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Sefton Council

MEETING: HEALTH AND WELLBEING BOARD

DATE: Wednesday 6 March 2024

TIME: 2.00 pm

VENUE: Committee Room - Bootle Town Hall, Trinity Road, Bootle, L20 7AE

Member

Cllr. Ian Moncur (Chair)
Cllr. Paul Cummins
Cllr. Mhairi Doyle, M.B.E.
Sarah Alldis
Andrew Booth
Deborah Butcher
Dr. Rob Caudwell
Risthardh Hare
Neil Holland
Adrian Hughes
Janine Hyland
Margaret Jones
Anita Marsland
Temporary Superintendent Paul Holden
Eleanor Moulton
Phil Porter
Anne-Marie Stretch
Mark Thomas
John Turner
Angela White

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

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

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

A G E N D A

1. Apologies for Absence

2. Minutes of Previous Meeting (Pages 5 - 10)

Minutes of the meeting held on 6 December 2023

3. 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.

4. Anchor Charter (Pages 11 - 20)

Presentation of the Associate Director of Partnerships and Sustainability, NHS Cheshire and Merseyside

5. Merseyside and IoM CDOP Annual Report 2022-23 (Pages 21 - 36)

Report of the Chair of the Merseyside and Isle of Man Child Death Overview Panel

6. Pharmaceutical Needs Assessment 2025-28 development process and scope report (Pages 37 - 48)

Report of the Director of Public Health

7. Progress update on the Sefton Child Poverty Strategy (Pages 49 - 72)

Report of the Director of Public Health

8. Sub-Group Updates (Pages 73 - 94)

Report of the Director of Public Health

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

HEALTH AND WELLBEING BOARD

MEETING HELD AT THE COMMITTEE ROOM - BOOTLE TOWN HALL, TRINITY ROAD, BOOTLE, L20 7AE ON 6 DECEMBER 2023

PRESENT: Councillor Moncur (in the Chair)

Councillor Cummins (Sefton Council), Councillor Doyle (Sefton Council), Andrew Booth (Sefton Advocacy), Deborah Butcher (Sefton Council), Dr. Rob Caudwell (NHS Cheshire and Merseyside Integrated Care Board), Neil Holland (Liverpool University Hospitals NHS Foundation Trust), Janine Hyland (Parenting 2000), Margaret Jones (Sefton Council), Anita Marsland (Sefton Partnership Governance), Temporary Superintendent Paul Holden (Merseyside Police), Eleanor Moulton(Sefton Council) and Phil Porter(Sefton Council)

16. APOLOGIES FOR ABSENCE

Apologies for absence were received from Sarah Alldis (Sefton Council), Mark Thomas (Merseyside Fire and Rescue) and John Turner (Healthwatch, Sefton).

17. MINUTES OF PREVIOUS MEETING

That the Minutes of the meeting held on 13 September 2023 be confirmed as a correct record.

18. DECLARATIONS OF INTEREST

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

19. UPDATE ON THE PUBLIC HEALTH ANNUAL REPORT 2022/23: AGEING IN SEFTON

The Board considered the report of the Director of Public Health which presented examples of actions that had been taken by Members of the Health and Wellbeing Board, Public Health Team, and partners.

Further to Minute No. 89 of the meeting held on 8 March 2023, the report incorporated further recommendations from the latest Public Health Annual Report; and advised that, recently, the annual report of the Chief Medical Officer for England had been published which also focused on 'Health in an Ageing Society' and emphasised very similar priorities.

The Public Health Annual Report combined evidence-based health information and data, and the voices of senior residents to capture a more balanced, nuanced, and positive view of ageing. The main chapters of the report were:

- Talking about ageing
- Sefton's population
- Health of older adults
- Prevention and healthy ageing
- Living Well

The Board discussed the impacts of the cost-of-living crisis and isolation on Sefton's Ageing population, the implications of being a coastal borough and complex lives.

The Board thanked the report authors for their report.

RESOLVED:

That the report be noted.

20. COMBATING DRUGS PARTNERSHIP - ONE YEAR UPDATE

The Board considered the report of the Director of Public Health which provided an overview and update of the development of Sefton's Combating Drugs Partnership. The report included a summary of the partnership development, structures, and progress against national milestones.

Local governance structures required the Health and Wellbeing Board to have oversight and reporting from the Sefton Combating Drugs Partnership via the Senior Responsible Owner. Quarterly updates were provided as part of the Sub-Committee report to the Board.

The report outlined the Partnership Memberships, the Function of the Partnership, Governance Structures, Developments, Performance and Moving Forward.

The Board discussed the key challenges for the Combating Drugs Partnership and how different partners across Sefton could get involved.

RESOLVED: That

(1) the content of the report and the progress made within the first year of the Combating Drugs Partnership be noted; and

(2) it be agreed that the Board continue to strengthen the Partnership by the recommendation of the participation of any further key Members.

21. CHILD POVERTY STRATEGY

RESOLVED:

That this item be deferred to the next meeting of the Health and Wellbeing Board, to be held on 6 March 2024.

22. CARERS' STRATEGY

The Board considered the report of the Executive Director of Adult Social Care and Health which set out the development of the Sefton Carers Strategy 2024-2027. The Strategy set out a commitment to carers and showed how partners in the Borough would work together to support carers of all ages in Sefton. The Strategy was owned by a partnership of organisations in Sefton, together with carers and residents. The report sought to present the most current draft of the strategy for comment and review and detailed the ongoing public consultation to ensure the voice of carers was clear within the final strategy document.

The Strategy outlined the process of development, the consultation process, and the aims of the strategy.

RESOLVED: That

(1) the process of development, consultation, and engagement in respect of the Carers' Strategy be noted;

(2) the most current draft of the Strategy be noted; and

(3) commitment and approval be given to delivery of the Strategy and the establishment of a Carers' Partnership Board, which will report to the Health and Wellbeing Board.

23. LOCAL PHARMACEUTICAL COMMITTEE UPDATE

The Board received a presentation from the Chief Officer, Community Pharmacy Sefton which covered community pharmacy, current service provision and local intelligence regarding closures.

The presentation covered the following points:

- Pharmacy Closures
- National Pharmacy Services
- Sefton Local Enhanced Pharmacy Services
- Care at the Chemist
- Pharmacy First Service
- Sefton CATC Service
- GP CPCS Sefton / GP Practice CPCS Referrals
- Hypertension Case Finding Service – ABPM Referrals / Clinic Check Referrals / Total Clinic Check

- Cheshire and Merseyside ICB Primary Care Strategy

RESOLVED:

That the presentation be noted.

24. PRIMARY CARE NETWORK UPDATE

The Board received presentations from the South Sefton Primary Care Network and the Southport and Formby Primary Care Network. The presentations highlighted details of key programmes which demonstrated partnership working to improve health and wellbeing and reduce health inequalities for Sefton residents.

The South Sefton Primary Care Network presentation primarily addressed capacity and access and also covered:

- South Sefton Access Service
- Enhanced Health in Care Home
- Care Home Networking Event
- Integrating Care – Enhanced Health at Home
- Learning Disability Health Checks
- Primary Care Mental Health Team
- Gap Analysis
- Examples of positive actions taken by the Primary Care Network

The Southport and Formby Primary Care Network presentation outlined:

- Social Prescribing Link Workers
- Health and Wellbeing Coach Role
- Mental Health Practitioners
- Cancer Care
- Early Diagnosis of Cancer
- Complex Lives
- Aims and Objectives
- Attitudes and Behaviours
- Stakeholders
- Engagement and Outputs
- Risks and Barriers

The Board discussed exploring the introduction of a recognition service for front-line staff, mental health, and dementia.

RESOLVED:

That the presentations be noted.

25. SUB-GROUP UPDATES

The Board considered the report of the Director of Public Health which presented the Board with a summary of activity from the five identified subgroups and sought approval for the Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template. The report also included a summary of activity from the Combatting Drugs Partnership and the Board's Terms of Reference which were to be reviewed on a 12 monthly basis. The report outlined activity since the last update received by the Board on 13 of September 2023, namely:

(1) The Adult's Forum had not met since the last update.

(2) The Children and Young People Partnership Board had met once since the last update and was due to meet again w/c 11 December 2023.

The Board focused on the consultation on the new Children and Young People's Plan and priorities for the next year. The Governance of the Board was reviewed to ensure its role was clear, in terms of how it added value to its subgroups and how it linked to other groups such as the Place Partnership and Health and Wellbeing Board.

(3) The Health Protection Forum had met once since the last update, in November 2023.

The Forum was updated on Measles cases in the North West as well as settings and communities with low levels of immunity that had been identified as being vulnerable to outbreaks. There was concern regarding MMR vaccination rates, isolation periods for health care staff and national guidance around PPE. The Forum agreed to support work on the Public Health Annual Report, focusing on immunisations for children. They also discussed the current tailing off in COVID-19 infections, an increase in the number of scabies outbreaks in care settings and some seasonal increases in Group-A streptococcus infection.

(4) The Health and Wellbeing Executive had not met since the last update but was responsible for the reporting on and approval of the Better Care Fund which was included at Appendix 1 to the Board.

(5) The Special Educational Needs and Disabilities Continuous Improvement Board (SENDCIB) had met once since the last update on the 21st of November 2023.

The Board received updates on the Primary Care Fund, Children's Social Care, delivering better value, sufficiency and EHCP progress.

The Board also received an update from the Combatting Drugs Partnership (CDP) which had met once since the last update, on 28 September 2023. The meeting had a themed spotlight session on Criminal Justice. The Board received updates from the CDP subgroups.

The Board also considered the Health and Wellbeing Terms of Reference.

RESOLVED: That

(1) the updates from the five identified subgroups and the Combatting Drugs Partnership be noted;

(2) the Board's Terms of Reference be noted; and

(3) the Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template be approved, and a further report be submitted to the Board at the next meeting.

Sefton Council

Report to:	*Health and Wellbeing Board*	**Date of Meeting**	6 March 2024
Subject:	Anchor Charter		
Report of:	*Associate Director of Partnerships and Sustainability for NHS Cheshire and Merseyside*	**Wards Affected:**	All Wards
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Dave Sweeney		
Tel:			
Email:	dave.sweeney@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

To formally adopt the Anchor Cheshire and Merseyside Anchor Institution Charter & Principles.

'Anchor institutions' are usually large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.

Sefton has clear demonstration of integrated working and commitment to work in partnership for the benefit of its communities. The Anchor approach is really a mechanism to share that thinking, learn from others and join a system endeavour to maximise every pound spent. Colleagues will see from the Charter that elements around Fair Employment, real living wage and greener outcomes are something we all strive for. Becoming an Anchor institute will help Sefton share and learn in its endeavours.

Once signed and agreed Sefton will be invited to join the Anchor assembly, this is Chaired by our Chair Raj. In that we walk through the elements within the charter looking for evidence of good practice. This is a informal and co learning session to gain maximum benefit for Sefton and the system as a whole. I will expand during my presentation.

So far, we have 24 organisations signed up, these include councils, universities, colleges, housing associations, private industry, emergency services and voluntary sector.

Recommendation(s):

That Sefton Council Health and Wellbeing Board be recommended to agree to formally adopt the Anchor Cheshire and Merseyside Anchor Institution Charter & Principles.

Cheshire & Merseyside Anchor Institute

NHS Cheshire and Merseyside

Cheshire and Merseyside

Anchor Institution Charter & Principles

What is an anchor institution?

‘Anchor institutions’ are usually large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.

An anchor institute is a place-based organisation invested in its local area. Examples include councils, universities, colleges, housing associations and emergency services.

By their very nature, these organisations also spend substantial amounts of money within the local area. While most of their employees are likely to live within the local area, and spend their wages there, they also have significant procurement and investment spend which can also be spent locally.

They have a collective interest in seeing their local area improve and are always looking for more opportunities to advance collaboration with them.

The place

Cheshire and Merseyside ICS: Local Authorities, NHS Cheshire and Merseyside, NHS Providers, Voluntary and Community Sector, Suppliers, Business, and Industry.

The Five Anchor Institution Pillars

Purchasing locally and for social benefit

Using buildings and spaces to support communities

Widening access to quality work

Working more closely with local partners

Reducing environmental impact

Our journey so far

Since November 2021 two virtual events have taken place to begin shaping our charter and considering the benefits associated with becoming an anchor institute. This includes including purchasing more locally and for social benefit; using buildings and spaces to support communities; working more closely with local partners; reducing the environmental impact; and widening access to good jobs.

We were able to learn from the positive work of other organisations, both within and outside of Cheshire & Merseyside, that are on an anchor journey. C&M is already home to anchor institutions and we envisage that our work will build on and complement this but by no means replace.

The webinars brought together cross sector partners including voluntary, charity, faith, public and business sectors to work with Cheshire and Merseyside Health and Care Partnership and shape our region's development as a better place to live and work.

The feedback gathered from these events enabled the development of the initial principles which will be shared with members of the local communities to ensure ownership, before being implemented as the Cheshire and Merseyside framework, helping to reduce health inequalities.

Agenda Item 4

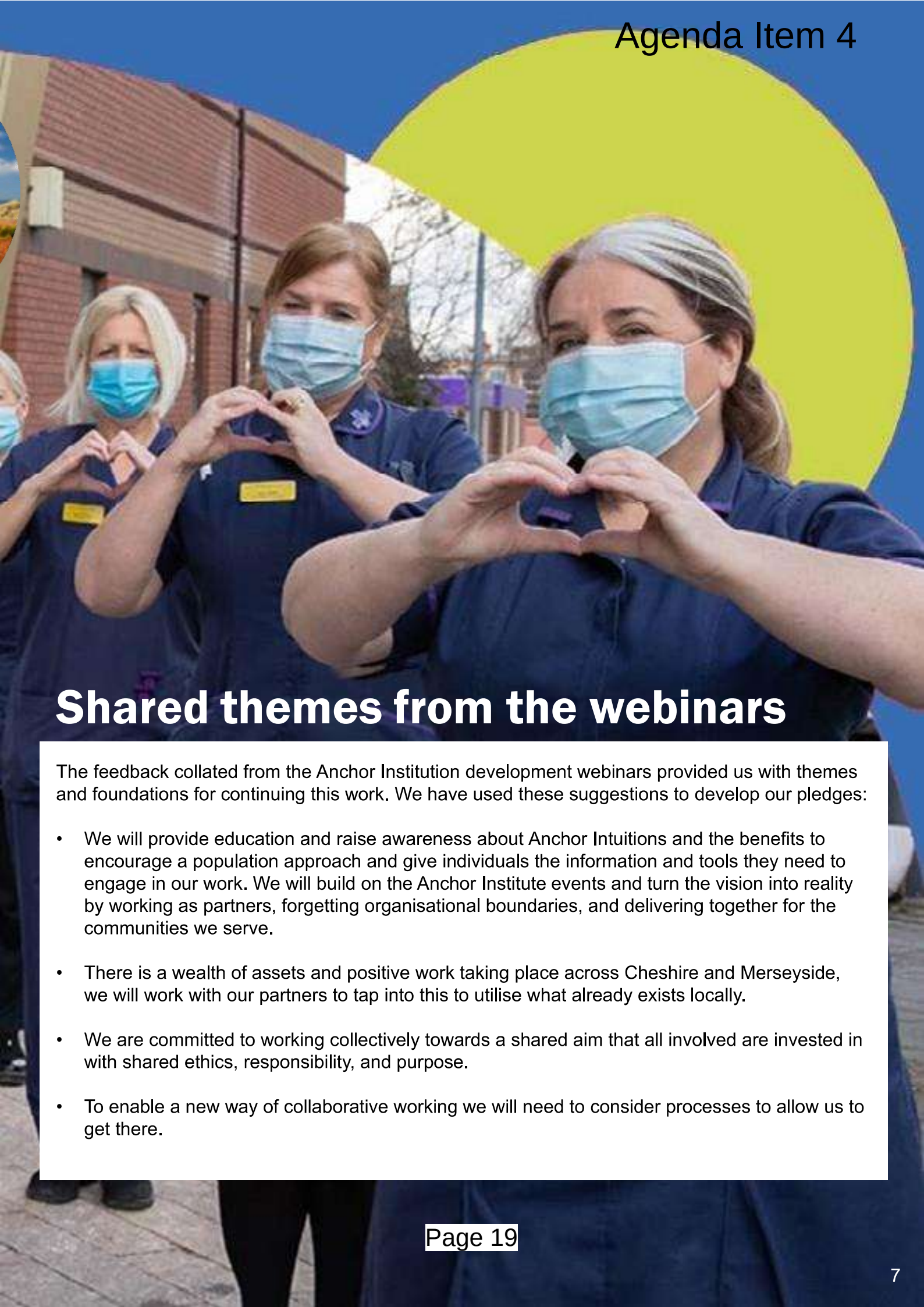
Principles and Priorities

Our Principles as an Anchor System:

- As an Anchor Institution we commit to the real living wage and creating equality within our local job sector.
- We pledge to employ and purchase, locally, in the first instance with an aim to support the wealth of local businesses within our geography.
- We pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets.
- We are committed to measuring and evidencing the progress made as a result of becoming an Anchor Institution.

