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Sefton Council



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

DATE: Tuesday 18 June 2024

TIME: 6.30 p.m.

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

Member

Cllr. Laura Lunn-Bates (Chair)
Cllr. Greg Myers (Vice-Chair)
Cllr. Mike Desmond F.R.C.A.
Cllr. Janet Grace
Cllr. Phil Hart
Cllr. Sam Hinde
Cllr. Gareth Lloyd-Johnson
Cllr. Daniel McKee
Cllr. Dave Neary, P.hD
Cllr. Dr. John Pugh
Ms Diane Blair, Healthwatch
Mr. Brian Clark OBE, Healthwatch

Substitute

Cllr. Carol Richards
Cllr. Michael Roche
Cllr. Paul Tweed
Cllr. Veronica Webster
Cllr. Steve McGinnity
Cllr. Danny Burns
Cllr. Iain Brodie - Browne
Cllr. Sonya Kelly
Cllr. Christopher Page
Cllr. Iain Brodie - Browne

COMMITTEE OFFICER: Laura Bootland, Senior Democratic Services Officer
Telephone: 0151 934 2078
Fax:
E-mail: Laura.bootland@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. Declarations of Interest

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

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

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

3. Minutes of the Previous Meeting (Pages 5 - 12)

Minutes of the meeting held on 20 February 2024

4. NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard (Pages 13 - 20)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

5. Scope and Development Process for New Pharmaceutical Needs Assessment 2025-28 (Pages 21 - 32)

Report of the Director of Public Health

6. Public Health Performance Framework (Pages 33 - 78)

Report of the Director of Public Health

7. Cabinet Member Reports (Pages 79 - 100)

Report of the Chief Legal and Democratic Officer

8. Work Programme Key Decision Forward Plan (Pages 101 - 116)


Report of the Chief Legal and Democratic Officer

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

Overview & Scrutiny

INTERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

 MEETING HELD AT THE COMMITTEE ROOM - BOOTLE TOWN HALL, TRINITY ROAD, BOOTLE, L20 7AE ON TUESDAY 20TH FEBRUARY, 2024

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)
Councillors Brodie - Browne, Brough, Halsall, Hart, John Joseph Kelly, Lunn-Bates and Robinson

ALSO PRESENT: Councillor Paul Cummins (Cabinet Member, Adult Social Care), Councillor Ian Moncur (Cabinet Member, Health and Wellbeing), Diane Blair, Healthwatch.

49. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Linda Cluskey and Brian Clark OBE, Healthwatch Sefton.

50. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declarations of personal interest were made and the Member remained in the room during the consideration of the item:

Member	Minute No.55	Nature of Interest
Councillor John Joseph Kelly	2022/23 Outturn Review of Council Wholly Owned Companies - Sefton New Directions	Personal Interest as a Board Member for Sefton New Directions

51. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 23 January 2024, be confirmed as a correct record.

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

52. SHAPING CARE TOGETHER - UPDATE REPORT

The Committee considered the report of the Programme Director, Shaping Care Together, Mersey and West Lancashire Teaching Hospital Trust.

Kate Clark, Director of Strategic Clinical Reconfiguration, Mersey and West Lancashire Hospital Trust, was in attendance to present the report and to respond to any questions from members of the committee.

Members of the committee asked questions/commented on the following:

- Timescales for the Shaping Care Together Programme
- The current situation regarding patients waiting for beds at Southport and Ormskirk Hospital due to system pressures.
- How the Shaping Care Programme work was assisting with primary medical pressures.

The Committee notes that an informal meeting on the Shaping Care Together programme was due to take place on 27th February and that an update on Primary Medical Care was due to be brought to a meeting of the committee in 2024/25.

RESOLVED: That

The update be noted

53. NHS CHESHIRE AND MERSEYSIDE, SEFTON PLACE - UPDATE REPORT

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

- Integrated Care Board 2024/25 planning
- Latest NHS Cheshire and Merseyside Board meeting due to be held on 28th March 2024

RESOLVED:

That the update be noted

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

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

The Committee considered the report of the Sefton Place Director, NHS Cheshire and Merseyside, that provided data on key performance areas for North and South Sefton

RESOLVED:

That the information on Health Provider Performance be noted.

55. 2022/23 OUTTURN REVIEW OF COUNCIL WHOLLY OWNED COMPANIES - SEFTON NEW DIRECTIONS

The Committee considered the report of the Executive Director of Adult Social Care and Health and Cheshire and Merseyside ICB Place Director on Sefton New Directions which was a wholly owned Council company.

The report provided detail on current performance of Sefton New Directions Limited, a wholly owned council company, to ensure effective scrutiny by members and provide assurance that the councils interests and the services and goods provided to residents, are safe and well managed and provide good value for money.

Eleanor Moulton, Assistant Director, Integrated Life Course Commissioning, was in attendance to present the report.

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

- The Fraud and Bribery Policy and the reasons for its existence
- Trade Unions and if they are recognised by New Directions
- The managed deficit
- Reablement services
- Real living wage for New Directions staff.

RESOLVED: That

(1) The content in the report was noted

(2) A site visit for members to James Dixon Court be arranged for 2024/25

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

56. CARERS STRATEGY

The Committee considered the report of the Assistant Director, Whole Life Commissioning, updating on the development of the Sefton Carers Strategy 2024-2027. The report was being presented to the Overview and Scrutiny Committee in relation to the consultation approach.

