising the outcomes of the Sefton Domestic Abuse Needs Assessment and learning from Sefton Domestic Homicide Reviews, the Partnership Board has refreshed and updated the Sefton Domestic and Sexual Abuse Strategy. This was approved by the Partnership Board and adopted by Sefton Council in March 2023.

3. Sefton Domestic and Sexual Abuse Strategy 2023-2028 and Action Plan

3.1 The strategy outlines 3 priority themes:

1. Prevent
2. Protect
3. Repair

Further to this, an action plan has been developed which includes the additional themes of Leadership and Governance and Children and Young People. The action plan will be taken forward by two sub groups of the Board:

1. Leadership and Governance and Prevent
2. Protect, Repair, and Children and Young People

The Strategy and Action Plan are provided as Appendices to this report.

4. Cross partnership collaboration

4.1 The impact of domestic abuse cuts across all agency services. To tackle it successfully we need to work in collaboration across departments, agencies and strategic Partnership Boards. Over the past year this has included

- Clear links and sharing of related activity between the Board and the Safer Sefton Together partnership on the Violence Against Women and Girls (VAWG) agenda)
- Continued development of links with the Sefton Safeguarding Adults Board and Sefton Safeguarding Children's Partnership.
- Continued participation in and contribution to Liverpool city region partnerships such as the Merseyside Strategic Domestic Violence & Abuse Group, the Merseyside Strategic Sexual Violence Group, Community Safety Leads meetings around domestic abuse and suicide prevention, DHR learning workshops and multi agency domestic abuse perpetrator work. Information and activities are fed into the Sefton Domestic Abuse Partnership Board

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Sefton Domestic and Sexual Abuse Strategy 2023-2028



Authorised by

Agenda Item 5

Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

Our partners



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Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

1. Foreword by Councillor Trish Hardy Chair of Sefton Domestic Abuse Partnership Board



Councillor Trish Hardy

Welcome to Sefton's 2022-2027 Domestic & Sexual Abuse Strategy. This is the third version of this strategy and it reiterates our commitment and priority for tackling domestic and abuse at all levels across Sefton. It builds on the previous partnership work we have been doing over the past 7 years and includes the duties outlined in the Domestic Abuse Act (2021).

The issue of domestic and sexual abuse has rightly continued to grow in recognition both locally and nationally, including additional resources via the Government and the introduction of the Domestic Abuse Commissioner role. These resources are welcome but we know more needs to be invested in services to ensure those affected by domestic and sexual abuse get the support they need.

Sefton's Domestic Abuse Partnership Board is responsible for overseeing Sefton's strategic approach to tackling domestic and sexual abuse. One of its key priorities over the past year has been to complete a local Domestic Abuse Needs Assessment so we have an up to date picture of what we already have in place and what areas we need to develop. This piece of work has helped inform the update of this strategy. An important part of the needs assessment was to hear directly from local victims and survivors of domestic abuse so their voice and experiences are an integral element within the development and delivery of all services and systems associated with tackling domestic abuse. On behalf of the Board I would like to thank all the victims and survivors who took part and shared their views. We will continue to look at how we can develop the ways victims and survivors can continue to be involved in this work.

2. Introduction

The Sefton Domestic and Sexual Abuse Strategy 2022-2027 is a multi-agency partnership document developed by Sefton’s Domestic Abuse Partnership Board following the completion of a comprehensive local domestic abuse needs assessment which helped identify what we need in Sefton and builds on work of the previous local Domestic and Sexual Abuse strategies. The purpose of this strategy is to ensure that all key stakeholders in Sefton have a consistent understanding of the issues surrounding domestic and abuse and their roles and responsibilities in addressing them. Domestic and sexual abuse cannot be tackled in isolation. It requires joint working across a wide range of departments, agencies, and partnerships, including those beyond the usual statutory and specialist organisations associated with domestic and sexual abuse.

At its core is the need to ensure the voices and experiences of domestic and sexual abuse victims and survivors shape Sefton’s approach to the development and delivery of services so that they provide what is needed. This includes ensuring there are a range of specialist support services available to address a wide variety of needs. It means really listening to what it feels like for victims and survivors of domestic and sexual abuse and understanding the challenges and barriers they face across all services and not just related to specialist domestic and sexual abuse support. It includes being able to challenge perpetrator behaviours safely and working to hold them to account.

This strategy sets out how we will do this in Sefton over the next five years. It outlines the key themes partners will focus on and identifies priorities which will be translated

into practical areas for action which will be monitored by the Domestic Abuse Partnership Board. The strategy is based around three strategic themes:

- **Prevent** – Early intervention and prevention to reduce the cycle of abuse.
- **Protect** - Keeping victims and their families’ safe whilst challenging the behaviour of perpetrators.
- **Repair** - providing ongoing support beyond crisis intervention and developing resilience for the future.

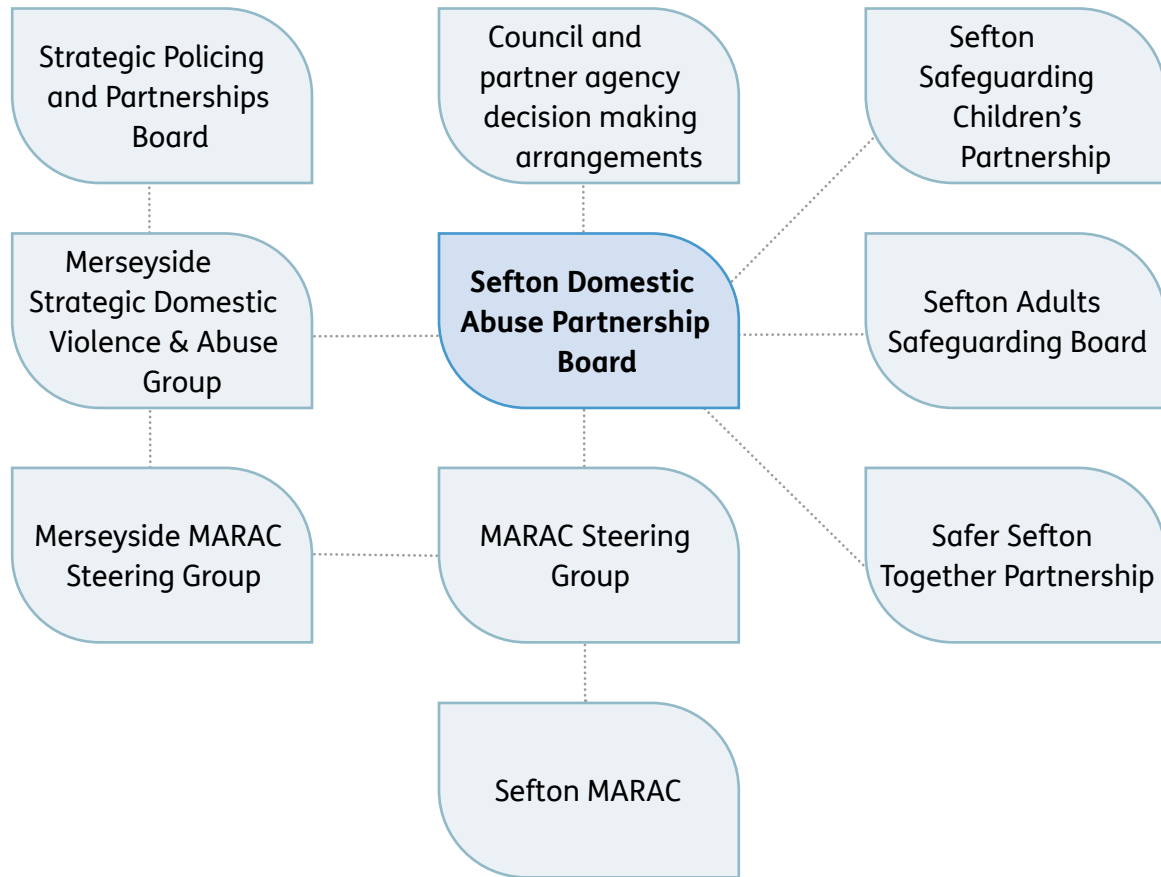
It also incorporates the elements of Sefton’s previous Safe Accommodation Strategy for victims of domestic abuse which the local authority is required to have as part of the 2021 Domestic Abuse Act.

Domestic and sexual abuse is a key element of the Violence Against Women and Children (VAWG) agenda. However, it is acknowledged that VAWG also includes a range of other linked but separate subjects, such as human trafficking and modern slavery, honour based violence harmful practices and child exploitation. These areas will be covered by Safer Sefton Together’s approach to VAWG.



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3. Governance



The links between the Partnership Board and other strategic partnership arrangements are maintained through joint membership, shared sub-groups established around specific subjects (eg training and workforce development) as well as shared action plans.

Sefton Domestic Abuse Partnership Board is made up of representatives from the following agencies:

- Sefton Metropolitan Borough Council (Elected Member, Communities, Adult Social Care, Children's Social Care, Public Health and Housing and Investment Services.)
- Sefton Women's and Children's Aid (SWACA)
- Rape and Sexual Assault Merseyside (RASA)
- Merseyside Police
- Probation Service
- Southport and Ormskirk Hospital NHS Trust
- Liverpool University Hospitals NHS Foundation Trust
- NHS Cheshire and Merseyside Integrated Care Partnership
- Mersey Care
- One Vision Housing
- Sefton Council for Voluntary Services (CVS)
- Venus
- Merseyside Fire and Rescue
- Office for the Police and Crime Commissioner Merseyside

4. Our Vision

That domestic and sexual abuse is viewed and challenged as an unacceptable form of behaviour by all our communities.

That victims and survivors of domestic and sexual abuse and their families in Sefton feel safer in their communities, are protected from harm, and are able to move forward positively

with their lives as a result of receiving the support and interventions they need.

That the behaviour of perpetrators is effectively challenged, and perpetrators are fully held to account.

5. Objectives

- To prioritise a strategic partnership approach to the reduction of domestic and sexual abuse in our communities.
- To improve the prevention, early identification and response to domestic and sexual abuse.
- To increase the reporting of domestic and sexual abuse through awareness raising and access to support services.
- To work with commissioners to ensure a wide range of services are in place to support and protect victims and survivors of domestic and sexual abuse, including children.
- To hold perpetrators to account through appropriate criminal justice sanctions and effective interventions that promote long term behaviour change.
- To safeguard children and vulnerable adults from the impacts of living within a household experiencing domestic and sexual abuse.



6. What is Domestic and Sexual Abuse?

The Domestic Abuse Act 2021 provides a definition of domestic abuse which is provided in full in Appendix A at the end of this document. In summary, it includes the following key points

The behaviour of a person towards another person is defined as “domestic abuse” if:

- both people are aged 16 or over and are “personally connected” to each other

and

- the behaviour is abusive

Behaviour is defined as “abusive” if it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

It does not matter whether the behaviour consists of a single incident or a pattern of behaviour.

Two people are “personally connected” to each other if any of the following applies:

- they are, or have been, married to each other
- they are, or have been, civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated)

- they are, or have been, in an intimate personal relationship with each other
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- they are relatives

It should be noted behaviour considered as abusive towards a victim can also include conduct directed at another person eg the victim’s child/children

Children are also explicitly included within the Act as direct victims of domestic abuse. This includes circumstances where a child:

- sees or hears, or experiences the effect of, the abuse,

and

- is related to either the victim or perpetrator of the abuse

There is no one set definition of sexual violence or abuse; however, it is widely accepted as being any unwanted sexual act or activity. There are many different kinds of sexual violence and abuse, including rape, sexual assault, child sexual abuse, sexual harassment and sexual exploitation. Sexual abuse can be perpetrated by a stranger or by someone known.



7. The Domestic Abuse Act

In April 2021 the new Domestic Abuse Act was signed into law in England. The Act is designed to raise awareness of domestic abuse and provide a range of further protections for victims/survivors of domestic abuse as well as strengthen measures to tackle perpetrators. This includes:

- the creation of a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.
- the establishment in law of the office of Domestic Abuse Commissioner and the functions and powers within this role.
- provision for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order (currently known as Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs).
- placing a duty on local authorities in England to provide accommodation based support to victims/survivors of domestic abuse and their children in refuges and other safe accommodation.
- prohibition of perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.
- the creation of a statutory presumption that victims/survivors of domestic abuse are eligible for special measures in the criminal, civil and family courts.
- clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims/survivors.
- extending the controlling or coercive behaviour offence to cover post-separation abuse.
- extending the offence of disclosing private sexual photographs and films with intent to cause distress (known as the “revenge porn” offence) to cover threats to disclose such material.
- the creation a new offence of non-fatal strangulation or suffocation of another person.
- clarifying by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- extending the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences.
- providing for a statutory domestic abuse perpetrator strategy.
- Enabling domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody.



- placing the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing.
- providing that all eligible homeless victims/survivors of domestic abuse automatically have ‘priority need’ for homelessness assistance.
- ensuring that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.
- prohibiting GPs and other health professionals in general practice from charging a victims/survivor of domestic abuse for a letter to support an application for legal aid.
- providing for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes.

The Safe Accommodation Duty

Part 4 of the Act places a statutory duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. Local authorities must:

- Appoint a multi-agency Domestic Abuse Local Partnership Board
- Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
- Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.

Refuge accommodation

Single gender or single sex accommodation and domestic abuse support which is tied to that accommodation. The address will not be publicly available. Victims, including their children, will have access to a planned programme of therapeutic and practical support from staff. Accommodation may be in shared or self-contained housing, but in both cases the service will enable peer support from other refuge residents.

Specialist safe accommodation

Single gender or single sex accommodation, alongside dedicated domestic abuse support which is tailored to also support those who share particular protected characteristic(s) and / or who share one or more vulnerabilities requiring additional support. Accommodation may be in shared or self-contained housing, and the address will not be publicly available.

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Sefton Domestic and Sexual Abuse Strategy 2023 - 2028

Dispersed accommodation

1. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained accommodation with a similar level of specialist domestic abuse support as provided within a refuge but which may be more suitable for victims who are unable to stay in a refuge with communal spaces, and/or where peer support from other residents may not be appropriate, due to complex support needs, or where older teenage sons cannot be accommodated in a women only refuge, for example. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.

2. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained 'semi-independent' accommodation which is not within a refuge but with support for victims who may not require the intensive support offered through refuge, but are still at risk of abuse from their perpetrator/s. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.

Sanctuary Schemes

Provision of enhanced physical security measures to a home or the perimeter of the home. A Sanctuary Scheme is a survivor centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation.

Second stage accommodation

Accommodation temporarily provided to victims, including their children, who are moving on from other forms of relevant accommodation and/or who no longer need the intensive level of support provided in a refuge, but would still benefit from a lower level of domestic abuse specific support for a period before they move to fully independent and settled accommodation. Where second stage accommodation is in shared housing it should be single gender or single sex.

Other forms of domestic abuse emergency accommodation

A safe place (single gendered or single sex, secure and dedicated to supporting victims of domestic abuse) with domestic abuse support tied to the accommodation to enable victims to make informed decisions when leaving a perpetrator and seeking safe accommodation. For example, short term (e.g. 2-3 weeks) accommodation providing victims with the space and safety to consider and make informed decisions about the options available to them.

Accommodation such as Bed and Breakfast accommodation is not considered relevant safe accommodation and for this reason are specifically excluded in the Regulations.

Domestic Abuse Support in Safe Accommodation

The Domestic Abuse Act statutory guidance describes Domestic Abuse Support within Safe / relevant Accommodation as:

- Overall management of services within relevant accommodation – including, the management of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority.
- Support with the day-to-day running of the service, for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff)
- Advocacy support – development of personal safety plans, liaison with other services.
- Domestic abuse prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.
- Specialist support for victims:
 - a) Designed specifically for victims with relevant protected characteristics (also known as by and for), such as faith services, translators and interpreters within BAME-led refuges, immigration advice, interpreters for victims identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ victims [not limited to].
 - b) Designed specifically for victims with unique and / or complex needs such as, mental health advice and support, drug and alcohol advice and support, including sign posting accordingly.
- Children’s support – including play therapy and child advocacy.
- Housing-related support – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.
- Advice service – financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
- Counselling and therapy (including group support) for both adults and children, including emotional support.



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8. Links to Other Legislation, Strategies, Boards and Partnerships

In addition to the Domestic Act 2021, certain elements of domestic abuse are also covered by other existing Acts:

- both people are aged 16 or over and are The Serious Crime Act 2015: coercive control is an offence under Section 76.
- The Care Act 2014: local authorities are responsible for promoting individual wellbeing, including ensuring their freedom from abuse.
- The Health and Social Care Act 2012: Regulation 13 covers safeguarding service users from abuse.
- The Adoption and Children Act 2002: “seeing or hearing the ill-treatment of another person” is a form of harm under Section 120. This clarifies the definition of harm in the Children Act 1989.
- The Sexual Offences Act 2003 outlaws causing a person to engage in sexual activity without consent.
- Housing Act 1996 Section 177
- Homelessness Reduction Act 2017

There are a number of local and national strategies, examples of practice learning evidence, research and guidance that also tie into this strategy. Locally, this includes the following:

- Safer Sefton Together Strategic Plan 2023-2026
- Children and Young People’s Plan 2020-2025
- Sefton Integrated Early Help Strategy for Children, Young People and Families 2020-2025

- Sefton Children and Young People’s Emotional Wellbeing Strategy 2021-26
- Sefton Safeguarding Adults Partnership Board Strategic Plan 2022-24
- Sefton Health and Wellbeing Strategy 2020-2025
- Homelessness and Rough Sleeping Strategy 2018-2023
- Sefton Housing Strategy 2022-2027
- Working in partnership to tackle Violence Against Women and Girls (VAWG) across Merseyside. Delivery Plan 2022-2025. Merseyside Police and Crime Commissioner.

Supporting the delivery of these strategies and the wider domestic and sexual abuse agenda are a number of multi agency partnerships. These are an integral link to the work of the Domestic abuse Partnership Board and this Strategy.

- Safer Sefton Together Partnership
- Sefton Safeguarding Children Partnership
- Sefton Safeguarding Adults Partnership
- Health & Wellbeing Board
- Merseyside Strategic Domestic Violence and Abuse Group (SDVAG) and Sexual Violence Group

The Domestic Abuse Partnership Board supports the recognition domestic abuse is being given nationally by the government, as well as the ongoing work of the Domestic Abuse Commissioner and will ensure this strategy is reviewed to incorporate any further new legislation, programmes, or best practice as required.

9. Information and Data

Domestic and sexual abuse are national issues that have an enormous impact on the lives of those it affects. Data does not accurately reflect the true scale of the issue and it is widely accepted that any figures will be an underrepresentation. However, they do provide some context on the extent and nature of the problem. Current statistics and research highlighted in Sefton's Domestic Abuse Needs Assessment include:

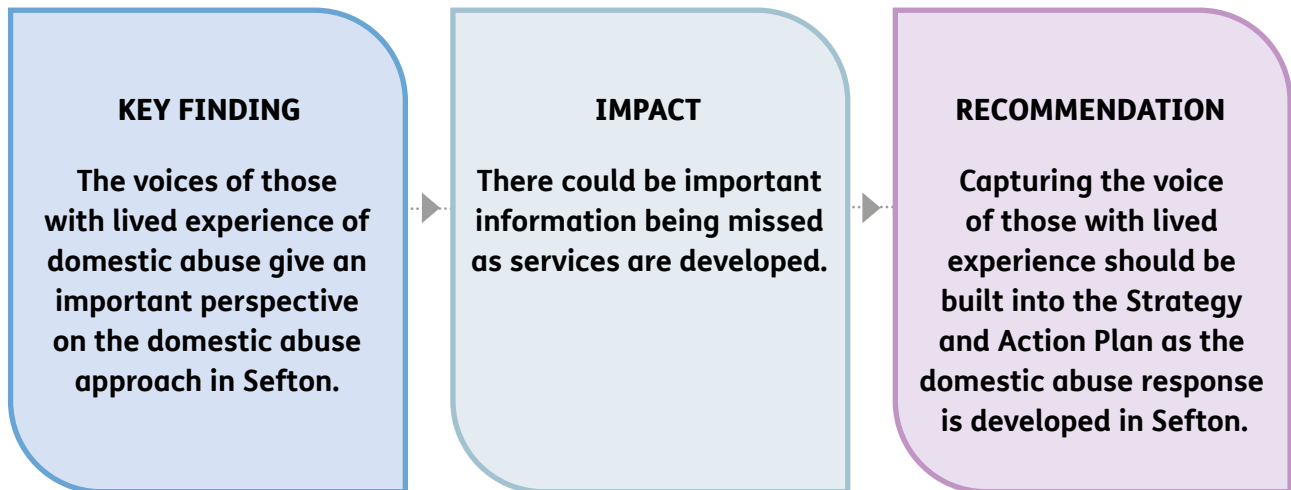
- It is estimated 5.5% of adults in England and Wales aged 16 to 74 years (2.23 million people) experienced domestic abuse in 2019/20 ([Domestic Abuse in England and Wales Overview November 2020, Office for National Statistics \(ONS\)](#)).
- In 2020/21, the police recorded 1,459,663 domestic abuse related incidents of which 845,744 were recorded as domestic abuse related crimes. This increased to 1,500,369 incidents in 2021/22 of which 910,980 were recorded as domestic abuse related crimes. ([Domestic Abuse in England and Wales Overview November 2021 and November 2022, Office for National Statistics \(ONS\)](#)).
- Female victims accounted for 73% of domestic abuse related crimes recorded by the police 2020/21 and 74% in 2021/22 ([Domestic Abuse in England and Wales Overview November 2021 and November 2022, Office for National Statistics \(ONS\)](#)).
- There were 373 victims of domestic homicide aged 16 and over in England and Wales between March 2019 and March 2021. 72% of these victims (269) were female. ([Domestic Abuse in England and Wales Overview November 2022, Office for National Statistics \(ONS\)](#)).
- Police in England and Wales made almost 245,000 referrals to social services for domestic abuse in 2020/21, with an average of 669 child protection referrals a day. ([NSPCC Record numbers of children and young people affected by domestic abuse | NSPCC](#)).
- The new Domestic Abuse Act has introduced compulsory Relationships Education for all primary school pupils and Relationship and Sex Education for all secondary school pupils in England ([Sefton Domestic Abuse Needs Assessment](#)).
- Rape Crisis England and Wales states 1 in 4 women have been raped or sexually assaulted as an adult, 1 in 6 children have been sexually abused, and 1 in 20 men have been raped or sexually assaulted as an adult ([rapecrisis.org.uk/get-informed/statistics-sexual-violence](#)).
- Rape Crisis England and Wales states 1 in 2 rapes against women are carried out by their partner or ex partner. 5 in 6 rapes against women are carried out by someone they know. [rapecrisis.org.uk/get-informed/statistics-sexual-violence](#).



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Survivor Voice

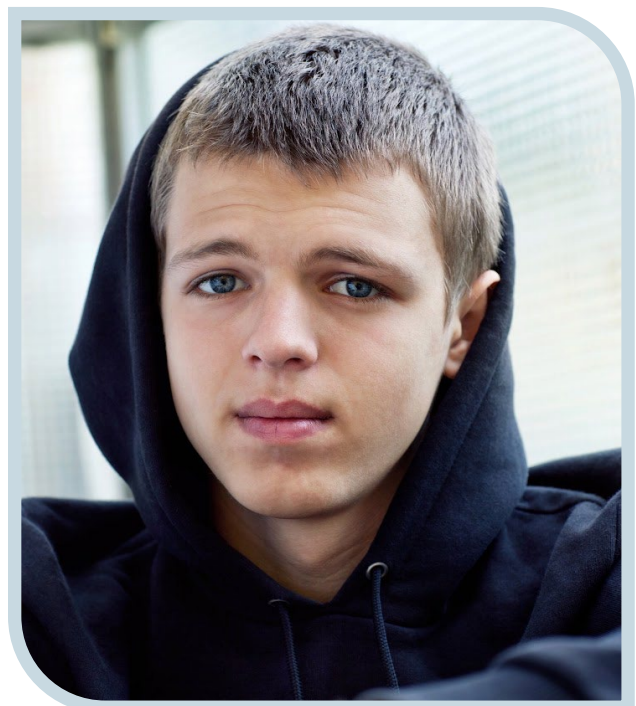
The most important element of this Strategy is ensuring victim/survivor voices and experiences are clearly captured, listened to, and enacted upon to ensure Sefton's response to tackling domestic abuse is based on their needs. This was clearly highlighted in Sefton's Domestic Abuse Needs Assessment and is an area the Domestic Abuse Partnership Board will continue to develop and work on.



The stories told by victims/survivors through the community survey and survivor interviews and group sessions highlight the difficulties and complexities involved in cases of domestic abuse and the importance of practitioners and first responders having an understanding of these complexities.

Some of the key findings from this consultation include:

- Experience of having an IDVA to provide support through the Court process was helpful, though earlier support would have been beneficial.
- Experiences of feeling unsupported by the police and the criminal justice process following reports of abuse meaning survivors felt let down and that there was no accountability for the perpetrator's actions.
- Experiences of feeling ashamed of what had happened, fear they wouldn't be believed if they told someone, and fear of what their abuser would do that stopped them from telling anybody.
- Experiences of there being a lack of support put in place for their children.



Initial findings from the Domestic Abuse Commissioner’s Mapping of Domestic Abuse Services across England and Wales (August 2022) also highlights some of the challenges faced by survivors of domestic abuse. These include:

- Support services help victims/survivors to cope and to recover from the abuse they’ve experienced. Of those who expressed a view in the survey, there were significant differences between the two groups, with those who had accessed support more likely to report that they felt safer and more in control
- The majority of respondents stated that they wished to access a form of community-based service rather than an accommodation-based service, and it was forms of community-based services that victims/survivors were most likely to have been unable to access despite wishing to.
- The lack of support for children was particularly noteworthy. Almost all survivors who had children said that they would have wanted their children to have specific support, but just 29% said that their children had been able to access this type of support.
- Overall victims and survivors struggled to get help. Equally, they survey found significant regional variations and significant differences by sex and gender. People in the North West of England reported finding it most difficult to access help, with 45% of respondents saying it was ‘quite difficult’ or ‘very difficult’ to access help, Over two-thirds of men and over half of non-binary survivors found it ‘quite difficult’ or ‘very difficult’ to get help, in comparison to a third of women survivors.
- Victims/survivors with learning disabilities said often it was harder to recognise what was happening to them as domestic abuse, and that even where they did recognise this, they struggled to disclose



the abuse. It was difficult to know how to report it, know where to get information or advice, or understand that they could contact the police.

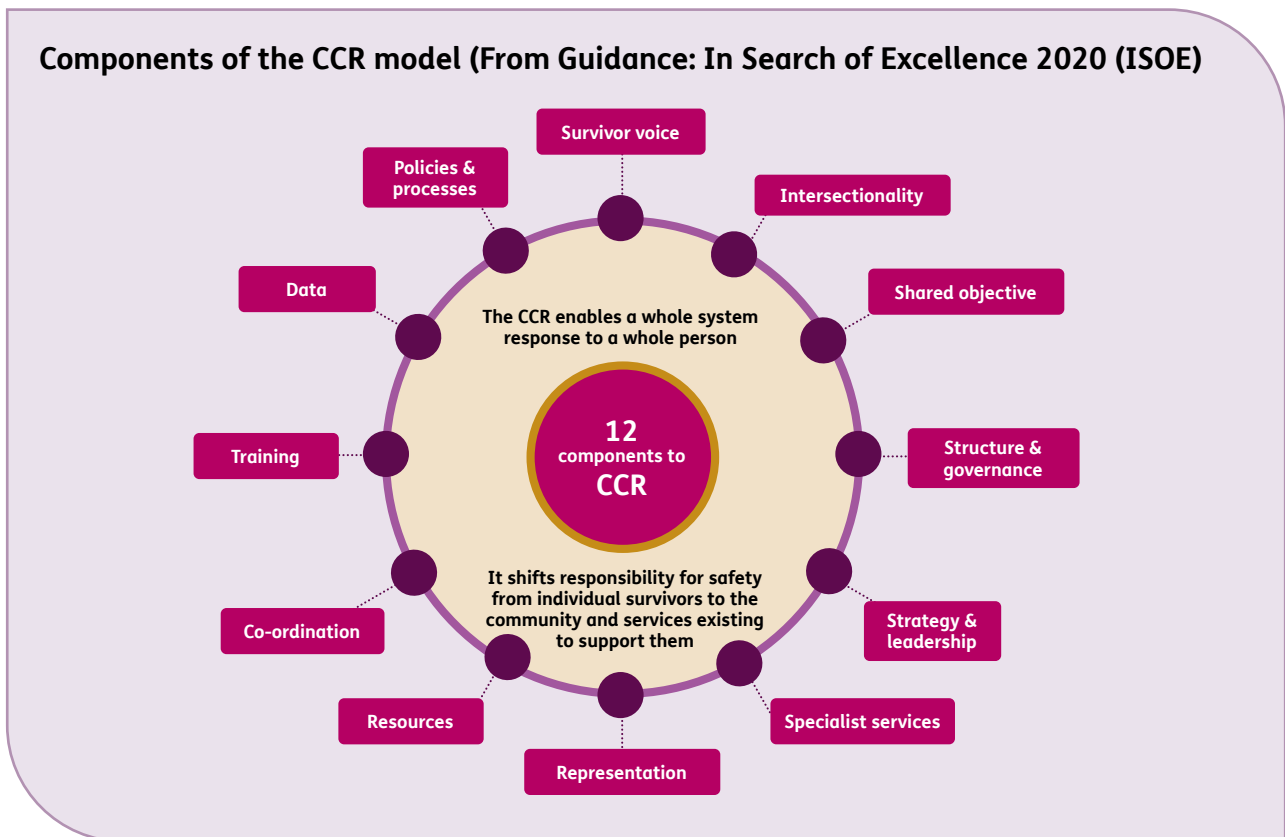
- Victims/survivors also talked about the lack of counselling services that had an understanding of how to work with autistic or neurodiverse domestic abuse survivors.

10.A Coordinated Community Response

The co-ordinated community response (CCR) model encourages collaborative working with other agencies. The CCR is a collaborative multi-agency effort to change the culture of tolerance of domestic abuse by embedding practices and procedures which integrates victim/survivor safety and holds the perpetrator to account for abuse.

The CCR encompasses the broadest possible response to domestic abuse addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety, working with a wide range of services, pathways, agencies, and systems. The fundamental premise of the CCR is that no single agency or individual can see the complete picture of the life of a family or individual within that family, but all may have insights and can provide interventions that are crucial to their safety and wellbeing. The CCR enables a whole-system response to a whole person. It shifts responsibility for safety away from individual survivors to the community and services existing to support them.