Our Priorities as an Anchor System

- Develop and implement a Net Zero plan, setting out our journey towards zero carbon by 2040 or sooner.
- Our Anchor work is complemented by the Social Value Charter, to provide alignment organisations involved will have achieved, or be willing to achieve, the C&M Social Value Award within six months of signing.
- Anchor organisations will be involved in and sign up to the Cheshire and Merseyside Prevention pledge (currently applicable to Trusts only), driving a population approach to prevention and working alongside the national Core20PLUS5 supporting the efforts to reduce health inequalities.
- Develop an Anchor Network Progression Framework to help organisations self-assess progress/ ambitions as an anchor.



Shared themes from the webinars

The feedback collated from the Anchor Institution development webinars provided us with themes and foundations for continuing this work. We have used these suggestions to develop our pledges:

- We will provide education and raise awareness about Anchor Intuitions and the benefits to encourage a population approach and give individuals the information and tools they need to engage in our work. We will build on the Anchor Institute events and turn the vision into reality by working as partners, forgetting organisational boundaries, and delivering together for the communities we serve.

- There is a wealth of assets and positive work taking place across Cheshire and Merseyside, we will work with our partners to tap into this to utilise what already exists locally.

- We are committed to working collectively towards a shared aim that all involved are invested in with shared ethics, responsibility, and purpose.

- To enable a new way of collaborative working we will need to consider processes to allow us to get there.

Marmot Priorities
Best Start - Healthy Lifestyles - Employment - Healthy, Sustainable Places and Communities - Preventing Ill Health - People Maximising their Potential and Capabilities (strengths / assets) - Address racism - Pursue environmental sustainability

The Public Services (Social Value) Act 2012)
Social Value Themes
Social - Economic - Environmental

Local Sustainable Community Strategy Outcomes	Local Social Value Charter, Framework, Tools and Templates	Local Industrial Strategy Priorities	Social Innovation Incubator	Local Enterprise Partnership Priorities

Local Suppliers, Business and Industry - Corporate Social Responsibility

Anchor Organisations: NHS Cheshire and Merseyside ICB, Local Authorities, NHS Providers, Voluntary and Community Sector Organisations

Cheshire and Merseyside Health and Care Partnership, Voluntary Sector Organisations

By signing this Charter, we are committed to its principles, and will align our processes to encompass them, where possible, when we design, shape, buy and deliver services.

Signed

Designation

Organisation

Sefton Council

Report to:	*Health and Wellbeing Board*	**Date of Meeting**	6th March, 2024
Subject:	Merseyside and IoM CDOP Annual Report 2022-23		
Report of:	*Merseyside and IoM CDOP*	**Wards Affected:**	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Mike Leaf, Independent Chair Merseyside and IoM CDOP		
Tel:			
Email:	CDOPTeam@liverpool.gov.uk		

Purpose / Summary of Report:

- ✓ Outline the processes adopted by Merseyside and Isle of Man CDOP
- ✓ Assure the Child Death Review Partners and stakeholders that there is an effective inter-agency system for reviewing child deaths across Merseyside and the Isle of Man which is in line with national guidance
- ✓ Provide an overview of information on trends and patterns in child deaths reviewed across Merseyside and the Isle of Man during 2022-2023
- ✓ Highlight issues arising from those reviewed child deaths – for the region as a whole as well as identifying pertinent issues in each Local Authority area.
- ✓ Report on progress from the issues identified in Merseyside and Isle of Man CDOP's last annual report

Recommendation(s):

That the Health and Wellbeing Board:

- ✓ Notes the contents of the report and shares them with relevant forums, and ensures that local strategies are underpinned by these, and other core intelligence.

- ✓ Actively promotes joint strategies to minimise the impacts of significant modifiable factors such as: mental health; maternal smoking; smoking in the home; substance and alcohol misuse; maternal excess weight, particularly in relation to reducing infant mortality.

- ✓ Seeks assurance that these joint multi-agency strategies are suitably coordinated to minimize duplication and improve effectiveness.

Merseyside and Isle of Man Child Death Overview Panel

Annual Report 2022 – 2023

Foreword from Merseyside and Isle of Man CDOP Independent Chair:

While fortunately infrequent in our society, the loss of a child is an exceptionally heart-wrenching event that deeply affects not only the child's immediate family but also their wider circle of loved ones and the communities they are a part of. Our unwavering commitment is to prioritise families and children in all our endeavours. As a society, it is imperative that we draw profound lessons from these tragic losses, scrutinize any areas where improvements can be made, and adopt better strategies to diminish the likelihood of similar tragedies in the future.

As of this moment, a verdict in the Lucy Letby case has been reached. Between June 2015 and June 2016, this former neonatal nurse was found guilty of murdering at least seven infants and attempting to murder at least six others under her care at the Countess of Chester Hospital. This shocking case has cast a glaring spotlight on the entire child death review process, particularly in relation to the deaths of babies within hospitals. The subsequent Independent Inquiry initiated by the Government will hopefully highlight how we can enhance child death review procedures further.

Throughout Merseyside, the number of child deaths and cases reviewed in any given year tends to fluctuate, and these numbers generally remain relatively small. This can make it challenging to draw definitive conclusions in a single reporting year. However, the National Child Mortality Database (NCMD) has now become a valuable source of comparative data. This data will be integrated into future reports and will continue to drive fresh research on child fatalities and strategies to reduce them.

Mike Leaf, Independent Chair, October 2023.

Useful links:

Previous CDOP Annual Report - Merseyside and Isle of Man CDOP Annual Report 2021-2022

Safeguarding Practice Review Process - Child Safeguarding Practice Review Panel Guidance for Safeguarding Partners September 2022

SUDiC Protocol – In subsequent reports there will be a link to the SUDiC Protocol and Portal – this is due to launch in December 2023.

Whilst it is imperative that we review all child deaths, it is essential that we do not lose sight of the fact that behind every statistic is a child, a family and a community who have experienced a bereavement. As such, the report can make for difficult reading.

Purpose of CDOP:

The death of a child is a devastating loss which profoundly affects all those involved. Since April 2008, all deaths of children up to the age of 18 years, excluding still births and planned terminations are to be reviewed by a Child Death Overview Panel in line with the national guidance and statutory requirement set out in the Child Death Review Statutory and Operational Guidance published in October 2018. Child Death Overview Panels should "*review the deaths of all children normally resident in the relevant local authority area, and if they consider it appropriate the deaths in that area of non-resident children.*" Child Death Review Statutory and Operational Guidance published in October 2018.

Responsibility for reviewing child deaths across Merseyside and the Isle of Man sits with the following statutory partners:

- Knowsley Borough Council
- Liverpool City Council
- Sefton Borough Council
- St Helens Borough Council
- Wirral Borough Council
- Isle of Man
- Cheshire & Merseyside ICB (Integrated Care Board)
- Merseyside Police

Purpose of the Report:

The purpose of the Annual Report is to:

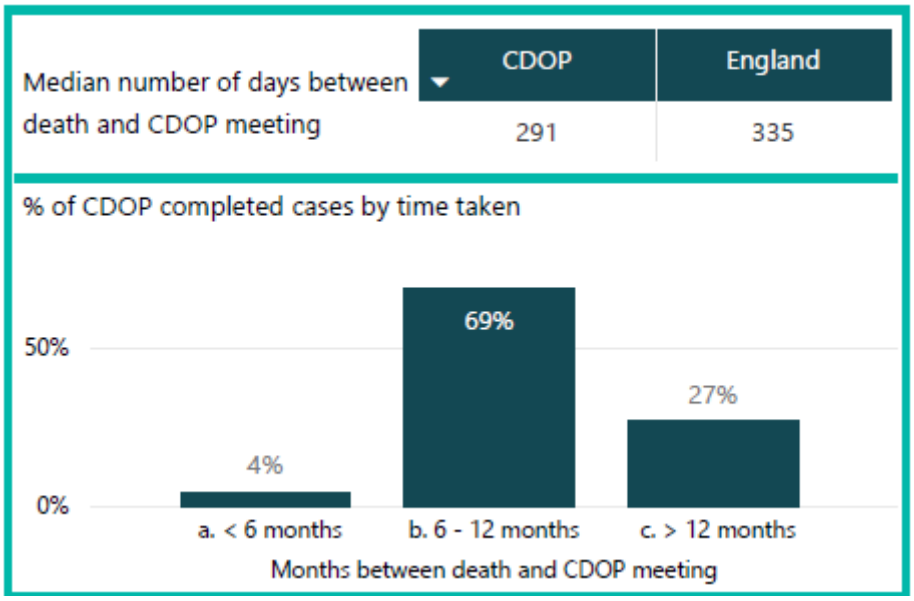
- Outline the processes adopted by Merseyside and Isle of Man CDOP
- Assure the Child Death Review Partners and stakeholders that there is an effective inter-agency system for reviewing child deaths across Merseyside and the Isle of Man which is in line with national guidance
- Provide an overview of information on trends and patterns in child deaths reviewed across Merseyside and the Isle of Man during 2022-2023
- Highlight issues arising from those reviewed child deaths – for the region as a whole as well as identifying pertinent issues in each Local Authority area.
- Report on progress from the issues identified in Merseyside and Isle of Man CDOP's last annual report
- Make recommendations to agencies and professionals involved in children's health, wellbeing and safeguarding across Merseyside and the Isle of Man which may help to positively influence infant mortality across the region.

Please note that we must use the data in this report with caution. It cannot be taken as indicative of the events/number of deaths/issues experienced of a particular year. The data contained within covers deaths which have taken place over a number of years and therefore whilst useful, should not be used to draw firm conclusions for any fixed period of time.

Merseyside and Isle of Man Data:

In 2022/2023 Merseyside and Isle of Man CDOP reviewed 93 children and 92 deaths occurred. Due to the various processes, for example Police or Coronial investigations, Practice Learning Reviews, which take place following the tragic death of a child, most of the child deaths we are notified of, will not be reviewed in the same year they occurred. The deaths reviewed in any given year are likely to have occurred several months before being discussed at Panel. In 2022/23, three deaths were reviewed from 2019-2020, 9 deaths reviewed were from 2020-2021, 68 of the deaths reviewed were from 2021-2022 and 13 of the deaths reviewed happened in 2022-2023.

The National Child Mortality Database compares Merseyside and Isle of Man CDOP's performance against other CDOPs across England:



In 2022-2023, Merseyside and Isle of Man CDOP reviewed deaths 44 days earlier than the median review time of other CDOPs in England. The majority of deaths were reviewed between 6-12 months after the child had died.

Each Local Authority area covered by Merseyside and Isle of Man CDOP had completed child death reviews in 2022-2023:

Local Authority Area	Number of Child Deaths Reviewed
Isle of Man	<5
Knowsley	8
Liverpool	46
Sefton	14
St Helens	9
Wirral	15

There were 46 male children (49.5%), 46 female children (49.5%) and 1 child (1%) of indeterminate gender reviewed.

As per previous years, the largest number of deaths reviewed were White British children who were 0 – 27 days old, followed by 28 days – 1 year old. For a breakdown of the ages and ethnicity of the children reviewed at CDOP, please see the table below:

Completed CDOP reviews by ethnic group and age group

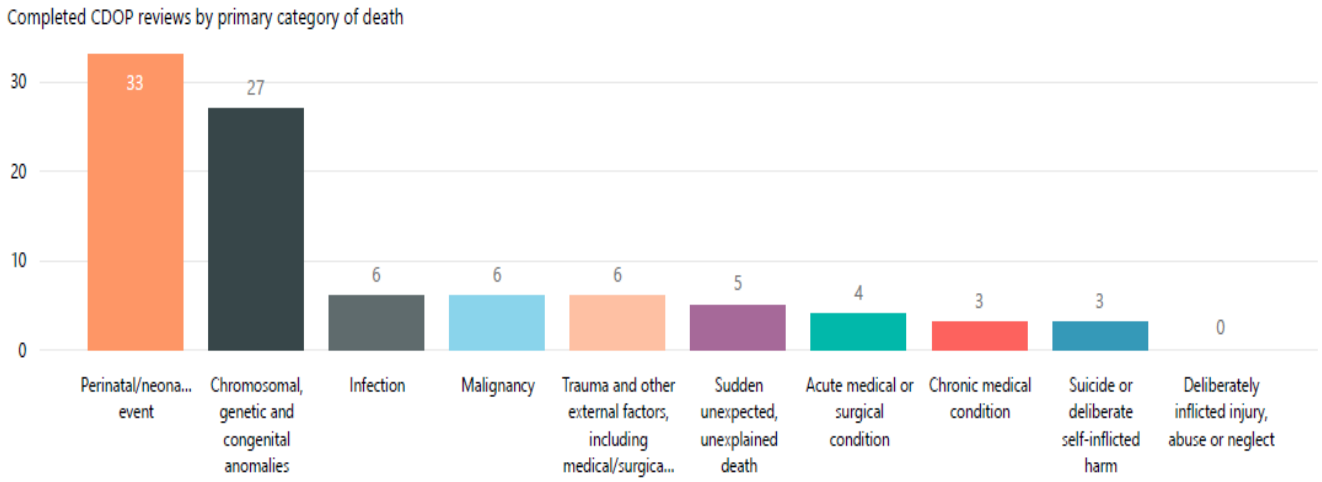
Ethnic Group	0 - 27 days	28 - 364 days	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
White	37	13	10	6	8	6	**80**
Unknown	0	0	0	0	0	0	**0**
Other	3	1	0	1	1	0	**6**
Mixed	2	0	0	0	0	0	**2**
Black or Black British	1	0	0	0	0	0	**1**
Asian or Asian British	0	1	1	2	0	0	**4**
Total	**43**	**15**	**11**	**9**	**9**	**6**	**93**

Panel identified modifiable factors in 45 of the 93 cases reviewed – this equates to 48% of the cases reviewed by Merseyside and Isle of Man CDOP. In comparison, 39% of cases reviewed at other CDOPs across England were found to have modifiable factors.