Victims/survivors of domestic and sexual abuse – adult or child – require a coordinated, multi-agency response with all agencies working collaboratively to provide a response that is effective in meeting their needs and making them safer. The model guides coordinators to build interventions within systems that are aligned with the lived experience of victims/survivors.



For the CCR to be effective, the responsibility for support and intervention must be spread across agencies, rather than held with a single agency or person. This approach is an integral part of this strategy and the key priority themes it includes

11. Strategic Themes

1. Prevent

Early intervention provision, including improving public knowledge on domestic and sexual abuse to drive a cultural shift, intervening earlier to prevent and reduce the impact of longer term poor outcomes, and breaking the cycle of abuse across generations.

- There is clear and consistent information is available to the public on domestic and sexual abuse, including practical tools, advice and the support services available.
- There is a need for all services and practitioners to be aware of the signs of domestic and sexual abuse, how to respond to these initially, and where to signpost to for more comprehensive specialist support.
- Promotional campaigns reinforce both what constitutes domestic and sexual abuse and what support services are available and ensuring links are made to appropriate regional and national campaigns.
- Educational programmes are available for children and young people focusing on healthy relationships and developing resilience to help prevent future abusive behaviours.
- There is a quality assured offer of support for children and young people causing harm to help prevent this behaviour escalating.
- Domestic abuse is considered as a routine enquiry by a wide range of agencies and practitioners across Sefton, using a trauma informed approach.
- Activities that focus on supporting positive mental wellbeing to help prevent self-harm and suicide.



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2. Protect

Keeping victims/survivors of domestic and sexual abuse and their children safe in a consistent and coordinated way, providing safe and quality assured support services, and challenging the behaviour of perpetrators whilst also offering opportunities to change.

- Victims/survivors and their families have a consistent and effective response from agencies to disclosures of domestic and sexual abuse that helps protect them from further harm.
- Agencies are consistent and effective in recognising and identifying risks associated with domestic and sexual abuse; workers proactively use professional curiosity and take action.
- Organisations have clear and easily accessible policies on domestic abuse to support their employees.
- There are a range of quality assured, evidence-based support services for victims/survivors to ensure work is delivered safely, responds to need, reduces risk and is in partnership with other agencies.
- This includes ensuring victims/survivors with additional vulnerabilities and specific needs can access support that meets their needs – specifically around those with protected characteristics, older people and those with complex lives.
- There is a range of specific support available for children and young people affected by domestic and sexual abuse.
- There is a range of safe accommodation options for victims/survivors of domestic abuse to enable them to leave abusive relationships safely and access the ongoing support they need.
- The behaviour of perpetrators is proactively challenged and held to account in a consistent and appropriate way and there are a range of interventions available to support behaviour change.

- There are effective and efficient multi agency risk management processes, including MARAC and MAPPA, that are regularly reviewed to ensure they are fit for purpose.

3. Repair

Supporting the development of resilience for families and individuals to move on and deal with future life challenges, providing ongoing support beyond crisis intervention.

- Provision of a range of ongoing support for victims/survivors and children to reduce the impact of abuse and to recover from trauma.
- Provision of wider support opportunities for perpetrators of domestic abuse to sustain positive behaviour change long term.
- Criminal justice interventions achieve positive outcomes for victims/survivors to support them to move on with their lives.
- A wide range of organisations that can provide ongoing community based support for individuals and families based on their needs.





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12. Outcomes

Based on the objectives outlined above, this strategy seeks to achieve the following outcomes:

- Service providers and front line staff are equipped to recognise and respond to domestic and sexual abuse.
- Information about the support available for domestic and sexual abuse victims/ survivors is clear, consistent, and accessible.
- Our community is educated as to what domestic and sexual abuse is, and what services are available in Sefton.
- Sefton residents feel confident and able to report incidents of domestic and sexual abuse.
- Consistent processes and systems are in place to respond appropriately to domestic and sexual abuse.
- Victims/survivors and their children are offered person centred support to address their specific needs.
- Perpetrators of domestic and sexual abuse are dealt with appropriately.
- Repeat incidents of domestic and sexual abuse are reduced.



13. Monitoring and Measuring the Impact

Sefton's Domestic Abuse Partnership Board will be responsible for the monitoring of the Strategy and will oversee the development of a Strategy Action Plan and Performance Framework which will set out the detail of how the priorities will be delivered. Service providers and front line staff are equipped to recognise and respond to domestic and sexual abuse.

- Information about the support available for domestic and sexual abuse victims/ survivors is clear, consistent, and accessible.
- Our community is educated as to what domestic and sexual abuse is, and what services are available in Sefton.
- Sefton residents feel confident and able to report incidents of domestic and sexual abuse.
- Consistent processes and systems are in place to respond appropriately to domestic and sexual abuse.
- Victims/survivors and their children are offered person centred support to address their specific needs.
- Perpetrators of domestic and sexual abuse are dealt with appropriately.
- Repeat incidents of domestic and sexual abuse are reduced.

14. Further Information

Local Strategies and Plans

Sefton Domestic Abuse Needs Assessment August 2022

Safer Sefton Together Strategic Plan 2023-2026

Safeguarding Sefton's Children: Level of Need Guidance

Children and Young People's Plan 2020-2025

Sefton Integrated Early Help Strategy for Children, Young People and Families 2020-2025

Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26

Sefton Safeguarding Adults Partnership Board Strategic Plan 2022-24

Sefton Health and Wellbeing Strategy 2020-2025

Homelessness and Rough Sleeping Strategy 2018-2023

Sefton Housing Strategy 2022-2027

Appendix A - Definition of domestic abuse as outlined in the Domestic Abuse Act 2021

Section 1: Definition of “domestic abuse”

(1) This section defines “domestic abuse” for the purposes of this Act.

(2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive.

(3) Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse
- (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —

- (a) acquire, use or maintain money or other property, or
- (b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of “personally connected”, see section 2.

Section 2: Definition of “personally connected”

(1) Two people are “personally connected” to each other if any of the following applies —

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated); (e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

(g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if —

(a) the person is a parent of the child, or;

(b) the person has parental responsibility for the child.

(3) In this section —

“child” means a person under the age of 18 years;

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989;

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

Section 3: Children as victims of domestic abuse (1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse. (2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who – (a) sees or hears, or experiences the effect of, the abuse, and (b) is related to A or B. (3) A child is related to a person for the purposes of subsection (2) if – (a) the person is a parent of, or has parental responsibility for, the child, or (b) the child and the person are relatives. (4) In this section – “child” means person under the age of 18 years; “parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act); “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted?msclid=de30bb11b4ea11ecab99844c5b3e2ec2>

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Authorised by

Sefton
Domestic and Sexual
Abuse Strategy
Action Plan
2023-2028

Authorised by

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Foreword by Councillor Trish Hardy Chair of Sefton Domestic Abuse Partnership Board



Councillor Trish Hardy

Welcome to Sefton's 2022-2027 Domestic & Sexual Abuse Strategy. This is the third version of this strategy and it reiterates our commitment and priority for tackling domestic and abuse at all levels across Sefton. It builds on the previous partnership work we have been doing over the past 7 years and includes the duties outlined in the Domestic Abuse Act (2021).

The issue of domestic and sexual abuse has rightly continued to grow in recognition both locally and nationally, including additional resources via the Government and the introduction of the Domestic Abuse Commissioner role. These resources are welcome but we know more needs to be invested in services to ensure those affected by domestic and sexual abuse get the support they need.

Sefton's Domestic Abuse Partnership Board is responsible for overseeing Sefton's strategic approach to tackling domestic and sexual abuse. One of its key priorities over the past year has been to complete a local Domestic Abuse Needs Assessment so we have an up to date picture of what we already have in place and what areas we need to develop. This piece of work has helped inform the update of this strategy. An important part of the needs assessment was to hear directly from local victims and survivors of domestic abuse so their voice and experiences are an integral element within the development and delivery of all services and systems associated with tackling domestic abuse. On behalf of the Board I would like to thank all the victims and survivors who took part and shared their views. We will continue to look at how we can develop the ways victims and survivors can continue to be involved in this work.

Leadership and Governance -

Ensuring that the Sefton Domestic Violence and Abuse Partnership has an effective structure and membership that is fit for purpose and can develop and ensure delivery of the strategy.

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
1	To agree the structure of the Partnership with a Sefton Implementation Board and four 'Task and Finish' groups that are responsible for particular areas of the strategy.	DA Act 2021	Membership of the Implementation Group and Task and Finish groups are fit for purpose with appropriate representation and input from all agencies and groups including service users.	Chair of the Partnership to write to suggested representatives to invite them to sit on the Implementation Board. Board to then be established.	Steve Martlew as Lead Officer to the Partnership	Implementation Group and Task and Finish Groups set up and appointed lead officer to report back to the partnership. Progress of the strategy escalated and reported to the DA Commissioner.	May-23	
2	Raise awareness of the Partnership led review of Domestic Abuse and establish a way forward with the recommendations.	DA Act 2021	All relevant Boards fully aware of the review and their role in taking forward the recommendations.	Lead Officer to attend the Overview and Scrutiny Committee to attend various groups e.g. Community Safety Board, Children's young People Board, Adult Safeguarding Board, Children's Safeguarding Board, Health & Wellbeing Board, to highlight and take forward the recommendations from the Partnership led review.	Steve Martlew as Lead Officer to the Partnership	Connectivity and regular reporting mechanisms between various boards is established. Comms strategy created	Sep-23	
3	Review the Terms of Reference for the Partnership.	DA Act 2021	Provide clarity around the role and purpose of the partnership and how it operates.	In consultation with all partnership members agree revised Terms of Reference document.	Steve Martlew as Lead Officer to the Partnership	TOR Document agreed at next Partnership Board in May 2023. All partners clear on the role and purpose of the DAPB	May-23	
4	Develop an annual reporting framework for the Partnership.	DA Act 2021	All stakeholders are updated on achievements and activities to date, and are able to plan activity for the next 12 months.	Produce an annual report for stakeholders on the partnerships membership, priorities, actions and activity to date based on the report developed by the LSCB.	Steve Martlew as Lead Officer to the Partnership	Annual Report produced by September 2023. Comms Strategy in place. Partnership awareness of performance which is disseminated through the partner organisations.	Sep-23	
5	Develop and agree partnership branding.	Good Practice	The partnership has a clear and recognisable identity.	Agree a new partnership logo that can be used on all partnership documentation.	Steve Martlew as Lead Officer to the Partnership	Branding established. Comms Strategy in place	May-23	
6	Develop a Victim Survivor focus group that helps shape DA survivors and ensures victims/survivors are at the heart of everything we do	DA Act 2021	An expert by experience group is formed that uses membership from previous resilience building programmes that will represent victims/survivors views on the LDAPB, help shape future services and deliver ongoing support for fellow victim/survivors.	Develop and support group.	Implementation Group	An expert by experience group is formed in 2023. Service User voice is embedded in strategy development	Dec-23	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
7	To develop a commissioning sub group for 3rd sector providers. This group will be informed and report to the DVA Implementation Group	Good Practice	Separate commissioning group which will support the implementation of the action plan. The group will gain best value whilst retaining measurable and effective outcomes for residents of Sefton	Work in partnership with Sefton's Executive Commissioning Group to develop a commissioning model for Sefton	Commissioning Group	Commissioning Group Set up and commissioning plan in place	May-23	
	To develop a reporting framework with the Health and Wellbeing Board and other relevant partners.	Good Practice	The Health and Wellbeing Board and other relevant partners receive reports on progress of the Action Plan within timescales and in a format that has been agreed with them.	Provide agreed reports within agreed timescales	Steve Martlew as Lead Officer to the Partnership	Health & Well Being Board assured of progress	Sep-23	
8	To ensure relevant links and cross overs are made with other strategies e.g. LSCB, Health & Wellbeing, , Child Poverty strategies.	Good Practice	On-going quarterly meetings and engagement with other Partnership Managers via the Partnership Managers Meetings.	Domestic Abuse Partnership Board representation on the Sefton's Partnership Group chaired by Yet to be established	Steve Martlew as Lead Officer to the Partnership	Work of DAPB visible across other Partnerships. Comms Strategy in place	Sep-23	
9	To review current arrangements within the SDAPB for the management and recording of all domestic abuse issues.	Good Practice	Recommendations to be produced that clarifies and strengthens the SDAPB reporting domestic abuse arrangements.	This will include the identification and review of established practices, such as attendance at Multi Agency Risk Assessment Conferences. As domestic abuse is not limited to any particular group or class, and is found to occur across the whole social spectrum, the report will seek to encompass issues arising for not only service users across the partnership, but also staff members.	Steve Martlew as Lead Officer to the Partnership	To be included in the SDAPB annual report. Assurance that emerging themes are identified and addressed at the earliest opportunity.	Sep-23	
10	To develop a Communications Strategy for the Partnership.	Good Practice	Awareness raised of the work of the partnership and the causes of domestic abuse. Increased reporting of domestic abuse and more responsible media reporting.	Utilise the press and other media to raise awareness of the causes of domestic abuse, encouraging responsible reporting and ensuring that press messages are not purely criminal justice focussed.	Steve Martlew as Lead Officer to the Partnership	Communications Strategy and awareness raising plan produced	Sep-23	
11	To develop a Risk Register to monitor progress of the Action Plan.	Good Practice	Potential risks and threats to delivery of the Action Plan are identified and mitigating actions are put into place where required.	Develop a Risk Register and consult all Partnership members with their views on potential risks to delivery.	Steve Martlew as Lead Officer to the Partnership	Risk Register produced and updated for each DAPB to provide transparency that risks to service delivery are being highlighted and mitigated.	May-23	
12	To undertake an biennial needs assessment for Domestic Abuse service provision.	DA Act 2021	All partners have a clear understanding of the level of need and resources required for services in Sefton The Partnership is able to plan the use of its resources effectively.	Update needs assessment submission biennially.	Steve Martlew as Lead Officer to the Partnership	Needs Assessment updated biennially. Services will meet need effectively	Apr-24	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
13	To arrange a peer review of Sefton partnerships approach to DVA.	Good Practice	The Partnership receives an independent perspective on how the Partnership operates including its strengths and areas for possible improvement.	Peer Review to be carried out by December 2023 by other LA or identified 3rd Sector agency	Steve Martlew as Lead Officer to the Partnership	Peer Review completed and reported back by December 2023. Our services will have a clear view of performance and areas for development.	Dec-23	
14	The Partnership has adopted the Home Office definition of domestic violence and abuse	DA Act 2021	Partnership using the Home Office definition.	Partnership adopts Home Office definition and ensures there is a common understanding of it across agencies. The partnership report back to the O&S Committee	Steve Martlew as Lead Officer to the Partnership	Testing to see if definition included in training materials and has a common understanding and clarity across the partnership	Apr-24	
15	The Chair of the domestic violence and abuse partnership Implementation Group should periodically report progress made in tackling domestic abuse to the O&S Committee.	Good Practice	Overview and Scrutiny Committee receive regular comprehensive updates on the progress made in tackling domestic abuse.	Produce reports on progress every 6 months.	Steve Martlew as Lead Officer to the Partnership	Reports produced to O&S to ensure effective scrutiny of the work of the partnership.	Sep-23	
16	Where commissioning opportunities arise, the Partnership will look to do this jointly to extract maximum value from limited resources. A pooled budget will also be established to facilitate and provide a focus for joint working.	Good Practice	Pooled budget established and held by the partnership.	The partnership will highlight any gap in provision for discussion at the Implementation board. The pooled budget to be held with new commissioning sub group	Commissioning Group	Commissioning undertaken using pooled budget. Partnership resources are used effectively	Apr-24	
17	Partners will develop common data standards and ensure that these are adopted, monitored and managed.	Good Practice	All partners agree a minimum data standard to collect, share and report on their own data.	The partnership will identify those agencies not currently reporting and highlight this to the O&S Committee.	Implementation Group	Consistent data collection and sharing established across the partnership. Data collected will be meaningful and used to develop services.	Sep-23	
18	The Partnership will investigate ways of domestic abuse and sexual violence collecting data about the overall success of interventions from the victims perspective.	Needs Assessment	An understanding across the partnership of the effectiveness of interventions.	Initial Scoping exercise to be done with the new health IDVAs on how this information could be captured. This could then inform how to collect this information from other services.	Health IDVAs	Test of concept around data collection completed by Health IDVAs. Service user feedback and voice is embedded in service design.	Sep-23	
19	Implementation board to review the Action Plan and prioritise actions for delivery.	DA Act 2021	All actions are appropriately prioritised and all partners are clear on which actions to work on delivering first.	Implementation Board to review and prioritise all actions and inform all other Task and Finish Group Chairs of the order of priorities.	Implementation Group	Action plan reviewed and reported at each SDAPB meeting. The strategy is successfully implemented.	May-24	

Prevent -

Early intervention provision, including improving public knowledge on domestic and sexual abuse to drive a cultural shift, intervening earlier to prevent and reduce the impact of longer term poor outcomes, and breaking the cycle of abuse across generations.

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
1	There is clear and consistent information is available to the public on domestic and sexual abuse, including practical tools, advice and the support services available	Needs Assessment & DHR Learning	A range of information both written, online and e-learning modules and helpline are available for all that live or work in Sefton.	A blended, building block, learning approach with a resource available and accessible to everyone that works and lives in Sefton. IT offer needs working up.	T & F Group 1	An increase in people's awareness of DA and the support services available. Biennially needs assessment data and feedback from experts by experience group, surveys, as proof.	Dec-23	
2	There is a need for all services and practitioners to be aware of the signs of domestic and sexual abuse, how to respond to these initially, and where to signpost to for more comprehensive specialist support.	Needs Assessment & DHR Learning	A range of information both written, online and e-learning modules and helpline are available for all that live and work in Sefton. Staff are equipped with the skills, knowledge and confidence in what to do when receiving a DA disclosure	A blended, building block, learning approach with a resource available to enable workforce development across the partnership and further. Workforce Development project to be delivered in conjunction with SSAB Sub Group.	T & F Group 1	An increase in staff across the partnership and further, have differing levels of knowledge of Domestic Abuse dependent on their role. A reduction in the common themes being apparent in DHR learning	May-24	
3	Promotional campaigns reinforce both what constitutes domestic and sexual abuse and what support services are available and ensuring links are made to appropriate regional and national campaigns.	Needs Assessment & DHR Learning	Linked to Item 1 & 2	Develop our own local campaigns via the various PR & Comms Teams across the partnership and promote/ take part regional and national campaigns. LDAPB & Sefton Comms Team	T & F Group 1	An increase in engagement linked to priorities 1 & 2		
4	Educational programmes are available for children and young people focusing on healthy relationships and developing resilience to help prevent future abusive behaviours.	Needs Assessment & DHR Learning	A range of educational sessions using a variety of programmes such as Expect Respect Toolkit, Recovery Toolkit, Hope to Recovery and Freedom Flowers as a free offer to all schools and colleges in Sefton.	Commission a provider to work in schools and with pastoral teams to roll a blended learning offer out as a free offer to all schools and colleges in Sefton. New service provider	T & F Group 1	A reduction in children progressing from Level 1 through to Level 4 with DA prevalent in their case	May-24	
5	There is a quality assured offer of support for children and young people causing harm to help prevent this behaviour escalating.	Needs Assessment	A scale up of current CoPVA programme in order to reach more households. Design clearer referral/access pathways and awareness raising of the subject	Place current commission on a longer term more secure financial footing and allow for scale up. New service provider	T & F Group 1	A reduction in repeat cases referred through to CoPVA services	May-24	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
6	Domestic abuse is considered as a routine enquiry by a wide range of agencies and practitioners across Sefton, using a trauma informed approach.	Needs Assessment	Linked to Item 1 & 2 - ensure that selective or routine enquiry are established across the partnership and beyond and that frontline practitioners adopt a trauma informed approach to practice	Trauma informed practice becomes the norm across the partnership.	T & F Group 1 & SSAB SSCP Training Sub-Groups	Increase in individuals accessing DA services at an earlier stage.		
7	Activities that focus on supporting positive mental wellbeing to help prevent self harm and suicide.	DHR Learning	Recognition round the linkages between DA and suicide. Equip frontline professionals with the skills, knowledge and confidence to recognise risks. Develop a risk stratification model to identify those at risk. Develop a number of tools including self help tools to support those at risk	Complete this work as part of a wider approach to suicide prevention with suicide prevention group.	T & F Group 1 and Suicide Prevention Group	More individuals accessing help, reduction in DA related suicides	Sep-24	
8	To ensure that service users inform the development and delivery of awareness material and campaigns. (links to action 1.6 of this Plan)	DA Act 2021	Service user engagement and input in developing materials.	Work with Fully integrated commissioned provider	T & F Group 1	Experts by experience group co-design, co-produce and co-deliver materials	May-24	
9	To agree a framework for targeting work that ensures information reaches diverse groups Travellers, Learning Disabilities, Older People, LGBT+ and other ethnic groups, and identified hidden groups.	DA Act 2021	Vulnerable and diverse groups identified, targeted and awareness in these groups raised - 'hidden groups' cease to be hidden.	Work with relevant agencies and services to identify who the hidden groups are. Audit current publicity materials to ensure are available and accessible to all diverse groups. Research range of material available from Government, charities and voluntary organisations. Write new material for dissemination as applicable. Carry out public survey to ascertain current attitudes. Setup and launch a DV helpline and website to be investigated. Timely awareness campaigns run. Appropriate telephone support available. Website developed to provide accessible and up to date information. Use by and for groups for service delivery.	T & F Group 1 , specialist services, by and for groups	Hidden Groups cease to be hidden	Sep-25	
10	Develop a reduction of harm pack for GP surgeries across Sefton	DHR Learning	All GP safeguarding leads have received reduction of harm pack.	Harm reduction pack includes awareness and care pathway materials from IDVA, SWACA, IFD and MARAC	T & F Group 1 - GP Safeguarding Leads	Reduction in harm packs provided	Dec-23	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
11	Develop the Domestic Violence and Abuse pages of the Sefton's website.	Needs Assessment	SDAPB Microsite developed hosted on the Sefton website containing relevant information and contacts to enable visitors to the site to access the most up to date and useful information.	Research relevant and appropriate information to be added to the website including production of a Sefton wide Domestic Abuse Directory of Services and include relevant links.	Steve Martlew as Lead Officer to the Partnership	Microsite and content developed and kept up to date	Sep-23	
12	To adopt a tool to help the non-specialist workforce with screening/ identification/ referral/ advice/ signposting.	DHR Learning	Tool available and disseminated to identified non-specialist workforce. Linked to 2.2	Research and disseminate appropriate tools for use by non specialist workforce. Update and utilise the Sefton Council website as a source of information.	Steve Martlew as Lead Officer to the Partnership	Microsite and content developed and kept up to date containing tools and advice for non-specialist workforce	Sept 23 and ongoing	
13	Concise information on support services for domestic abuse and sexual violence distributed across Sefton	Needs Assessment	Partner agencies have a clear understanding of support services available across Sefton	Existing A5 laminate on support services available across Sefton is updated and distributed across partner agencies.	Steve Martlew as Lead Officer to the Partnership	Easily printable pdfs contained within the microsite	Sept 23 and ongoing	
14	To audit current training packages for domestic abuse resulting in a plan regarding which standardised packages to use for which audience. (Inc. training to universal, targeted and specialist workforce)	DHR Learning	Current training packages audited and DVA trainers forum established linked to 2.1 and 2.2	Domestic Abuse Prevention Education & Training Coordinator to scope all Sefton DVA training and establish and chair DVA trainers forum.	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Audit completed and forum established	Dec-23	
15	To introduce and implement a modular training package across the Sefton to ensure that delivery is consistent.	DHR Learning	Foundational DVA Awareness training in situ with specialised modules available as need identified e.g. for sexual violence, health, for police, for drug & alcohol services, MARAC, early years, education etc. Linked to 2.2	DV trainers forum established to work in line with identified strategic aims. Training plan delivered to Cabinet and Children's Service Management Team etc.	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	
16	To deliver an agreed number of training sessions throughout Sefton to a consistent, measurable standard.	DHR Learning	Agreed number of training sessions delivered and evaluated.	Develop foundational awareness training and modular specialist add-ons. Standardised evaluation and assessment tool developed for trainers to use to assess training delivered.	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	
17	To implement a framework for auditing training outcomes on workforce/ agency performance following training.	DHR Learning	Training outcomes audited	Framework established & follow up surveys re effectiveness developed and use of identified tools completed and submitted monitored	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
18	To consider the development of a 'Brief Intervention' training e.g. e-learning	DHR Learning	E learning package available to all front line staff sefton wide	Work in partnership to agree package. Package sourced/commissioned	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	
19	To encourage managers of non specialist services to prioritise training within their agency and ensure that training is refreshed periodically and new staff are trained in a timely manner.	DHR Learning	Increased uptake of training by diverse/wide range of non-specialist services	Liaise with identified agencies to promote, encourage and raise awareness of need for induction & periodic refresher training	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	
20	To increase the knowledge base of members of the Partnership on domestic violence and abuse	DHR Learning	All Partnership members have a good general awareness and understanding of domestic abuse and sexual violence in order for them to make more informed decisions.	Utilise and expand a future Partnership Implementation Board to run training sessions for all members on domestic violence and abuse	DVA Trainers Forum linked to SSAB & SSCP Learning & Development Sub groups	Building Block approach to training for workforce developed in place and a programme/calendar of sessions in place	Dec 23 and on going	
21	To draft a Strategy on engaging local businesses with the domestic violence and abuse partnership.	Needs Assessment	A clear Strategy in place for the Sefton and local businesses engaged.	The Strategy will aim to encourage employers to act on domestic abuse and sexual violence incidents. Support them with any necessary training and with writing policies. Utilise them to cascade out information. Offer volunteering opportunities for survivors to support this work.	T & F Group 1 & Integrated service provider	Engage with business to support in DA training and policies and procedures	May-24	
22	Explore how twitter and other media opportunities work and how the partnership could utilise this. Investigate any other information portals used by GPs / health professionals.	Needs Assessment	Increased awareness of domestic abuse issues and support through utilising this site. Linked to 2.11 and 2.12	Explore with Comms	T & F Group 1	Develop communication streams using Social Media and possibly an App	May-24	

Protect -

Keeping victims/survivors of domestic and sexual abuse and their children safe in a consistent and coordinated way, providing safe and quality assured support services, and challenging the behaviour of perpetrators whilst also offering opportunities to change.

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
1	Victims/survivors and their families have a consistent and effective response from agencies to disclosures of domestic and sexual abuse that helps protect them from further harm.	Needs Assessment & DHR Learning	A fully integrated offer for all victims/survivors is available irrespective of risk rating. The offer should include risk assessment, safety planning, needs assessment and be led by the victim/survivor. The offer should include therapeutic counselling and resilience building support and be delivered from a trauma informed practice perspective	Commission a new service	Commissioning Group	There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created	Sep-23	
2	Agencies are consistent and effective in recognising and identifying risks associated with domestic and sexual abuse; workers proactively use professional curiosity and take action.	Needs Assessment & DHR Learning	Staff are equipped with the skills, knowledge and confidence in what to do when receiving a DA disclosure	A blended, building block, learning approach with a resource available to enable workforce development across the partnership and further. Workforce Development project to be delivered in conjunction with SSAB Sub Group.	T & F Group 1	An increase in staff across the partnership and further, have differing levels of knowledge of Domestic Abuse dependent on their role. A wider range of appropriate source referrals from partnership organisation are received at MARAC and into DA services.	May-24	
3	Organisations have clear and easily accessible policies on domestic abuse to support their employees.	Needs Assessment	Advice and guidance to roll out effective DA HR Policies across the partnership, organisations and beyond	Create a baseline offer with SSAB workforce development group and roll out across the partnership	T & F Group 1	HR DA policies are in place across Sefton organisations.	Dec-23	
4	There are a range of quality assured, evidence-based support services for victims/survivors to ensure work is delivered safely, responds to need, reduces risk and is in partnership with other agencies.	Needs Assessment & DHR Learning	A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support and should be provided as part of an integrated approach to Domestic Abuse	Commission a new service - Sefton Council	Commissioning Group	There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created	Sep-23	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
5	Ensuring victims/ survivors with additional vulnerabilities and specific needs can access support that meets their needs – specifically around those with protected characteristics, older people and those with complex lives.	Needs Assessment & DHR Learning	A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse. The offer should be made irrespective of who the victim/survivor is and any protected characteristics. The Victim should be at the heart of everything that happens to them.	Commission a new service - Sefton Council	Commissioning Group	There will be positive feedback from service users and reduced repeat incidents of Domestic Abuse as resilience and understanding is created. Victims with additional vulnerabilities or protected characteristics are supported.	Sep-23	
6	There is a range of specific support available for children and young people affected by domestic and sexual abuse.	Needs Assessment & DHR Learning	A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse	Commission a new service - Sefton Council	Commissioning Group	There will be positive feedback from service users (children and Young People) and reduced repeat incidents of Domestic Abuse as resilience and understanding is created. Children and Young people access services and receive support.	Sep-23	
7	"There is a range of safe accommodation options for victims/survivors of domestic abuse to enable them to leave abusive relationships safely and access the ongoing support they need."	Needs Assessment & DHR Learning	A range of accommodation options is available to victims/ survivors of domestic abuse that are covered under the safe accommodation criteria of the Domestic Abuse Act 2021	Work with RPs across Sefton and possibly LCR to develop a range of accommodation offers including Refuge, dispersed accommodation and sanctuary schemes. Sefton Council Housing Strategy Team	T & F Group 2	A wider range of accommodation offers are available than currently. Homelessness due to Da is reduced	Sep-24	
8	The behaviour of perpetrators is proactively challenged and held to account in a consistent and appropriate way and there are a range of interventions available to support behaviour change.	Needs Assessment & DHR Learning	A range of perpetrator programmes and behaviour change programmes are available for those that are willing to change their behaviour. A range of support measures for current partners and ex-partners are put in place throughout attendance on these programmes as risk increases.	Develop a range of Behaviour Change and Perpetrator programmes. These in addition to the statutory programmes managed by the Probation Service.	T & F Group 2	A range of programmes both statutory and voluntarily are available	Dec-23	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
9	There are effective and efficient multi agency risk management processes, including MARAC and MAPPA, that are regularly reviewed to ensure they are fit for purpose.	Needs Assessment & DHR Learning	MARAC & MAPPA are an effective risk management process and are quality assessed regularly. Consideration should be given to developing MATAAC (linked to item 8) and other ad-hoc problem solving risk management meetings.	MARAC regularly reviewed by MARAC Steering Group & T & F Group 2. MAPPA regularly reviewed by Ministry of Justice Investigate whether MATAAC should be developed Implementation Group	Implementation Group T & F Group 2	Annual reviews undertaken and reported back to Implementation Group / LDAPB	Sep-25	
10	Provision of a range of ongoing support for victims/survivors and children to reduce the impact of abuse and to recover from trauma.	Needs Assessment DHR Learning Ofsted Inspection	A range of support, including safety planning, risk reduction, therapeutic counselling and resilience building support is provided as part of an integrated approach to Domestic Abuse	Commission a new service - Sefton Council	Commissioning Group	A new service is commissioned in 2023. That will provide a range of support mechanisms to reduce impact and recovery.	Sep-23	
11	Provision of wider support opportunities for perpetrators of domestic abuse to sustain positive behaviour change long term.	Needs Assessment	A range of perpetrator programmes and behaviour change programmes are available for those that are willing to change their behaviour. A range of support measures for current partners and ex-partners are put in place throughout attendance on these programmes as risk increases.	Develop a range of Behaviour Change and Perpetrator programmes. These in addition to the statutory programmes managed by the National Probation Service. Sefton LDAPB	T & F Group 2	A range of programmes both statutory and voluntarily are available	Sep-23	
12	Criminal justice interventions achieve positive outcomes for victims/survivors to support them to move on with their lives.	Needs Assessment	Use a range of enforcement powers available to the partnership in order to protect victims/survivors wherever possible	A blended approach of support for victims/survivors and enforcement against perpetrators of harmful behaviour that is victim centred. LDAPB	T & F Group 2	An increase in enforcement action with more innovative use of enforcement powers taken. An increase in DA convictions for perpetrators	Sept 23 and ongoing	
13	A wide range of organisations that can provide ongoing community based support for individuals and families based on their needs.	Needs Assessment	A network of community based support organisations that provide support to increase resilience once DA interventions are complete	Develop a network of organisations that provide generic family support once DA interventions are complete. LDAPB	T & F Group 2	Resilience of families is increased and repeat referrals are reduced.	Sept 23 and ongoing	
14	To hold an annual specialist domestic violence and abuse practitioner and interested professionals forum.	DHR Learning	Front line workers and interested professionals meet to share information and effective practice.	Organisation of an annual forum.	Steve Martlew as Lead Officer to the Partnership	Annual Festival of Practice is held	Apr-24	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
15	To increase the delivery of support and interventions for victims and offenders by Health providers.	Good Practice	Embed 2 full time health IDVAs in Southport & Ormskirk Hospital and develop clear referral pathways	Roll out of health IDVAs project across wider hospital footprint	Implementation Group T & F Group 2	Establish Health IDVA network	Dec 23 and on going	
16	To collate, promote and embed best practice on addressing domestic abuse and sexual violence.	DHR Learning	Partnership is more innovative and informed of best practice.	Gather and disseminate case studies. Utilise the Sefton microsite as a tool for sharing best practice examples. Include best practice as a standing agenda item on all T&F Groups.	Implementation Group	Good Practice briefings are disseminated	Sept 23 and on going	
17	To develop the opportunity for survivors of domestic abuse and sexual violence to come together and benefit from mutual peer support.	DA Act 2021	Survivors build up support networks and feel less isolated.	Set up network of support groups across Sefton - led by Experts by experience group	Experts by experience and new Commissioned provider	Network established	Dec 23 and on going	
18	To explore the support options to victims attending court.	DA Panel	Increased support to victims going to court (criminal, county and Family Court).	Identify the support options currently available and ensure that victims can access the support. Embed DA Support at IFD	Implementation Group T & F Group 2	Establish current support mechanisms and increase support offer. Reduction in failed (cracked) court hearings	Dec 23 and on going	
20	To identify appropriate domestic abuse champions in relevant agencies.	DHR Learning	All relevant agencies have a single point of contact to champion the issue of domestic abuse and to disseminate information across their agency as required.	Produce a role description of an effective domestic abuse champion and provide support to them as required. Produce a map of all domestic abuse champions across the Sefton	Implementation Group T & F Group 2	Champion Network established	Dec 23 and on going	
21	Explore the possibility of getting local businesses to become Safe Places e.g. pharmacies and dentists.	Good Practice	Increased support for domestic violence and abuse by local businesses becoming Safe Places.	Explore getting local businesses on board with this action. Offer training and support where required on domestic abuse awareness and zero tolerance. Utilise them as a place to disseminate information on available support services across Sefton	T & F Group 2	Network of safe places established	May-24	
22	Raise awareness of domestic abuse across faith based groups.	Needs Assessment	Faith based groups are aware of domestic abuse and sexual violence services in Sefton and can help to promote their availability and contact details.	Offer volunteering opportunities to survivors to support this work. Disseminate information to faith groups. Explore ways for front line services and faith based groups to work together.	T & F Group 2	Faith Groups linked into the Champion network	May-24	
23	To extend prevention work by the use of outreach services	Good Practice	Greater prevention of domestic violence and abuse and fewer victims of these crimes.	Outreach services will meet and produce a plan to develop preventative work and build capacity in our communities to combat domestic abuse.	T & F Group 2	Number of DA incidents reduces	Dec-24	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
24	To develop a process to monitor the effectiveness of perpetrator programmes across Sefton and to encourage its use by all agencies operating perpetrator programmes.	Ofsted Report	An understanding gathered of the effectiveness of perpetrator programmes in Sefton. Evaluation of these programmes to assist in gathering effective practice and identifying any need for improvements.	Develop and evaluate the process via monitoring of the Caring Dads pilot	T & F Group 2	Linked to 3.8 a range of evaluated perpetrator programmes exist	Sep-23	
25	To develop and embed clear thresholds for support and intervention (in line with the Threshold Document) for children and young people at risk of domestic abuse and/or sexual violence across all tiers of need for children and young people aged 0-18.	Ofsted Report	That there is a coherent range of preventative interventions and an appropriate and protective safeguarding response to children affected by DVA or That assessment and interventions with children/YP at risk of domestic abuse are embedded within the wider context of safeguarding and early intervention in Sefton	Mapping of all services for children and young people at risk of domestic abuse across Sefton at preventative level schools; localities; community health; CAMH.	T & F Group 2	A reduction in children progressing from Level 1 through to Level 4 with DA prevalent in their case	Sep-23	
26	To set up a voluntary sector forum to support the work of the partnership.	Good Practice	Voluntary sector given an opportunity to engage with the work of the partnership.	To recognise the value of the voluntary sector and to seek their engagement in delivery of the action plan. Explore the potential of the voluntary sector to bring in funding.	T & F Group 2	Linked to 3.22 and Faith network	May-24	
27	To pilot the Whole family approaches to DVA	DA National Panel	Delivery and evaluation of a whole family approach	Source relevant resources, deliver pilot in areas of highest need and evaluate	T & F Group 2	Carry out pilot and evaluate Whole Family Approach	Dec-24	

Children and Young People:

Improving and extending support and interventions for children and young people affected by domestic abuse / sexual violence. (Stated as a gap in the 2008/11 strategy and highlighted in the JSNA).

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
1	To map across Sefton the responses and interventions offered to Children and young people effected by to DVA by schools; localities; children's social care; health visiting; school nursing; CAMH and the voluntary sector	Ofsted Inspection	That there is a clear picture of this which will inform service planning and identify any gaps		T & F Group 2	Audit Completed	May-23	
2	Creation of a multi-agency DVA team to support better practice with those affected by DVA	Ofsted Inspection	New team will lead on practice improvement and implementation of new ways of working. This is in response to practice gaps highlighted in recent OFSTED inspections	T&F group to co-ordinate the structure and membership of the team. This will include IDVA, Mens worker and other relevant services.	T & F Group 2	Team in situ	May-23	
3	To ensure there are clear protocols and practice guidance in place to enhance understanding of process and support multi-agency work of all those working with adults and children/ YP at risk of domestic violence and abuse	Ofsted Inspection	That operational staff are supported in making appropriate referrals, assessments and interventions with CYP at risk of DA and Violence by clear up to date practice guidance and protocol.	Review of LSCB DV protocol. Embedding of use of CAADA risk and Barnardo's risk assessment tool in the IFD. Review of all procedures and protocols by LSCB PPP sub-group post Working Together revision. Revision to MOSI and CSC thresholds document.	T & F Group 2	Review and recommendations completed	May-23	
4	To develop and deliver flexible service provision for C&YP which facilitates engagement (i.e. location/ opening times/ method and approach) through awareness-raising activities and training of staff.	Ofsted Inspection	That children and YP received effective support and intervention, and that the impact of this can be measured. That there is an increase in CYP that can access either individually or in groups.	Gaining feedback of service users – ongoing development by LSCB Communication and Engagement T and F Group. Mapping exercise and LSCB QEG DA audit to measure existing services and gaps. Considering work in different communities e.g. children from Eastern Europe. DA training T and F Group – new DA training framework.	T & F Group 2	Mapping exercise completed and training framework established	Sep-23	

No.	Priority	Why is this a priority?	What will we deliver?	How will we deliver it?	Who is responsible?	How will we know we've been successful?	What are the key milestones & Completion Date?	Progress RAG Rated
5	To foster a commitment to multi-agency working across all partner agencies working with children and young people at risk of domestic abuse/ sexual violence.	Ofsted Inspection	That information/intelligence is shared consistently and appropriately across the multi-agency network at all stages of agency involvement so that partnership work is consistent across Sefton	LSCB multi-agency training and procedures. CAF framework – ongoing review. Audit activity – LSCB/ CSC ‘step-down’ audit. LSCB QEG DA Audit to reflect 'journey of DA cases.	T & F Group 2	Audit activity underway and recommendations made	May 23 and on going	
6	To work with all schools (including academies) to promote preventative interventions and approaches in the curriculum (this may be covered in the ‘awareness’ or ‘training’ strategic aims) This needs to include a focus on safe relationships including appropriate sexual behaviour. There should be a standardised training package for teachers Linked to 2.4	Ofsted Inspection	That there is a consistent and agreed Sefton response to CYP at risk of domestic abuse and violence in all schools in Sefton .	Mapping exercise as per 4.1	T & F Group 2	Consistent approach with Sefton schools in place as per 2.4	May 24 and on going	

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Authorised by

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 5 September 2023
	Overview and Scrutiny Committee (Childrens Services and Safeguarding)		Tuesday 26 th September 2023
Subject:	Report for information on Vaping amongst Young People		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The purpose of this report is to provide a range of relevant information about vaping amongst young people in Sefton. The content centres on presentation and discussion of findings from a recent, large survey of young people's experiences, attitudes, and behaviours towards vaping and smoking in Sefton. This report has been jointly prepared by Officers from Public Health and Trading Standards teams following a request for information from the Chair of the Overview and Scrutiny Committee Health and Social Care (Adults) at the start of the year.

Key points to note are:

- In a large survey of over 800 mostly 14- and 15-year-olds carried out in Sefton around the start of 2023, almost half had tried vaping and one in seven (14%) reported vaping regularly. National figures show that vaping rates in young people tripled in 2021-22, which coincided with the widespread availability of disposable vapes. During the first six months of 2023, Sefton Trading Standards received twice the number of complaints about underage (under 18) vape sales compared to the whole of 2022. Trading Standards have also encountered many instances of imported devices on sale, which do not comply with regulations.
- One fifth of 14- to 15-year-olds surveyed in Sefton reported ever having smoked a cigarette – an all-time low. However, 8% smoke regularly, which is above the national target for this age group of 3% or lower.
- The peak age for trying vaping in the Sefton survey sample of 14- and 15-year-olds is 13 to 14. The top four reasons for vaping were: 'to give it a try', vape flavours, enjoyment, and nicotine addiction. More than 3 out of 4 children who vape also have friends that vape. Shops and peers are the two main ways of obtaining vapes in the survey and only 21% reported being asked for identification when purchasing. Most children in the survey understood the law around vape sales.

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- There is evidence that vaping worsens childhood asthma, but not more so than smoking. It is scientifically plausible that vaping could affect healthy lung and brain development and possibly mental health.
- There is a large data gap regarding long-term toxicity from vaping. There are also notable gaps around the possible toxic effects of some flavouring compounds, and the implications of research carried out on animals for our understanding of the health effects of vaping in children and young people.
- The public health team is currently recommissioning the smoking cessation service. The current serviceⁱ benefits from having a specialist young person's advisor who has led the introduction of a range of educational and service interventions for young people, including on the issue of vaping.
- The Trading Standards Service has increased the number of surveys it carries out testing vape retailers, using underage volunteers and continues to advise businesses, and take appropriate and proportionate enforcement action when necessary.
- An excellent recent report into youth vaping from Health Watch Blackpoolⁱⁱ includes welcome and valuable insights into the issue of illicit vape use. There is a need for further research into evidence-based approaches to enabling young people to stop vaping.
- The current national policy position on vaping is best summarised in a recent official statement by the Chief Medical Officer for England, 'If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable.' The Government has recently announced proposals for a range of legal and other measures to prevent children from vaping, whilst protecting harm reduction benefits for adult smokers.

Recommendation:

(1) To note and feedback on the content of this report.

Reasons for the Recommendation:

This report is provided to the Overview and Scrutiny Committee (Adult Social Care and Health) following a request for information about vaping and specifically trends in youth vaping, which was made at the Committee's meeting on 3 January 2023. Trading Standards and Public Health Officers have worked together to provide a thorough overview of this issue and are using this information to further develop the local response.

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

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

(B) Capital Costs

This report does not seek or directly imply any additional revenue or capital costs.

Implications of the Proposals:

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

This report discusses how relevant services are responding to youth vaping using existing resources. The report does not directly address resource implications from increased use of disposable vapes and increased vaping amongst children and young people.

Legal Implications:

This report discusses laws on vaping, but there are no legal implications from the report itself.

Equality Implications:

There are no equality implications insofar as this report is based on presenting data from a regional survey of 14- to 17-year-olds, including over 800 children from Sefton. Differences by age, sex and ethnicity are noted where data is available. Data on disability, sexuality, and gender reassignment was not available. The lack of desirable information about the socio-economic background of survey participants is noted in the report.

Impact on Children and Young People: Yes

This report is about vaping, and about vaping behaviour amongst children and young people in particular. The report describes the likely extent of this issue in Sefton and recent trends; evidence for health effects; factors that influence and motivate children to vape; and the ways in which children obtain vapes. This valuable information is being used by Trading Standards and Public Health teams in Sefton Council to guide their ongoing response to this issue.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	
Have a neutral impact	Yes
Have a negative impact	
The Author has undertaken the Climate Emergency training for report authors	Yes

This report does not identify negative or positive impacts of vaping on the environmental determinants of climate change. However, it does highlight concern surrounding environmental harm and degradation caused by littering of single-use vapes, which are rapidly growing in popularity.

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Contribution to the Council's Core Purpose:

Protect the most vulnerable:

This report focuses on the self-reported vaping and smoking behaviour of a large sample of mostly 14- and 15-year-olds who attend school in Sefton. It describes widespread experimentation with vaping and regular use of vapes and cigarettes consistent with nicotine addiction amongst many children and young people in Sefton. Current law prohibits sales (but not free trials) of vapes to under 18s and purchase by adults on behalf of someone under 18. Nevertheless, most children reported sourcing vapes from shops, followed by peers. This was also the case in the North West as a whole. Non-smokers of all ages are advised not to start vaping. This information is being used by Trading Standards and Public Health Officers to shape the local response and will be made available to other stakeholders.

Facilitate confident and resilient communities:

Strong population health is a cornerstone of community resilience. This information serves the goal of improving population health. It is very important that communities have confidence in the advice and support the Council provides. The survey information in this report includes valuable insights into the knowledge and beliefs of children and young people surrounding smoking and vaping. This is helpful to refine messages to children to avoid smoking and vaping in the first place, and that specialist support to stop smoking and vaping is available.

Commission, broker and provide core services:

This information is being fed into current work to recommission Sefton's smoking cessation service, and to inform the educational and enforcement work of Trading Standards relating to the sale of age-restricted vape products.

Place – leadership and influencer:

See comments under Cleaner Greener.

Drivers of change and reform:

This report provides a useful overview of the scale of youth vaping in Sefton, the local and national response, and areas where more information or research may be needed. It identifies key groups of professional stakeholders that are advocating for a range of policy reforms.

Facilitate sustainable economic prosperity:

Health and wealth are intertwined. Sefton's economic strategy includes population health and wellbeing as a priority area. Taking action to achieve a best start in life for all children and narrow childhood inequalities in health and wellbeing is also a cross-cutting aim in Sefton's other major strategic plans. This report contributes information

that will be used to help and improve the health of children and young people in Sefton.

Greater income for social investment:

Not applicable

Cleaner Greener:

This report notes population health issues associated with youth vaping, and also recognises the negative environmental impact from thousands of single-use vapes being disposed of on the street and in recreational, open spaces.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7343/23) and the Chief Legal and Democratic Officer (LD5543/23) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

This report presents the results of a survey of the health behaviours of 14- to 17-year-olds across the North West, including Sefton. It also draws on the knowledge and practice of Sefton Trading Standards Officers and staff working in the Smoke Free Sefton service.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Helen Armitage (Public Health)
Telephone Number:	
Email Address:	helen.armitage@sefton.gov.uk

Appendices:

There are no appendices to this report.

Background Papers:

There are no background papers available for inspection.

1. Background

1.1. Nicotine and nicotine inhaler devices

Nicotine is a very addictive, psychoactive substance. When it reaches the brain it modifies the release of several neurotransmitters, which quickly increase

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attention and focus, and reduce feelings of stress and anxiety. Human invention has devised many ways of getting nicotine into the body. For example, nicotine replacement therapies (NRT), which are used to help people stop smoking, include slower release formulations that deliver nicotine via patches placed on the skin, lozenges, and inhalators, and faster acting options e.g., chewing gum and mouth sprays. A variety of NRT products are available on open sale in supermarkets and chemists. The measured dose and delivery of nicotine from NRTs help smokers quit tobacco by reducing unpleasant withdrawal symptoms. Electronic cigarettes or ‘vapes’ are a type of nicotine inhaler device, and many people opt to use these to stop or reduce their smoking. Evidence reviews from national public health bodies have continued to produce recommendations in line with research findings, that for adult smokers the chances of quitting are highest amongst those who receive support from a stop smoking service and use both NRT products and vape products in their quit attempt.ⁱⁱⁱ

Cigarettes, cigars, and pipes for smoking tobacco are another form of nicotine inhaler device, and so are newer ‘heat not burn’ tobacco products. The well known, harmful effects of tobacco are caused by the inhalation and ingestion of microfine, cancer-causing particles and harmful gases when tobacco is smoked or heated. Smokers understand that this is a lethal habit but continue to smoke largely because they have become dependent on the rapid ‘hit’ of nicotine in tobacco to feel ‘normal’.

1.2. Introduction of vaping to the UK

The first e-cigarette was invented in China in 2003. They arrived in Europe around 2005 and grew in popularity, slowly at first and then more quickly.^{iv}

The Office of National Statistics (ONS) has surveyed the prevalence of vaping in Great Britain by age, sex, frequency of use, and smoking status since 2014. The latest results were released in December 2022^v; they show that among young adults (16-24 years old), 2017 was the peak year for the proportion who reported ever having tried vaping (31.7%), as well as for those who reported vaping daily (5.4%). In figures up to 2021, young adults have consistently reported almost the lowest rate of daily use (3.6%; lowest was in the 60 and over age group at 2.9%) but were most likely to have tried vaping at least once (19.0%). Adults in their 30s and 40s report the highest rates of regular use (9.2% in 2021), likely reflecting people turning to vaping to help them quit smoking and perhaps to save money.

As discussed in 2.4, it is illegal to sell vape products to someone under the age of 18 and to procure them on behalf of someone underage; but providing free samples has been legal, with the Government declaring its intention to close this loophole in May 2023. The ONS survey above includes 16- and 17-year-olds, but does not capture the recent, very noticeable growth in popularity of single-use, disposable vapes amongst the younger, school-age population in our communities. The next section looks at a nationwide survey of 11–17-year-olds, which shows how changes in vape technology coincided with increases in vaping in this age group.

1.3. E-cigarette technology and vaping amongst children and young people

The basic components of a vape are a battery, which powers a heated atomiser, and a reservoir of 'e-liquid' (propylene glycol or glycerol, typically with added nicotine and flavouring). When triggered, the atomiser heats the e-liquid, converting it into a mist or vapour of tiny droplets, which are carried into the mouth and lungs and dispersed into the air as the user breathes out.

Since the first 'cigalike' style vapes appeared in the UK, vape manufacturers have continued to launch new vape designs to meet demand from different parts of the market. Box kits feature larger batteries and refillable tanks; vape pens are slimmer in appearance and are also reusable; whilst pod kits are the smallest and most compact to date and include disposable vapes^{vi}, of which the Elf Bar is by far the most popular brand in use amongst children and young people nationally (50%)^{vii}.



Source: Ok Vape

Previous research suggested that when most vapes were reusable types, the 'faff factor' associated with charging, obtaining, and topping up e-liquid, may have deterred some underage users from moving beyond experimental use. Ease of use and ease of concealment are two important, but less obvious attractions of the latest disposable vapes for children and young people.

In a large-scale, annual survey of the vaping and smoking habits of 11- to 17-year-olds in Great Britain^{viii}, it is striking that the prevalence of regular use more than doubled from 1.3% in 2021 to 3.1% in 2022. This jump in regular (and occasional) use coincides with the sudden emergence of disposable vapes as the

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most frequently used type reported by this age group in 2022 (52%). Just one year earlier in 2021, only 7.7% reported using this type of device. The added appeal of single use vapes for children provides part of the rationale behind the Local Government Association's recent call for these products to be banned from sale and manufacture.^x

1.4. Legal and regulatory status of vape products

Devices used for vaping are known by various names e.g., electronic cigarettes, e-cigs, vapes, vape pens, nicotine inhaling devices. Even the legislation governing their manufacture, promotion and sale use differing terms, but a composite definition from the legislation defines them as: A device intended to enable nicotine to be inhaled through a mouthpiece but does not include:

- tobacco,
- cigarette papers,
- a device intended to be used for the consumption of lit tobacco,
- a medicinal product or medical device.

'Vape' is the term used in this report for such devices.

Trading Standards Officers are responsible for enforcing the various pieces of legislation designed to protect the public from the harms associated with using vapes. Most of the provisions are contained in the:

- Tobacco and Related Products Regulations 2016.
- Children and Families Act 2014.
- Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015.
- Children and Young Persons Act 1933.

Product compliance

The Tobacco and Related Products Regulations 2016 (TRPRs) sets out product requirements for vapes and their refill containers including:

- A maximum tank size of 2ml liquid (10ml for refill containers).
- A maximum nicotine concentration of 20 mg/ml.
- Must be child resistant, tamper evident and protected against breakage and leakage.
- Must not contain certain additives.
- All producers of vapes and refill containers must submit information about their products to the Medicines and Healthcare Regulatory Agency (MHRA). This includes ingredients and emissions information, toxicology data, information on the nicotine dose and uptake when used normally and a description of the components of the product. Producers must also notify of the withdrawal of a product from the market.
- Vapes cannot be sold until they are approved by the MHRA and details published on their website.

The TRPRs also prescribes the information required on labelling and accompanying documentation, including:

- A list of all ingredients, set out in descending order by weight.
- An indication of the nicotine content and the delivery per dose, (commonly referred to as 'puff' and often expressed as micrograms/puff or mcg/puff).
- A batch number.
- A recommendation to keep the product out of reach of children.
- The health warning '**This product contains nicotine which is a highly addictive substance**'.
- Instructions for use and storage of the product, including a reference that the product is not recommended for use by young people and non-smokers.
- Contra-indications.
- Warnings for specific risk groups.
- Possible adverse effects.
- Addictiveness and toxicity.
- Contact details of the producer/importer.

Failing to comply with the TRPRs is an offence punishable by an unlimited fine and/or 3 months imprisonment.

Underage Sales

Under the Children and Families Act 2014 and the Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015, it is an offence to sell a vape to anyone under the age of 18. It is also an offence to purchase or attempt to purchase a vape for anyone under the age of 18. Both offences are punishable by a fine of up to £2500. Exemptions are provided for vapes supplied as a medical device in accordance with a prescription.

Repeat Offenders of Underage Sales

Under the Children and Young Persons Act 1933, Trading Standards can apply to a Magistrates Court for a restricted premises order and/or a restricted sales order, if at least 3 underage sales offences have occurred in a 2-year period (at least one offence must have resulted in a conviction). These orders prohibit the sale of vapes from a premises and/or prohibit a specified person from selling vapes and from having any management function related to the sale of vapes, for a period of up to 12 months. It is an offence to contravene an order, punishable by a fine of up to £20,000.

2. Evidence of health effects of vaping on children

In 2020, the UK Committee on Toxicity of Chemicals in Food, Consumer Products, and the Environment (COT) releases its statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery systems (ENDS)^x. The committee examined evidence on the effects on health of the main constituents in e-liquids and vapour: particulates, propylene glycol, glycerol, nicotine, flavourings and their breakdown products, and other compounds. Findings were expressed as a series of opinions that reflect absolute risk and risk relative to smoking cigarettes. The authors

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note that, 'the assessment for users was predominantly limited to effects in adults, as ENDS products are not permitted for sale to anyone under 18 years of age in the UK'. Nevertheless, the report does reflect findings drawn from its own substantial review of relevant research, however the reliance on adolescent animal studies limited what the Committee was confident to express in its conclusions. Summary points are given below:

Gaps in evidence

- There is a large data gap regarding long-term toxicity from vaping and it is not currently possible to predict the adverse health effects that could arise over the long term.
- The health effects of inhaling flavouring ingredients are an area of particular uncertainty. Evidence and concern currently focus on health risk from nicotine and inhalation of particulates, which includes a small amount of solid particles but mostly microscopic droplets of e-liquid vapour.
- Evidence relating to specific health risks amongst children and young people who vape still relies on studies carried out on animal models, e.g., adolescent rats, which have uncertain implications for humans.

Levels of risk: fresh air vs vaping vs smoking vs 'dual use'

- Non-smokers who vape have a greater risk of experiencing irritation in the throat and lung; new or worse respiratory symptoms; possible allergic reaction to substances in vapour; and nicotine addiction. Research has shown an association between worsening of asthma symptoms in adolescents and vaping. The impact of vaping was not worse than effects measured in adolescents who smoke.
- In most second-hand vapour exposure scenarios, the level of exposure to nicotine from the air would be low, but for young children levels capable of causing health effects, such as those above are considered plausible.
- An 'experienced' user of vaping products who is using a high-powered device or e-liquid with a high concentration of nicotine achieve blood nicotine levels like those from an equivalent pattern of smoking (N.B., nicotine is not regarded as carcinogenic). Inexperienced users typically show blood concentrations that are lower than those achieved from smoking.
- Compared to smoking, the relative risk of adverse health effects would be expected to be substantially lower from vaping.
- There is some evidence that smoking and vaping ('dual use') could lead to increased risk compared with smoking alone.

Serious health problems

- A cluster of recent high-profile cases of lung injury in the US related to the use of ENDS and involving young people was found to be linked to a thickening agent added to cannabis vaping products, which is banned from UK-regulated nicotine vaping products.

- Case reports in the medical literature describe poisoning from accidental ingestion of e-liquids containing nicotine. Many involved young children and resulted in vomiting, short-term metabolic problems and rarely, death.

Vaping and healthy development

- Brain development continues until around 25 years of age in humans. Nicotine is a neuroactive substance, which means it interacts with specific receptors in the brain and alters the release of neurotransmitters. Hence, adverse neurodevelopmental effects might occur. However, more work needs to be done to understand the scale of these possible effects from vaping.
- Previous research into smoking has identified a possible two-way relationship between mental disorders and nicotine dependence. It is suggested that increased prevalence and intensity of smoking amongst people experiencing mental health problems may reflect the ability of nicotine to improve focus and reduce stress in some people (so-called self-medication), whilst it can also contribute to inattention and anxiety in others (reducing mental wellbeing). This is a notable finding at a time when more young people are vaping, and more young people are experiencing poor mental health.
- The committee also concluded that there is good biological plausibility for an effect of nicotine on healthy lung development.

2.1. Cost and product warning labels

The Medicines and Healthcare Products Regulatory Agency (MHRA) requires vape products that contain nicotine or could contain nicotine to display this warning, 'this product contains nicotine which is a highly addictive substance'. The cost of disposable vapes that are popular with young people such as Elf Bar or Lost Mary is around £5 to £6 in general retailers.

The messages and images carried on cigarette packets are also regulated. Cigarettes must now carry a general warning, smoking cessation support information, a health information message, and an image. Together these should take up most of the space on the otherwise plain packaging. The cost of a packet of cigarettes in a high street retailer is around £12.

2.2. Policy developments

Tobacco Control Plan for England

The Government is continuing to pursue the ambitions set out in its most recent tobacco control plan, *Towards a Smokefree Generation (2017-2022)*,^{xi} which aimed to reduce smoking amongst 15 year-olds to 3% in 2022 from 8% in 2017. A smokefree generation is defined as a national smoking rate of 5% or less and the Government has set out to achieve this by 2030. The latest prevalence figures for England and Sefton in 2021 are 13.0% and 10.0%. Based on crude extrapolation of trend over the past decade it appears at least feasible that Sefton will reach this target, but improbable that it will be met nationally.

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The now expired national tobacco control plan had a clear stance on preventing children from smoking through effective enforcement and by maximising the availability of safer alternatives to smoking for adults. There are several commitments to continue to evaluate the evidence base for vapes and to communicate what is known about the absolute risk of vaping for children. The strategic position was to, ‘... review policy and regulation of nicotine delivery systems to provide an environment that facilitates smokers taking action to improve their health and the health of those around them, whilst minimising any risk of new nicotine addiction in children’.