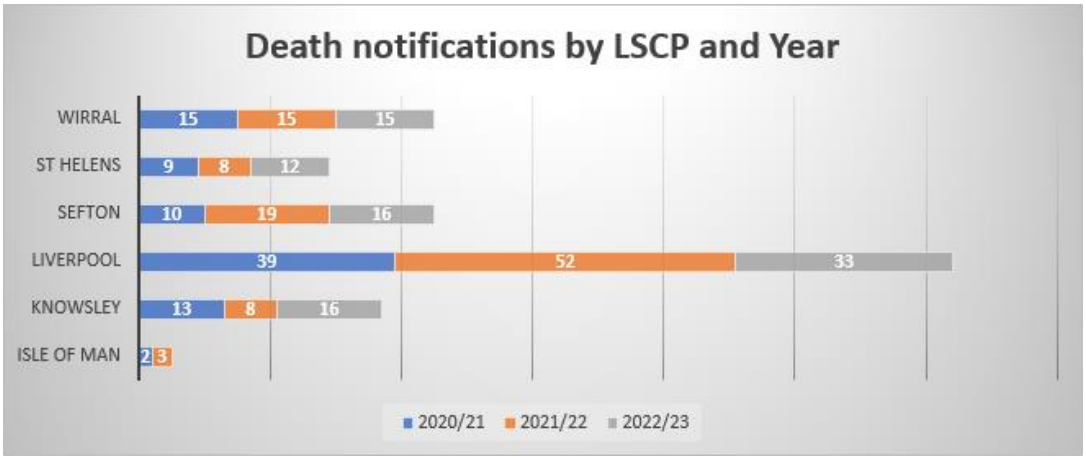
% of cases where modifiable factors were identified by age group

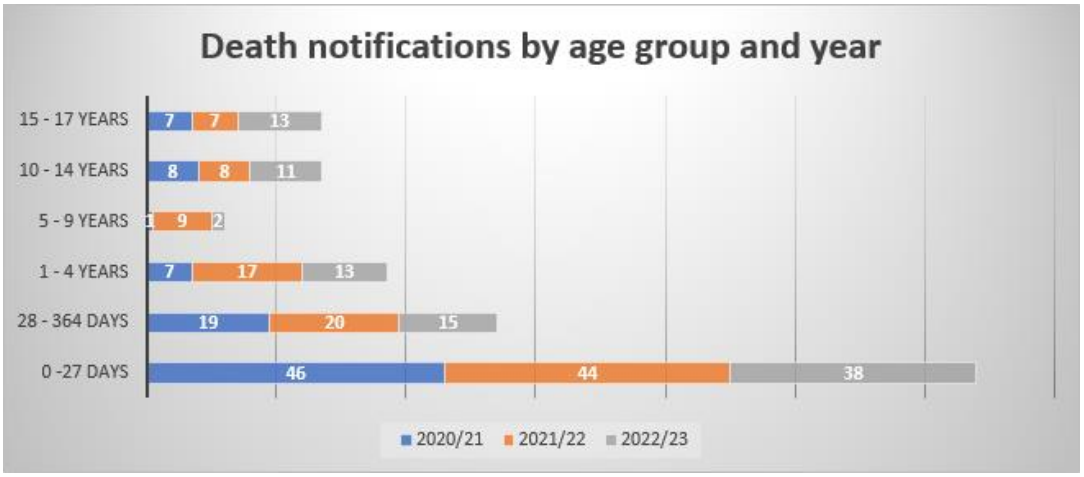
Age group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
0 - 27 days	43	24	56%
28 - 364 days	15	8	53%
1 - 4 years	11	5	45%
5 - 9 years	9	2	22%
10 - 14 years	9	2	22%
15 - 17 years	6	4	67%
Total	**93**	**45**	**48%**

For the Local Authorities covered by Merseyside and Isle of Man CDOP, the highest proportion of deaths fell into the category of 'perinatal or neonatal events', followed by 'chromosomal, genetic, and congenital anomalies', which fits with the neonatal age group being when most deaths occur. The other categories of death have relatively small numbers in comparison, please see the table below for details:



In terms of trends with our notification data, the table below shows the number of notifications of child death by the Local Authority (LSCP – Local Safeguarding Children's Partnership) in which the child was usually resident and the child's age when they died:





This illustrates that as would be expected, with the largest population, Liverpool has the highest number of child deaths of all the areas covered by our CDOP and that our highest number of deaths fall into the neonatal (0 - 27 days) period of a child's life, with 38% of reviewed deaths in 2022/23 falling into this category.

Modifiable Factors:

Modifiable factors are defined as one or more factors across any domain which may have contributed to the death of the child and which might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future child deaths. We have examined the most frequently occurring modifiable factors in 2022-2023 for all Local Authority areas, where there was more than one case:

Modifiable Factor	2022 - 2023	2021 - 2022	**2020 - 2021**
rvice Issues	26%	19%	22%
noking during pregnancy/at me of delivery	13%	15%*	6%*
gh maternal BMI	11%	15%	4%
noking in Household	10%	15%*	6%*
bstance use	8%	11%**	22%**
nsafe Sleep	5%	5%	4%
cohol use	4%	11%**	22%**
omestic Violence	4%	8%	4%
gagement with health rvices/attendance at health ppointments	4%	11%	0%
eglect	4%	5%	3%
rental mental health	2%	1%	5%
ck of adherence to health dvice	2%	Not previously included in report	ot previously included in report
ild's substance use	2%	Not previously included in report	ot previously included in report
um's health & wellbeing	2%	3%	0%

* - previously smoking/smoking during pregnancy

** - previously alcohol/substance abuse

From the deaths reviewed in 2022-2023, there was an increase in Service Issues which has consistently been one of the most frequently occurring modifiable factors identified at Merseyside and Isle of Man CDOP. Alcohol and substances were reported on separately for the first time this year, which it is hoped will make the differentiation between the two easier to identify. When combined, the numbers appear to have remained quite consistent with 2021-2022, which was a reduction from the reviews completed in 2020-2021.

More positively, it appears that this year there has been some reduction in the number of reports of smoking during pregnancy/smoking at the time of delivery/smoking in the household as well as engagement with health services and attendance at health appointments from the previous year.

Last year's priorities, (some which were rolled over from previous year) with update in italics:

- Review the current processes with a purpose of identifying areas of improving effectiveness and efficiency – *An Independent Review of CDOP was commissioned and completed alongside a new CDOP Manager coming into post, so many of the processes in place previously have been updated to enhance efficiency in terms of admin time as well as efficiency for professionals accessing CDOP.*
- Improve the quality and frequency of analysis forms from CDRM meetings and work to embed this in Trusts where these meetings are not taking place regularly and work to develop and fully establish the CDRM process in Trusts which have not yet embedded this practice – *This work is on-going with a view to an audit being completed in 2023, so will roll over in to 2023-2024 priorities.*
- Re-evaluate the role of virtually held panels and meetings following the covid pandemic – *The Independent Review also evaluated virtual and non-virtual meetings. As a result, it was agreed that Business Meetings etc. would take place virtually but that due to the nature of the discussions that take place at Panel meetings that on the most part, these would take place face-to-face with the option to run virtually, if necessary.*
- Provide assurance that multi-agency partner strategies are in place to address modifiable factors – *This work remains on-going, however CDOP has asked for and received specific assurances from Local Safeguarding Partners regarding issues relating to:*
    - *Dangerous Dogs*
    - *Safer Sleep Advice – with a Safer Sleep Conversation Tool in development for launch later in 2023*
    - *High/low maternal BMI*
    - *Smoking in pregnancy and at the time of delivery*
    - *Substance/alcohol use*
    - *Asthma and poor home conditions*
- Improve information provision from GPs – *Work was completed between CDOP and Named GPs to revise the forms requesting information from GPs for the purposes of Panel review, making them more relevant to GPs. The revised forms were launched in January 2023. This has resulted in an increase in the number of returns from GPs and will continue to be monitored into 2023/2024.*
- Develop use of the Sentinel system for Isle of Man participants – *Due to the reviews around efficiency completed by the new CDOP Manager, there will be a move to a new data system eCDOP, meaning that Sentinel use will be discontinued. Isle of Man professionals will be offered training in the new system alongside all Merseyside professionals when the new system launches in April 2023.*
- Re-establish a lay representative to panel meetings – *This work is on-going and so will be rolled over to 2023-2024 Annual Report for an update.*
- Undertake a review of the CDOP and CDR arrangements, including appointment and development of a new CDOP Manager following retirement of existing staff – *A new interim CDOP Manager was*

appointed in October 2022 and the Independent Review into CDOP was commenced in January 2023.

Priorities for 2023-2024:

- Launch the new online data system - eCDOP
- Train all staff across Merseyside and the Isle of Man in eCDOP
- Continue to monitor the effectiveness of the new forms for GPs to ensure that their vital information is being fed into the reports for Panel
- Re-establish lay member representation at Panel
- Improve quality and frequency of analysis forms from CDRM to Panel and embed the CDRM process
- Provide assurances that multi-agency partner strategies are in place to address modifiable factors and assist in the plans to tackle these where feasible
- Develop themed panels to assist with increasing our understanding of the issues across Merseyside and the Isle of Man as well as potential emerging issues and future planning for CDOP

Local Area Information

Isle of Man:

There were less than 5 deaths reviewed and no notifications received by Merseyside and Isle of Man CDOP for the Isle of Man in 2022 – 2023, as such there is limited scope in completing any further analysis as there is little data to support this.

In terms of modifiable factors identified, these were (listed in prevalence order):

- Service Issues
- Smoking in pregnancy

Knowsley:

There were 8 deaths reviewed and 16 notifications processed by Merseyside and Isle of Man CDOP for Knowsley in 2022 – 2023.

Of the 16 notified deaths, 69% (11) were considered to be expected.

5 of the 16 notifications (31%) were of children who were under 1 year of age.

In terms of modifiable factors identified for the 8 Knowsley children, which were reviewed at Panel were (listed in prevalence order):

- Service issues
- Smoking in pregnancy
- Child's substance misuse

Liverpool:

There were 46 deaths reviewed and 33 notifications processed by Merseyside and Isle of Man CDOP for Liverpool in 2022 – 2023.

Of the 33 notified deaths, 70% (23) were considered to be expected.

17 of the 33 notifications (52%) were of children who were under 1 year of age.

In terms of modifiable factors identified for the 46 Liverpool children, which were reviewed at Panel were (listed in prevalence order):

- Service issues
- Smoking within the household
- Smoking during pregnancy/time of delivery
- Substance use
- High maternal BMI
- Unsafe sleep
- Alcohol use
- Domestic abuse
- Engagement with health services
- Not adhering to health advice
- Child's substance use
- Maternal health
- Mental health

Sefton:

There were 14 deaths reviewed and 16 notifications processed by Merseyside and Isle of Man CDOP for Sefton in 2022 – 2023.

Of the 16 notified deaths, 75% (12) were considered to be expected.

13 of the 16 notified deaths (81%) were of children who were under 1 year of age.

In terms of modifiable factors identified for the 14 Sefton children, which were reviewed at Panel were (listed in prevalence order):

- High maternal BMI
- Smoking during pregnancy/time of delivery
- Engagement with health services
- Service issues

St Helens:

There were 9 deaths reviewed and 12 notifications processed by Merseyside and Isle of Man CDOP for St Helens in 2022 – 2023.

Of the 12 notified deaths, 83% (10) were considered to be expected.

9 of the 12 notified deaths (75%) were of children who were under 1 year of age.

In terms of modifiable factors identified for the 9 St Helens children, which were reviewed at Panel were (listed in prevalence order):

- Smoking during pregnancy/time of delivery
- Service issues
- High maternal BMI
- Engagement with health services
- Substance use
- Domestic abuse
- Mental health

Wirral:

There were 15 deaths reviewed and 15 notifications processed by Merseyside and Isle of Man CDOP for Wirral in 2022 – 2023.

Of the 15 notified deaths, 67% (10) were considered to be expected.

8 of the 15 notified deaths (53%) were of children who were under 1 year of age.

In terms of modifiable factors identified for the 15 Wirral children, which were reviewed at Panel were (listed in prevalence order):

- Smoking in the household
- Smoking during pregnancy/time of delivery
- Substance use
- Alcohol use
- Domestic abuse
- Service issues

Responses to CDOP Data:

Merseyside and Isle of Man CDOP regularly share the data we are collecting and collating across multi-agency forums with all of the involved Local Authorities. This is done via Health and Wellbeing Boards, Safer Sleep Group meetings as well as the CDOP Business meeting and individual forums as and when the information is relevant.

As a result of the information gathered and shared by CDOP the following actions have taken place:

- The Parent Champion in the Community project ran from October 2021 – March 2022 and provided peer-led support to families in the most deprived areas whose babies are at risk of developing bronchiolitis. Hospital admission rates for bronchiolitis are twice the national average in Liverpool. The Project aimed to help address some of the health inequalities faced by many families, specifically relating to respiratory viruses which can impact mortality rates. The NCMD featured this project in its 'Sudden and Unexpected Deaths in Infancy and Childhood Thematic Report', which was published in December 2022. NCMD reported that: *"Qualitative evidence shows that Parent Champions working in these very deprived communities deliver effective health-related peer support to parents not only because of their communication skills and personal characteristics but also because they have similar life experiences to the parents; this means parents feel that they can be open with and trust the Parent Champions. In turn, this trust means other aspects of parents' lives have the potential to be changed".*
- Merseyside Police are planning a launch of a pilot of an app, developed by PC Craig Walsh which it is hoped will help to prevent of sudden infant death across Merseyside. Police officers as well as other frontline professionals were able to access training from The Lullaby Trust to ensure that they were able to spot unsafe sleep spaces and offer some safer sleep advice. Once the data is reviewed, if successful this app will be launched force wide.
- CDOP developed a Safer Sleep Conversations Tool which will be distributed to all areas which contains advice and guidance on how to start Safer Sleep Spaces conversations with families. The tool can be used by any frontline professional who might be visiting a family home and contains information on how to seek further advice from the local Health Visiting Team if this is needed.
- Safer Sleep Group are working on more consistent auditing tools to ensure that the right advice is being given to families at the right time regarding Safer Sleep advice.
- CDOP Team have initiated a review of the Pan-Merseyside SUDiC (Sudden and Unexpected Deaths in Childhood) Protocol. It is hoped that this will be launched in 2023-2024 alongside a web-based portal which will make it easier for all professionals who are dealing with a SUDiC to access the guidance within the protocol to ensure that the process is followed appropriately.
- CDOP Team are in the process of developing and launching an ALTE (Acute Life-Threatening Event) Protocol to stand alone from the current SUDiC Protocol to ensure that professionals have clear guidance when dealing with critically unwell children.