Recent national developments

Recent developments in the national policy area of tobacco and vaping are well captured in a research briefing published by the House of Commons Library in June 2023.^{xii} These have a clear emphasis on preventing children from vaping, and this priority has been informed and endorsed by several recent high-profile reviews and policy updates,

- An almost 1500-page report on Nicotine Vaping in England was produced by a team at King’s College London on behalf of the Office for Health Improvement and Disparities (OHID) in 2022^{xiii}
- An independent review – The Khan review: making smoking obsolete was commissioned by OHID and published in 2022^{xiv}.
- An update to the National Institute of Health and Care Excellence aimed at smoking cessation services was published at the start of 2023,^{xv} which recommends supporting people to use vaping alongside different forms of NRT. NRT alone is also recommended for children aged 12 and over who smoke. The guideline does not address how children should be supported to stop vaping.
- The Royal College of Paediatrics and Child Health (RCPCH) produced a policy briefing on Vaping in Children in June 2023^{xvi}, which emphasised that the harms of vaping and second-hand vaping are not fully established. The briefing went on to highlight evidence that vaping can be a gateway to nicotine addiction, with young people who vape being at higher risk of taking up smoking. THE RCPCH called for tighter regulation of sales and marketing of vapes and a ban on disposable vapes, which has been echoed by the LGA^{ix} and Directors of Public Health in Cheshire and Merseyside.^{xvii}
- A nationwide call for evidence on Youth Vaping ran from April through June 2023^{xviii}.
- The Chief Medical Officer has released an official statement to the press, which he summarised in his own words as, ‘If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.’^{xix}

Tobacco control policy will now be delivered within the new Major Conditions Strategy, which succeeds the Health Disparities white paper. Whilst there will not

be a new standalone tobacco control plan, the Government has announced several measures it intends to implement, for example,^{xx}

- Increased education^{xxi} and dedicated school police liaison officers to keep illegal vapes out of schools.
- Review of rules around sale of nicotine-free vapes and fines for shops selling illicit vapes.
- Closure of the loophole that permits children to be given free samples of vapes.
- A new 'illicit vapes enforcement squad', led by Trading Standards services with additional £3 million funding from the Government.
- Introduction of a two-year national scheme to support one million smokers to 'swap to stop', by providing them with a free vaping kit, targeting settings such as job centres, homeless centres, and social housing providers.

2.3. Environmental impact

At a time when the threats to population health from all forms of environmental pollution are becoming increasingly well understood and visible in day-to-day life, vaping has come under the spotlight. For example, the Chief Medical Officer's independent report on Air Pollution in 2022, notes that vaping contributes to the chemical burden of indoor air pollution.^{xxii}

Calls to ban disposable vapes have led on the environmental pollution issues created by people throwing away over a million vapes each week in England and Wales.^{ix} Lithium batteries are not designed to be easily removable from these products for separate recycling and have been the cause of fires during waste processing and when discarded as litter. Disposable vapes are an increasingly common form of plastic pollution, visible in urban and natural environments.

3. Health effects of smoking

3.1. Tobacco-related harm across the life course

Smoking is the single biggest preventable cause of illness, chronic conditions and death affecting our population today. It is also the single biggest driver of unequal health outcomes patterned along lines of socio-economic inequality.

Cigarettes contain over 5000 chemicals, which are released as they burn. Well known toxins are tar and carbon monoxide gas and over 70 separate cancer-causing compounds have been identified, with more remaining to be discovered, despite decades of regulation aimed at reducing the health harms of cigarettes and other forms of tobacco.^{xxiii}

Exposure to these compounds affects children's health from conception onwards. There is clear evidence linking smoking in pregnancy and exposure to second-hand smoke to risk of prematurity and associated complications, sudden infant death, and respiratory infections, glue ear, and meningitis in childhood.

Cigarettes also pose a major risk of fire in domestic settings, although there has

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been more publicity surrounding vapes in this context in recent years. Parental tobacco addiction has previously been identified as an exacerbating factor in child poverty.^{xxiv} As is now being seen with vapes, tobacco waste has been an almost ubiquitous form of litter and environmental pollution for decades.

3.2. Tobacco addiction in young people

The younger someone starts to smoke, the greater the harm is likely to be, because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.^{xxv} This explains the continued emphasis on primary prevention and early intervention in both local and national approaches to smoking policy, as well as concern about the implications of vape use amongst young people.

In *Smoking and Health*, a lengthy report produced by the Royal College of Physicians in 2021^{xxvi}, just before the take off in disposable vape use amongst young people, the authors note that,

‘There is consistent evidence that tobacco-naïve young people who use an e-cigarette are more likely to go on to smoke, although it remains unclear the extent to which this is a causal connection, reflects common risk factors, or is a combination of the two. Certainly, the risk of becoming a smoker following initial e-cigarette use is much lower than the risk of becoming a regular smoker following a single cigarette: a meta-analysis found that two-thirds of people who tried one cigarette went on to temporarily become daily smokers.’

This observation reflects the potency of the nicotine ‘hit’ from cigarettes and the susceptibility of young people to nicotine addiction and was linked to a recommendation that individual cigarettes should each carry a printed health warning.

The data discussed below, provided by over 800 young people shows that in 2023 14% of young females and 11% of young males described themselves as regular vape users (using more than once per week). This suggests widespread patterns of nicotine use, which are in keeping with dependence and which could set the scene for other nicotine containing products, including cigarettes and smoked cannabis. This possibility is already reflected in Sefton’s local response (see section 5.2).

4. Results of a survey of vaping in Sefton

4.1. Survey methodology

The data presented and discussed below belongs to a series of surveys of 14–17-year-olds that are carried out every two years in local authorities across the North West region. The series dates back to 2005, and in 2020 and 2023 a local authority level report as well as a regional analysis has been produced. The

report is jointly commissioned by Trading Standards North West (TSNW) services and the provider was Mustard Research.

The data in the latest report was gathered between November 2022 and February 2023. The survey included questions about young people's experiences with alcohol, smoking, shisha, vaping, and knives. Each of the 21 participating local authorities were responsible for disseminating the survey, and 810 anonymous responses were received from Sefton, accounting for 5.7% of the total number of surveys that were returned.

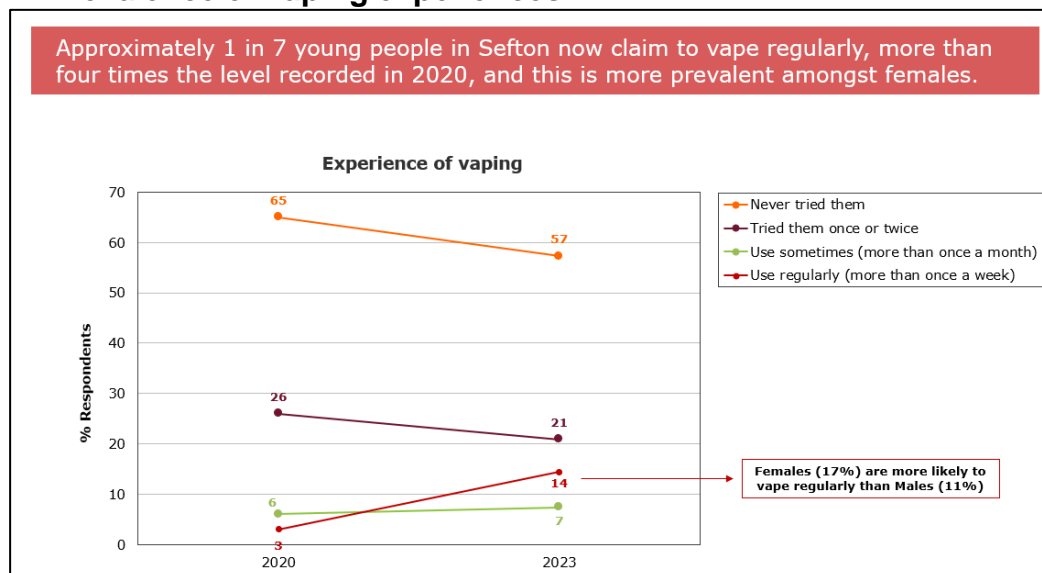
- 56% of Sefton respondents were aged 14, 42% aged 15 and, 1% 16 or 17.
- 89% were of White ethnicity and 11% recorded another ethnic group.
- 54% gave their gender as male, 43% as female and 3% gave another gender.

Some limitations of the survey process and analysis are listed in section 4.4 of this briefing report.

4.2. Descriptive statistics on vaping

The graphs below are reproduced from the latest Trading Standards North West report for Sefton, published in 2023. Commentary below each graph emphasise key points, including any important changes from the previous Sefton level survey in 2020 and comparison with data for the North West region.

Prevalence of vaping experiences

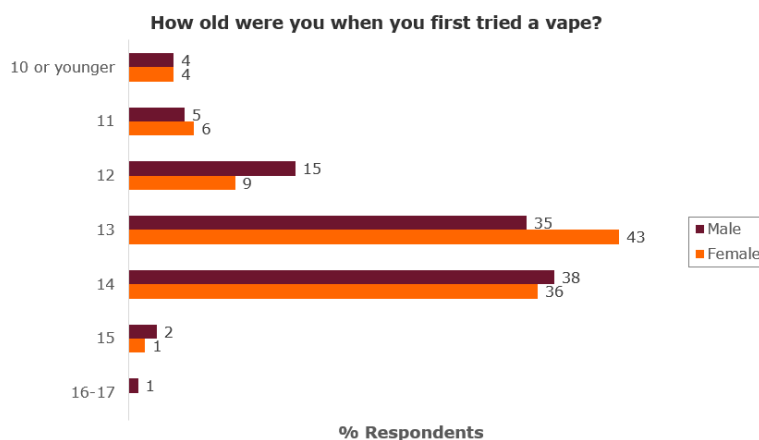


- Between 2020 and 2023 the percentage of young people surveyed who vape regularly has increased from 3% to 14% and 43% have now at least tried vaping compared to 35% in 2020.
- These statistics mirror data at North West level, and support the common perception that an increasing proportion of young people now vape.
- The shift into regular vaping (noting that 1 in 6 young women and girls reported vaping regularly) likely reflects the popularity and accessibility of fashionable brands of disposable vapes for young people.

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Age at first experience of vaping

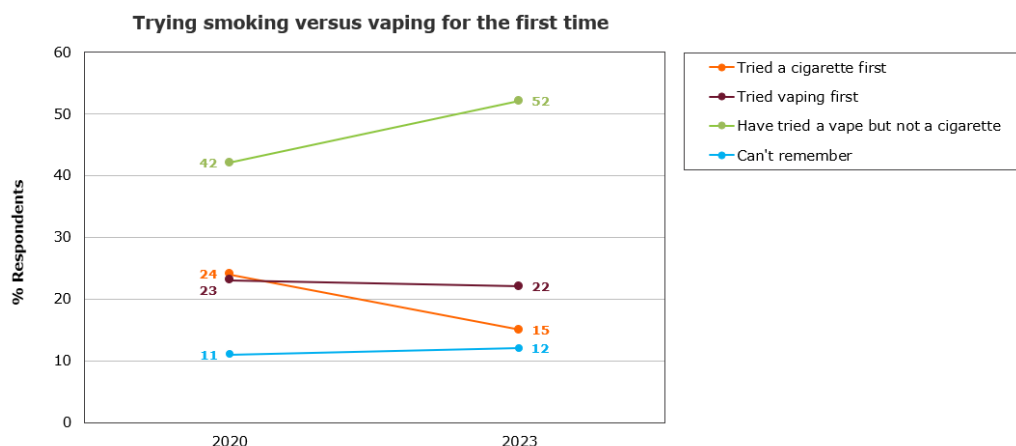
Boys and girls in Sefton are most likely to first try vaping between the ages 13 and 14.



- The peak age for trying vaping is 13 and 14; boys are more open to experimentation a little younger, at age 12, while 43% of girls first tried vaping when they were 13. This pattern is broadly similar in the North West data, except for a higher proportion first trialling vaping at age 15 (16%). This is due to the higher representation of 16-year-olds in the North West sample.

Order of trying smoking and vaping

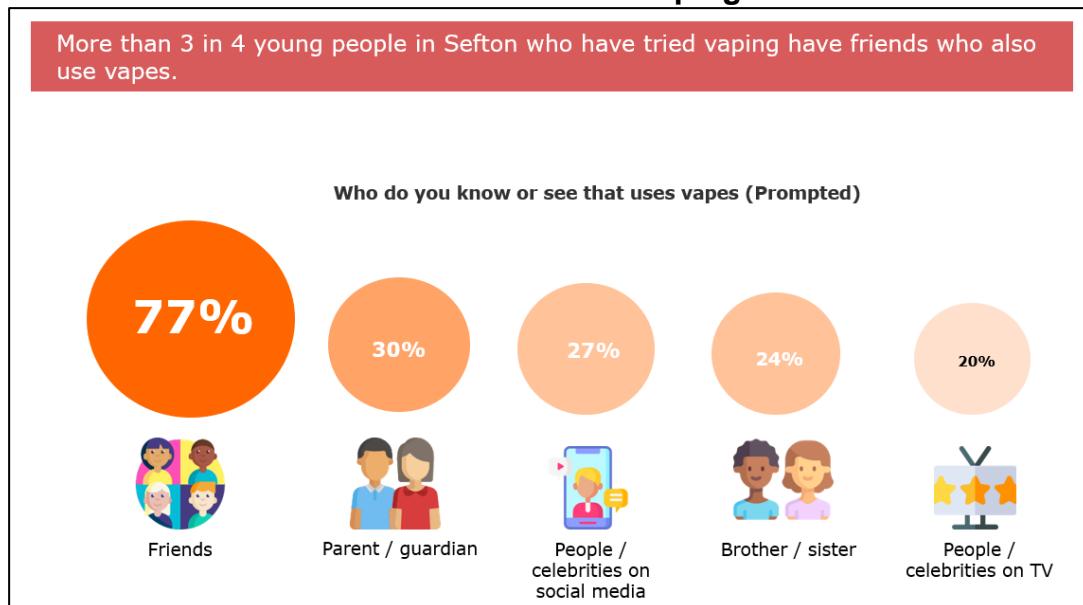
In line with the [North West](#) overall, young people in Sefton are increasingly trying vaping rather than smoking tobacco cigarettes.



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- The graph above has two lines that move in opposite directions from 2020 to 2023. The orange line shows the percentage of young people who tried a cigarette first and then moved on to vaping – 24% in 2020, down to 15% in 2023. The green line shows the percentage that started with vaping and had not ever tried a cigarette when they were surveyed – 42% in 2020, up to 52% in 2023.
- North West level data covers a longer time period back to 2015. It shows a complete reversal in the pattern of trying smoking and vaping. In 2015, 50% of survey respondent said they tried a cigarette before they tried a vape, and only 25% had tried a vape and had not tried a cigarette. Eight years later in 2023, 50% of respondents had tried vaping but not smoking, and only 18% had tried a cigarette before trying a vape.
- This clearly suggests that changes in availability, appeal and beliefs about vaping and possibly also smoking are drawing more young people to experiment with vaping at a young age, when in the past they may have first experimented with smoking.

Social role models and influences on vaping



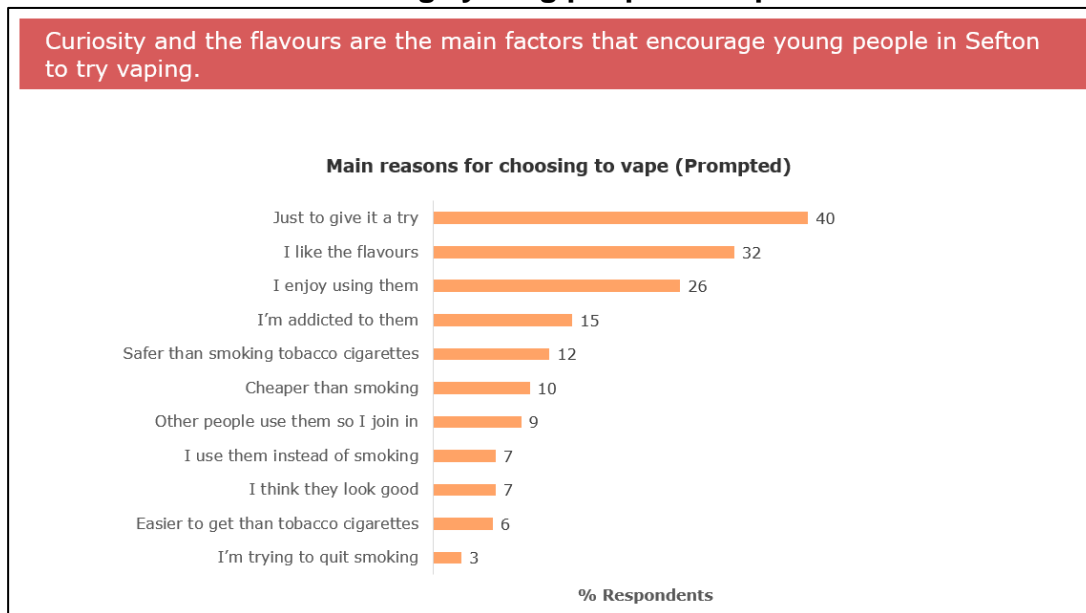
- When vaping first became popular young people often reported the availability of vaping equipment at home as an influence on early vaping.
- The statistics above align with well-established theory about social influences and cues towards health behaviours, e.g., only 23% of young people that were surveyed in Sefton reported that they had no friends who vaped. Research shows that friendship groups are a major influence on a range of health behaviours from a young age.
- Brothers and sisters, people on TV and social media are all examples of usually older peers with positive status in the eyes of children and young people. Regularly encountering these reinforcing images of

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vaping is an important way that young people internalise cultural norms for their age group and social groups.

- Not all media aimed at a youth audience will cast vaping in a positive light, but it is interesting to reflect on and contrast the changes that have come about in relation to media depictions of smoking in recent years.

Factors which encourage young people to vape

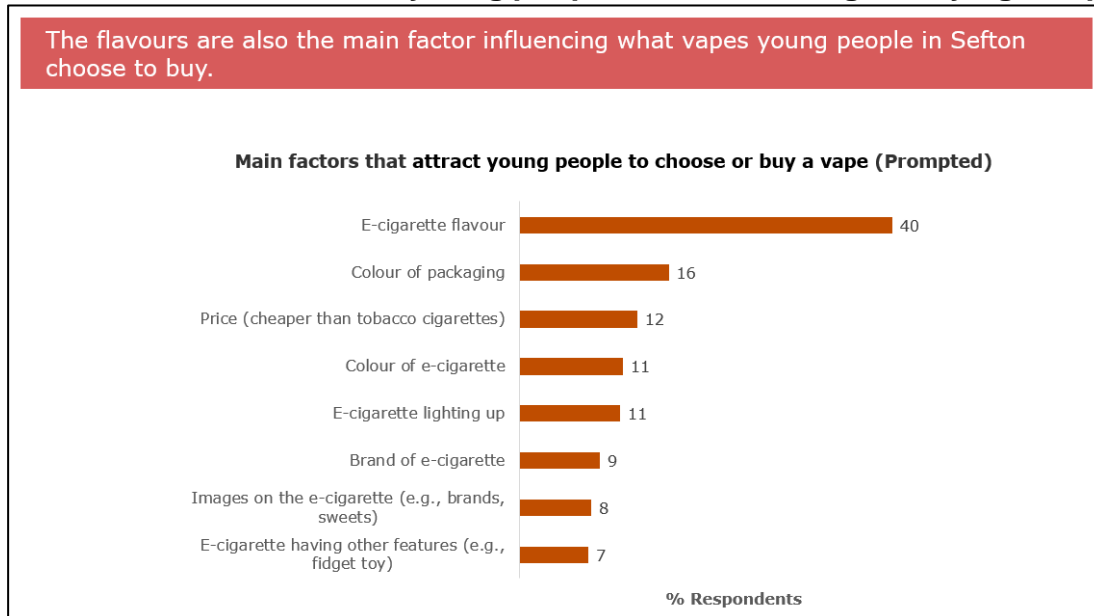


- This data deals with the young people's motivations to vape in Sefton. The findings for this question closely mirrored findings in the North West as a whole.
- The top reported reason is 'just to give it a try' (40%). This reflects a typical openness to new experiences for this age group and may be underpinned by attitudes to risk and reward.
- The second highest motivation is 'I like the flavours' (32%). The sensory reward of sweet, fruity taste is an evolutionary adaptation in growing humans, and the range of different flavours to try maintains a higher degree of novelty value, compared to traditional cigarettes, which largely relied on brand affiliation.
- The third main reason for choosing to vape is 'I enjoy using them' (26%). This partly reflects the previous point, but also identifies with the next reason 'I'm addicted to them' (15%). The positive reward neurological reward from using addictive substances experienced as enjoyment, good mood, relaxation, pleasure etc is a key first step in the pathway to developing physical and psychological dependence. It is the same mechanism as for nicotine in cigarettes.
- As noted previously, the hit of nicotine for inexperienced users of vapes is lower than that from a cigarette. Without the other motivations described above it is likely that fewer young people would maintain a vaping behaviour long

enough and with sufficient intensity to develop physical dependence/addiction, which then becomes a potent driver of continued, regular use.

- A number of the other reasons for vaping make comparisons with smoking, recognising vaping as safer, cheaper, an alternative to smoking, an aid to quitting smoking, and more available than cigarettes. Although the percentages are small, these represent a large number of young people who are rejecting or trying to reject smoking by choosing to vape. Vaping is a healthier swap for smoking, but the healthiest swap is to fresh air.

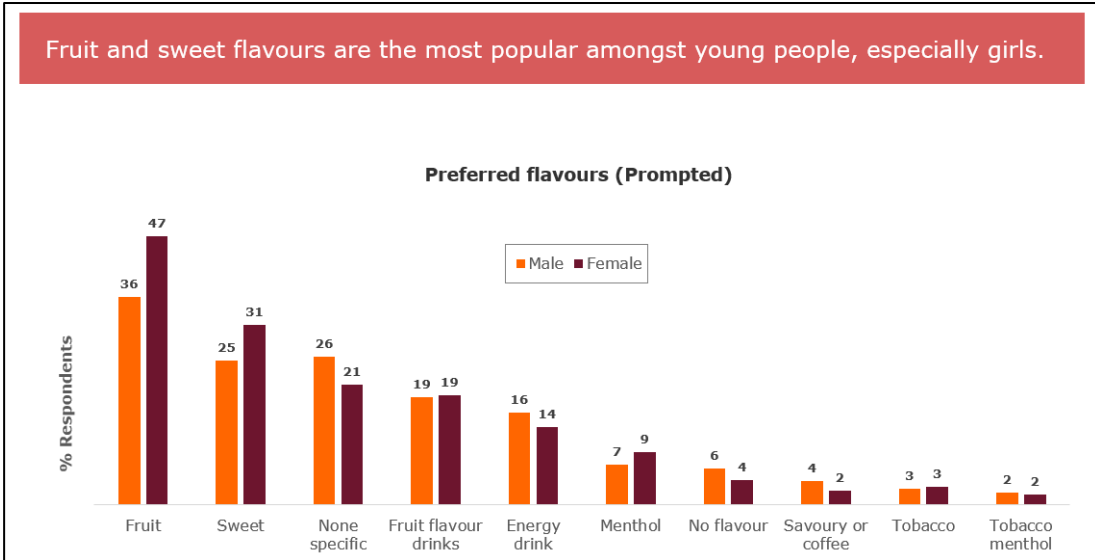
Factors that matter to young people when choosing or buying a vape



- This a question about consumer choice and preference in response to the vapes available to young people in Sefton. The prompt in the survey is about what young people choose or buy, even though none of the young people surveyed were old enough to have been sold a vape product legally.
- The biggest influence on choice was flavour, 40% mentioned this. Policymakers in favour of maximising the potential of vapes as a quit aid for adults often point to the fact that flavour choice, especially alternatives to tobacco are an important part of the appeal of vapes for people of all ages.
- The effectiveness of promoting flavour, colour, novelty, brand, and price with young people, and even children in mind (note the bottom two responses which mention images of sweets and built in toys) is borne out by these statistics.

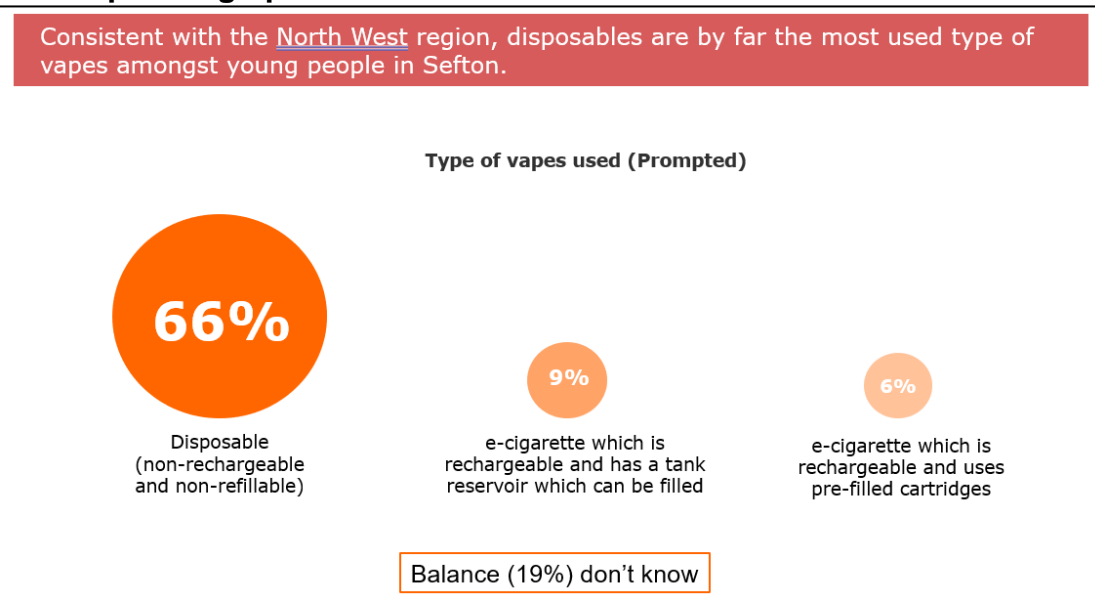
Vape flavour preference

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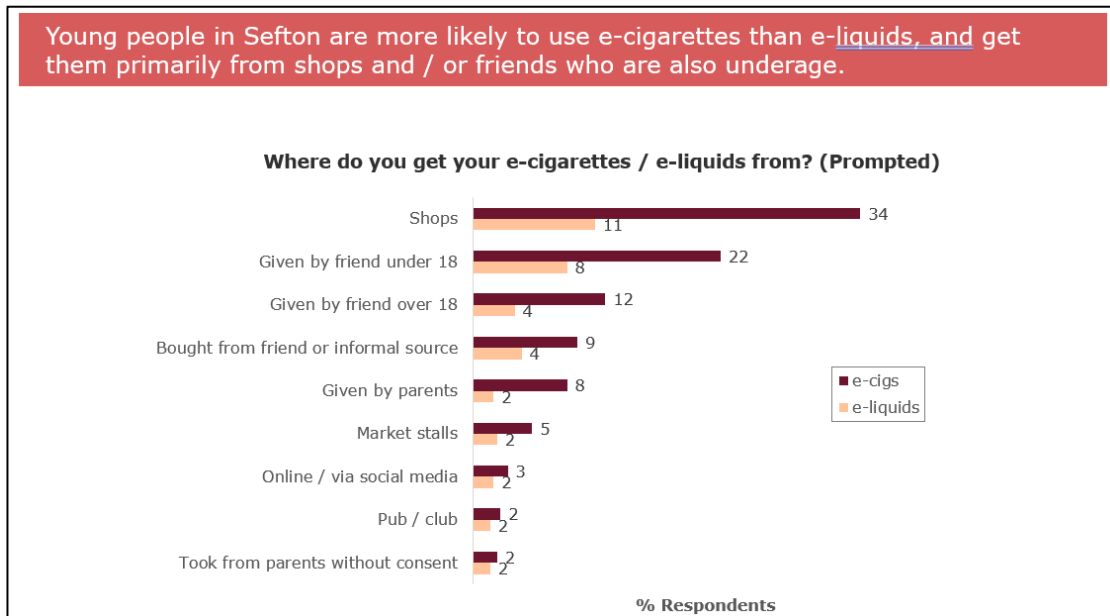
- Fruit flavours are the most popular with young males and females. In fact, fruit flavour is the most popular in all age groups up to age 55, after which tobacco flavour takes its place^{xiii}.
- Recent research into the health impacts of flavourings in vape products has suggested the possibility that some may strengthen the effect of nicotine, and some, though non-toxic themselves, may interact with other ingredients causing new compounds, which may have toxic potential. This is recognised as an area in need of further research^{x, xiii}.

Vape design preference



- In the latest survey in Sefton, two thirds of young people were using disposable vapes, and note a further one in five could not say what type of vape they had used, so the true percentage may be even higher.
- This clearly reflects the same rapidly rising trend shown in national figures discussed in 2.3 above.

Sources of vapes and e-liquids amongst young people



- The most common response to the question of where young people obtain vapes was 'shops' (34%), although the breakdown of purchase and free samples is not specified. The next most common response is 'given by a friend under 18'. Together these were usual sources for almost half of respondents and shows that young people are used to taking steps to obtain vapes for themselves and peers.
- It is noticeable that market stalls, online retail, and pubs/clubs are a source of vapes for just 10% of respondents.
- Parents (8%) and friends aged over 18 (12%) were the source of vapes for one in five respondents, but taking from parents without consent was mentioned by just one in fifty. This may suggest that a lack of awareness or understanding of the law, growing tolerance of this behaviour amongst young people or sympathy on the part of purchasers for the distress caused by nicotine withdrawal.
- Two thirds of the 14–17-year-olds in this survey denied shopping for vapes. Of those who did, just 21% said they were asked for identification (a similar experience was reported by young people who bought cigarettes, and slightly more were asked for identification when attempting to buy alcohol, even so, 72% were not asked for ID). Looking at the North West level figures, respondents from Sefton were slightly less likely to be asked for ID when buying cigarettes and alcohol and slightly more likely to be asked when shopping for vapes.
- Using another person's identification to facilitate purchase of vapes does not seem to be common - only 11% reported doing this. North West figures show that when shopping for vapes, cigarettes or alcohol use of fake identification is less frequent than in Sefton. This may reflect the overall younger age profile of the Sefton survey sample.
- In terms of the law, only 16% did not know that selling vaping products to under 18s is illegal, but 22% denied knowing that it is illegal for someone over 18 to buy vaping products for someone younger.

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4.3. Descriptive statistics on smoking and shisha use from the TSNW survey for Sefton 2023

To further understand the context surrounding this vaping data, it is useful to also examine survey results for the two other non-therapeutic nicotine inhaler devices that continue to attract underage users, namely cigarettes and shisha.

- It is just over 16 years since the ban on smoking in indoor public spaces came into effect on 1 July 2007. At that time 21% of respondents to this survey in Sefton reported smoking. In 2020, this figure had dropped to an all-time low of 5% of 14–17-year-olds. This may have reflected a degree of pandemic suppression, because in the current 2023 survey 8% (61/767) claimed to smoke cigarettes occasionally or daily. This suggests that Sefton came close to but missed reaching the national government target of 3% of 15-year-olds smoking occasionally or regularly by 2022.
- 79% of young people in the 2023 survey reported that they had never tried smoking (92% had never used shisha), which is an all-time high in Sefton and is in dramatic contrast to the situation at the start of this data series in 2007 when only 40% of survey respondents in Sefton said they had never tried smoking. In the current survey, just over half of respondents (57%) said they had never tried vaping, and most had not tried a cigarette before trying vaping.
- Characteristics that were more associated with having never tried smoking and shisha were, being male, being at the lower end of the 14-17 age range and being White.
- The most frequently reported age to try smoking for the first time was 13 or 14 years (59% of responses in total), which is similar to what children reported about their first experience with vaping. Surprisingly, the next most frequently reported age for smoking was under the age of 10 years (17% of respondents reported being this young when they first tried smoking). In the North West survey, the figure is 10% for the under ten age group. A substantial part of the disparity between these two sets of data likely depends on the more balanced age profile at North West level compared to Sefton, which has 1.2% of its sample in the 16 and 17 age group.
- This data suggests that some young people who would have taken up smoking by the age of 14 are now not experimenting with cigarettes or shisha but are trying out vaping. It is also clear that a proportion of children who would never have smoked are open to vaping.
- The data does not provide direct information about take-up of smoking after trying vaping, but only 14% of children in the North West survey who had tried smoking said they had first tried it at age 15, and only 2% at age 16 or 17. The typical pattern appears to be first encounter with vaping and smoking at age 13 to 14, with a significant minority of 20-30% experimenting at younger ages.
- The younger the age at which someone starts smoking habitually, the stronger the addiction tends to be. As noted in the previous section, 7% said they vaped as a replacement for cigarettes, and 3% reported vaping to help them quit smoking.

- Despite shisha use having fallen from 12% in 2020 to 8% in 2023, the most reported reason for trying shisha remained a false belief that it is safer than smoking (65%, down from 82% in 2020); other common motivators were the flavours and relaxing effect. Given the superficial similarities between shisha and vapes, it is important to ensure that young people are supported to quit shisha use and to avoid trying shisha, and this may require messaging targeted at parents as well as peers.
- As for vaping, shops and peers were the main source of cigarettes, followed by older friends. Just 10% of respondents claimed not to know that selling cigarettes to someone under 18 is against the law; 17% claimed not to know that it is illegal for someone 18 or over to buy cigarettes on behalf of someone under 18 (not understanding this law was higher for vaping – 22% claimed not to know this arrangement is illegal).
- For shisha, holidays and shisha cafes were the two main venues for using shisha but compared to 2020 there was a rise in young people who reported using shisha at home, and the influence of family and friends on using shisha was significant, especially so for minority ethnic groups.

4.4. Survey limitations

As with all population surveys, this one has some limitations. These affect how confidently data can be interpreted over time, and between Sefton and the North West, and also the ways in which the report is capable of informing the local response.

Demographic differences between samples

As shown in the example below using age, the Sefton 2023 sample of 14–17-year-olds was almost entirely comprised of 14- and 15-year-olds, and the lack of 16-year-olds is an important difference compared to the North West sample and also the previous sample from Sefton in 2020. Since the author of the report does not mention that a statistical process such as ‘weighting’ has been applied to overcome this difference in age profile it is important to recognise the possibility that some comparative differences are likely to reflect differences in age to some extent, and possibly to a large extent, as well as possible changes or differences in beliefs and behaviours. This type of issue has been highlighted in the commentary in the previous section.

Age of respondent (years)	% of Sefton sample 2023 (2020)	% of North West sample 2023
14	56.0 (29.0)	33.0
15	42.0 (49.0)	49.0
16	<1.0 (22.0)	17.0
17	<1.0	1.0

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Omissions and question structure

Understandably, questions are added to and removed from the survey over time as new issues arise to explore. Sometimes, questions are phrased or analysed differently in different report cycles, and this can add to the difficulty of examining some trends.

Some questions and data points, which were missing from the 2023 survey include young people's experience of dual use (vaping and smoking); awareness of illicit vapes; frequency of being offered free vape samples; and an indication of socio-economic background. This last omission would help to inform comparisons over time and with the region; suggest how representative the large sample of 810 is compared to the whole population of 14- to 17-year-olds in Sefton and could be used to better understand social inequalities in smoking and vaping in the borough.

Recall

Some questions in the survey ask young people to recall the age at which they first tried smoking or vaping. Vape technology continues to develop at a rapid pace, and it is important to recognise that the age of first trying vaping for many in the survey will pre-date the widespread availability of disposable vapes, so responses for this type of question may not be a good reference for how children in primary school and the start of secondary school will respond to disposable vapes.

5. Local response

5.1. Trading standards

Trading Standards enforce the legislation around both product compliance and underage sales. However, they do not have any powers to deal with non-compliant products at the border. As the vast majority of vapes are imported, this has led to the market being flooded with non-compliant devices. Leaving Trading Standards to deal with the problem inland. In Sefton this has meant visiting retailers and examining vapes, seizing non-compliant products and advising businesses of their responsibilities under the legislation and how to ensure the vapes they sell are compliant.

Over the last 18 months the Trading Standards service has seen an increase in complaints regarding the underage sales of vapes. During the first 6 months of 2023, twice the number have been received compared to the whole of 2022. As a result, the service has increased the number of surveys it carries out testing vape retailers, using underage volunteers. The TSNW Young Persons survey has validated this action.

The service will continue to focus its underage sales activities on vapes, provide advice to businesses, and take appropriate and proportionate enforcement action when necessary, including the use of restricted premises/sales orders.

Members can encourage the public to provide intelligence to Trading Standards around underage sales and illicit vapes, via the Citizens Advice Consumer Helpline on 0808 223 1133 or email the Trading Standards service direct using etscontact@sefton.gov.uk

5.2. Public health

The Public Health team are currently recommissioning the Stop Smoking Service and updating the specification which will include a priority focus on smoking amongst children and young people. The specification is also being updated to reflect the growing prevalence of vaping amongst young people in Sefton.

The current stop smoking service provider continue to deliver workshops across secondary schools and youth groups in Sefton with clear messages around the individual and combined risks associated with smoking and vaping. This work benefits from being led by a specialist young person's advisor from the service, and support has expanded to now include,

- Train the trainer session to upskill school staff to address smoking and vaping at their school.
- Delivering assemblies to give an overview of the risks of smoking and vaping.
- A series of 6 workshops to help students understand the dangers of smoking and the benefits of quitting.
- 1:1 and group support to quit, delivered in person, over the phone or on video call.
- Offer of NRT to use during the school day for young people experiencing addicted to vaping.
- Colocation at Brunswick Youth Club, Sefton Youth Council.

Additionally, at the start of the academic year in 2022 the service commissioned a theatre company to deliver a play and associated workshops for primary pupils as a means of delivering a preventative message to younger children on the risks associated with smoking and vaping.

The Sefton Tobacco Control group also plans to introduce a stronger focus on vaping in Sefton by bringing together key partners to explore the different aspects highlighted in this report.

6. Recommendation

- 1) To note and feedback on the content of this report.

Margaret Jones Director of Public Health	Peter Moore Assistant Director Place (Highways and Public Protection)
Helen Armitage Consultant Public Health	Steve Smith Service Manager Environmental Health & Trading Standards
Heather Redhead Public Health Lead	Tony Jackson Manager – Trading Standards

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- i [Smoke Free Sefton – We’re here to help you stop smoking. For good.](#)
 - ii [Children and young people’s vaping report - Blackpool - Healthwatch Blackpool](#)
 - iii [Vaping in England: an evidence update including vaping for smoking cessation, February 2021 \(publishing.service.gov.uk\)](#)
 - iv [Electronic cigarettes: report commissioned by PHE \(publishing.service.gov.uk\)](#)
 - v [E-cigarette use in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)
 - vi [Beginners Guide to Vaping | Vape Information Hub | OK Vape](#)
 - vii [Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
 - viii [Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
 - ix [Councils call for ban of disposable vapes | Local Government Association](#)
 - x [COT E\(N\)NDS statement \(food.gov.uk\)](#)
 - xi [Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](#)
 - xii [The Smokefree 2030 ambition for England CBP-9655.pdf \(parliament.uk\)](#)
 - xiii [Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022 \(publishing.service.gov.uk\)](#)
 - xiv [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](#)
 - xv [Recommendations on treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
 - xvi [Policy briefing: Vaping in young people | RCPCH](#)
 - xvii [Directors of Public Health in Cheshire and Merseyside condemn harmful disposable vapes and “disgraceful” targeting of children by tobacco companies | Champs Public Health Collaborative](#)
 - xviii [Youth vaping: call for evidence - GOV.UK \(www.gov.uk\)](#)
 - xix [Chief Medical Officer for England on vaping - GOV.UK \(www.gov.uk\)](#)
 - xx [No more free vapes for kids - GOV.UK \(www.gov.uk\)](#)
 - xxi [Vaping year 9 lesson pack \(pshe-association.org.uk\)](#)
 - xxii [Chief Medical Officer’s Annual Report 2022 \(publishing.service.gov.uk\)](#)
 - xxiii [What chemicals are in a cigarette? | What does smoking do to your body? \(cancerresearchuk.org\)](#)
 - xxiv [Parental smoking and child poverty in the UK: an analysis of national survey data | BMC Public Health | Full Text \(biomedcentral.com\)](#)
 - xxv [Young people and smoking - ASH](#)
 - xxvi <https://www.rcplondon.ac.uk/file/30236/download>

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	5 September 2023
Subject:	GP Patient Survey (2023) – Sefton Place		
Report of:	NHS Cheshire and Merseyside – Sefton Place	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Jan Leonard		
Tel:	07826903286		
Email:	Jan.Leonard@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

To inform the Committee on the results of the recent GP Patient Survey.

The GP Patient Survey is an England-wide survey, providing data about patients' experiences of their GP practices. The presentation presents some of the key results from the 2023 GP Patient Survey for Cheshire and Merseyside Health and Care Partnership (Integrated Care System) with a focus on Sefton Place.

Overall in Cheshire and Merseyside there was a response rate of 29%.

The survey covers a range of topics including:

- **Your local GP services**
- **Making an appointment**
- **Your last appointment**
- **Overall experience**
- **Your health**
- **When your GP practice is closed**

The survey is conducted annually and provides a snapshot of patient experience at a given time. In 2023 the data was gathered between January and April. The data can

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be broken down to practice level however sample sizes at practice level are relatively small. The full survey is available at: www.gp-patient.co.uk

In May 2023 NHSE published the Delivery Plan for Recovering Access to Primary Care. The report recognises the rise in demand in general practice, the impact of an aging population and the changing landscape since the pandemic. It describes two ambitions:

- **To tackle the 8am rush and reduce the number of people struggling to contact their practice.**
- **For patients to know on the day they contact their practice how their request will be managed.**


Many of the actions featured within the plan will address areas highlighted in the GP patient survey and these will be described in further detail with the presentation.

Recommendation(s)

That the committee is asked to note the report.

Cheshire & Merseyside – GP Survey 2023 Summary by Place

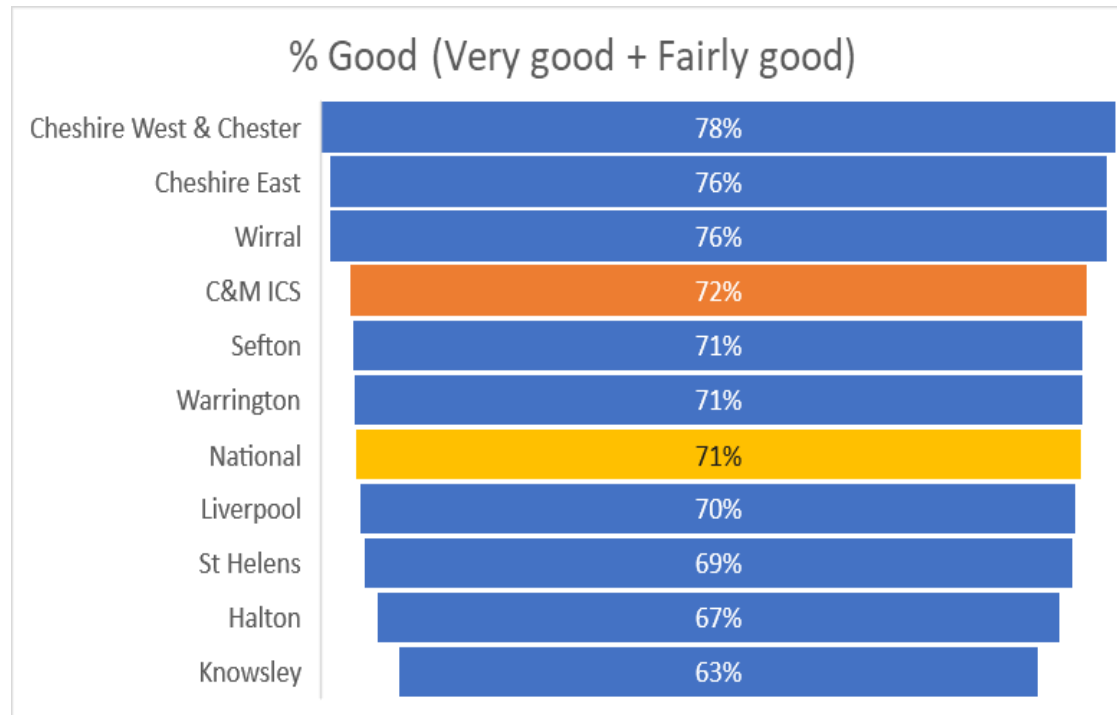
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Overall experience

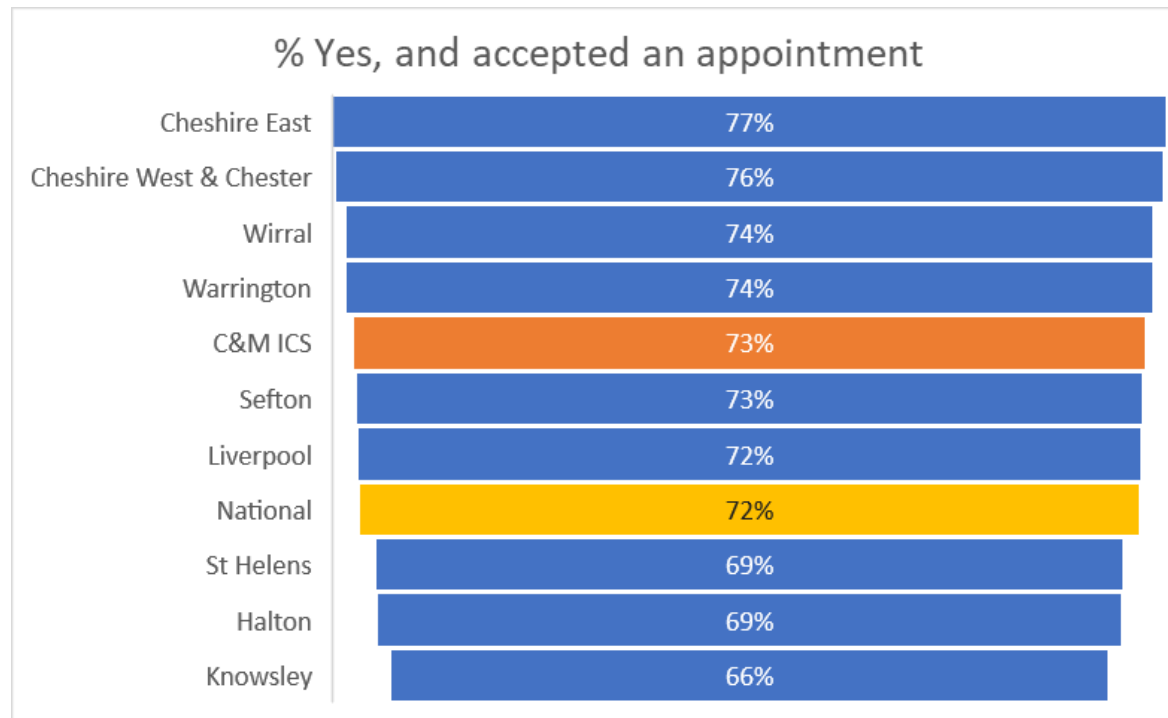
Q32. Overall, how would you describe your experience of your GP practice?



Data Source: <https://www.gp-patient.co.uk/>

Making an appointment

Q16. Were you satisfied with the appointment (or appointments) you were offered?

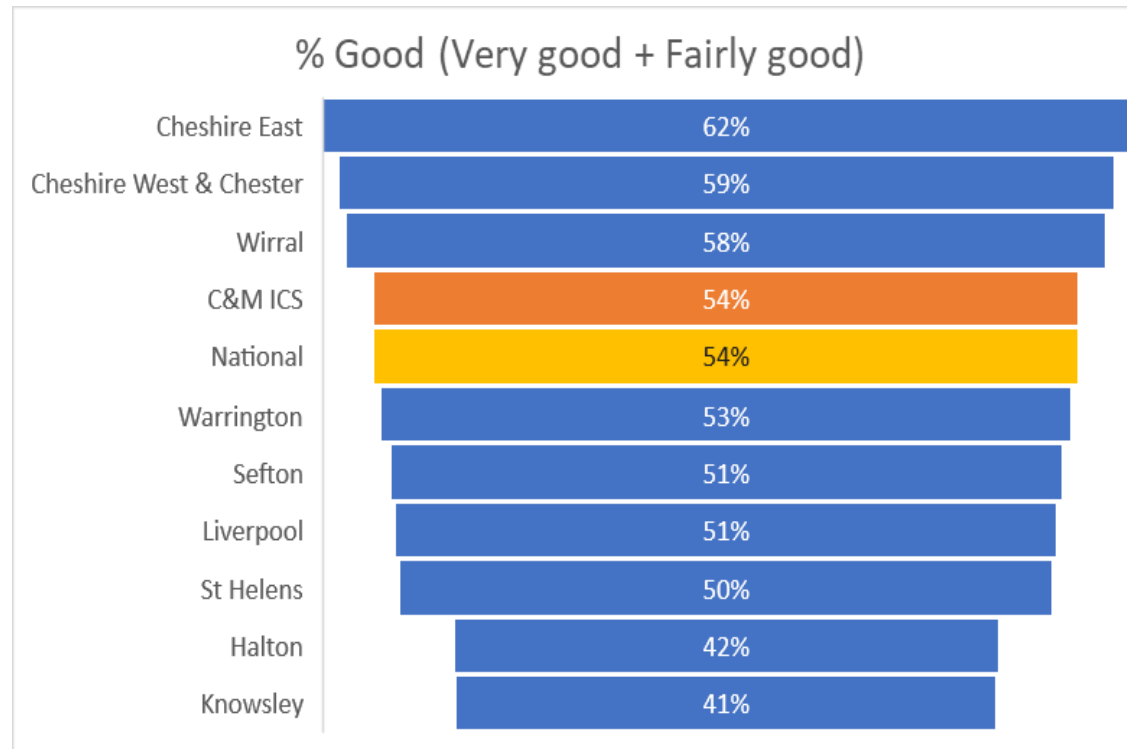


*Patients who selected 'I was not offered an appointment' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

Making an appointment

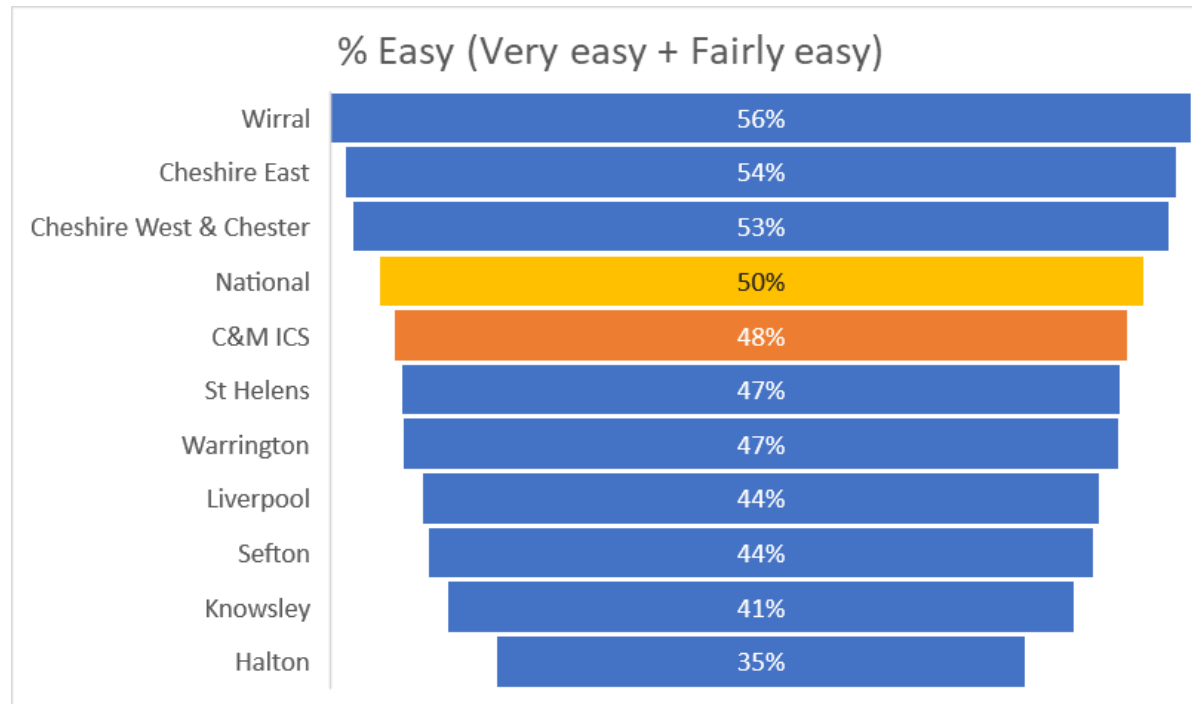
Q21. Overall, how would you describe your experience of making an appointment?



Data Source: <https://www.gp-patient.co.uk/>

Local GP services

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

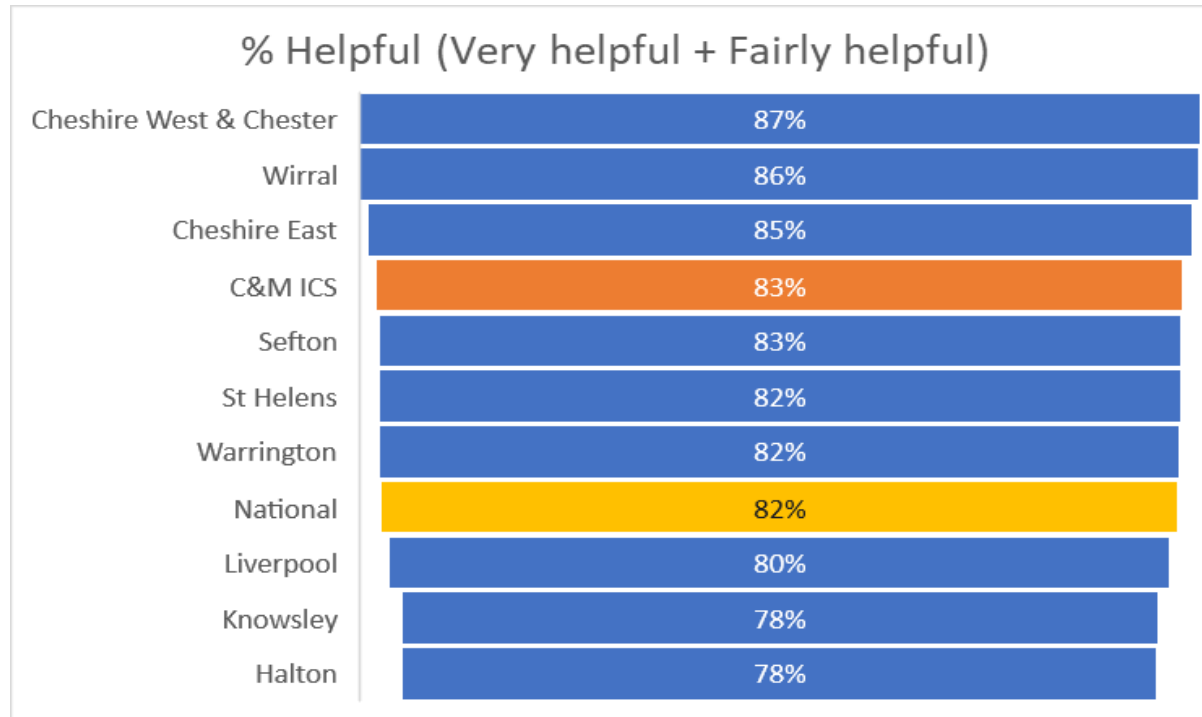


*Patients who selected 'Haven't tried' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

Local GP services

Q2. How helpful do you find the receptionists at your GP practice?

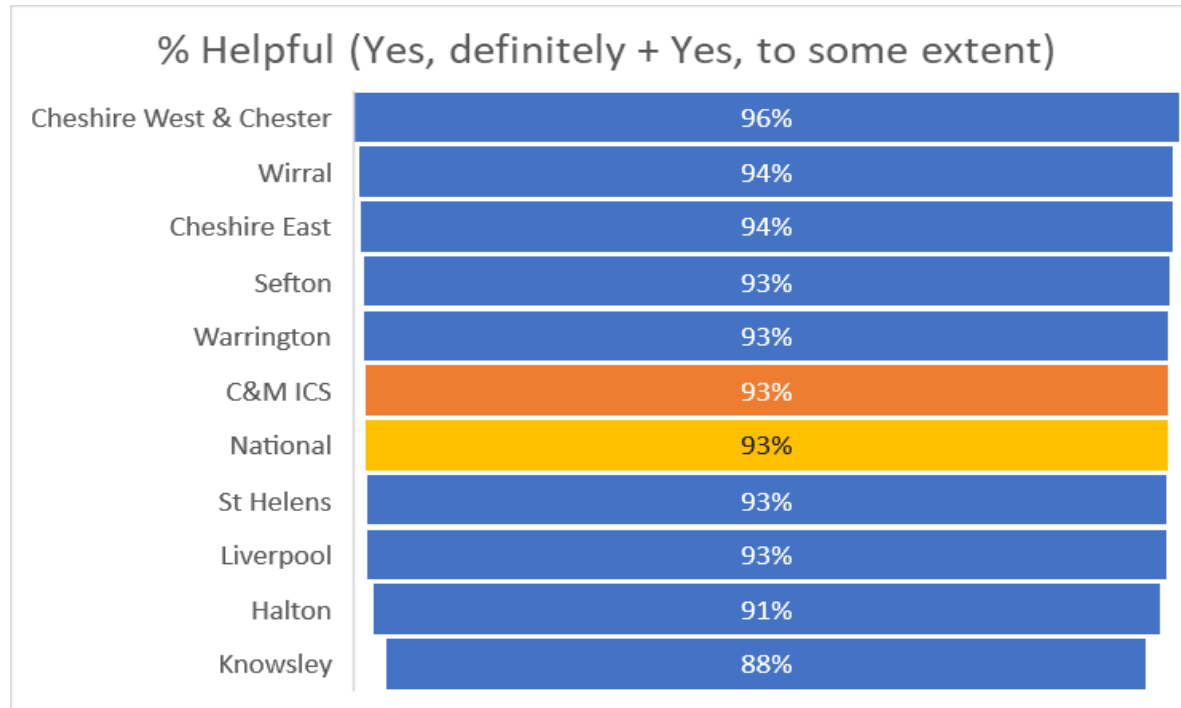


*Patients who selected 'Don't know' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

Local GP services

Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

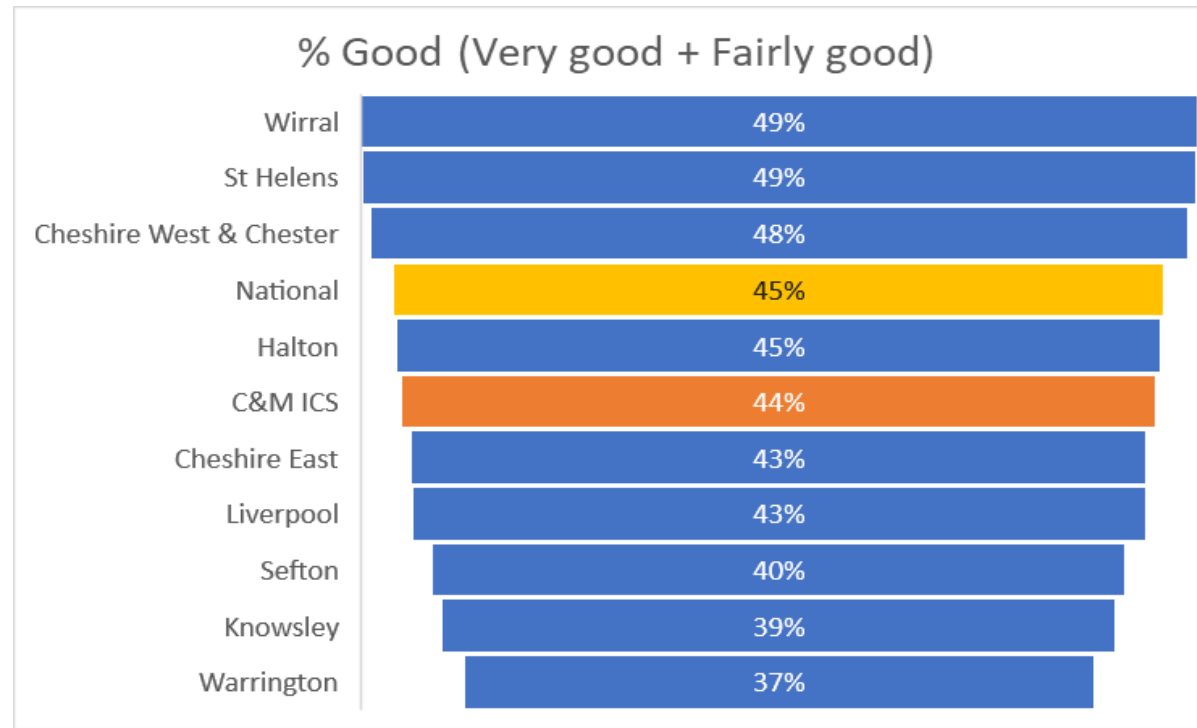


*Patients who selected 'Don't know/can't say' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

Local GP services

Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

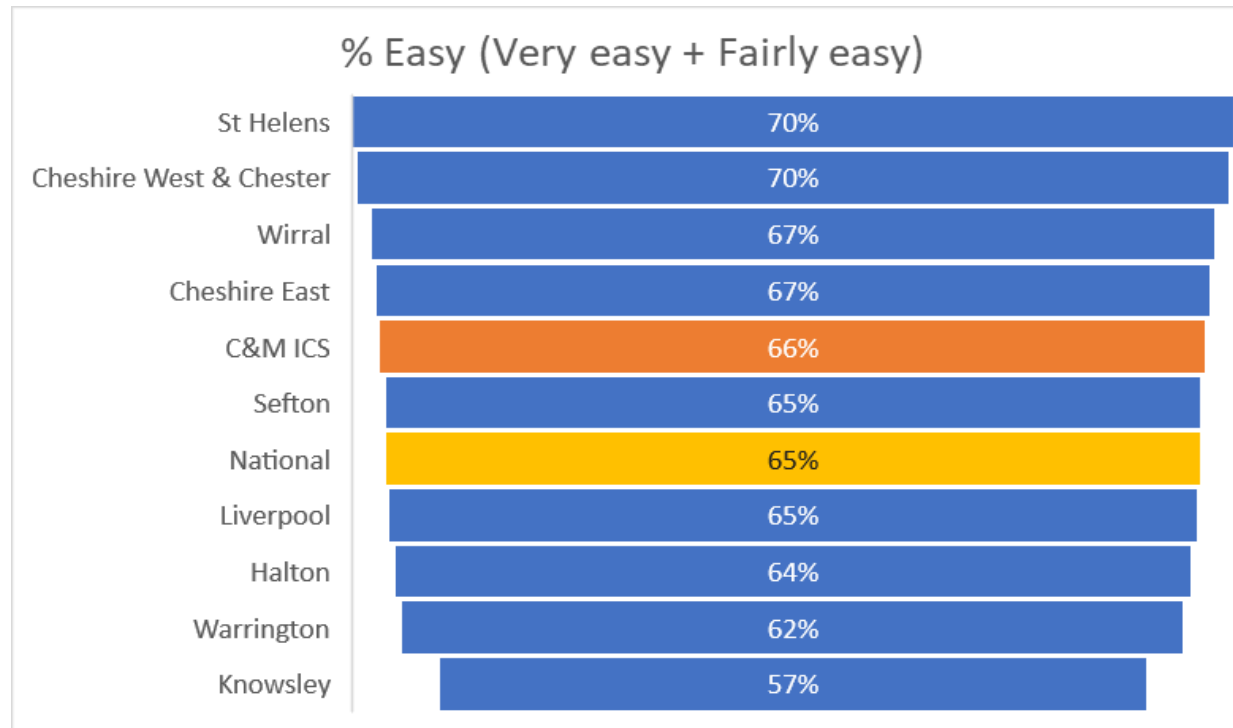


*Patients who selected 'Don't know/can't say' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

Access to on-line services

Q4. How easy is it to use your GP practice's website to look for information or access services?