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Report to:	Health and Wellbeing Board	**Date of Meeting:**	Wednesday 6 March 2024
Subject:	For information and approval: Pharmaceutical Needs Assessment 2025-28 development process and scope report		
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 outline the resources and processes required to deliver a fully revised three-year Sefton Pharmaceutical Needs Assessment (PNA) for 1 October 2025

Recommendations:

That the Board

(1) Note the large breadth and depth of information required by the year-long PNA development process and final document, as set out in the 'Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards' (DHSC, October 2021).

(2) Note the opportunity cost in terms of public health analyst and consultant time and endorse proposals for organisations and partners with the most relevant knowledge and expertise to produce content for specified parts of the assessment.

Reasons for the Recommendation(s):

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

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

No alternative options have been considered as the Health and Wellbeing Board is legally required to publish a fully revised Pharmaceutical Needs Assessment by 1st October 2025 (or sooner under certain circumstances). Information aimed at helping Health and Wellbeing Boards to fulfil their duties in relation to the PNA[1] advises that

[1] Pharmaceutical needs assessments: Information pack for local authority health and (publishing.service.gov.uk) (page 9)

there is a risk of judicial review if the PNA falls short of minimum requirements in terms of content, does not adhere to the process for developing the PNA as set out in law, or does not meet the statutory deadline for publication.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional costs resulting directly from the content of this report. If in the future a decision is made to procure additional external resource to support aspects of PNA development, this will be enacted in accordance with Contract Procurement rules and funded from within the public health budget.

(B) Capital Costs

Not applicable.

Implications of the Proposals:

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

Based on experience, resource implications of the PNA development process are a key point in this report, which includes proposals to help lessen the burden on Sefton Council staff.

Legal Implications:

The relevant law is:

- Section 128A of the National Health Service Act 2006 amended by the Health and Social Care Act 2012 requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment.

- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards (the local authority) therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.

Equality Implications:

There are no equality implications arising directly from this report. The pharmaceutical needs assessment must identify the different needs of those who share a protected

characteristic according to the Equality Act 2010, and PNAs are also advised to collate information about relevant needs of other groups for example, university students, offenders, people who are homeless, refugees and asylum seekers, military veterans, and visitors to the area. An equality impact assessment is developed alongside the PNA.

Impact on Children and Young People: Yes

There is an impact on children insofar as provision of enough pharmaceutical services premises and the appropriate range of pharmaceutical services makes an important contribution to the health and wellbeing of children in the population, as it does for other population groups. Range and accessibility of such services is of particular importance for the parents and carers of children because they need to interact with pharmacies on behalf of children.

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

The PNA process is not expected to have a direct effect on climate sensitive emissions.

Contribution to the Council's Core Purpose:

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

Facilitate confident and resilient communities:
Community resilience is influenced by the health of its population. This relationship has been highlighted through the unequal impacts of the COVID-19 pandemic. Pharmaceutical services play an important part in meeting health needs across our different communities.

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

Place – leadership and influencer:
Takes a place-based approach to assessment of need and influences decisions on applications to provide services within Sefton borough.

Drivers of change and reform:
PNA includes specific statements on needs in Sefton and sets out processes used to determine when a revised assessment must be prepared or supplementary statement on need issued.

Facilitate sustainable economic prosperity:
Provision of information to those with responsibility for making decisions on market

entry and consolidation applications for pharmacies.
Greater income for social investment: None
Cleaner Greener: The PNA process is a means to identify and address gaps in the sufficiency of pharmaceutical premises in terms of their spatial distribution and the range and type of services on offer. The use of transport time analysis and assessment of accessibility by means other than car stand should maintain or lessen dependence on cars, which contribute to environmental pollution, and especially air pollution, which can harm health.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7554/24.....) and the Chief Legal and Democratic Officer (LD.5654/24....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

An initial meeting was held to discuss the task of revising the Sefton PNA with the Chief Executive of Sefton Community Pharmacy (Local Pharmaceutical Committee). Development of PNAs for the next three-year period has also been an agenda item at meetings of Cheshire and Merseyside Directors of Public Health.

Implementation Date for the Decision

Immediately following the Committee / Council meeting.

Contact Officer:	Helen Armitage
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. Introduction

The purpose of this report is to outline the resources and processes required to deliver a fully revised three-year Sefton Pharmaceutical Needs Assessment (PNA) for 1 October

2025. In so doing, this report provides the Health and Wellbeing Board with relevant information about:

- Legal context
- Uses of the PNA
- The range of information required
- Required and recommended steps and process
- Timescales
- Resource implications and collaboration.

2. Background

2.1 The responsibility for producing and updating the Pharmaceutical Needs Assessment (PNA), transferred to Health and Wellbeing Boards (HWB) on 1st April 2013. At the same time responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

The PNA is used as the framework for commissioning pharmacy services in a defined area and is a statutory document, by virtue of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which set out requirements for PNAs, as follows.

- When a new assessment needs to be published (within three years of the previous publication date, in this case 1st October 2022, but earlier re-assessment can be required when there are 'significant' changes in need).
- When a supplementary statement to the PNA must or may be published
- Information which must be included
- Matters which the HWB must have regard to. These include five key statements which capture specific conclusions resulting from the needs assessment process:

    1. The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services.
    2. The pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.
    3. The pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access.
    4. The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
    5. Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other mandatory elements of the PNA are: a description of the process and rationale by which the HWB has determined the localities in its area; how it has taken into account the different relevant needs in the localities, and the different needs of those with protected and other shared characteristics in the population; information on demography, maps of where pharmaceutical services are provided; identification of where there is sufficient choice in regards to obtaining pharmaceutical services; provision of pharmaceutical services in neighbouring health and wellbeing board areas.

2.2 This very brief overview of the essential components of the PNA document already gives an indication of the scale and complexity of the task of producing a fully revised assessment. Indeed, the concise information pack published by DHSC in 2021 to support HWBs runs to 76 pages, and final PNA documents are generally more than twice as long[2]. A separate timeline for PNA development has also been provided by DHSC, detailing the necessary steps, and spanning 55 weeks.[3]

3. The PNA in use

3.1 To provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list. NHS England is responsible for preparing, maintaining, and publishing pharmaceutical lists in respect of each health and wellbeing board's area. This function is now a delegated responsibility of Integrated Care Boards (ICBs).

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications, in which process the HWB is a statutory consultee. Four types of applications can be made based on the PNA, (below).

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

Applications that do not rely on the PNA are those seeking to open a distance selling premises, and to secure improvements or better access that were not identified in the PNA ('unforeseen benefits').

[2] pharmaceutical-needs-assessment-pna-2022-25.pdf (sefton.gov.uk)
[3] Pharmaceutical needs assessments: information pack - GOV.UK (www.gov.uk) (Appendix 1: suggested timeline).

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

4. Sefton Pharmaceutical Needs Assessment 2025-28: process, inputs, collaborative working

4.1 The basic timeline below is a simplified version of the recommended DHSC 55-week timeline, shown here in white columns. The shaded grey box shows the preparation phase in Cheshire and Merseyside, during which PNA leads and Consultants from each local authority public health intelligence team meet to agree a common timeline, and to review questionnaires for public and contractor surveys and templates to help harmonise the work going on across the nine areas.

Mar-Sept 2024	Sept/Oct	Nov/Dec	Jan/Feb	Mar/Apr	May/June	July/Aug	Sept/Oct 2025
C&M PNA leads meetings – review surveys, report template etc. Map and commence governance route to sign-off inc. - report to OSC H&SC (Adults) in this period, ahead of active development phase starting in September. - submissions to consultation and engagement panel	Convene steering group. Collate data and information sources, inc. **dispensing and activity data**	4-week public, 4-week contractor surveys go live Questionnaire analysis Map service provision data Draft overview, health needs, **identified patient groups**, and public and **contractor engagement sections.**	**Draft pharmaceutical services sections** Draft EIA **Complete locality assessments**	Steering group review **Draft statements of need** Finalise PNA in first draft for HWB Agree consultation questions and produce consultation plan and resources	HWB signs off PNA draft for 60-day consultation	60-day <u>statutory</u> consultation Draft consultation report and agree response.	Finalise draft and obtain sign-off at HWB. Publish by 1 October 2025

The information in the table provides further indication of the substantial time, technical and topic expertise that is needed to produce the PNA document. As in other local authorities in Cheshire and Merseyside the work of collating, analysing, and drafting the PNA in Sefton has been led by the public health analyst and a consultant in public health. Particularly time-consuming analytical aspects include the analysis and presentation of questionnaire data, including mapping of pharmacy provision. Additionally, technically challenging aspects that most benefit from pharmaceutical services and relevant commissioner expertise are highlighted **bold** in the timeline. During preparation of the current PNA local authority analysts had difficulties obtaining, analysing, and interpreting dispensing and activity data according to requirements set out in the new information pack (DHSC, 2021).

4.2 In discussing the resourcing implications of revising the PNA it is useful to consider the many different types of information that must be collated, analysed, and synthesised. This is now even more the case given the additional emphasis that is now placed on the level of detail expected in regulatory statements, for example[4],

> "Taking into account the above information, the health and wellbeing board is satisfied that there is a current need for the provision of the community pharmacist consultation service on Saturdays and Sundays between the hours of 09.00 and 19.00, in Anytown, to the north of the river."
>
> Or,
>
> "There is a current need for a pharmacy providing the following services, Monday to Saturday:
>
> - all essential services,
> - the community pharmacist consultation service,
> - the new medicine service, and
> - flu vaccinations."

Information that goes towards the final assessment of needs broadly comprises:

1. Demographic and health data, describing the population profile, and relevant health status and inequalities of the population, including groups with protected characteristics or additional barriers to access, and differences in specified localities.
2. Information about expected changes in local demography, for example new housing developments.
3. Information about people's experiences of using pharmacies in Sefton.
4. Information about stakeholder views of the draft PNA (statutory consultation report)

[4] Pharmaceutical needs assessments: Information pack for local authority health and (publishing.service.gov.uk) pp52-53

5. Information about the location, accessibility, opening hours, range of essential, advanced, and enhanced services and activity provided by community pharmacies, dispensing appliance contractors, dispensing doctors and other services that influence demand.
6. Information about provision of pharmacy services in neighbouring local authority areas
7. Determination of what constitutes a 'necessary' pharmaceutical service in the area; determination of services that are not necessary but could secure better service or access; assessment of whether choice of services is sufficient; specification of gaps in provision in line with the 2013 regulations.

4.3 It is important that the PNA is developed to a high standard because it is a legal duty of the Health and Wellbeing Board, and because it is a means to determine the variety and distribution of pharmaceutical services that are best suited to different places and different population groups in Sefton. Therefore, it is proposed that overall co-ordination of the process outlined in the table above will be undertaken by the public health team, but that lead responsibility for production of the various parts of the report should take account of relevant expertise in the wider system as far as possible.

- Broadly speaking, this would see public health staff taking the lead on points 1-4 above, professionals from Sefton Community Pharmacy, NHS England (Cheshire and Merseyside ICB with Sefton Partnership) supporting more with points 5-7, and the wider steering group helping to shape statements of need.

Other options that may be considered to improve the quality of the process and information that feeds into the revised PNA are to:

- Commission support from Health Watch Sefton to enable more face-to-face engagement during the 4-week public survey, which is currently delivered online only to improve feedback from groups with greater or different needs.
- Explore the feasibility of commissioning external project management and professional pharmaceutical expertise.

5.0 Conclusion

It is a statutory duty of the Health and Wellbeing to publish a legally compliant Pharmaceutical Needs Assessment for the following three years on or before 1st October 2025. This requires a wide range of skills and knowledge and places a big demand on the business intelligence and public health staff involved. A good quality PNA is in the interests of Sefton's communities and is best served through sharing the tasks of analysis and drafting by collaborating with stakeholders in the wider system wherever feasible.

6.0 Recommendations

That the Board:

1. Note the large breadth and depth of information required by the year-long PNA development process and final document, as set out in the 'Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards' (DHSC, October 2021).
2. Note the opportunity cost in terms of public health analyst and consultant time and endorse proposals for organisations and partners with the most relevant knowledge and expertise to produce content for specified parts of the assessment.

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Report to:	Health and Wellbeing Board	**Date of Meeting:**	Wednesday 6 March 2024
Subject:	Progress update on the Sefton Child Poverty Strategy		
Report of:	Director of Public Health	**Wards Affected:**	(All Wards);
Portfolio:	Health and Wellbeing Communities and Housing		
Is this a Key Decision:	No	**Included in Forward Plan:**	No
Exempt / Confidential Report:	No		

Summary:

The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress of the Sefton Child Poverty Strategy[1], by providing the following.

- A summary of strategy background and development.
- A brief overview of the child poverty strategy's goals, priorities, and suggested actions.
- Discussion on arrangements for implementation, governance, and monitoring.
- A review of progress using the accountability framework.
- Comments on wider policy context - opportunities and challenges.

Recommendations:

The Health and Wellbeing Board is recommended to,

1) Note the content of the report and the progress made since the launch of the strategy.
2) Consider how the Board can best promote and support the child poverty strategy in its second year.

Reasons for the Recommendations:

The Health and Wellbeing Board has a governance role to provide oversight and support for the delivery and progress of the child poverty strategy. This report sets out information about progress in the year following its launch and proposals relating to its further implementation in 2024.

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

An alternative was not considered. The Council's vision and core purpose demonstrate its continued commitment to support the most vulnerable, reduce poverty and its short-

[1] Childhood Poverty Strategy 2022 (sefton.gov.uk)

and long-term impacts, and to foster prosperity and good prospects for all. Advancing strategic and co-ordinated action on the issue of child poverty is aligned with the Council's responsibilities towards children and has co-benefits across the priorities expressed in our Core Purpose.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no new revenue costs associated with the contents of this report.

(B) Capital Costs

There are no new capital costs associated with the contents of this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
The actions and intentions in this report are intended to be achieved from within the existing resources of the Council and its partners. Implementation of actions to achieve the goals of the child poverty strategy is founded on an assets-based approach.

Legal Implications:
There are no legal implications arising from this report.

Equality Implications:
The equality implications have been identified and risk remains, as detailed in the report. Inequality is inherent in the subject matter of this report concerning child poverty. An equality impact assessment was completed alongside the current child poverty strategy, and mitigations to maximise inclusivity and diversity are ongoing considerations in the implementation of the strategy.

Impact on Children and Young People: Yes
Set out in full in the report.