*Patients who selected 'Haven't tried' have been excluded

Data Source: <https://www.gp-patient.co.uk/>

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	5 September 2023
Subject:	NHS Cheshire and Merseyside, Sefton Update Report		
Report of:	NHS Cheshire and Merseyside	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Deborah Butcher		
Tel:	0151 317 8456		
Email:	Deborah.butcher@sefton.gov.uk		

Purpose / Summary of Report:

To provide the Committee with an update about the work of NHS Cheshire and Merseyside, Sefton

Recommendation

The Overview and Scrutiny Committee (Adult Social Care and Health) is requested to receive this report.

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NHS Cheshire and Merseyside, Sefton

Update Report

September 2023

Sefton Plan

The Sefton Plan 2023-25 was approved by the Partnership Board in July following a period of extensive engagement with partners. Work is now progressing in terms of its implementation with a performance dashboard in development to facilitate monitoring and reporting of key place priorities. An easy read version of the plan is also being developed to facilitate community engagement. Key priorities are being progressed in line with a life-course approach and the agreed cross-cutting themes of reducing health inequalities, service transformation and community first.

Women's Health Hubs

The Women's Health Strategy for England, published in August 2022, highlighted a 10-year ambition for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encouraged the expansion of women's health hubs across the country to improve access to services and health outcomes. Guidance has recently been published by the Department of Health and Social Care, along with a national allocation to ICBs, to support the development of women's health hubs.

Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

Women's health hubs are understood as a model of care working across a population footprint, are not necessarily in a single physical place but aim to address fragmentation in service delivery. Hubs involve partnership working across the NHS, local authorities, and voluntary and community sector. They do not have to be a building or specific place, they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities.

The Sefton Place team is keen to develop local proposals for women's health hubs in conjunction with Sefton partners and is working with colleagues across Cheshire and Merseyside ICB to explore opportunities for local developments following publication of the guidance.

For further information see attached document.



Annex A - Women's
health hubs core spec

New Paddington Community Diagnostic Centre opens

The Clatterbridge Cancer Centre has become the first cancer centre in the United Kingdom to expand beyond cancer by opening a diagnostic centre for people with other health conditions as well as those who may have cancer. The new Paddington Community Diagnostic Centre offers tests to people referred by health professionals to check for a wide range of conditions including musculoskeletal problems, gastrointestinal conditions, lung conditions and cancer.

[Read more about the new centre here.](#)

Mersey Care roll out Urgent Treatment Centres (UTCs)

Three Walk In Centres across Cheshire and Merseyside are being upgraded to Urgent Treatment Centres to include improved facilities from this autumn, as part of a national redesign to ensure consistency of service for local communities.

It will increase the number of UTCs across the region run by Mersey Care NHS Foundation Trust to four, with Litherland having been upgraded in 2019. The UTCs, which are open from 8am to 8pm, are a GP-led service supported by highly skilled clinical practitioners.

For more information, visit the Mersey Care website: <https://www.merseycare.nhs.uk/roll-out-utcs>

Making healthcare more accessible to reduce missed appointments

There are many, often complex reasons why people do not attend (DNA) their scheduled healthcare appointments.

The Cheshire and Merseyside Outpatient Transformation Programme is focusing on understanding the issues behind DNAs, to reduce their impact on healthcare and patients who may be waiting or missing out on treatment due to barriers in accessing their appointments.

A case study about the programme is available on the NHS Cheshire and Merseyside website: <https://www.cheshireandmerseyside.nhs.uk/latest/case-studies/reducing-missed-appointments-by-making-healthcare-more-accessible-for-all-our-patients/>

Residents urged to 'give digital a go' as part of new campaign

NHS Cheshire and Merseyside has launched a new campaign to increase awareness of online health services.

A recent poll of digitally connected adults revealed a strong desire among people who use digital media to make greater use of digital services, with online prescriptions being the most popular service.

Almost all (97%) of those using online health services said it benefitted them. Despite the significant interest and benefits, three-quarters (77%) of those surveyed said they were unaware of the full extent of health services now accessible online.

As part of its strategy to address this knowledge gap, NHS Cheshire and Merseyside is launching a digital campaign designed to educate tech-enabled adults about the range of healthcare available and encourage them to "give it a go."

Read more about the campaign on the NHS Cheshire and Merseyside website: <https://www.cheshireandmerseyside.nhs.uk/posts/cheshire-and-merseyside-residents-urged-to-give-digital-a-go-as-part-of-new-nhs-campaign-1/>

Latest NHS Cheshire and Merseyside Board meeting

NHS Cheshire and Merseyside's first annual general meeting is taking place from midday on Thursday 28 September 2023, after our [September Board meeting](#).

There will be an overview of performance and achievements from the NHS integrated care board's first year of operating after being formed on 1 July 2022.

Anyone with an interest in health and care in Cheshire and Merseyside is welcome to come along to the event being held at Halliwell Jones Stadium, Mike Gregory Way, Warrington, WA2 7NE.

If you would like to submit a question ahead of the AGM, please send to communication@cheshireandmerseyside.nhs.uk before Friday 8 September.

Registering is essential and you can do this online [here](#)

All meetings are live streamed via NHS Cheshire and Merseyside's YouTube channel for anyone not able to attend.

You can find details of all forthcoming meetings here:

<https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/>

Papers from all previous meetings can be found here:

<https://www.cheshireandmerseyside.nhs.uk/get-involved/meeting-and-event-archive/>

Visit the NHS Cheshire and Merseyside website here: www.cheshireandmerseyside.nhs.uk

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	5 September 2023
Subject:	Health provider performance dashboard		
Report of:	NHS Cheshire and Merseyside ICB (Sefton place)	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Luke Garner		
Tel:	0151 317 8456		
Email:	Luke.garner@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

To present NHS Cheshire and Merseyside performance against key strategic, NHS constitution, quality and safety indicators for the main providers the Sefton Place commission from.

Time periods vary for the indicators presented and are indicated in the tables.

To consider future reporting of performance data to the Overview and Scrutiny Committee.

Recommendation(s)

- (1) Members are asked to receive the performance dashboard.
- (2) That the Committee be requested to delegate authority to the Chair and Vice-Chair of the Committee, in consultation with the Sefton Place Director, to determine future reporting requirements of performance data to the Committee.

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Main Provider Performance June 2023

The following slides present performance against key strategic, NHS constitution, quality and safety indicators for the main providers the Sefton Place commission from.







Time periods vary for the indicators presented, and are indicated in the tables.

Luke Garner, Head of Business Intelligence, Strategic Planning, & Performance (Sefton)

Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types (Southport & Ormskirk)	Jun-23	77.44%	74.46%	73.34%	76%	
Cancer 2 Week Waits (Southport & Ormskirk)	Jun-23	94.17%	86.26%	80.52%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk)	Jun-23	No patients	55.29%	62.23%	90%	
Cancer 31 Day 1st Treatment (Southport & Ormskirk)	Jun-23	86.11%	94.52%	91.07%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk) snapshot	Jun-23	59.86%	56.61%	59.19%	92%	
C.Difficile (Southport & Ormskirk) cumulative YTD	Jun-23	6	-	-	2023-24 Target <=/=39	
MRSA (Southport & Ormskirk) cumulative YTD	Jun-23	1	-	-	zero tolerance	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk)	May-23	73.91%	-	-	80%	<--- latest data
% TIA assessed and treated within 24 hours (Southport & Ormskirk)	May-23	58.33%	-	-	60%	<--- latest data
Ambulance Category 1 Mean 7 minute response time (NS Place Level)	Jun-23	00:09:03	00:08:20 (NWAS)	00:08:41	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (NS Place Level)	Jun-23	00:16:41	00:14:21 (NWAS)	00:15:27	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (NS Place Level)	Jun-23	00:32:51	00:32:56 (NWAS)	00:36:49	<=30 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (NS Place Level)	Jun-23	01:10:12	01:06:21 (NWAS)	01:18:53	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (CCG Level)	Jun-23	05:00:59	05:46:14 (NWAS)	05:03:18	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (NS Place Level)	Jun-23	14:44:45	08:44:39 (NWAS)	06:39:53	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly) E.B.S.3 (NS Place Level)	Qtr 2 Sep-22	85.7%	-	-	80%	<--- Q2 latest data
Mental Health: IAPT 16.8% Access (NS Place Level)	Jun-23	0.74%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (NS Place Level)	Jun-23	58.9%	-	-	50%	
Mental Health: IAPT waiting <6 weeks (NS Place)	Jun-23	86.0%	-	-	75%	
Mental Health: IAPT waiting <18 weeks (NS Place)	Jun-23	100.0%	-	-	90%	

Measure	Time Period	Southport & Ormskirk	C&M	National (Target)	Trend
Inpatient – Response Rate	Jun-23	39.4%	33.9%	21.1%	
Inpatient Recommended	Jun-23	95.0%	95.0%	95.0%	
Inpatient Not Recommended	Jun-23	3.0%	2.0%	3.0%	
A&E – Response Rate	Jun-23	22.1%	16.5%	11.3%	
A&E Recommended	Jun-23	87.0%	79.0%	79.0%	
A&E Not Recommended	Jun-23	9.0%	14.0%	14.0%	

Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types (LUHFT)	Jun-23	72.12%	74.46%	73.34%	76%	
Cancer 2 Week Waits (LUHFT)	Jun-23	91.72%	86.26%	80.52%	93%	
Cancer 62 Day - Screening (LUHFT)	Jun-23	52.86%	55.29%	62.23%	90%	
Cancer 31 Day 1st Treatment (LUHFT)	Jun-23	96.25%	94.52%	91.07%	96%	
RTT -18 Weeks Incomplete (LUHFT) Snapshot	Jun-23	52.94%	56.61%	59.19%	92%	
C.Difficile (LUHFT) cumulative YTD	Jun-23	43	-	-	2023-24 Target <=133	
MRSA (LUHFT) cumulative YTD	Jun-23	0	-	-	zero tolerance	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (LUHFT)	Qtr 4 Mar-23	60.2%	-	-	80%	<<- latest data
% TIA assessed and treated within 24 hours (LUHFT)	Mar-23	-	-	-	60%	
Ambulance Category 1 Mean 7 minute response time (SS Place Level)	Jun-23	00:07:55	00:08:20 (NWAS)	00:08:41	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (SS Place Level)	Jun-23	00:13:07	00:14:21 (NWAS)	00:15:27	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (SS Place Level)	Jun-23	00:34:14	00:32:56 (NWAS)	00:36:49	<=30 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (SS Place Level)	Jun-23	01:09:48	01:06:21 (NWAS)	01:18:53	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (SS Place Level)	Jun-23	06:13:00	05:46:14 (NWAS)	05:03:18	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (SS Place Level)	Jun-23	10:00:16	08:44:39 (NWAS)	06:39:53	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly) E.B.S.3 (SS Place Level)	Qtr 2 Sep-22	100.0%	-	-	80%	<<- Q2 latest data
Mental Health: IAPT 16.8% Access (SS Place Level)	Jun-23	0.71%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (SS Place Level)	Jun-23	50.0%	-	-	50%	
Mental Health: IAPT waiting <6 weeks (SS Place)	Jun-23	85.0%	-	-	75%	
Mental Health: IAPT waiting <18 weeks (SS Place)	Jun-23	100.0%	-	-	90%	

Measure	Time Period	LUHFT	C&M	National (Target)	Trend
Inpatient – Response Rate	Jun-23	25.5%	33.9%	21.1%	
Inpatient Recommended	Jun-23	93.0%	95.0%	95.0%	
Inpatient Not Recommended	Jun-23	4.0%	2.0%	3.0%	
A&E – Response Rate	Jun-23	17.1%	16.5%	11.3%	
A&E Recommended	Jun-23	71.0%	79.0%	79.0%	
A&E Not Recommended	Jun-23	21.0%	14.0%	14.0%	

NWAS – Paramedic Emergency Services (PES) Summary

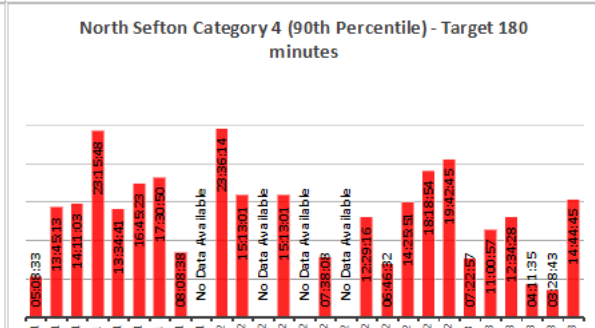
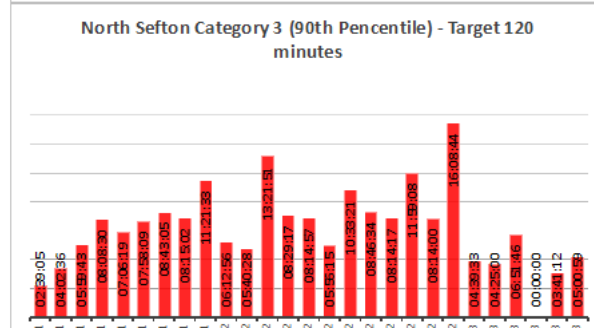
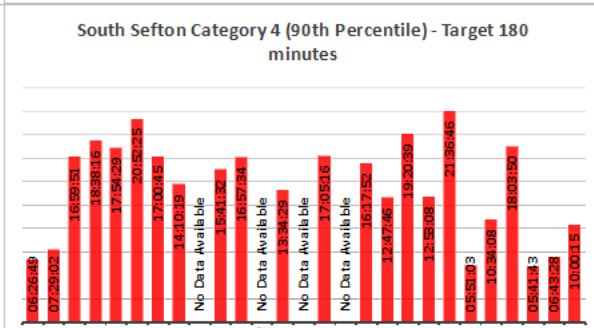
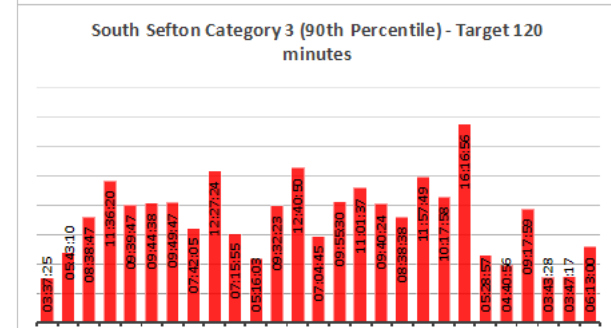
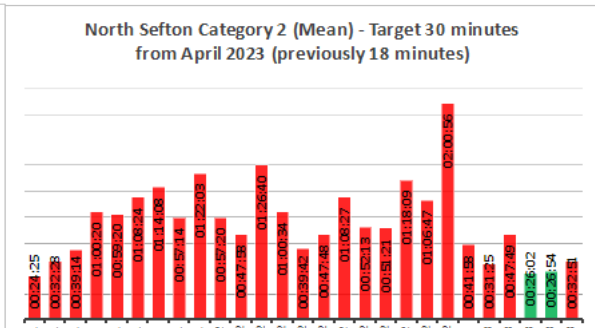
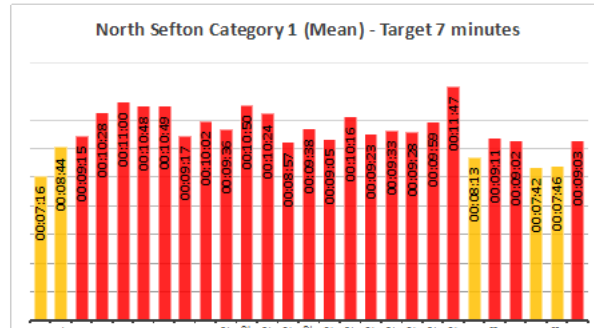
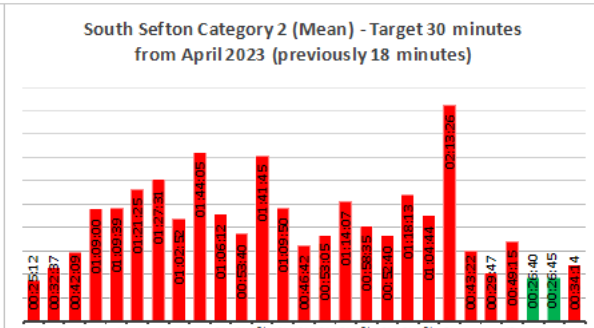
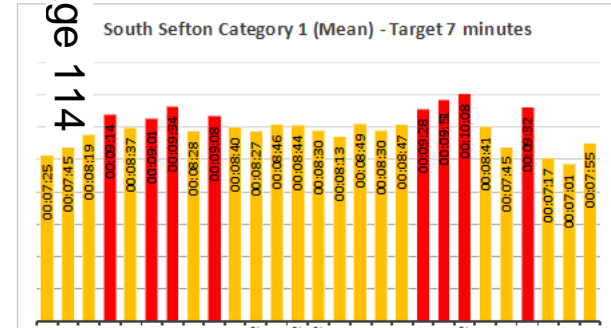
Data Source: Provider Level (NWAS)

Dashboard

Key Risk Data ▲ Low ▲ Moderate ▲ High ● Published □ Local ⊗ Not available

Jun-23	Cat 1 (Mean)	Cat 2 (Mean)	Cat 3 (90th Percentile)	Cat 4 (90th Percentile)
Target	00:07:00	00:30:00	02:00:00	03:00:00
South Sefton	00:07:55	00:34:14	06:13:00	10:00:16
North Sefton	00:09:03	00:32:51	05:00:59	14:44:45
NWAS	00:08:20	00:32:56	05:46:14	08:44:39
Risk	▲	▲	▲	▲
Data	Published	Published	Published	Published

Performance Charts



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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	5 September 2023
	Overview and Scrutiny Committee (Regulatory, Compliance and Corporate Services)		12 September 2023
	Overview and Scrutiny Committee (Regeneration and Skills)		19 September 2023
	Overview and Scrutiny Committee (Children's Services and Safeguarding)		26 September 2023
Subject:	Executive/Scrutiny Protocol		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care Children's Social Care Communities and Housing Education Health and Wellbeing Locality Services Planning and Building Control Regeneration and Skills Regulatory, Compliance and Corporate Services		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To seek formal approval of changes to the Executive/Scrutiny Protocol for submission to Cabinet.

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Recommendation

That Cabinet be requested to approve changes to the Executive/Scrutiny Protocol in relation to:

- (1) Executive Directors and Assistant Directors, whose responsibilities fall within the remit of Overview and Scrutiny Committees, being requested to seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it is not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon; and Section 6 of the Protocol relating to pre-scrutiny be amended accordingly; and
- (2) reference being made to informal meetings of Overview and Scrutiny Committees to review topics in Section 8 of the Protocol.

Reasons for the Recommendation(s):

To comply with a decision of the Overview and Scrutiny Management Board.

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

No alternative options have been considered. The purpose of the report is to comply with a decision of the Overview and Scrutiny Management Board.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report.

(A) Revenue Costs

See above.

(B) Capital Costs

See above.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
None
Legal Implications:
None
Equality Implications:
There are no equality implications.
Impact on Children and Young People: Yes. There is a potential that topics

considered by informal meetings; and plans and strategies submitted to the Overview and Scrutiny Committee (Children’s Services and Safeguarding) will have an impact on children and young people. Such impacts will be described in more detail at the informal meetings or when plans and strategies are considered.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

There are no direct climate emergency implications associated with this report. However, matters considered at informal meetings of Overview and Scrutiny Committees; or when plans and strategies are discussed may have positive or negative impacts. Such impacts will be described in more detail at the informal meetings or when plans and strategies are considered.

Contribution to the Council’s Core Purpose:

Protect the most vulnerable: The development of an Executive / Scrutiny Protocol should improve the quality of relationships between Cabinet and Scrutiny Members; clarify respective roles; and contribute towards more effective scrutiny in Sefton.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above. It is also considered that an Executive/Scrutiny Protocol could be utilised as a training tool in Sefton, particularly for newly elected Members.
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener As above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7302/23) has been consulted and any comments have been incorporated into the report. The Chief Legal and Democratic Officer (LD5502/23) is the author of the report.

(B) External Consultations

Agenda Item 10

Consultation has taken place with other local authorities that have previously adopted an Executive/Scrutiny Protocol. Findings indicate that the existence of a Protocol improves the quality of relationships between Cabinet and Scrutiny Members; clarifies respective roles; and contributes towards more effective scrutiny.

Implementation Date for the Decision

Immediately following the Committee meetings.

Contact Officer:	Paul Fraser
Telephone Number:	Tel: 0151 934 2068
Email Address:	paul.fraser@sefton.gov.uk

Appendices:

The following appendix is attached to the report:

Appendix A - amended Executive/Scrutiny Protocol if recommendations are approved by the four Overview and Scrutiny Committees and Cabinet

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 Following consideration of guidance published by the Centre for Public Scrutiny during February 2020 entitled "Taking Scrutiny Seriously" the Cabinet, at its meeting held on 30 July 2020, resolved (Minute No. 27) that the Overview and Scrutiny Management Board be requested to develop an Executive/Scrutiny protocol for use in Sefton.
- 1.2 The meeting of the Management Board held on 8 September 2020 agreed a draft Executive/Scrutiny Protocol for consideration by the four Overview and Scrutiny Committees.
- 1.3 The draft Protocol was considered and approved by the four Overview and Scrutiny Committees during October and November 2020.
- 1.4 The draft protocol was subsequently approved by Cabinet at its meeting held on 3 December 2020.

2. Suggested Additions to the Executive/Scrutiny Protocol

- 2.1 At its first meeting of the 2023/24 municipal year, held on 20 June 2023, the Overview and Scrutiny Management Board considered the Executive/Scrutiny Protocol.
- 2.2 The Management Board suggested two additions to the Protocol and these are set out in Paragraphs 3 and 4 below.

3. Pre-Scrutiny - Submission of Plans and Strategies to Overview and Scrutiny Committees

- 3.1 The Management Board noted that often strategies and plans were included on the Forward Plan but that rarely were they submitted to Overview and Scrutiny for comment prior to their submission to Cabinet/Council; and suggested that officers should plan more time into the process for formulating plans and strategies to enable Overview and Scrutiny to have an input and provide comments to Cabinet/Council.
- 3.2 The Management Board resolved that Executive Directors and Assistant Directors, whose responsibilities fell within the remit of Overview and Scrutiny Committees, should seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it was not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon.
- 3.3 The Overview and Scrutiny Committee (Regeneration and Skills) at its meeting held on 27 June 2023 also agreed a similar resolution to that detailed in paragraph 3.2 above.

4. Working Group Reviews/Informal Meetings

- 4.1 Section 8 of the Protocol refers to the arrangements to be adopted by Overview and Scrutiny Committees when establishing topics for review by Working Groups.
- 4.2 The Management Board noted that a number of Overview and Scrutiny Committees during 2022/23 established informal meetings, rather than Working Groups, to undertake reviews of services.
- 4.3 Accordingly, the Management Board agreed that the Executive/Scrutiny Protocol should be updated to reflect the operation of informal meetings.

5. Conclusion

- 5.1 Members views are sought on the proposals detailed above for submission to Cabinet.
- 5.1 For illustrative purposes, an updated version of the Executive/Scrutiny Protocol is attached highlighting the changes if ultimately approved by Overview and Scrutiny and Cabinet.

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EXECUTIVE / SCRUTINY PROTOCOL



ONECOUNCIL Working Together

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APPENDIX A

PROTOCOL ON EXECUTIVE & OVERVIEW AND SCRUTINY RELATIONS IN SEFTON

Contents

1. Introduction
2. Aims of the Protocol
3. Functions of Overview and Scrutiny
4. The Conduct of Meetings
5. The Overview and Scrutiny Work Programme
6. Pre-Scrutiny
7. “Call-In” of Decisions
8. Working Group Reviews
9. Public Participation in the Overview and Scrutiny Process
10. Specific Duty of the Overview and Scrutiny Committee (Adult Social Care and Health) – Joint Health Scrutiny Arrangements

APPENDIX A

1. Introduction

- 1.2 This Protocol applies to all Members of Overview and Scrutiny (O&S) Committees, co-opted members who sit on O&S Committees, all Members of the Cabinet and senior officers.
- 1.3 The Protocol is not intended to replace *Chapter 6 – Overview and Scrutiny of the Council's Constitution*, nor is intended to replace *Chapter 2 – Members – Code of Conduct*, rather it is intended to enhance and supplement the requirements of the Constitution and set out guidance for good practice.
- 1.4 Scrutiny should be a strategic function of the authority. It should be central to the organisation's corporate governance; a crucial cog in the decision-making machine.

2. Aims of the Protocol:

- 2.1 Clarify Relationships
- 2.2 The aim of the Protocol is to clarify relationships between O&S Members and Cabinet Members, to ensure an efficient O&S function, including holding the Cabinet to account on behalf of the electorate, and to encourage good communication between O&S and the Cabinet.
- 2.3 Positive Interaction
- 2.4 The Protocol refers to the respective powers, roles and responsibilities for both O&S Members and Cabinet Members. Guidance is set out on the way in which both O&S Members and Cabinet Members should interact, in order that Members maximise their roles and for the Authority to have an effective O&S function for the benefit of the Council as a whole. It also offers guidance to senior officers who support this process.
- 2.5 Promote a Culture of Mutual Respect
- 2.6 The Protocol aims to promote a culture of mutual respect, trust and courtesy in the relationships between O&S Members, Cabinet Members and senior officers, and to foster a climate of openness leading to constructive debate and communication, with a view to ensuring service improvements for the benefit of Sefton citizens.
- 2.7 Parity of Esteem
- 2.8 "Parity of esteem" means that the scrutiny function of the Council deserves the same respect, and has the same importance in the governance system, as

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APPENDIX A

executive decision-making activities. Requests from scrutiny to engage with, and recommended changes to, policies, plans and activities should be treated with the same respect and consideration as if they came from a Cabinet Member.

3. Functions of Overview and Scrutiny

3.1 The general role and specific functions of the O&S Committees can be found within Chapter 6 of the Council's Constitution. The key responsibilities of O&S are to:

- (a) Hold the Cabinet, Cabinet Members and senior officers to account for their decisions, on behalf of the electorate;
- (b) Review Council policy, the way policies are implemented and their impact on local citizens;
- (c) Scrutinise Executive decisions before they are made and before they are implemented; and
- (d) Contribute to the development of policy by investigating issues of local concern and making recommendations to the Cabinet, to the Council and to partner organisations.

4. The Conduct of Meetings

- 4.1 Cabinet Members are actively encouraged to attend meetings of O&S Committees relevant to their Portfolio, in order to present their Cabinet Member Update Reports and to respond to questions/comments from O&S Members.
- 4.2 Cabinet Members may be required to attend meetings of O&S Committees in particular circumstances, e.g. the consideration of "called-in" items.
- 4.3 The principle of the "critical friend" should always be adhered to between Scrutiny Members and Cabinet Members, senior officers and any external partners.
- 4.4 All Members should promote an atmosphere of openness at the O&S Committee meetings and should strive to ensure that questioning and debate takes place within a climate of mutual respect and trust.
- 4.5 O&S Committee Members should be prepared to ask searching questions and where necessary, provide constructive challenge to Cabinet Members on issues that fall under their Portfolio.

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- 4.6 Cabinet Members should be willing to respond to any question put. However, it should be noted that that Cabinet Members may not necessarily be in a position to answer every question immediately or in detail. In such circumstances the matter may be referred to a senior officer in attendance or a written answer may be sought.
- 4.7 Cabinet Members should value the contribution of O&S Committee Members who raise issues and respond in an appropriate and manner, in order to make a positive contribution to Scrutiny meetings.
- 4.8 Cabinet Members should, with the permission of the Chair, be permitted by the O&S Committee to speak upon any item on the agenda under discussion and may at any time offer to assist the Committee by the provision of factual information or advice in relation to the matters under discussion.
- 4.9 The Chair, supported by senior officers, shall provide leadership and guidance to the Committee on all scrutiny matters and shall promote the Committee's role in improving services and monitoring the effectiveness of Council policies, through effective scrutiny.
- 4.10 Party politics and the use of the Party Whip shall be avoided during O&S Committees.
- 4.11 Senior officers shall liaise and agree their attendance at meetings of O&S Committees during the Municipal Year.

5. The Overview and Scrutiny Work Programme

- 5.1 The Council's Strategic Leadership Board, comprised of the Chief Executive, Executive Directors and Heads of Service, shall be invited to identify any appropriate items for inclusion in the Work Programme of O&S Committees.
- 5.2 The Work Programme of items submitted to O&S Committees at the beginning of each Municipal Year shall be drafted in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 5.3 A manageable number of items should be identified in order to demonstrate that the scrutiny function "adds value" to the Council.
- 5.4 The O&S Committees will be responsible for setting their own work programme.
- 5.5 O&S Members are reminded at each meeting that they are able to request other items for inclusion within the Work Programme, provided such items fall within the terms of reference of the Committee.

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- 5.6 A Member of an O&S Committee is entitled to give notice to the Chief Legal and Democratic Officer that they wish an item relevant to the functions of the Committee to be included on the agenda for the next available meeting of the Committee.
- 5.7 The Cabinet and/or the Council may refer a matter to one or more O&S Committees.
- 5.8 The Chair of the O&S Committee may consider alternative methods of dealing with items in order to avoid over-loading Committee agendas. These may include informal presentations, visits to front-line services, site visits / informal discussions with external partners, etc.

6. Pre-Scrutiny

- 6.1 The Key Decision Forward Plan sets out the list of items to be submitted to the Cabinet for consideration during the following four-month period. The Forward Plan is updated and published each month. The Forward Plan appears on the Council's website and an email alert is sent to all Members of the Council when a new Forward Plan is published.
- 6.2 A summary of the latest Forward Plan, setting out the Key Decisions that fall under the remit of each O&S Committee, is submitted to each meeting of the O&S Committees and appears under the Work Programme item, a standing item on each O&S agenda.
- 6.3 O&S Members should peruse Decisions to be taken and may request to pre-scrutinise items from the Key Decision Forward Plan that fall under the remit (terms of reference) of the O&S Committee.
- 6.4 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made. Pre-scrutiny can be used to resolve potential disagreements.
- 6.5 Any items agreed for pre-scrutiny will be included within the O&S Committee's work programme.
- 6.6 Where O&S Committees request to pre-scrutinise a Key Decision, the relevant Cabinet Member should endeavour to attend the meeting concerned, in order to respond to questions, and consider the views put by O&S Members.
- 6.7 Relevant senior officers shall attend an O&S Committee meeting where a Key Decision is pre-scrutinised by O&S Members, in order to respond to questions, and consider the views put by those Members.

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- 6.8 Cabinet Members may wish to seek views from Scrutiny Members on a Key Decision, particularly on policy development and review, before it is taken. The relevant senior officer will be responsible for forwarding the details through to the Scrutiny Manager for inclusion on the agenda.
- 6.9 The O&S Committee may express views or make recommendations in relation to Decisions to be taken.
- 6.10 The Cabinet will consider any recommendations or views expressed by the O&S Committees and to take such action it sees fit.
- 6.11 Utilising the option for pre-scrutiny does not exclude the Decision from being subject to “call-in”. However, it will allow the Cabinet Member(s) the ability to consider different views and perspectives of a Decision, before it is taken and avoid potential conflict and a requirement for “call-in”.
- 6.12 Heads of Service shall be requested to identify any policy/strategy items for pre-scrutiny by the relevant O&S Committee.
- 6.13 Executive Directors and Assistant Directors, whose responsibilities fall within the remit of Overview and Scrutiny Committees, should seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it is not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon.

7. “Call-In” of Decisions

- 7.1 Decisions taken by the Cabinet appear within the Minutes of Cabinet Meetings. The Minutes indicate the “call-in” period for the Decisions made.
- 7.2 Decisions taken by individual Cabinet Members are subject to “call-in”, are published on the Council’s website, and an email alert is sent to all Members of the Council.
- 7.3 “Call-in” can occur when three non-Executive Members have reasons/evidence to challenge the Decision, based on the guidance set out within Chapter 6 of the Council’s Constitution.
- 7.4 A decision shall only be the subject of one “call-in” by non-Executive Members.
- 7.5 Non-Executive Members shall refer to a specific Decision and in instigating the “call-in”, are required to provide as much information, detail, explanation, evidence and/or facts as possible, within the requisition. This will enable appropriate officers to determine whether the “call-in” is valid or not.

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- 7.6 Non-Executive Members shall trigger the “call-in” electronically, using the Council’s Modgov system. This will alert the relevant officers and prevent the Decision from being actioned.
- 7.7 During 2017/18, the O&S Management Board developed a [Call-In Procedure](#) to be used at O&S Committees when dealing with “called-in” items. This was agreed by the four O&S Committees and shall be adhered to at all meetings held to consider “call-in items”.
- 7.8 The following are required to attend the O&S Committee meeting to consider the “called-in” item, in order to address O&S Members on the item and respond to questions / comments raised by O&S Members:
- (a) the lead “call-in” Member;
 - (b) the Leader of the Council and/or relevant Cabinet Member; and
 - (c) relevant senior officer representative(s).
- 7.9 Only the lead call-in Member shall be permitted to:
- Address the O&S Committee, explaining the reason for “call-in”;
 - Respond to questions put by Committee Members; and
 - Sum up the case for “call-in”.
- 7.10 Subject to the agreement of the O&S Committee, a representative of the public may make representations in relation to the “called-in” item, in accordance with the Call-In Procedure previously agreed by O&S Committees.
- 7.11 The “call-in” procedure should not be abused. It should not be used as a substitute for early involvement in the decision-making process. Its use as a party-political tool should be avoided.

8. Working Group Reviews/Informal Meetings of Committees

- 8.1 Heads of Service will be requested to consider potential topics for review via the Strategic Leadership Board and these will be submitted to O&S Committees for consideration, along with any other suggestions from O&S Members. The Committee shall approve any topics to be reviewed.
- 8.2 The [Criteria Checklist for Selecting Topics for Review](#) shall be considered in approving topics to be reviewed.
- 8.3 If a topic for review is to be considered by a Working Group at least 3 Members of the Committee shall be required to sit on a Working Group and one Member will be appointed as the Lead Member. Co-opted Members may sit on a Working

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Group. If a topic for review is to be considered at an informal meeting of the Committee then all Members of the Committee will be invited to attend; and the Lead Member shall be the Chair of the Committee unless decided otherwise by the Committee. Informal meetings do not have decision making powers and are best suited to situations where members wish to be briefed on a subject by officers.

- 8.4 Heads of Service have a valuable role to play in the review process in terms of suggesting appropriate topics for review, possibly contributing to the scope for the review, the provision of factual evidence, and identifying suitable witnesses. Officers involved in the review shall be open and honest in their discussions with Working Group Members.
- 8.5 The role of the Lead Officer for the review will be to assist in drafting the scope for the review, to provide professional advice and to ensure access to relevant information and personnel for Working Group Members.
- 8.6 Further to a report on Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities being agreed by O&S Committees during October/November 2019, Working Groups shall consider if it is appropriate to seek the views of the general public on the matter under their consideration and, if so, how this should be carried out.
- 8.7 Working Group meetings shall be conducted in the manner outlined within paragraph 4 above. Working Group Members shall adhere to the principle of the “critical friend” during the course of a review. Constructive challenge may be adopted during discussions with Council officers, external partners, key stakeholders, etc. However, a culture of mutual respect shall be maintained at all times.
- 8.8 A final report, including any recommendations from the Working Group, will be drafted by the relevant officer from Democratic Services to reflect the views and wishes of the Working Group concerned, subject to any legal and/or financial implications provided by Legal and Finance officers.
- 8.9 Recommendations may be produced that impact on the Council or external partners.
- 8.10 The final report will be presented to the parent O&S Committee, the Cabinet, and finally to full Council.
- 8.11 The Lead Member of the Working Group concerned will normally present the final report to the Cabinet and to the Council. Where this is not possible, an alternative Member of the Working Group will be asked to present.

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- 8.12 The relevant senior officer shall ensure that an update on the implementation of recommendations is presented to the parent Committee approximately six months following approval of the final report by the Council. Actions taken since approval of the recommendations should be outlined within the update, together with progress on any implementation required. Where actions have not been carried out, reasons should be given, together with an anticipated timeline for implementation.

9. Public Participation in the Overview and Scrutiny Process

- 9.1 O&S Members should represent the voice of the public.
- 9.2 As outlined in paragraph 3.1 above, key responsibilities of O&S are to:
- (a) Hold the Cabinet, Cabinet Members and senior officers to account for their decisions, on behalf of the electorate; and
 - (b) Review Council policy, the way policies are implemented and their impact on local citizens;
- 9.3 The Constitution indicates that O&S Committees allow citizens to have a greater say in Council matters by holding public inquiries into matters of local concern.
- 9.4 Citizens may contribute to Council considerations by participating in question time at Council meetings, making representations to the Cabinet, a Cabinet Member or a Committee and may be asked to contribute to O&S Working Group reviews.
- 9.5 The Council's petitions scheme, detailed within the Constitution, allows citizens to address O&S Committees.
- 9.6 As outlined in paragraph 7.11 above, subject to the agreement of the O&S Committee, a representative of the public may make representations in relation to the "called-in" item, in accordance with the Call-In Procedure previously agreed by O&S Committees.
- 9.7 As outlined in paragraph 9.5 above, O&S Working Groups shall consider if it is appropriate to seek the views of the general public on the matter under their consideration and, if so, how this should be carried out.
- 9.8 Senior officers may advise O&S Committees of particular matters of public concern, with a view to the possible establishment of a Working Group review to address such matters.

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10. Specific Duty of the Overview and Scrutiny Committee (Adult Social Care and Health) – Joint Health Scrutiny Arrangements

- 10.1 Local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.
- 10.2 The NHS Act 2006 (as amended by the Health and Social Care Act 2012) places a statutory duty on commissioners and providers of NHS / health services to consult local authority health overview and scrutiny committees on any proposals for significant development or substantial variation/reconfiguration in health services.
- 10.3 Section 30 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provides that where more than one local authority is consulted on proposals for significant development or substantial variation in health services, a joint overview and scrutiny committee may be established to comment on the proposals for change.
- 10.4 The Council has delegated its duties relating to health services to the Overview and Scrutiny Committee (Adult Social Care and Health).
- 10.5 At its meeting on 3 June 2014, the Council approved the [Protocol for the Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside](#).
- 10.6 The Council and the Overview and Scrutiny Committee (Adult Social Care and Health) shall adhere to the Protocol in relation to substantial variations and joint health scrutiny arrangements.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	5 September 2023
Subject:	Cabinet Member Reports – June - August 2023		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To submit the Cabinet Member – Adult Social Care and the Cabinet Member - Health and Wellbeing reports relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Member - Adult Social Care and the Cabinet Member - Health and Wellbeing reports relating to the remit of the Overview and Scrutiny Committee be noted.

Reasons for the Recommendation:

In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

Alternative Options Considered and Rejected:

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

What will it cost and how will it be financed?

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Any financial implications associated with the Cabinet Member reports which are referred to in this update are contained within the respective reports.

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Impact on Children and Young People: No	
Any implications on the impact on children and young people arising from the consideration of reports referred to in the Cabinet Member Reports will be contained in such reports when they are presented to Members at the appropriate time.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. The Cabinet Member updates provides information on activity within Councillor Cummins' and Councillor Moncur's portfolios during the previous three-month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council's Core Purpose.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above

Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener: As above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A - Cabinet Member - Adult Social Care - update report
- Appendix B - Cabinet Member – Health and Wellbeing – update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

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- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Adult Social Care and Health and Wellbeing portfolios.

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 5 September 2023		
Councillor	Portfolio	Period of Report
Paul Cummins	Adult Social Care	June – Aug 2023

1. The National Assurance Update for Adult Social Care

As part of the Assurance Phase 1 Plan, Sefton Adult Social Care (ASC) continues to prepare for the introduction of the new National Assurance Single Assessment Framework which was formally introduced on 1st April 2023.

Since the last update, the Care Quality Commission (CQC) have undertaken one of four assessment pilots, and Sefton ASC has received feedback from Lincolnshire Council on its experience. CQC continues to move forward this year with the remaining four pilots, before commencing twenty further assessments in Quarter Three and Quarter Four. It is expected that CQC will also publish their What Good Looks Like Guide in Quarter Four enabling councils to reflect on the national guidance, within their development self-assessments.

Assessments for most councils are expected to commence from April 2024.

Sefton ASC is progressing with its assurance plan with the Part One Self-Assessment findings being reported by the end of August.

Part One - Self-Assessment is a document that the CQC will ask for when assessing a Council. It shows CQC how the Council has assessed its performance, opportunities for improvements and plans to address identified gaps. It represents the baseline assessment before moving to Part Two - Self-Assessment, which includes local data and strategies, supporting the production of nine Quality Assurance Statements and further by Part Three, which is for the Council to publish a local assurance account.

As part of the preparation for assurance, Sefton ASC has continued to:

- Report progress to the Executive Leadership Team, Assurance Board and Overview and Scrutiny Committee.
- Put in place operational improvements as progress is made against its plan.
- Undertake codesign sessions with a wide range of partners and people who access and use services to inform its self-assessment.
- Seek support from wider Council colleagues to ensure a whole Council approach.
- Learn from the Children's Social Care inspection experience and reflect improvements in Adult Social Care.

- Assess performance against the new Adult Social Care Outcome Framework measures which will be launched formally in Autumn. These will have a more qualitative focus.

A further update will be provided following completion of the Part One - Self-Assessment.

2. Cheshire and Merseyside Integration Update

In May, NHSE published their Delivery Plan for Recovering Access to Primary Care. The report recognises the rise in demand in general practice, the impact of an aging population and the changing landscape since the pandemic. It describes two ambitions:

- To tackle the 8 a.m. rush and reduce the number of people struggling to contact their practice.
- For patients to know on the day they contact their practice how their request will be managed.

This will be delivered through several initiatives including, expanding services from Community Pharmacy, building capacity to offer more appointments, and cutting bureaucracy. Sefton Place is now working with practices, PCNs and partner organisations to develop plans to deliver against these ambitions. The full plan can be found here <http://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>

The NHS Cheshire and Mersey Joint Forward plan 2023-28 has now been published, this sets out the plan for how integrated working between Health and Care will progress over the next five years. The plan details key ambitions and commitment in a number of areas including:

- Supporting all children to have a good start to life in terms of their health and wellbeing and educational attainment.
- Raising the number of years people live in good health.
- Offering exceptional primary and community care services.
- Working with provider collaboratives to build a strong and sustainable NHS provider sector that delivers services which offer consistently high levels of access and quality.

The plan can be found here:

<https://www.cheshireandmerseyside.nhs.uk/media/hmyp0u5e/cm-joint-forward-plan-summary.pdf>

2.1 Integrated Care Teams (ICT) Development

The Sefton ICT Core leadership team continues to meet on a fortnightly basis, with representatives across Health and Social Care overseeing the continued

development of integrated working within Sefton. Since the last update key highlights are listed below:

- The use of additional monies from the Discharge Grant have enabled expansion of the ICT offer in the North of the Borough which will enable parity with that in the South.
- Integrated pathways with Housing Association colleagues continue to be strengthened and all four Integrated Care Teams now have representation and partnership working arrangements in place.
- An ICT workshop has also been held to focus on strengthening the support available for children and families with complex lives and long-term conditions.

In preparation for winter a number of work streams have been agreed:

- Embedding a consistent integrated Care Team Model across Sefton
- Utilisation of population health tools to identify those in each neighbourhood who would benefit from an integrated care approach (this may include people with dementia or long-term conditions).
- Implementation of a high intensity user approach with one Primary Care network, with the aim of rolling this out across the whole of Sefton.
- Utilising regional learning to embed a complex lives MDT approach.

3. Strategic Commissioning

Key focuses for Adult Social Care Commissioning include the following:

3.1 Domiciliary Care

As previously reported, Sefton ASC has been reprocurring their framework for Domiciliary Care to support the Council in ensuring there is a sufficient high-quality care in Sefton to allow people to remain independent at home. The Council is currently going through the Procurement and Legal stages of contract award, after an Evaluation and Moderation process that involved Healthwatch and Health colleagues, as well as colleagues from across Adult Social Care. The start date for the new PDPS (Pseudo Dynamic Purchasing System) is mid-September.

In July 2023, Sefton ASC held market-shaping workshops which were well-attended across Care, support, community and volunteers, and discussions centred around what works well and what does not. Work was undertaken to codesign the local market-shaping framework and to influence the development of the refreshed Health and Social Care market position statement. This further supports the market sustainability plan that was put in place on 14th March 2023 and starts to inform the market on the changes required. It is hoped that this will allow Sefton to ensure that it is supporting people to live and age well. The fundamental goal is that Sefton residents have access to the right support, at the right time and in the right place.

3.2 Day Opportunities

Following a successful consultation and co-production process, a new approach to Day Opportunities has been developed with a reference group made up of people who access and use services and their carers. Considerable progress has been made on this, but a pause is being taken to financially model, following the completion of the fees consultation and to support Providers with training. There is also some work to do on strengthening the Dementia approach and it is anticipated that the new service model should be in place by April 2024.

3.3 Care Homes

Engagement with the market is ongoing and Sefton ASC published its Market Sustainability Plan in March 2023, and it held workshops in July to discuss with Providers the new Market Position Statement. More engagement work is planned on market-shaping. Providers were open to what needs to change in Sefton and what aspects of the market and support currently work well. Sefton ASC intends to use this information to inform the updated market position statement and to start to shape its approach to early help and prevention in the longer term.

Fee rates for 2023/24 have been set up and the market is continuously monitored in terms of fee rates and top-ups. Sefton ASC is strengthening its market/quality oversight arrangements and is working with Health Partners on the establishment of a new Contracts, Commissioning and Quality Review Meeting. This will encompass sharing intelligence to highlight any performance, quality, risk, or safety issues and include a collaborative model of decision-making, risk appraisal and approach to quality improvement activity.

4. Transfer Care of Hubs - ASC involvement in Hospital Discharge

Recent statutory guidance to improve discharge arrangements from hospital has recommended the creation of Transfer of Care Hubs (with health and social care staff co-located) to improve early discharge arrangements, with individuals and carers being fully involved.

Sefton ASC are involved in the implementation of the LUHFT (Liverpool University Hospitals Foundation Trust) Transfer of Care Hub in the south of the borough. In the North, Sefton ASC already has excellent working partnerships with its Community Health Partners and there are many schemes already developed which aid a Transfer of Care approach, but these need to be brought together in a hub model, with key third sector organisations. This work has progressed and the time for implementation is November 2023, in readiness for the winter pressures.

5. Adult Social Care Budget

At the close of the financial year 22/23, Adult Social Care's budget had a deficit of £0.174M. The budget pressures affecting the last financial year continue and this year will be a challenging year to ensure that the budget is achieved. Supporting Providers with pay increases above inflation has increased the pressure on ASC budgets and a programme of mitigations is required to offset these costs. Budget monitoring for the first quarter, April – June highlighted the pressures with a potential deficit of £3.6M. As the financial year progresses and the programme of mitigations

are implemented, this deficit should reduce, and the aim is to achieve a balanced outturn position. Other pressures for ASC include the agreed savings requirements and costs associated with the additional bank holidays and the financial impact of an extra day's care due to 2023 being a leap year. Discharge funding (within the Better Care Fund) of £2.2M will assist with ongoing pressures in that area. Through the year, a number of assumptions about expenditure and income will be made and reviewed regularly due to the volatility of the forecasts. Forecasts will be reported regularly to update myself and be included in wider monitoring reports to Cabinet.

6. Adult Social Care Complaints, Compliments and MP Enquiries

Between June and July 2023, there was an increase in the number of complaints received when compared to the previous two months. Sefton ASC upheld 20% of the complaints which had been concluded at the time of this report which is a decrease from 58% of complaints in the previous two months.

In the same period, Sefton ASC received 20 compliments and 17 MP enquiries. For the Member Enquiries, 100% were responded to within the ten working day timescale or remain within timescale.

One third of these complaints arose owing to dissatisfaction with decisions, and service provision accounted for 44% of the total complaints received. Complaints were upheld owing to delays in case management, delays in allocating a social worker, and poor communication.

Timeliness of complaint responses had been identified as an area for improvement, and in the last two months Sefton ASC has achieved this. 81% of complaints were responded to within timescale or remain within timescale and there has been an improvement in MP response timescales as detailed above.

Complaints about finance and funding accounted for almost a third of complaints received in Quarter 1, and action has been taken to address this by reviewing and improving the information provided to members of the public at the first point of contact. It is hoped that this will offer improved information. Detailed briefings have also been provided to all staff regarding expectations.

Local Government and Social Care Ombudsman

The Ombudsman has issued a Final Decision in relation to a complaint about a delay in allocating a case for assessment. The Ombudsman's Final Decision states, *"Based on the information provided, we have found fault in the delay in completing the assessment but consider the recommended action of a symbolic payment and procedural review provides a suitable remedy in addition to the apology already provided."*

7. Principal Social Worker Update (PSW)

On 13th July 2023, the PSW attended the national PSW conference. During the conference there was a highly informative presentation on Anti-Racist Social Work

practice that is currently being undertaken in Essex. During the workshops that accompanied the presentation time was afforded to attendees to reflect on their own experiences of racism and the actions/ strategies, that PSWs can bring back to their own organisations. Consequently, as the new Equality Diversity and Inclusion (EDI) lead for Adult Social Care, the PSW is currently establishing a work forum with colleagues across the service, to develop the ASC EDI approach. This will support the implementation of the corporate strategy and will commence in September 2023.

Since the last report, the updated supervision policy has been codesigned with colleagues and an Equality Impact Assessment (EIA) completed. This supervision and support policy is inclusive of all staff working across Adult Social Care and will be launched formally during September 2023.

During June 2023, the Safeguarding Audit tool has been piloted throughout the service. Following the pilot and auditors feedback the PSW and new Senior Manager for Quality Assurance and Operational Safeguarding have co-designed a succinct audit that captures the appropriate data required to offer assurance, but more user-friendly.

Adult Social Care has also been working with partners to develop a strengths-based approach plan. This will include Sefton hosting a virtual 'Let's Get Strength Based' event with other Local Authorities looking at the national approach to Strength-based practice and drawing on innovation together. This is planned for Autumn 2023.

8. Performance and Key Areas of Focus

Activity Overview:

The following highlights our long-term activity trends:

- Overall provision of long-term services to clients have remained stable over the course of the past twelve months. At the end of June, there were just over 4,100 open long-term services - a slight increase of just over 1% comparing to three months ago.
- Service starts for carers have been fluctuating over the past twelve months. On average, we had just over 100 service starts in last three months - that is up by 17% from the previous three months.
- Contacts received in the past three months reduced by 9% comparing to previous three months. On average, Sefton ASC is receiving just under 2,000 contacts per month.
- The number of assessments undertaken in the latest three-month period was 4% higher than the same period twelve months ago. On average, teams are completing 520 assessments per month.
- The total number of reviews undertaken is down by 8% from previous three months. The teams have been working to clear the backlog of overdue reviews, many of which are complex cases requiring much greater time and resource. It is hoped that review numbers begin to increase once the backlog has been dealt with. On average, 480 reviews are being completed by the teams each month.

- Number of safeguarding contacts received in the last three months remained fairly stable compared to previous three-month period. On average, Sefton ASC is receiving around 240 contacts related to safeguarding per month.
- The number of safeguarding referrals remaining open at month end remains an issue. In June, 378 of referrals were open at month-end. This is nearly 20% higher than twelve months ago.
- Timeliness in handling safeguarding contacts and referrals continues to perform well with 95% being resolved within seven days. In the last three months 71% of safeguarding referrals were completed within 28 days - this is a decline of six percentage points from the previous three-months period.
- Sefton ASC continues to perform well in making safeguarding personal. 97% of safeguarding enquiries saw preferred outcomes met fully or partially and the proportion has been stable over the past twelve months.
- The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people as put forward by Central Government. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.
- A change in data collection method for clients with mental health services resulted in Sefton dropping out of the top quartile for both clients in employment (1F) and clients in settled accommodation (1H). NHS Digital explained that more service users are included in the denominator, as definition of the indicators 1F and 1H has become broader. Furthermore, employment and accommodation statuses are being included only if they were updated within last 12 months. NHS Digital advised that indicators dropped for most councils. It is worth noting that metrics 1F and 1H will not form part of ASCOF in 2023/2024. We are currently awaiting on guidance how new ASCOF measures will be calculated.

The main points of note on Sefton ASC's performance are:

Admission into care and reablement:

The rate of admission to care homes for those aged 18-64 remains stable but Sefton ASC remains in the bottom quartile for both the North-West and England. The rate of admission for over 65s continued the downward trajectory, keeping Sefton ASC outside of the bottom quartile for England and outside the top quartile for North-West. Just under 70% of Sefton ASC service users are in 'community based' services (i.e., not in nursing or residential placements) and this proportion is low compared to other North-West authorities and puts it in the bottom quartile. The number of people in receipt of reablement at the end of June 2023 was 20% higher comparing to the same period last year.

The increase in the number of reablement services has seen Sefton ASC move out of the bottom quartile in the North-West on the number of episodes of reablement or intermediate care for clients aged 65 and over.

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The success of reablement remained a positive with 91% of clients 65+ discharged from hospital remaining at home 91 days after receiving reablement services.

Self-directed support and direct payments:

Provision of services supporting people by either self-directed support or direct payments has remained consistent over the past twelve months.

The proportion of carers receiving a direct payment has continued to increase. June saw a highest figure for this metric in the last twelve months and Sefton ASC remained outside the bottom quartile for both the North-West and England. 100% of carers would need to receive direct payment for Sefton to move to the top quartile- it was almost 94% in June (1C2B).

Employment:

Number of learning-disabled clients going into paid employment remained stable, with around 2.7% of learning-disabled clients being employed (1E). Sefton remained just outside of the bottom quartile in the Northwest and nationally.

Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartile for clients in employment (1F). In the last three months, Sefton moved out of the bottom quartiles regionally and nationally for proportion of adults with mental health services in paid employment.

Housing:

There have been small improvements in number of learning-disabled people who live in their own home or with their family in Sefton. In June, Sefton ASC remained in the top quartile for England and just outside the bottom quartile for the North-West (1G).

Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartile for clients in settled accommodation. In the last three months, Sefton remained in bottom quartile regionally and nationally for the proportion of clients with mental health services who live independently.

9. Workforce

The recruitment and retention of the ASC workforce is a key priority as Sefton continues to experience workforce challenges which reflect the national picture.

Several initiatives have been rolled out during the last couple of months to support the improved recruitment and retention of Social Workers. This includes creation of a dedicated Lead Practitioner post, to increase the recruitment of the number of newly qualified staff who will be entering their professional first role known as an Assisted and Supported Year of Employment (ASYE). ASYEs carry a reduced caseload and require more management support, but by far the largest response to the permanent advert has been by ASYEs. This post - which is currently out to advert - will enable ASC to recruit to the fifteen current vacancies that exist across the organisation for ASYEs.

In addition, Sefton ASC is working with the Local Government Association to look at flexible working approaches across the service that may assist to attract and retain qualified staff in an extremely competitive market.

10. Learning and Development

Offering a wide range of learning and development opportunities for practitioners is key to ensuring the retention of staff and during the last three months there has been progress in several areas:

- Sefton ASC is making timely progress developing a Personalisation Training Programme for students, ASYEs and new starters who have not undertaken this training previously. This will go live in Sep 2023.
- Work has commenced work on an essential CPD (Continuing Professional Development) offer for Adult Social Care, which includes essential training for all staff who work in this area. The target date for completion is January 2024.
- Development of a Neurodiversity Training Plan is now under and will include specialist training for staff such as the Oliver McGowan programme.

Apprenticeships:

Staff enrolled on the Level 6 Social Work (SW) Apprenticeship Degree and the Level 6 Occupational Therapy (OT) Degree are continuing with their studies and are making good progress. A further cohort will go live from January 2024, and this very much supports a “grow your own” approach to recruitment and retention.

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 5 September 2023		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	June – Aug 2023

Public Health

LWS Recommissioning

I received a report on LWS recommissioning. On 31st March 2024, existing contracts for the Living Well Sefton (LWS) Community Service and the Specialist Stop Smoking Service ‘Smokefree Sefton’, will expire. Both services are core components of the overall LWS Service and are complimented by both the weight management services provided by Sefton Council’s Active Sefton weight management team through an internal service level agreement, and by the Sefton NHS Health Check Programme. Aligned to the Smokefree Sefton Service, funded by Public Health is a dedicated Smoking in Pregnancy Midwife, based at Mersey and West Lancashire Teaching Hospital NHS Trust. The current contract arrangement will expire on 31st March 2024.

The purpose of the report was to seek approval to undertake a tender exercise to re-procure the Living Well Sefton Community and Smokefree Sefton services. This would include revised specifications aligned to the latest national and local policy drivers, including local research and a recent consultation and engagement programme identifying current local need.

The replacement contracts for the Smokefree Sefton and the LWS Community Service will both be for a 3-year core period, with the option to extend for up to 2 (individual) periods of 12 months. (3+1+1)

- I approved for Public Health to undertake a tender process to recommission the Living Well Sefton Community Service (LWS) with intention to contract the service for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions.
- I approved for Public Health to undertake a tender process to recommission the Specialist Stop Smoking Service ‘Smokefree Sefton’, for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions.
- I approved the delegation of authority for the Director of Public Health in consultation with myself to authorise a waiver to recommission a specialist stop smoking in pregnancy midwife based at Mersey and West Lancashire

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APPENDIX B

Teaching Hospital NHS Trust, for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions. The total expenditure for the 5-year potential contract period will not exceed the Light Touch Regime threshold.