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. However, implementation of Place actions and priorities as set out in the child poverty strategy are considered supportive of the Council's work to reduce the scale and impact of climate change, particularly unequal impacts on health.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The focus of the strategy, and therefore also this report, are the one in five under 16s who are living in relative poverty. Abundant evidence shows that at a population level, childhood poverty increases the risk of entering adulthood with less good health, qualifications and earning prospects. The strategy's priorities and actions are focused on disrupting this relationship and reducing the short- and long-term vulnerability that often results from experiences of poverty in childhood.
Facilitate confident and resilient communities: The strategy and this report emphasise the role that everyone must play in tackling child poverty, including those who live with, or closest to the most difficult challenges. The strategy emphasises routes towards developing more cohesive, healthier communities, with better opportunities and experiences. These changes can help children grow a positive sense of themselves, their value in society, and potential for the future.
Commission, broker and provide core services: Neither the current strategy nor this report implies the need to commission new services. Instead, the emphasis is on enabling services to be even more systematic and deliberate in how they are designed and delivered, so as to minimise the direct and indirect negative impacts of poverty on uptake and outcomes.
Place – leadership and influencer: This strategy has already received recognition from beyond Sefton, including from Sir Michael Marmot. Given the strength of support demonstrated by senior officers and elected members, the Council is well-placed to take this strategy forward.
Drivers of change and reform: The child poverty strategy represents an important opportunity to unify and align all aspects of the Council's work and work with partners around the mutually beneficial goal of reducing child poverty and its impacts, now and for the future. Therefore, this strategy can be seen to make a positive contribution as a driver of equitable, inclusive change and reform.
Facilitate sustainable economic prosperity: Forging a path away from persistent disadvantage requires changes to the opportunities and experiences that currently shape children's development. In turn, the benefits from mitigating the impacts of child poverty to the maximum extent possible are the positive returns to the future skills and knowledge profile of Sefton's young labour market. This synergistic relationship is also captured in the Sefton economic strategy.
Greater income for social investment: The child poverty strategy does not generate income for social investment directly, but it promotes and invites stakeholders to recognise the benefits of social value investment and returns, including less formal, community-driven approaches to local wealth redistribution.
Cleaner Greener: As indicated under the climate emergency section above, the strategy is likely to contribute to lowered climate risk, and a cleaner and greener environment, especially through actions under the place priorities.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7549/24...) and the Chief Legal and Democratic Officer (LD.5649/24...) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

This report includes information about external engagement that took place to inform the development of the strategy, and subsequent community insight work to capture a more in-depth, first-hand understanding of the experiences of children and their families in low income households in Sefton.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Helen Armitage
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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.
The Sefton Child Poverty Strategy is published on the Sefton Council website Sefton Child Poverty Strategy.

1. Introduction

The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress of the Sefton Child Poverty Strategy[2], including the following.

- A summary of strategy background and development.
- A brief overview of the child poverty strategy's goals, priorities, and suggested actions.
- Discussion on arrangements for implementation, governance, and monitoring.
- A review of progress using the accountability framework.
- Comments on wider policy context - opportunities and challenges.

[2] Childhood Poverty Strategy 2022 (sefton.gov.uk)

1.1 Summary of strategy background and development

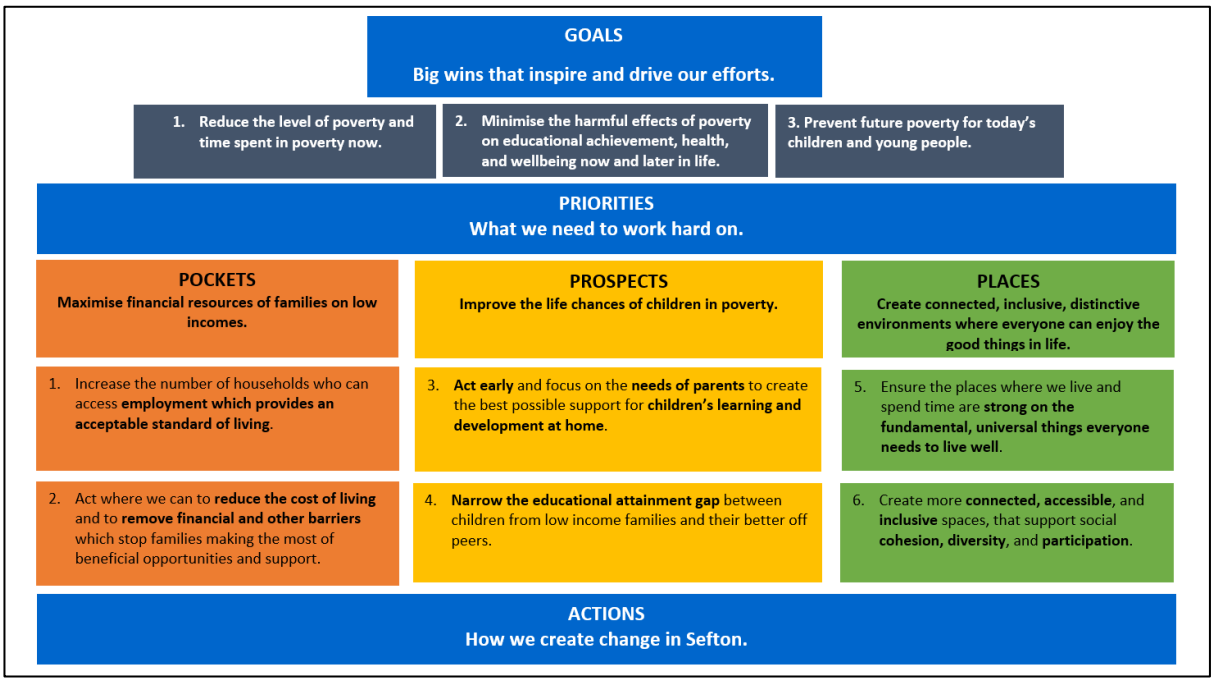
The Council declared a poverty emergency in 2021. A comprehensive desk-top review of child poverty in the context of the pandemic was prepared for the Welfare Reform and Anti-Poverty (WRAP) Cabinet Members' Reference Group (CMRG) and this informed the decision to create a dedicated child poverty strategy. Staff in the public health team led and co-ordinated the process of developing the strategy with input from the WRAP partnership and oversight from WRAP CMRG. The strategy was developed during 2022 and launched that December. It was informed by a broad range of evidence, for example.

- The epidemiology of child health, educational attainment, and subsequent income inequalities in Sefton, which are known to be associated with child poverty at a population level.
- The epidemiology of the social and wider causes of these outcomes, including the distribution of income deprivation affecting children; groups at greater risk of relative poverty; the economic and employment profile in Sefton.
- Evidence from research about which risk and protective factors in childhood mediate risk of continuing poverty in adulthood.
- Evidence from national surveys of children's and families' experiences of situations like home-schooling during the pandemic.
- Insights from members of the WRAP partnership group and broader internal and external stakeholder workshops. These were central to development of the suggested actions that fall out of each of the six priority areas in the strategy.
- Examples of local child poverty strategies developed elsewhere (mostly from Scotland, which has a national child poverty reduction strategy).

Funds provided by the Cheshire and Merseyside Health and Care Partnership's Marmot Communities Programme were used to commission a qualitative insight study to capture the voices of individuals with first-hand and near experience of living in poverty. One to one discussions sought to explore what poverty means for children and families in Sefton now, their hopes and expectations for the future; and how living on a low income affects day to day experiences, e.g., take-up of services, opportunities for leisure and socialising, learning at home and school.

Aside from this investment, the strategy has been developed with a focus on assets-based changes that can be initiated and driven by partners working at a Sefton level.

2. Overview of the child poverty strategy's goals, priorities, and suggested actions



The image above shows the goals, themes, and priorities in the Child Poverty Strategy and how these relate to the suggested actions listed under each of six priority areas. Important points to note are:

- The **goals 1-3**, address prevention of both root causes and unequal effects of child poverty, in the present and future lives of today's children.
- The **pockets, prospects, and places themes** used to group the **six priorities** were inspired by Scottish strategy on child poverty and help to structure a complex issue.
- The strategy has a **long lifespan (to 2030)** in keeping with the scale and range of changes that are needed, but this does not rule out necessary updates. The temporal context for child poverty reduction is often (rightly) described as being 'inter-generational'. However, many meaningful improvements in the lives of children can be achieved more quickly than this.
- The intended **audience** for the strategy is not limited to Sefton Council.
- The **actions** that were suggested and endorsed during the drafting process are presented in more general, rather than specific terms. They do not constitute a true action plan since they are not tied to specified timescales or action owners. This reflects several considerations –
    - Lines of action should be reasonably future-proof – more than just transient priorities.
    - It is not helpful to set out actions which turn out to rely on unmanageable assumptions about capacity and resource.
    - The type of change required must allow for a large degree of bottom-up innovation and co-production, alongside enabling actions, for example policy changes.

- Many decision-makers and change-makers who have a vital part to play in realising our child poverty goals are not employed or commissioned by the Council.
- It is appropriate for stakeholders, including the Council, to develop specific action plans (or highlight child poverty reduction actions in existing ones), closer to where change will happen.
- When the current version of the strategy was published, qualitative insight work to gather in-depth information from lived experience had not been completed. From the outset, it was anticipated that this new knowledge would suggest new actions and/or refine some existing actions.

2.1 Is the Sefton Child Poverty strategy good?

England does not have a national child poverty reduction strategy, although the need for one has often been highlighted over the past year, for example this was a top recommendation in the Mentally Healthier Nation report produced by the Centre for Mental Health.[3]

Greater Manchester Poverty Action has recently produced a report on local anti-poverty strategies, setting out good practice and effective approaches[4]. The report includes a framework of essential, inter-dependent and complementary elements that the authors propose are necessary for an anti-poverty strategy to be successful (below).

An in-depth audit to benchmark Sefton's strategy against this framework has not been undertaken, but a positive reflection is that none of these elements are wholly absent from our local strategy. Some are well-developed, for example, the definition of poverty

[3] AMentallyHealthierNation_Summary_Digital.pdf (centreformentalhealth.org.uk)

[4] GMPA-Local-anti-poverty-strategies-report-2023-final.pdf (gmpovertyaction.org)

and its drivers, adopting a medium and long-term perspective, and political and officer leadership. From this checklist, areas for further development may include,

- Clearer **prioritisation** of actions the Council will take to directly further the strategy's goals – a good example of this is the recent adoption of the socio-economic duty, as well as actions that enable partners and wider stakeholders to implement changes in what they do. This element is discussed further in the next section under the heading of 'milestones'.
- **Action plan:** a high-level action plan focusing on the Council's core capabilities to bring about change and key milestones, can aid the process of embedding anti-poverty, pro-equity considerations into the wider work of the Council **(reinforcing and aligning with existing strategies).** An existing example of this is the deliberate cross-referencing between the child poverty strategy and the economic strategy.
- **Monitoring and evaluation:** an appropriate accountability framework has been developed, but it has not been fully and routinely adopted into governance arrangements. This means that its potential to shape, guide and promote the child poverty strategy is not being fully realised.

3. Plans for monitoring, governance, and implementation

Monitoring

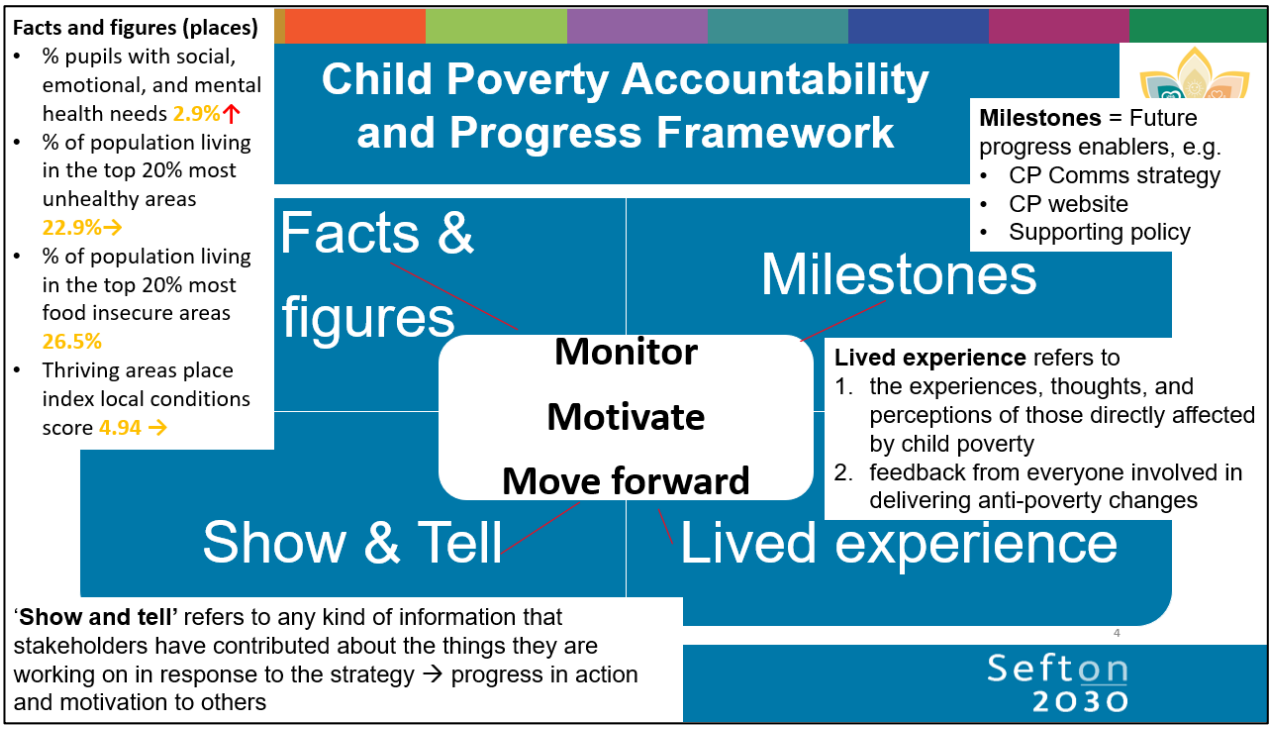
As part of the process of developing the strategy, a proposal for monitoring and evaluating implementation and progress towards outcomes was presented to the WRAP CMRG in August 2022. This was also a topic for stakeholder discussion and feedback at the launch and prospects events and was the subject of a workshop at the most recent Place event.

The first step towards developing an accountability framework for the child poverty strategy was to identify important characteristics and attributes the final model should have. In summary, the accountability framework should,

- **Enable progress that is flexible and responsive** rather than becoming overly and rigidly focused on numerically measurable outcomes.
- **Minimise duplication** of established reporting and monitoring. Use information that is already collected, or which can be collected incidentally through activities that also support dissemination and delivery of the strategy, e.g., stakeholder events.
- **Be lean** - adequate and sufficient.
- **Add value** – by acting as an invitation to others to share things they are doing differently to tackle child poverty, the framework can act as a conduit, taking in valuable learning and inspiration that can be used to promote change elsewhere. In time, this can become a visible and meaningful way of holding one another to account.
- Monitor **progress as well as outcomes.**

- **Capture the voice of the child and families** and reflect what matters.
- Demonstrate dimensions of **quality**[5]**.**

Outside of the carefully controlled environment of a research study it is not possible to definitively attribute changes in the level of child poverty, the level of persistent disadvantage, or young people's health and educational outcomes to actions initiated by this strategy. It is still appropriate and important to monitor child poverty statistics, but it is also necessary to look to other types of information that can reflect where progress is and is not being made and how this is being felt in the lives of local families and communities. Taking account of these requirements, the child poverty accountability framework has four dimensions, as illustrated below.



Facts and figures

This element of the framework is currently comprised of 22 quantitative indicators, linked to the strategy's six priorities (mapped below, next page), which are sourced from the Cheshire and Merseyside Marmot indicator dashboard, Fingertips data profiles from the Office of Health Improvement and Disparities (OHID), and the Thriving Places Index.