- I approved for the Director of Public Health in consultation with myself to be granted delegated authority to award the contracts resulting from the procurement and waiver processes and to award any extension options available.

Breastfeeding Update

The report provided an update on breastfeeding in Sefton, including a review of breastfeeding rates and associated inequalities, along with an update on Sefton Councils refreshed breastfeeding policy.

Focused areas of breastfeeding work are summarised below:

Baby Friendly Initiative (BFI): Sefton was awarded full BFI Accreditation in March 2021 and is aiming for Gold award by Spring 2024.

Specialist Infant Feeding Service: Established prior to COVID-19 to increase maintenance of breastfeeding and addressing inequalities, the service is working with approximately 350 contacts per quarter.

Volunteer Breastfeeding Peer Support: Available through 36 active volunteers at the Feelgood Factory.

AbA Project: A research project that Sefton are participating in 'Assets based before and After feeding support', supporting mothers from the antenatal through to postnatal period. 80 women have been recruited, with a further 7 Infant feeding helpers trained and 8 active volunteers.

Initiatives to address Inequalities in Breastfeeding Rates:

The table below demonstrates breastfeeding rates at 6 - 8 weeks maintenance, which demonstrates inequalities between the average rate for Sefton and more deprived areas:

Locality	2020 -21	2021-22	2022-23
Sefton	35.5%	38.1%	35.4%
Netherton	24.5%	20.7%	22.5%
Bootle	9.4%	9.8%	11.8%

The service has therefore introduced several measures and initiatives to reduce inequalities:

Community Engagement – Within the area of Bootle to establish what would make breastfeeding an easier or more desirable option.

Infant Feeding Champions – Infant Feeding Champions have been introduced within each area of Sefton to advocate for breastfeeding in their community.

Incentive Scheme – Introduced at drop-in clinics in Netherton and Bootle to encourage attendance and consideration of breastfeeding. Mothers are issued with 3 incentive packs, which include Book Start books, oral hygiene products, nappies and knitted baby items.

Additional Clinics - 2 new feeding clinics have been introduced in Bootle.

Breastfeeding Welcome Scheme - The scheme has been reinvigorated with support from Mersey Care with development of a new policy, rebranding using UNICEF logos, and purchase of window stickers and resource packs for venues.

Nans in the Know – Acknowledging that new parents seek advice from their own mothers, coupled with grandparents providing childcare for working for parents, these sessions aim for messaging around breastfeeding to be taken back into the extended family.

All Breastfeeding Matters – Drop-in group in Bootle aimed at expectant parents with questions about infant feeding.

South Sefton GP Training - The Infant Feeding Lead delivered training during a GP Protected Learning Time Conference in March 2023.

LGBTQ Partnership Working - Links have been made with Dr Anna Hunter to look at collaborative working and sharing of resources and pathways to support the LGBTQ community with infant feeding choices.

Supporting Families with infants experiencing Poverty / Suffering with Food Insecurity – There has been feedback from Professionals regarding some infant feeding practices that are being driven by poverty and food insecurity. As a result, the Infant Feeding Lead is in the process of setting up a working group to look at this issue and how it can be addressed.

Additional Workstreams / Insight

The Infant Feeding Lead is supporting the Obesity and Safer Sleep agendas. The service is also delivering a simulation training package to support the 0-5 workforce to deliver safe sleep messages. A comprehensive training package has also been updated, available across the 0-19 workforce, with a focus on supporting continued breastfeeding.

Sefton Councils Updated Breastfeeding Policy

Supported by Mersey Care's Infant Feeding Lead, the Public Health Team have been working with Personnel to update the Councils breastfeeding policy. Utilising guidance from ACAS on 'Accommodating Breastfeeding Employees in the Workplace' and following a consultation and engagement exercise through the Womens Network, the policy is in its final draft and has been approved by Personnel. Work is now being carried out between Personnel and Health and Safety to identify appropriate spaces, with the policy being put into circulation once this piece of work is complete.

Health Checks Option Appraisal

This briefing paper considered options to pilot new approaches to delivery of NHS Health Checks in Sefton. There have been changes to the requirements for NHS Health Checks programmes and challenges to delivery of these within the current community delivery model, which include requirements for all information to be recorded on the electronic patient record. Approval has been given to work with Primary Care Networks in Sefton to develop and pilot a new model for NHS Health Checks, with the aim of increasing uptake of NHS Health Checks and broadening access to reduce impacts on health inequalities, through making use of resources within the current community delivery team and within primary care in Sefton.

Staff Flu

As additional protection against seasonal illness, Sefton Council offer free flu vaccinations to staff who are not eligible for inclusion in the NHS National vaccination programme. 2022/2023 saw a reduced level of staff vaccination uptake in part due to temporary inclusion of all adults aged between 50 and 64 in the NHS vaccination programme during the Covid-19 pandemic. Measures were introduced to include health adults aged 50 to 64 as part of the Covid-19 response in 2020 and remained in place through the 2021/2022 and 2022/2023 flu seasons resulting in more Council staff qualifying for the NHS National Flu Vaccination Programme.

The 2022/2023 staff vaccination offer was based on an e-voucher system that staff could download from the intranet and taken to one of eleven participating community pharmacies throughout Sefton to receive the vaccination. Of the 223 vouchers downloaded, 58 staff presented to pharmacies for vaccination, 14 of whom turned out to be eligible for the NHS Programme, making a total of 44 individuals vaccinated through the staff programme.

Sefton Public Health Team are currently in the process of planning a staff vaccination offer for 2023/2024. The temporary measures to include all adults aged 50 to 64, introduced in 2020, have now ended and therefore the expectation is that take up of the staff flu offer will increase returning to pre-Covid-19 pandemic levels.

Public Health Risk Register

The Director of Public Health shared the departmental risk register. Mechanisms are in place to mitigate against the key risks.

Leisure

Leisure Update (July)

The report updated on the activity and progress throughout May / June 2023.

As of 31st May 2023, there were a total of 13,328 members, a slight increase from the last report. This is an increase of 6,096 since reopening in April 2021 and an average of 244 additional members per month. Direct debit income has increased accordingly.

At Bootle Leisure Centre, the Sports Hall roofing work is now out to tender. Tenders close on 9th June, with the preparation of contracts early July and contract commencement 24th July. The project period is 10 weeks, with an estimated completion date of Friday 29th September 2023. A new sauna has been installed at Meadows Leisure Centre, which will alleviate issues caused by the old one.

Work continues on the Bunk Barn construction at Crosby Lakeside, with the final disruption to the day-to-day operation occurring at the end of June when the timber and roof structures need to be lifted onto the roof. Promotional work has already started on the Bunk Barn and once complete, it will house up to 39 guests, with a choice of accommodation packages ranging from room only through to a full package of accommodation, meals, and activities.

In April, Lakeside launched its Pay & Play activities on the lake, giving customers the opportunity to just turn up and try out a variety of activities ranging from canoeing, kayaking to paddleboarding and rowing. The uptake and feedback for the Pay & Play sessions, which are on every weekend from April to September and every day through the holidays, has been fantastic, bringing a real buzz to the facility. Between July and September, Lakeside embarks on its ambitious but exciting summer activity programme. "Summer on the Lake 23" will see activities taking place every day throughout the holidays, with 3-hour sessions.

Splash World re-opened to the public on Saturday 27th May for half term, with over 7,000 visitors attended that week. The new website launched, and Splash World has now moved to online bookings, which has greatly assisted the flow of users arriving at the Centre and much improved the queue management. The Centre achieved over £80,000 in income for the half term week and over 35,000 visitors to the new website. This is an encouraging start for Splash World and all staff deserve huge credit in enabling a smooth re-opening, supporting each other throughout the week.

Splash World will also be hosting inclusive 'Quiet Night' sessions for children and young people with varying disabilities. These specific nights are held monthly and

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are designed to give access to the whole family of a disabled child by allowing free carer access. Dates will be announced shortly.

Litherland Sports Park played host to a British Cycling event in May, with over 500 people attending. This was followed by a Liverpool Morris Dancers event hosted at the site in June, which saw troops attending from all over the Northwest and over 800 people attending.

At Netherton Activity Centre, Liverpool Chest Clinic had a portable Clinic based in the car park for a full month, with the NHS offering people in the community CT scans to detect many illnesses, including those in the chest.

Following the ICT network and hardware audit, work continues to improve the ICT infrastructure across Leisure. In addition to the re-cabling at Bootle Leisure Centre, the team are in the process of moving the communications box at Crosby Lakeside Adventure Centre. A meeting has also been held with ICT to discuss the development of the Active Sefton Website and to move forward on the re-procurement of Leisure's CRM system.

There have unfortunately been delays to the Building Management System upgrade due server issues. ICT are working closely with Agilisys to resolve these issues. Once a server has been agreed and set up, the project will be 2 weeks away from completed.

All targeted health and wellbeing service, both for children and adults, remain at full capacity with a high number of referrals. Between April - May, there were 892 referrals onto the Exercise Referral Scheme, which is a 34% increase compared to April – May 2022, and 270 people on the waiting list for NHS Health Checks. There are also high levels of referrals also being received for the MOVE IT children's weight management service. Delivery continues to be adapted to allow residents to access as soon as is feasible without compromising the programmes.

Active Workforce continues to support Sefton Council staff, and staff from other participating organisations, through its extensive health and wellbeing offer.

Be Active summer holiday programme is taking place across leisure centres throughout the 6-week holidays. Sessions include sports and games camps, ditch the stabilisers sessions and football camps in partnership with LFC Foundation. In addition, Park Nights returns for an 8-week programme taking place in parks across the borough identified in partnership with Merseyside Police and Area Coordinators to provide diversionary activities.

Work is continuing as part of the All Together Active physical activity subgroup, covering Cheshire and Merseyside, working towards enabling more residents to be more active. This has included developing thematic groups around Active Travel, Workplaces, Start Well, Live Well, and Age Well. As the work develops, funding

opportunities are being explored for Place based work to address health inequalities through physical activity at various life stages.

The consultation for the new physical activity strategy for Sefton continues, with a good response to the online survey, which is open until 7th July. Working with consultants, Miova, Leisure hosted a 'Collaboratory' event at The Lake House on 4th July, which brought together partner organisations and community groups to discuss what collective can be achieved to tackle health inequality through physical activity. The aim is for the strategy to be launched in Autumn, with further details to follow in due course.

Procurement of Leisure Management System

The report relates to the need to replace the IT system used to support the operation of the Council Leisure Facilities. It highlights the proposed procurement route with a view to ensuring an appropriate and best value contract and system are in place for the ongoing management of Leisure Services, in line with business requirements.

The report sought permission from Cabinet Member (Health and Wellbeing) to authorise the Assistant Director of People (Communities) to conduct a procurement exercise for a replacement system, whilst granting delegated authority, in consultation with the Cabinet Member for Health & Wellbeing, to award the Contract(s) resulting from the procurement and extension thereof.

The new system will be funded through existing revenue budgets over the period of the contract.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	5 September 2023
Subject:	Work Programme 2023/24, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To:

- seek the views of the Committee on the Work Programme for the remainder of the Municipal Year 2023/24;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- seek the views of the Committee on the Programme of informal briefings/workshop sessions for the remainder of 2023/24,
- consider if there are any site visits that Committee Members would wish to undertake during 2023/24;
- note the intention for the Local Government Association to provide training from Members and Substitutes of the Committee;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- note the update by Healthwatch Sefton.

Recommendations:

That:

- (1) the draft Work Programme for 2023/24, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix B to the report, be considered and any agreed items be included in the work programme referred to in (1)

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above;

- (3) the Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix C to the report, be noted, along with any additional informal items to be included and thereon be agreed;
- (4) Committee Members be requested to consider if there are any site visits that they would wish to undertake during 2023/24;
- (5) the intention for the Local Government Association to provide training from Members and Substitutes of the Committee be noted;
- (6) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (7) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be noted; and
- (8) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix D to the report, be noted.

Reasons for the Recommendation(s):

To consider the Work Programme of items to be considered during the remainder of the Municipal Year 2023/24; to identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny Committee “adds value” to the Council; and to comply with a decision of the Committee to update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

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

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme; to potentially consider scrutiny review topics; and consider other activities in relation to the work of the Committee.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None								
Legal Implications: None								
Equality Implications: There are no equality implications.								
<p>Impact on Children and Young People: No</p> <p>Any implications on the impact on children and young people arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.</p>								
<p>Climate Emergency Implications:</p> <p>The recommendations within this report will</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Have a positive impact</td> <td style="padding: 2px; text-align: center;">No</td> </tr> <tr> <td style="padding: 2px;">Have a neutral impact</td> <td style="padding: 2px; text-align: center;">Yes</td> </tr> <tr> <td style="padding: 2px;">Have a negative impact</td> <td style="padding: 2px; text-align: center;">No</td> </tr> <tr> <td style="padding: 2px;">The Author has undertaken the Climate Emergency training for report authors</td> <td style="padding: 2px; text-align: center;">Yes</td> </tr> </table> <p>There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.</p>	Have a positive impact	No	Have a neutral impact	Yes	Have a negative impact	No	The Author has undertaken the Climate Emergency training for report authors	Yes
Have a positive impact	No							
Have a neutral impact	Yes							
Have a negative impact	No							
The Author has undertaken the Climate Emergency training for report authors	Yes							

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. Reference in the Work Programme to the approval of, and monitoring of recommendations, will contribute towards protecting vulnerable members of Sefton's communities.
Facilitate confident and resilient communities: None directly applicable to this report.
Commission, broker and provide core services: None directly applicable to this report.
Place – leadership and influencer: None directly applicable to this report.
Drivers of change and reform: None directly applicable to this report.
Facilitate sustainable economic prosperity: None directly applicable to this report.
Greater income for social investment: None directly applicable to this report.
Cleaner Greener: None directly applicable to this report.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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The Work Programme and Key Decision Forward Plan Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports will be reported to Members as appropriate.

Relevant Heads of Service have been consulted in the preparation of the Work Programme for the Committee.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A – Draft Work Programme for 2023/24;
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix C – Draft Programme of informal briefings/workshop sessions for 2023/24;
- Appendix D - Update of recent activities undertaken by Healthwatch Sefton.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2023/24

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2023/24 is set out at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2023/24 and updated, as appropriate.

1.3 **The Committee is requested to comment on the Work Programme for 2023/24, as set out at Appendix A, and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

2. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

2.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four-month period.

2.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.

2.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.

2.4 The most recent Forward Plan was published on **31 July** 2023 and covers the period 1 **September** – 31 **December** 2023. A copy is attached at **Appendix B**. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.

2.5 There is just one item within the current Plan that falls under the remit of the Committee on this occasion, namely:

- Day Services Update

2.7 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.

2.8 The next Key Decision Forward Plan will be published on 31 August 2023, and any additional items on the new Plan that fall under the remit of the Committee will be circulated.

2.9 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

3. SCRUTINY REVIEW TOPICS / INFORMAL BRIEFINGS 2023/24

3.1 It is good practise for Overview and Scrutiny Committees to undertake an in-depth scrutiny review of services during the Municipal Year.

3.2 At the meeting held on 20 June 2023, it was agreed that rather than establish a traditional working group, all Members of the Committee could be invited to

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participate in informal briefings/workshop sessions on developments in health and social care.

- 3.3 The agreed Programme of informal briefings/workshop sessions for 2023/24 is set out at **Appendix C** to the report.

Workshop on CQC Assessment re: Adult Social Care

The above has now been scheduled to be held on **5 October 2023**

Primary Care

At the time of drafting this report arrangements for an informal session are being considered and a session is likely to be held during September 2023.

- 3.4 **The Committee is requested to comment on the Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix C to the report, and note that additional informal items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

4. SITE VISITS

- 4.1 Prior to the pandemic, it was customary practice for Committee Members to undertake site visits to places of interest to view services, meet relevant staff, etc. This practice has faded since 2020, and it is now considered safe to undertake such visits.
- 4.2 **The Committee is requested to consider if there are any site visits to venues that Members would wish to undertake during 2023/24.**

5. TRAINING

- 5.1 Negotiations are currently underway with the Local Government Association (LGA) for the provision of dedicated training for Overview and Scrutiny Committee (Adult Social Care and Health) Committee Members and Substitutes and it is anticipated that this will be held during Autumn 2023.
- 5.2 **The Committee is requested to note the intention for the Local Government Association to provide training from Members and Substitutes of the Committee;**

6. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

- 6.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select

Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).

6.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being, that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCA O&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.

6.3 In accordance with the above decision, information on the LCRCA O&S is set out below.

6.4 **Role**

The Overview and Scrutiny Committee was established by the Combined Authority in May 2017 in accordance with the Combined Authorities Order 2017.

The role of the Overview and Scrutiny Committee is to:

- Scrutinise the decision and actions taken by the Combined Authority or the Metro Mayor;
- Provide a "critical friend" to policy and strategy development;
- Undertake scrutiny reviews into areas of strategic importance for the people of the Liverpool City Region; and
- Monitor the delivery of the Combined Authority's strategic plan.

6.5 **Membership**

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

Sefton's appointed Members are Councillors Desmond, Hart and Howard (Scrutiny Link).

Representatives of the Liberal Democrat Group and Conservative group on the Committee will be reported to Members at the next meeting.

6.6 **Chair and Vice-Chair**

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair will be appointed at the first meeting of the Committee on 21 June 2022,

6.7 **Quoracy Issues**

A high number of meetings of the LCRCA O&S have been inquorate.

The quorum for meetings of the LCRCAO&S is 14, two-thirds of the total number of members, 20. This high threshold is not set by the Combined Authority but is set out in legislation. This has on occasion caused meetings to be inquorate.

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6.8 Meetings

Information on all meetings and membership of the LCRCAO&S can be obtained using the following link:

<https://modern.gov.merseytravel.gov.uk/ieListMeetings.aspx?CId=365&Year=0>

Latest Meeting – 5 July 2023

The latest meeting of the LCRCAO&S was held on 5 July 2023.

Matters considered at the meeting related to the following items:

1. Appointment of Chairperson
2. Appointment of Vice-Chairperson
3. Apologies for Absence
4. Declarations of Interest
5. Minutes of the Meetings of the LCR Overview And Scrutiny Committee Held on:
 - 7 September 2022
 - 1 December 2022 (Inquorate meeting)
 - 19 January 2023 (Inquorate meeting)
 - 1 March 2023 (Inquorate meeting)
6. Work Programme 2023-24
7. Appointments of Scrutiny Members to the Audit and Governance Committee 2023/24
8. Liverpool City Region Combined Authority Corporate Plan 2021-24: Quarter 4 2022-23 Performance Update
9. Update on the Liverpool City Region Bus Franchising Consultation

At the time of drafting this report, the next meeting of the LCRCAO&S will be held on 6 September 2023. Matters discussed at this meeting will be reported to Members at the next meeting of the Committee.

Details of all meetings can be obtained using the link referred to above

6.9 *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

7. CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

7.1 On 1 July 2022 the Health and Care Act required the Cheshire and Merseyside Integrated Care Board to commence operation.

7.2 A Joint Cheshire and Merseyside Scrutiny Committee has now been established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board, comprised of representatives of local authorities from Cheshire and Merseyside.

7.3 Knowsley MBC is acting as secretariat to the Joint Cheshire and Merseyside Scrutiny Committee and agendas and Minutes of formal meetings of the Joint Scrutiny Committee are included on their website.

7.4 Meetings of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee have been held as follows:

- 11 November 2022
- 10 March 2023 (Postponed)
- 23 March 2023
- 14 July 2023

The next meeting of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee is scheduled for 6 October, Council Chamber, Municipal Buildings, Huyton, at 2.00 p.m.

7.5 Details of all the meetings of the Joint Health Scrutiny Committee can be found via the following link:

[Browse meetings - Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee - Knowsley Council](#)

7.7 The Cabinet has appointed Councillor Desmond and Councillor Lunn-Bates to be Sefton's representatives during 2023/24

7.8 The Committee is requested to note the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee.

8. HEALTHWATCH SEFTON

8.1 An update of recent activities undertaken by Healthwatch Sefton is attached to this report at **Appendix D**, for information.

8.2 *The Committee is requested to note recent activities undertaken by Healthwatch Sefton.*

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**OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)
WORK PROGRAMME 2023/24**

Tuesday, 20 June 2023, 6.30 p.m., Town Hall, Bootle

No.	Report/Item	Report Author/Organiser
1.	Liverpool Clinical Services Review – Representative to attend (Min. No. 49 (2) of 21/02/23)	Helen Johnson / Carole Hill / Mark Bakewell / Debbie Campbell
2.	Public Health Outcomes Framework (Min. No. 44 (4) of 03/01/23)	Helen Armitage
3.	Adult Social Care Preparation for Assurance	Sarah Aldis
4.	NHS Cheshire and Merseyside, Sefton - Update Report	Anna Kettle
5.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner / Anna Kettle
6.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
7.	Work Programme Update	Debbie Campbell
8.	Dates of Committee Meetings 2023/24	Debbie Campbell

Tuesday, 5 September 2023, 6.30 p.m., Town Hall, Southport

No.	Report/Item	Report Author/Organiser
1.	Liverpool Clinical Services Review – Representative to attend (Min. No. 49 (2) of 21/02/23 refers).	Carole Hill / Debbie Campbell
2.	Domestic Abuse Update	Janette Maxwell / Steven Martlew
3.	Report for Information on Vaping Amongst Young People	Helen Armitage / Steve Smith
4.	GP Patient Survey (2023) - Sefton Place	Jan Leonard

APPENDIX A

5.	NHS Cheshire and Merseyside, Sefton - Update Report	Deborah Butcher
6.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner
7.	Executive/Scrutiny Protocol	Paul Fraser
8.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
9.	Work Programme Update	Debbie Campbell

Tuesday, 17 October 2023, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton - Update Report	Anna Kettle
2.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner / Anna Kettle
3.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
4.	Work Programme Update	Debbie Campbell

Tuesday, 2 January 2024, 6.30 p.m., Town Hall, Southport		
No.	Report/Item	Report Author/Organiser
1.	Public Health Outcomes Framework (Min. No. 44 (4) of 03/01/23)	Helen Armitage
2.	NHS Cheshire and Merseyside, Sefton - Update Report	Anna Kettle
3.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner / Anna Kettle

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4.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
5.	Work Programme Update	Debbie Campbell

Tuesday, 20 February 2024, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton - Update Report	Anna Kettle
2.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner / Anna Kettle
3.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
4.	Work Programme Update	Debbie Campbell

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 SEPTEMBER 2023 - 31 DECEMBER 2023

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Phil Porter
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Day Services Update	Carol Cater carol.cater@sefton.gov.uk

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Day Services Update To provide an update in the work being undertaken to support day services			
Decision Maker	Cabinet			
Decision Expected	7 Sep 2023 Decision due date for Cabinet changed from 27/07/2023 to 07/09/2023. Reason: further information to inform actions is awaited			
Key Decision Criteria	Financial	Yes	Community Impact	No
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Lead Director	Assistant Director - Integrated Life Course Commissioning			
Persons/Organisations to be Consulted	day service providers			
Method(s) of Consultation	consultation with providers will be undertaken with regards to the decision - users are not affected			
List of Background Documents to be Considered by Decision-maker	Day Services Update			
Contact Officer(s) details	Carol Cater carol.cater@sefton.gov.uk			



**OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)
INFORMAL MEETINGS / WORKSHOPS 2023/24**

Day/Date/Time/Venue to be arranged.		
No.	Report/Item	Organiser
1.	Informal on-line session with representatives of the Primary Care Networks (PCNs) on Primary Care (likely to be a one-hour session during September 2023.) (Min. No. 27 (2) of 18/10/22 refers).	Debbie Campbell / Jan Leonard
2.	Workshop on CQC Assessment re: Adult Social Care, to be held on 5 October 2023).	Debbie Campbell / Sarah Aldiss / Lorraine Goude
3.	Informal discussions with a representative of North West Ambulance, date to be confirmed (Min. No. 8 (2) of 20/06/23 refers).	Debbie Campbell

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UPDATE REPORT FROM HEALTHWATCH SEFTON – 20 JUNE 2023

Cost of Living

Cost of living continues to impact aspects of daily life for our residents and we have a survey open to capture what impact this is having on a number of areas of their lives. The survey is hosted online and we have been ensuring that copies of the survey with freepost envelopes have been distributed across our community champion organisations. We will be drafting a report sharing feedback from 100 people, the survey remaining open so that we can continue to collect ongoing feedback as we move into Autumn/Winter.

GP Access

We continue to receive feedback about access, which mirror those recently published in our annual report (listed below) and are having conversations with Jan Leonard about the local capacity and access plans:

- Having to ring at 8:00 am to try to get an appointment.
- Long times spent on hold while waiting to be put through to the reception team. This causes particular problems for people who rely on pay as you go phones who can end up using a lot of phone credit to wait in a queue.
- Only same day appointments being available when the issue isn't urgent.
- Being unable to have a face to face appointment when they feel it is needed.
- Not being given a reasonable time frame for a telephone call/appointment, being expected to take a call when they cannot ensure privacy; for example having to wait all day just in case the doctor rings or while they are at work.

The majority of reviews shared which relate to access are negative but positive feedback is shared about the quality of care and treatment they receive from general practice.

We have updated 'Southport and Formby Primary Care Network' that we are receiving positive feedback about the telephone triage service being trialled across Southport and Formby practices. From attending sessions/ events with our community champions, positive feedback is being shared about North Park Surgery, specifically in relation to improving services and attitude of reception staff since PC24 has taken over the contract.

At our last steering group meeting, concerns were raised for those looking to register as an informal carer at their GP practice, this issue also being discussed at the last meeting of the Sefton Carer's Strategy group.

We recently shared an in-depth patient story with the local primary care team. This will soon be published and details a Sefton residents' story about their interactions and experience of contact with their GP, NHS 111 and North West Ambulance Service (NWAS) when they were not well.

Dental Access

We have completed our most up to date dental mapping for Sefton and this is available on our website: <https://healthwatchsefton.co.uk/findan-nhs-dentist/>

During July, 58% of calls into our signposting service related to dental enquiries. We continue to work with the local team to share our intelligence, request support for patients with specialist needs and feed issues into the Sefton Primary Care Forum.

Mersey & West Lancashire Teaching Hospitals NHS Trust.

From holding our engagement stands at Southport Hospital, we have received positive feedback about staff, treatment and care and communication. We have picked up feedback about waiting times from GP referral to getting an initial appointment (from those people we have spoken to, an average one year wait) and some information about difficulties in getting in touch with Orthopaedic clinics when patients are needing to change appointments.

Champions have shared that appointment letters/ correspondence is not available in alternative formats, even when requested. The trust has fed back that the systems they have in place do not readily support this. There is concern that patients are not getting information in their requested format (large print, yellow paper, access by email, change of language due to cognitive issues, accessible so a screen reader can be used). We will be ensuring that Mersey and West Lancashire Teaching NHS Hospitals Trust have systems in place to ensure information is accessible.

We have agreed to be a member of the Maternity Voices Partnership (MVP) for Southport, Ormskirk and Sefton. We have met with the Chair and have plans to gather more feedback to support the partnership and to undertake walkabouts at Ormskirk Hospital.

Liverpool University Hospitals NHS Foundation Trust:

From holding our engagement stands on the Aintree Hospital site (May and June), we have received positive feedback about staff and treatment and care. Issues which we have listened to and fed back to the trust include those detailed below and will be included in our 6- month feedback report which is currently being drafted. Patients with disabilities have shared the problems they face with parking, there being general feedback about availability of spaces in car parks. We are also asking the trust how they promote to blue badge holders that they don't have to pay parking charges. We formally wrote to the trust about both issues, a response from the Deputy Director of Estates being considered by our Operations group. We have a meeting with the Deputy Director of Estates & Facilities to further discuss the issues and will also be raising concerns about the pay machine on the ground floor of the multi storey car park, which remains out of order since January 2023, with no signage telling patients the location of the next available station.

Following our work to review how the Accident and Emergency department works for patients, we will be organising a walk-about within the department to gain assurances

on previously agreed actions, whilst being able to observe how the department is currently working.

We have shared concerns with the patient experience team at the trust about the closure of the reception area in the 'Hotel' entrance of Aintree Hospital and the lack of volunteers in this area to support patients and their families with wayfinding. This is a main entrance for those using the multi-story car park and elective care centre.

Alder Hey NHS Foundation Trust

We have alerted the trust of issues with their pharmacy/ repeat prescription service and have submitted a report to the Director of Nursing, detailing feedback from parents and carers. A response to the report will be provided by the end of September.

Liverpool Women's NHS Foundation Trust

Working in partnership with Healthwatch Liverpool and the trust, a Listening Event was held, Monday 10th July. We met with the patient experience team, spoke with the 'Non-English Speaking Team, (NEST), sampled the lunch menu and visited wards, outpatient departments and the Neo-natal department to speak to patients, family members and staff. A report is being drafted by Healthwatch Liverpool and will be available shortly.

Reports

On the 30th June, in line with our statutory requirements, we published our Annual Report 2022 – 23 <https://healthwatchsefton.co.uk/report/annual-report-2022-2023/> This report details the key areas local people and communities have asked us to look at in more depth and what has been achieved.

Between May and June, we produced commentaries for inclusion within six NHS provider 'Quality Accounts'. The link below shares the commentaries: <https://healthwatchsefton.co.uk/wp-content/uploads/2023/07/QualityAccount-Commentaries-Healthwatch-Sefton-2022-23.docx.pdf>

Diane Blair BA (Hons) MSc

Manager

07706 317749

You can receive newsletters and updates by signing up [here](#)

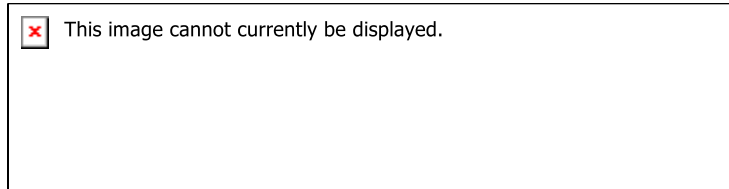
**Don't forget our Healthwatch Sefton Signposting can help you find the right Health or Social care services. Call free today for independent up-to-date information.
Freephone:0800 206 1304**

If you would like to keep up to date with us, please follow us on social media. Here are the links to our pages:

Agenda Item 12

APPENDIX D

Instagram <https://www.instagram.com/healthwatchsefton>
Facebook <https://www.facebook.com/healthwatchsefton2013>
Twitter <https://www.twitter.com/HWatchSefton>



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