[5] Quality in public health: a shared responsibility - GOV.UK (www.gov.uk)

INDICATORS	POCKETS	POCKETS	PROSPECTS	PROSPECTS	PLACES	PLACES
Indicator mapped to strategic prioities identified in the Sefton Child Poverty Strategy	1.Increase the number of households who can access employment that provides an acceptable standard of living	2.Do what we can to reduce the cost of living and to remove financial and other barriers that lower the benefit low income families get from local opportunities and support on offer	3.Acting early and focusing on the needs of parents to create the best possible support for children's learning and development at home	4.Narrow the educational attainment gap between children from low income families and their better off peers	5.Ensure the places where we live and spend time are strong on the fundamental, universal things everyone needs to live well	6.Create more connected, accessible and inclusive spaces, that support social cohesion, diversity and participation
Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development) 2020						
Percentage of children(no FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022						
Percentage of children(FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022						
Average Attainment 8 score (no FSM) 2022						
Average Attainment 8 score (FSM) 2022						
Percentage of 16-17 year-olds NEET 2021						
Percentage unemployed (aged 16-64 years) 2022						
Median pre-tax weekly earnings (£) 2021						
Percentage of employees who are employed on a non-permanent contract 2021						
Percentage of employees earning below real living wage 2022						
Percentage of children in workless households (dependent children) 2021						
Percentage of under 16s in relative poverty, after housing costs 2021						
Percentage of pupils with social, emotional and mental health needs 2021						
Percentage of population living in the 20% most unhealthy environments (Access to Healthy Assets and Hazards Index) 2022						
Food insecurity (indirect measure) Percentage of population who live in LSOAs scored in the top 20% for risk of food insecurity nationally on the Food Insecurity Risk Index 2021						
Crude rate per 10 000 of children under 18 in care 2022						
Pupil absence (%) 2021						
Crude rate per 1000 of households with dependent children owed a duty under homelessness act 2021						
Crude rate per 1000 households in temporary accommodation 2021						
Thriving places index local conditions composite score 2022						
Thriving places index participation score 2022						
Thriving places index community cohesion score 2022						

Milestones

Ultimately, change can only happen when staff, volunteers, and the public all start doing some things differently to release poverty-reduction potential. Turning priorities on the page into real-life change for the better requires its own deliberate programme of facilitative and enabling actions, as well as ways of tracking progress on processes and impact.

Milestone achievements enable future progress. At this relatively early stage in implementation, they largely relate to the business of setting the strategy on firm footings. For, example actions that promote the existence of a new child poverty strategy in Sefton, both internally and externally are fundamentally important milestones. This is for the obvious reason that awareness and knowledge are prerequisites for change. An overview of progress against year one milestones is included in the next section.

Show and tell

The 'Show and tell' section refers to any kind of information that stakeholders have contributed about the things they are working on or intending to work on in response to the strategy. Simple examples of changes an organisation made, how children/parents/carers benefited, and what they will do next, show progress in action, but also motivate others to move forward with their own changes. Early in the life of the strategy, the progress and impacts we expect to see are from new examples of good practice and innovation. Over time, with continued support, progress should increasingly reflect more widespread adoption of anti-poverty changes in a wider range of settings in Sefton.

Lived experience

Lived experience refers primarily to the experiences, thoughts, and perceptions of those who are directly affected by living on a low income, and secondarily to qualitative feedback from everyone involved in delivering anti-poverty changes. In this foundational phase of the strategy this information is largely from three sources: the specific qualitative insight work commissioned to inform our work; feedback gathered at the launch and prospects events; and through other engagement with stakeholders, for example through Symbol reports produced by Sefton Young Advisers and Youth Voice.[6] In time, we hope to be able to gather more case studies that capture first-hand experience of the improvements and differences that the strategy is striving to make, both through input from partner organisations and through increasing co-production.

Implementation

The table below illustrates the essential importance of effective communications to encourage widespread ownership of the issue and solutions to child poverty. It is written from a system-wide perspective, but also applies to internal communications within organisations like the Council. Ideally, this strategy would benefit from its own communications strategy.

Communication need for sustainable change	**Enabling factors/resource**
WHO? **Potential change-makers** must know **they can act** to reduce child poverty and inequality in Sefton	• Themed 'conference' events. • Promotion at other learning events e.g., cost of living. • Plan on a page to represent the strategy. • Brief communication leads in partner organisations – consider longer-term comms collaboration on child poverty agenda. • Complementary joint approach with other communications, e.g. cost of living, child health, climate emergency. • Adopt consistent 'branding' – logo, tagline, hashtag to make messaging memorable, distinctive, and cohesive.
WHAT? Change-makers must know **what they could realistically do** to make a difference	• Consider sharing a simplified version of the earlier Sefton Child Poverty Model to help organisations spot where they may have opportunities for pro-equity, child-friendly actions, e.g., poverty-proofing© tools/support[7] or a socio-economic duty 'checklist'. • Share local examples of simple changes, e.g., from child poverty prospects and place events.

[6] SYMBOL (sefton.gov.uk)

[7] Poverty Proofing© Services - Children North East (children-ne.org.uk)

Communication need for sustainable change	**Enabling factors/resource**
WHY? Change-makers must be **sufficiently motivated** to do something/s differently and understand how benefits outweigh costs for them.	• Develop CP webpages to host resources and promote poverty proofing activity.[8] • Consider ways to put trailblazers in touch with new adopters. • Later, consider some sort of Child Poverty Champion stamp of approval/hallmark. • Continue to create opportunities to celebrate and spotlight good practice.
HOW? **External change-makers** must be **able to select and implement** pro-equity, anti-poverty changes (rather than waiting for a top-down instruction. An element of self-service needs to be supported). **Council-based change-makers** must know what tackling child poverty means for how their role and day to day work.	• Promote complementary resources, e.g., from national and regional bodies, Marmot Communities, ICS Anchor Institutions, Social Value Charter, learning and training on making pro-equity changes at work. • As above a dedicated webpage would support this. • Schedule online or in-place events help to form a 'coalition of willing early adopters'. • Build on successful policy change and implementation, e.g. Climate Emergency.
FOR HOW LONG? Change-makers must be **able to see (and have others see) how their changes benefit them, and children and families** to help motivate and sustain new anti-poverty ways of operating.	• Dovetail with other priority issues, e.g., seasonal comms for holidays, winter warmth, health campaigns, back to school, cost of living etc. • Boost reputation and reward good practice by sharing and promoting widely.

In addition to work already taking place to mitigate immediate material deprivation e.g., food banks and community pantries, emergency payments, welfare, and debt support; a lot of the change that is required is best supported by initiating changes in policy, e.g., implementation of the socio-economic duty. To be successful, policy changes must be feasible, realistic, and practicable. Plans should be shaped alongside people who will enact the policy in their day-to-day work, and those who are intended to experience the benefit.

Governance

Current oversight and governance arrangements for the strategy are provided by the WRAP CMRG and the Health and Wellbeing Board, and externally via the Cheshire and Merseyside Marmot Communities Leads Group.

[8] Capabilities appear similar to www.seftonsab.org.uk (Sefton Safeguarding Adults Partnership Board), which has been recently commissioned and is separate from Sefton.gov.uk

4. A review of progress using the accountability framework

Facts and figures

The table below is the latest update to the 22 quantitative indicators selected to measure progress. These are the latest statistics available as of 30 January 2024. Eleven date to 2022, ten to 2021, and one from 2020. This means that any impact from the strategy and other influences in 2023 is not yet 'visible' in this data. Post-pandemic and cost of living impacts and inequalities are in evidence across several indicators.

Indicator mapped to strategic priorities identified in the Sefton Child Poverty Strategy	Latest statistic (RAG compares to England)	3-Year trend
Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development) 2020	82.70	Stable
Percentage of children(no FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022	65.50	**Worse**
Percentage of children(FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022	**41.60**	**Worse**
Average Attainment 8 score (no FSM) 2022	48.20	Stable
Average Attainment 8 score (FSM) 2022	35.00	Stable
Percentage of 16-17 year-olds NEET 2021	3.10	**Better**
Percentage unemployed (aged 16-64 years) 2022	4.10	**Worse**
Median pre-tax weekly earnings (£) 2021	**445.40**	Stable
Percentage of employees who are employed on a non-permanent contract 2021	3.60	Stable
Percentage of employees earning below real living wage 2022	14.00	**Better**
Percentage of children in workless households (dependent children) 2021	4.50	**Better**
Percentage of under 16s in relative poverty, after housing costs 2021	18.30	**Worse**
Percentage of pupils with social, emotional and mental health needs 2021	2.90	**Worse**
Percentage of population living in the 20% most unhealthy environments (Access to Healthy Assets and Hazards Index) 2022	22.90	Stable
Food insecurity (indirect measure) Percentage of population who live in LSOAs scored in the top 20% for risk of food insecurity nationally on the Food Insecurity Risk Index 2021	**26.50**	Unknown
Crude rate per 10 000 of children under 18 in care 2022	**113.00**	Stable
Pupil absence (%) 2021	8.00	**Worse**
Crude rate per 1000 of households with dependent children owed a duty under homelessness act 2021	7.40	Stable
Crude rate per 1000 households in temporary accommodation 2021	0.30	Stable
Thriving places index local conditions composite score 2022	4.94	Stable
Thriving places index participation score 2022	6.46	**Better**
Thriving places index community cohesion score 2022	5.66	**Better**

Milestones

Year one milestones	Achieved?
Launch event	**Yes** – December 2022
Communications plan and 'brand'	**Partially**  Striking 'brand'. Successful communications for events led by public health, with input from Communications team. No formal communications strategy in place.
Online or in-person events to promote strategy, develop network of collaborators and supporters and collate evidence of progress and change.	**Yes –**Prospects event in 2023 and Places event in early 2024.
Supporting resources: webpage, plan on a page, audit tool, poverty-proofing checklist	**Partially** - Webpage but can be developed further Sefton Child Poverty Strategy - Original audit tool was too complex based on feedback. External options that are more actions sed have been identified. - Research to collate examples of checklists etc that organisations can use to decide on mitigating action against poverty-related disadvantage facing children, parents and carers is being undertaken by public health registrar.
Accountability and progress framework in use	**Yes**
Shared progress on year one priorities	**Yes –** see appendix for outputs of the prospects event and 'show and tell' below from the pre-place event survey.

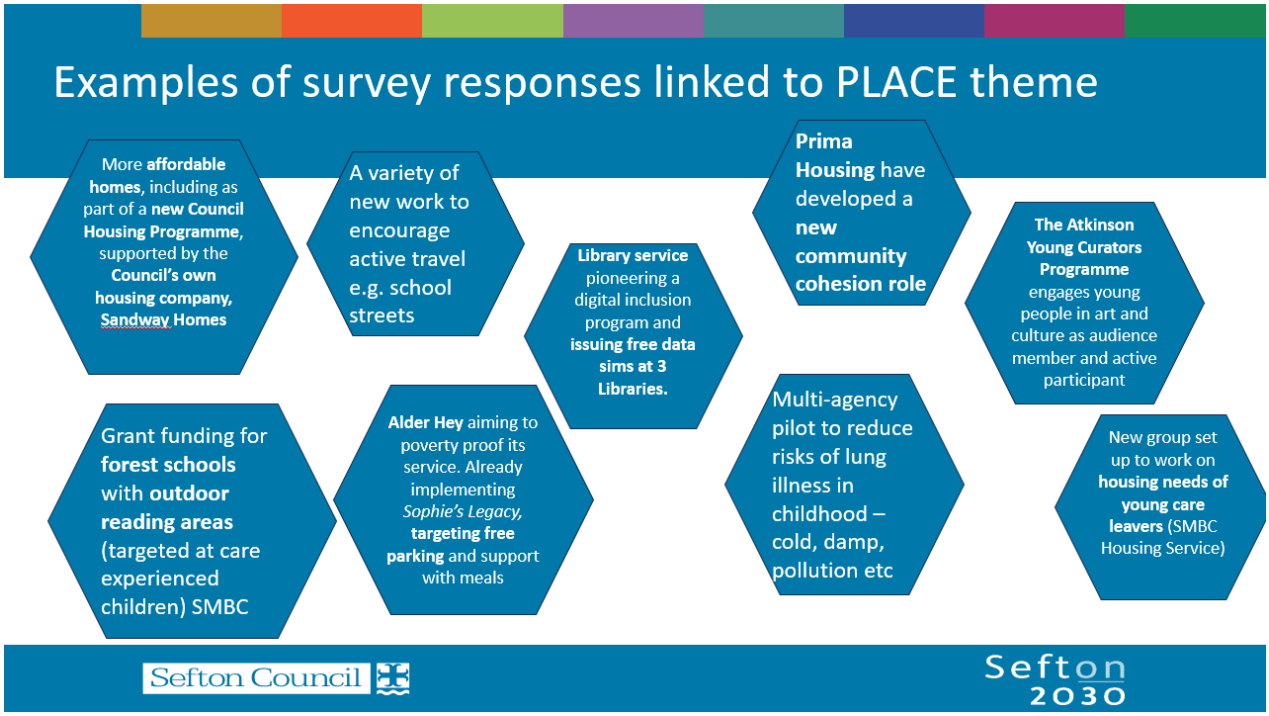
Show and Tell

The graphic below shows examples of work taking place in Sefton that were gathered using a short Your Sefton, Your Say online survey ahead of the most recent Place themed event on 18 January 2024 (see appendix for examples of post-event reports from the Prospects event). The simple questions below elicited 18 responses, amounting to over 6000 words.

1. What good practice would you like to share in relation to one or more of the Child Poverty Priorities above? This can include something your organisation is already doing. Use numbers 1-6 to indicate the relevant priority/s within your answer.

2. Please tell us about something you are doing differently in response to the Sefton Child Poverty Strategy. What change did you decide to make, and why? What happened? Were there any sticking points?

3. Which priorities/s do you think are most important for your organisation, team or service to explore or act on in the future? Say why and what you plan to do?



Subsequent developments have included,

- Public Health registrars are gathering evidence on two of the research questions posed by the strategy: what models exist to deliver customer-to-customer wealth redistribution e.g. pay it forward? And what good resources are available to help organisations identify and make poverty-proofing changes to how they design and deliver services?
- Public health colleagues have identified poverty-proofing support developed in the North East[9] and aimed at schools, health and care providers, and cultural activities.
- Two officers from public health and regeneration attended an introductory event to learn more about piloting the Place Standard community engagement tool in Sefton.[10]

The **Place event** early this year also had an aim very much in keeping with the 'show and tell' aspect of the accountability framework:

- To introduce attendees to relevant information and inspiration about the kinds of places that improve children's life and health chances, and the tools we can use to make Sefton a more child-friendly place.

[9] Poverty Proofing© Services - Children North East (children-ne.org.uk)
[10] The Place Standard tool is a way of assessing places | Our Place

The event featured keynote addresses from prominent experts in child poverty and spatial and economic development, including Ruth Hussey, Michael Chang, and Stephen Watson. Objectives for the event were to,

- Bring together an audience of decision-makers and implementers working with spatial determinants of health and with children whose lives are most affected by poverty.
- Share information that helps attendees identify the characteristics of places that have a positive impact on child health, development, and educational outcomes, and contrast this with characteristics of places where child outcomes are lower.
- Inspire with visual information from high quality child friendly schemes and counterexamples.
- Present information about ways of working that best support the creation of spaces which promote equitable outcomes and mitigate the effects of poverty (including policy and community-centred/led approaches).
- Facilitate attendees to identify and commit to actions they can take or enable.
- Strengthen dialogue and our common sense of purpose.

Lived Experience

Below, are some examples of quotations and themes from the in-depth 'Understanding Child Poverty in Sefton' report completed by Drs Rust-Ryan. A formal proposal for changes to the strategy resulting from this important information will now be developed following the publication of the report.

The evaluation workshop at the Place event used a simple exercise to match verbatim quotations to Place actions from the strategy. This served to highlight an under-addressed issue in connection to household items including carpets, furniture and white goods, which families often lack for when they have moved accommodation frequently.

Theme	**Example evidence** (*direct quotations* and report extracts)
Trade-offs	*"The taxi to the community pantry costs £5."*
Poverty awareness.	*"Some people have more money than they know what to do with, some manage and are okay, some struggle, and some have nothing. It's those with too much money who make the rules and don't know what it is like for everyone else. It shouldn't be like this. Everyone should be okay."*
Fear and safety.	*"We don't play out at the front – Mum says it's not safe. It's not safe here. People drive fast and there are gangs. There're nice places around here, but some people start trouble and some smash things."* 'Only two of the 20 families could afford household insurance.'

Sacrifice and guilt.	Children spoke about wanting to relieve their parents of the challenge of living on a too low income. *"I want to be a member of the government so that I can change how they are doing things... Then people like my mum won't have to struggle and worry about money anymore."*
Gratitude.	Children were often keenly aware of the things their parents went without to give them the things they need. 'They spoke about how their parent(s) wanted them to do well at school because it would help them secure a good future for themselves despite their family's current situation.'
Money and influence.	'Parents felt that growing up in a family facing financial hardship clearly impacted on children's life-chances. Having sufficient money was regarded as being an important determinant of future success as it 'opened doors' in relation to education, training, and employment. Also, where families live was regarded as determining opportunities.'
Shrinking world.	'She talked about how families with more money can afford to go on holiday and enjoy leisure activities. This meant that families with more money could go places and do more, while poorer families are limited to places such socialising at home or at family or friends' houses.'
Change and ideas.	'[One] child said that she would like to see families giving away things they do not need to people who might need them: *"…whatever you don't want in your house, you could give it to them".* *"Financial struggles not only have financial impacts on children and adults, but also on people's mental health – adults need help as well as children."* [Sefton child]

5. Comments on wider policy context - opportunities and challenges

Since its launch, the child poverty strategy has gathered support and enthusiasm in Sefton and more widely. Child poverty is a high-stakes and emotive issue. Through engaging with the major influences on pockets, prospects and places, stakeholders encounter a relatable and tangible new way to understand how social determinants play out in children's life chances. This knowledge can lend new saliency and value to work that could otherwise seem remote from the lives of children and young people.
As the unequal impacts of the pandemic continue to register on 'start well' outcomes, families continue to grapple with the competing challenges of high living costs, compounded by added risks to health and wellbeing stemming from climate change. This year has seen the preparation and publication of several reports, which have highlighted sources and causes of adversity and inequality being faced by children. Some notable recent examples include,

- The Government Levelling Up, Housing and Communities Committee conducted an **inquiry into Children, Young People and the Built Environment**, which issued a call for evidence on the following key areas.[11]

The experiences of children and young people of their built environment

- How do children and young people experience outdoor spaces in towns, cities and rural areas across the country? For example, their streets, estates, villages, neighbourhoods and parks?
- How do these experiences vary across income, race, gender, age?
- How easily can children and young people travel to outdoor spaces and schools? How has this changed over the years?

The planning system

- How well are children and young people's needs currently met by the planning process in terms of policy and guidance?
- How are children and young people's views and voices heard, considered and acted upon in the planning system if at all?

Best practice and evaluation

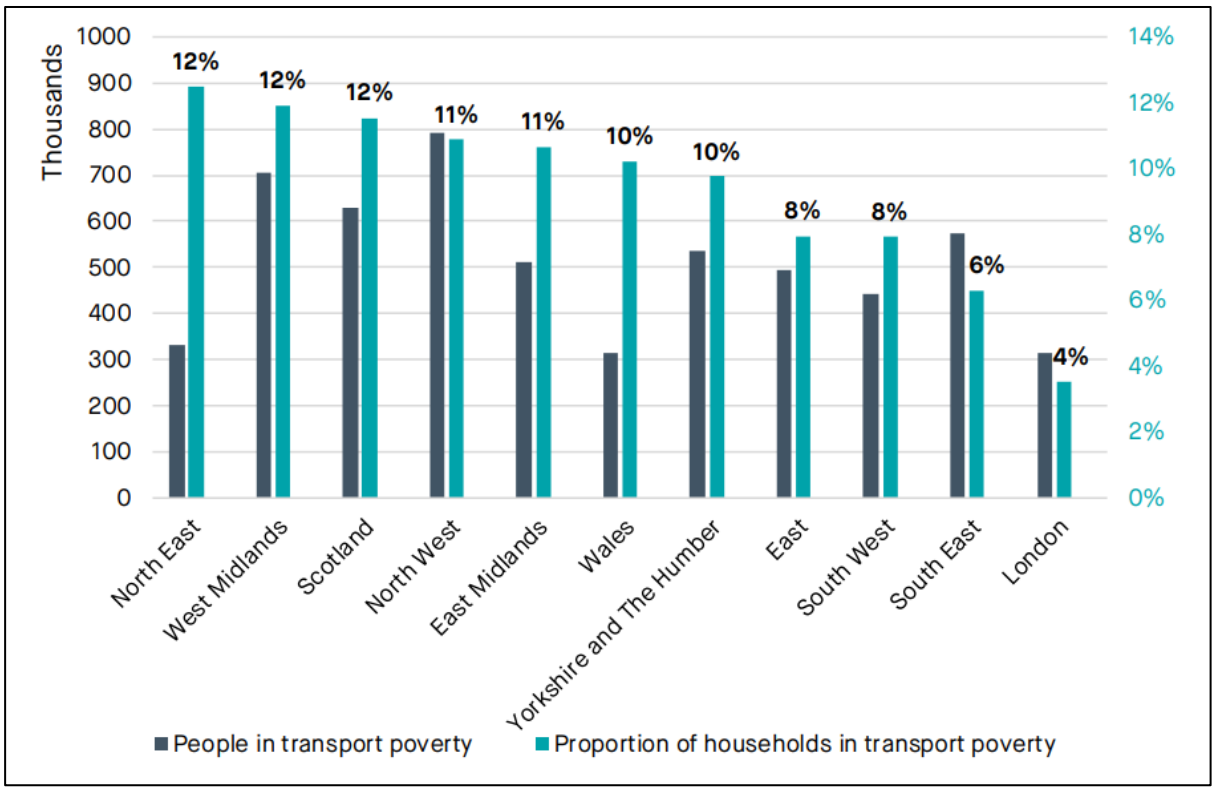
- Where are the examples of policy and good practice that are improving children and young people's experiences in the built environment, either directly or indirectly, in the UK or internationally?
- How are these outcomes measured? For example, through economic or health and wellbeing indicators?

Cross Government working

- How does the relationship of children and young people with the built environment overlap with policy areas beyond the work of DLUHC, such as public health, transport, policing and net zero?
- Are government departments working together to address children and young people's needs in this respect?

- **The Social Mobility Foundation published a report in November on transport poverty**[12]. The authors look at three dimensions - poverty linked to poor access, poverty linked to poor choice, and poverty linked to relatively high cost.
- The report found that the region with the biggest number of people living in poverty due to the unaffordability of their transport costs is the North West (800 000 people; 11%), which far exceeds the number affected in London (300 000; 4%), below.
- Economic modelling from the reports suggests that 'for every 10% increase in public transport speeds relative to motoring, the average household saves more than £434 each year. If this average is extrapolated, every 10% increase in relative public transport speeds pulls 500,000 out of poverty, decreasing poverty in Britain by 0.8 percentage points. Those with fast public transport in London pay the least, while households with slower public transport pay the most, such as in the East Midlands and the North West'.

[11] https://committees.parliament.uk/work/7981/children-young-people-and-the-built-environment/
[12] Getting-the-measure-of-transport-poverty-Nov-2023.pdf (smf.co.uk)

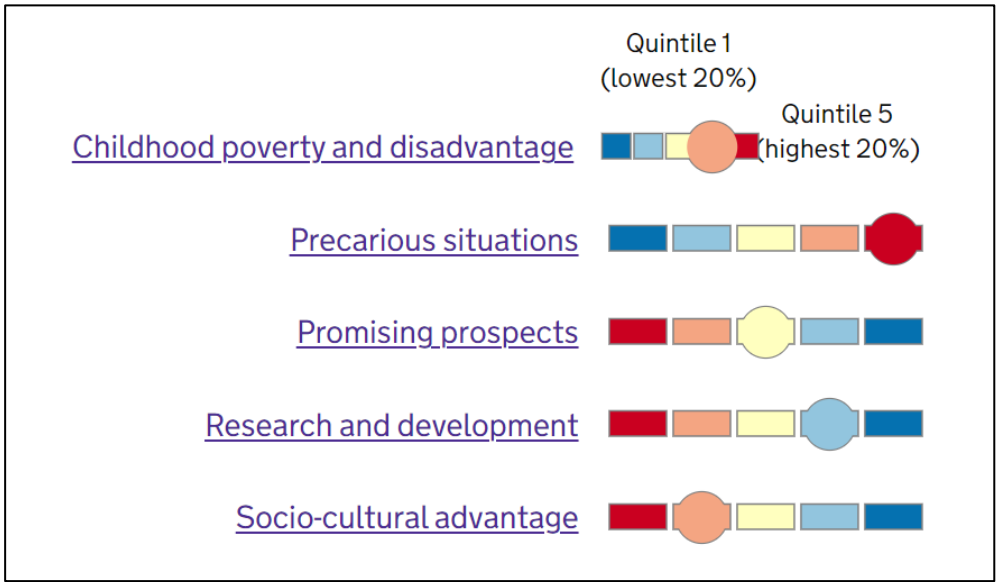


- **The Social Mobility Commission has released its State of the Nation Report 2023 on people and places**[13]**,** accompanied by an interactive data tool[14] presenting the commission's new approach to measuring social mobility. The summary graphic below shows the five major influences on social mobility for the area of Merseyside. A limitation of this analysis is that indicators are presented within sub-regional geographies, which can tend to obscure the significant inequalities within places such as Sefton. (Analysis undertaken at parliamentary constituency level using the previous metric showed very unequal social mobility for children from different parts of Sefton. Southport's score ranked 95/533 and Sefton Central 96/533 – both were in the top-performing fifth of the distribution, while Bootle's social mobility score was one of the lowest in the country, 502/533).

  Nevertheless, the updated index does present a useful way of conceptualising key influences acting for and against social mobility local to Sefton. The graphic below summarises the level of each composite indicator relative to other parts of the UK. In the simplest terms, a ranking on the red or orange part of the scale does not favour social mobility compared to other areas, whereas a position in the blue section shows a more positive influence compared to other areas.

[13] State of the Nation 2023: People and Places - GOV.UK (www.gov.uk)
[14] Merseyside - GOV.UK State of the Nation (data.gov.uk)

Summary of five composite indicators of social mobility in Merseyside from the 2023 State of the nation report from the Social Mobility Commission.



- **Child poverty and disadvantage**: Merseyside falls within the second highest quintile for this measure. Some areas in the red part of the distribution have notably higher rates of child poverty and disadvantage than Merseyside, for example London and the West Midlands.
- **Precarious situations:** this domain represents the most difficult economic circumstances for 25- to 29-year-olds – measured by levels of unemployment, economic inactivity, and lower working-class employment. Here, Merseyside ranks second highest, but still some distance behind Northumberland, Tyne and Wear.
- **Promising prospects**: this measure is based on the outlook and opportunities for 25- to 29-year-olds and comprises levels of university education, professional work, and earnings. Merseyside falls just within the middle fifth – many areas do better on this measure, e.g., London, and some areas do worse, e.g., Lancashire.
- **Research and development**: this is a compound measure of conditions that favour research and development across UK regions - measured by broadband speed, numbers of university research students, and business spending on research. Merseyside ranks towards the upper end of the distribution, but overall conditions are most favourable in south central England. The positive potential for long-term poverty reduction represented by this indicator is not immediately available to all those who can benefit, and the strategic effort needed to achieve this was a key discussion point at this year's Prospects event.
- **Socio-cultural advantage:** measured by parental education (university degree), parental occupation (higher professional), and professional work for young people. Merseyside falls in the second lowest bracket on this measure. Cheshire is an example of an area with one of the highest levels of socio-cultural advantage, similar to the South and London. West coast areas of Scotland, England, and Wales, and the east coast of England have the lowest levels of socio-cultural advantage.

This is a simplified overview of a more complex and nuanced report, which warrants further study and discussion to gain helpful new insights into where changes in policy and practice can best address these issues in the context of Sefton's disadvantaged children and young people.

6. Next steps

Taking account of progress in year one and evidence from the accountability framework, proposed next steps are to,

- Produce an annual progress update in accordance with governance and oversight arrangements.
- Formalise a high-level plan for communication and strategic implementation within the Council, also taking account of the Greater Manchester Poverty Action strategy framework (section 2.1 above).
- Conduct a review of the strategy in conjunction with the Internal Audit Team.
- Disseminate the qualitative report into experiences of child poverty in Sefton and determine what changes should be made to the strategy based on its findings.
- Agree year 2 milestones/enabling actions and a plan to resource and implement these:
    - Further develop year 2 communications strategy, including Sefton.gov micro-site, and topic plus timing for the next child poverty 'conference' event or alternative.
    - Identify and share simple tools to enable frontline and other services to systematically mitigate disadvantages identified under the socio-economic duty.
    - Consider commissioning practically focused training to support more equitable design and delivery.
    - Consider funding a Poverty Proofing©[15] audit for school/s or a frontline Council service such as Family Hubs.
    - Identify one or two other policy changes, e.g., introduction of a health impact assessment policy.

7. Recommendations

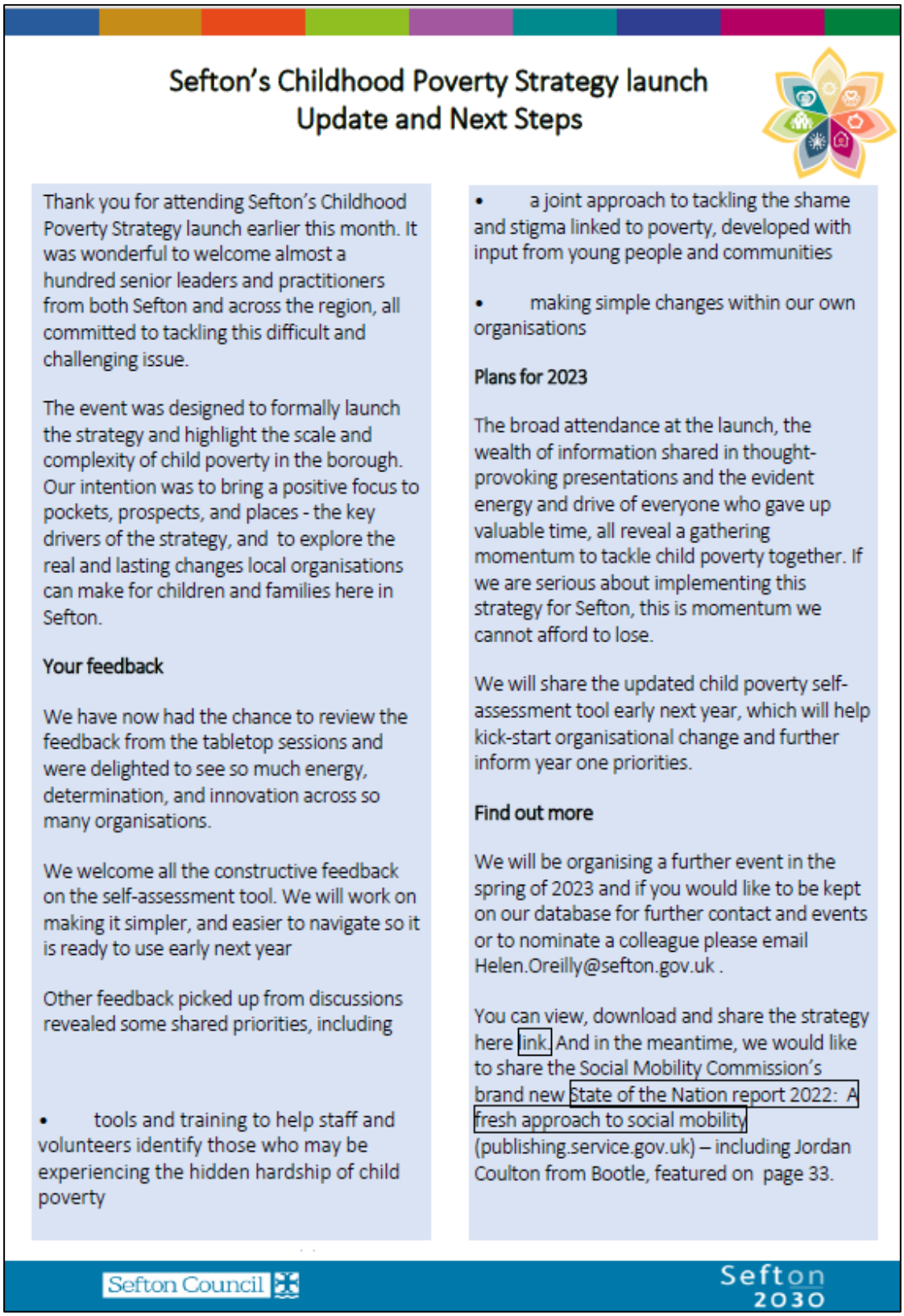
The Health and Wellbeing Board is recommended to,

1) Note the content of the report and the progress made since the launch of the strategy.
2) Consider how the Board can best promote and support the child poverty strategy in its second year.

[15] Poverty Proofing© Services - Children North East (children-ne.org.uk)

Appendix

Update newsletter produced following the strategy launch.



Sefton's Childhood Poverty Strategy launch Update and Next Steps

Thank you for attending Sefton's Childhood Poverty Strategy launch earlier this month. It was wonderful to welcome almost a hundred senior leaders and practitioners from both Sefton and across the region, all committed to tackling this difficult and challenging issue.

The event was designed to formally launch the strategy and highlight the scale and complexity of child poverty in the borough. Our intention was to bring a positive focus to pockets, prospects, and places - the key drivers of the strategy, and to explore the real and lasting changes local organisations can make for children and families here in Sefton.

Your feedback

We have now had the chance to review the feedback from the tabletop sessions and were delighted to see so much energy, determination, and innovation across so many organisations.

We welcome all the constructive feedback on the self-assessment tool. We will work on making it simpler, and easier to navigate so it is ready to use early next year

Other feedback picked up from discussions revealed some shared priorities, including

- tools and training to help staff and volunteers identify those who may be experiencing the hidden hardship of child poverty
- a joint approach to tackling the shame and stigma linked to poverty, developed with input from young people and communities
- making simple changes within our own organisations

Plans for 2023

The broad attendance at the launch, the wealth of information shared in thought-provoking presentations and the evident energy and drive of everyone who gave up valuable time, all reveal a gathering momentum to tackle child poverty together. If we are serious about implementing this strategy for Sefton, this is momentum we cannot afford to lose.

We will share the updated child poverty self-assessment tool early next year, which will help kick-start organisational change and further inform year one priorities.

Find out more

We will be organising a further event in the spring of 2023 and if you would like to be kept on our database for further contact and events or to nominate a colleague please email Helen.Oreilly@sefton.gov.uk .

You can view, download and share the strategy here link And in the meantime, we would like to share the Social Mobility Commission's brand new State of the Nation report 2022: A fresh approach to social mobility (publishing.service.gov.uk) – including Jordan Coulton from Bootle, featured on page 33.

Sefton Council

Sefton 2030

A visual summary of the second child poverty event, which took place at the end of June 2023 and focused on priorities and actions under the Prospects theme.

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Report to:	Health and Wellbeing Board	**Date of Meeting:**	Wednesday 6 March 2024
Subject:	Sub-Group Updates		
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:

This report is to present the Health and Wellbeing Board with a summary of activity from the five identified subgroups and seek approval for the Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template. The report also includes a summary of activity from the Combatting Drugs Partnership and outlines changes to pharmacies in Sefton. This is activity since the last report received by the Board on the 6th of December 2023.

Recommendation(s):

(1) The Updates from the five identified subgroups and the Combatting Drugs Partnership are received and noted by the Board;

(2) The Board notes the changes to Pharmacies in its area; and

(3) The Board approves the Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template.

Reasons for the Recommendation(s):

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

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

The contents of this report do not incur additional revenue costs.

(B) Capital Costs

The contents of this report do not incur additional capital costs.

Implications of the Proposals:

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

There are no resource implications.

Legal Implications:

There are no legal implications.

Equality Implications:

There are no equality implications.

Impact on Children and Young People: Yes

The Children and Young People's Partnership Board is one of the Sub-Groups included in the update report.

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:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are focused on helping the most vulnerable.

Facilitate confident and resilient communities:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups regularly work with communities.

Commission, broker and provide core services:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are responsible for assisting with the provision of core services.

Place – leadership and influencer:

Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are involved/included with(in) the Sefton Place Plan.
Drivers of change and reform: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact. A number of the Sub-Groups are responsible for facilitating change across Sefton.
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.7563/24.....) and the Chief Legal and Democratic Officer (LD.5663/24....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Immediately following the Committee / Council meeting.

Contact Officer:	Amy Dyson
Telephone Number:	0151 934 2045
Email Address:	amy.dyson@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

1. Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

Background Papers:

There are no background papers available for inspection.

1. Introduction / Background

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

1.2 The Sub-Groups are identified as:

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

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

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

1.5 Also included in the report is Sefton's Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template for approval.

2. Adults Forum

2.1 The Adult's Forum has not met since the last update.

3. Children and Young People Partnership Board

3.1 The Children and Young People Board meets on a bi-monthly basis and have met once since the last update.

3.2 There was a refresh of the governance and priorities in the summer of 2023.

3.3 The meetings now start with a presentation from a partner to explain their priorities and from their perspective what is working and what could be improved in terms of partnership working to improve outcomes for children and young people.

3.4 At the December 2023 meeting Merseycare presented and it will be Alder Hey at the February 2024 meeting.

3.5 The Partnership is overseeing the development of a new Children and Young People's plan, and the consultation with children and young people and partners is currently underway and is due to run until 22 March 2024. You can find more information on the consultation here (Children and Young People Plan - Public Survey - Sefton Council - Citizen Space).

3.6 While the new plan is being developed the partnership continues to deliver on the old plan through its 3 Sub-Groups: Start Well, Early Help and Emotional Mental Health and Wellbeing, which each report progress at each meeting.

3.7 In addition, the partnership has identified 5 interim priorities that it will focus on and ensure the whole partnership is behind: Team around the School, Family Hubs, Fast track Access to Mental Health support, Improving Attendance, and Child

Poverty.

3.8 The next meeting is due to be held on 28 February 2024.

4. Health and Wellbeing Executive

4.1 The Health and Wellbeing Board Executive has not met since the last update (at the time of writing this report) but is responsible for the reporting on and approval of the Better Care Fund.

4.2 Appendix 1 contains the Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template for approval by the Board.

4.3 The Health and Wellbeing Executive is due to meet on 27 February 2024.

5. Health Protection Forum

5.1 The Health and Wellbeing Board Executive has not met since the last update (at the time of writing this report).

6. Special Education Needs and Disabilities Continuous Improvement Board (SENDCIB)

6.1 The Special Education Needs and Disabilities Continuous Improvement Board has not met since the last update (at the time of writing this report).

7. Combatting Drugs Partnership

7.1 The Combating Drugs Partnership (CDP) is a multi-agency forum that is accountable for delivering the outcomes in the 10-year Drugs Plan within local areas. CDPs will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context, and need.

7.2 The local Sefton CDP meets quarterly and has met once on 13 December 2023 since the last update.

7.3 Each CDP meeting has a themed spotlight session, the focus for the December meeting was Young People. Sefton's young people's service 'Rise up' presented to the partnership highlighting the service offer, referral pathways, interventions, and outcomes.

7.4 Re-Frame presented an update on the evaluation and key finding of the 'Pre-arrest diversion' pilot in Sefton.

7.5 Sefton CVS provided updates on current investment and development projects, this included Insight and Engagement Research, Young People Grants and Training and Merseyside Offender Mentoring.

7.6 Updates were provided on the progress of the CDP subgroups.

7.7 In line with OHID's Prevalence & Unmet Need Toolkit the 'Estimates of Substance Misuse Prevalence and Unmet Need' for Sefton was presented.

7.8 The updated local delivery plan was shared with the partnership with areas of progress and development discussed.

8. Pharmacy Updates

8.1 The Health and Wellbeing Board is required to receive and note changes to Pharmacies in its area from NHS England. From September 2023 to date, the following notifications have been received:

Pharmacy	Notifications
Boots Pharmacy 5, Seaforth Road, LIVERPOOL, L21 3TX	Closure
Sharief Healthcare Limited 123-125 Knowsley Road, Bootle L20 4NJ	Application for relocation to: 133 Knowsley Road, Bootle L20 4NJ
Superdrug Stores plc 36-38 The Esplanade, New Strand, Bootle, Merseyside, L20 4SP	Application for relocation to: Unit 169 Parkside, The Strand Shopping Centre, Bootle, L20 4XX.

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

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

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

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

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

HM Government

NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Sefton	
Completed by:		
E-mail:	Eleanor.Moulton@Sefton.gov.uk	
Contact number:	7779162882	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Fri 08/12/2023	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
#REF!
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

#REF!

	Complete:
2. Cover	#REF!
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	No
5.3 C&D Community	No

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Sefton

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions			**Checklist**
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Sefton

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	213.2	176.4	204.2	198.6	214.6	On track to meet target	This figure is lower than projected	Step up step down model and expansion of reablement are both performing well.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.4%	92.8%	92.4%	91.6%	92.69%	On track to meet target	Mobilisation was slower than expected but now on track	Increased Block bookings in Dom Care	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,924.4	518.7	Not on track to meet target	Falls Strategy and integrated approach still being developed	Once the strategy and integarted approach is fully mobilsed we hope to see an imporved positon.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				606		On track to meet target	Market can challenge re rates and one to one support usuage	Market capacity has been well used	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.0%		On track to meet target	Robust management has been needed to see expansion of reablement progress as needed	Expansion now happening and impact being felt	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Sefton

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?	
Yes a greatly improved capacity picture for Domicialliary care	Yes
2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)	
Demand:	
We continue to work closely through our new discharge model to allow us to identify demand as quickly as possible and work in a integrated way to manage	Yes
Capacity:	
We have assumed current capcity remains and that we can mobilse further block booking elements	Yes
3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?	
Discharge hub, block bookings in Care Homes and Dom care and 7 day brokerage have all positively impacted	Yes
4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
No confidence level remains high	Yes
5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).	
Capapcity to maintin the dealines has been a challenge, ability for systems to be updated and live at the same time as meant there have been discrepancies	Yes
6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
We can flex up market capapcity as required	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Sefton

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Capacity - Hospital Discharge

Service Area	Metric	Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing					Checklist Complete:
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	36	38	37	44	53											No
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	235	218	234	225	264											No
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	26	20	16	18	18											No
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	103	128	166	178	158											No
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	45	63	64	43	61											No

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					Checklist
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	**Total**	**36**	**38**	**37**	**44**	**53**	**0**	**0**	**0**	**0**	**0**	
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	12	10	9	10	16						No
	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	24	28	28	34	37						No
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Reablement & Rehabilitation at home (pathway 1)	**Total**	**235**	**218**	**234**	**225**	**264**	**0**	**0**	**0**	**0**	**0**	Yes
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90	107	103	88	110						No
	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	145	111	131	137	154						No
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Short term domiciliary care (pathway 1)	**Total**	**26**	**20**	**16**	**18**	**18**	**0**	**0**	**0**	**0**	**0**	Yes
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	13	10	8	9	9						No
	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	13	10	8	9	9						No
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Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	**103**	**128**	**166**	**178**	**158**	**0**	**0**	**0**	**0**	**0**	Yes
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37	44	24	31	50						No
	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	66	84	142	147	108						No
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	**45**	**63**	**64**	**43**	**61**	**0**	**0**	**0**	**0**	**0**	Yes
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	26	31	37	18	27						No
	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	19	32	27	25	34						No
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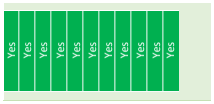
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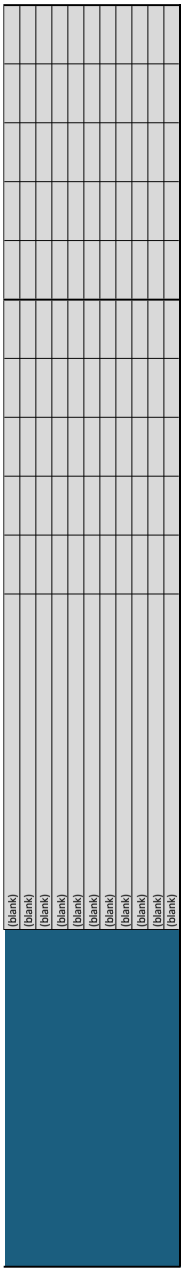
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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Sefton

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	**Metric**	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	407	421	421	380	421					
Urgent Community Response	Monthly capacity. Number of new clients.	285	340	350	190	231					
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	221	218	281	256	320					
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	78	54	83	80	89					
Other short-term social care	Monthly capacity. Number of new clients.	34	31	20	29	27					

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	407	421	421	380	421					
Urgent Community Response	285	340	350	190	231					
Reablement & Rehabilitation at home	221	218	281	256	320					
Reablement & Rehabilitation in a bedded setting	78	54	83	80	89					
Other short-term social care	34	31	20	29	27					

Checklist

Complete:

No
No
No
No
No
No
No
No
No
No

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