Eleanor Moulton, Assistant Director, Whole Life Commissioning, was in attendance to present the report.

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

- How the strategy reflects that pensioners and children are also carers
- Isolation amongst young carers
- Include the aims of the strategy within the first few pages
- The training available to carers and how respite care places are funded if they attend training away from home
- Work that could be done in schools to identify if a child may be a young carer.

RESOLVED: That

- (1) The process of consultation and engagement was noted in relation to the Carers Strategy; and
- (2) The Carers Strategy and Action Plan to be presented to the Overview and Scrutiny Committee when the consultation has concluded; and
- (3) The Committee noted the establishment of a Carers Partnership Board

57. CABINET MEMBER REPORTS

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

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

- The Care Quality Commission (CQC) Assurance Update for Adult Social Care
- Strategic Commissioning
 - Domicillary Care

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

- New Directions
- Care Homes
- Fee Setting
- Quality Monitoring
- Hospital Winter Pressures
- Adult Social Care Budget
- Adult Social Care Complaints and Compliments and MP Enquiries
- Principle Social Worker Update
- Performance and key Areas of Focus
 - Long Term Activity Trends
 - Admissions into care reablement
 - Self-directed support and direct payments
 - Employment
 - Housing
- Workforce, including learning and development
- Learning Disability and Autism Team
- Approved Mental Health Professionals

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

Public Health

- We're Here Campaign
- Suicide Audit 2019-2021
- Smoking Recommission and Vaping
- Food and Drink Advertising Policy

The report also contained an update on Leisure in the Borough including leisure facilities and school and active travel initiatives.

RESOLVED:

That the Cabinet Member update reports be noted.

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

58. WORK PROGRAMME KEY DECISION FORWARD PLAN

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

- review the Committee's Work Programme for the remainder of the Municipal Year 2023/24
- to identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- seek the views of the Committee on the Programme of informal briefings/workshop sessions for the remainder of 2023/24;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board; and

The following appendices were attached to the report:

- Appendix A – Work Programme for 2023/24;
- Appendix B – Latest key decision forward plan items relating to this overview and scrutiny committee.
- Appendix C – Draft programme of informal briefings/workshop sessions for 2023/24

Members noted that the following informal meetings would be added to the work programme:

- North West Ambulance Service
- Shaping Care Together Programme
- Adult Social Care budget
- Public Health Performance Framework

RESOLVED: That

- (1) the Work Programme for 2023/24, as set out in Appendix A to the report, be noted;

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 20TH FEBRUARY, 2024

- (2) the contents of the Key Decision Forward Plan for the period be noted;
- (3) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted; and
- (4) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- (5) informal meetings on the North West Ambulance Service, Shaping Care Together Programme, Adult Social Care Budget and Public Health Performance Framework be added to the Committee's programme of informal meetings.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	18 June 2024
Subject:	Health Provider Performance Dashboard		
Report of:	NHS Cheshire and Merseyside ICB (Sefton place)	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Sefton Place BI Team		
Tel:	0151 317 8456		
Email:	Place.bi@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

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

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

Recommendation(s)

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

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Main Provider Performance June 2024

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

Some periods vary for the indicators presented and are indicated in the tables latest data available displayed.

To Note: Following a consultation on the cancer waiting times standards, NHS England had approval from the government to implement changes to the standards from 1 October 2023, this data for Cancer is reflected within the report for these new metrics (62 day combined, 31 day combined and 28 day FDS).

Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types MWLTH from July 23 (Mersey & West Lancashire Teaching Hospital) prev SOHT	Apr-24	69.38%	72.09%	74.39%	78%	
Cancer 28 Day FDS (MWLTH from July 23)	Mar-24	75.26%	76.0%	77.3%	75%	
Cancer 62 Day - combined new from Oct-23 (MWLTH from July 23)	Mar-24	82.12%	75.4%	68.7%	85%	
Cancer 31 Day - combined new from Oct-23 (MWLTH from July 23)	Mar-24	88.25%	92.4%	91.0%	96%	
RTT -18 Weeks Incomplete (MWLTH from July) snapshot	Mar-24	60.82%	54.05%	57.21%	92%	
C.Difficile (Southport & Ormskirk) cumulative YTD	Mar-24	40	-	-	2023-24 Target <=39	
MRSA (Southport & Ormskirk) cumulative YTD	Mar-24	2	-	-	zero tolerance	
Ambulance Category 1 Mean 7 minute response time (NS Place Level)	Mar-24	00:07:25	00:07:56 (NWAS)	00:08:20	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (NS Place Level)	Mar-24	00:13:56	00:13:16 (NWAS)	00:14:48	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (NS Place Level)	Mar-24	00:32:45	00:24:22 (NWAS)	00:33:50	<=30 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (NS Place Level)	Mar-24	01:11:38	00:48:32 (NWAS)	01:11:51	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (CCG Level)	Mar-24	05:02:33	04:10:38 (NWAS)	04:52:42	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (NS Place Level)	Mar-24	04:44:52	05:34:47 (NWAS)	06:02:39	<=180 Minutes	
Mental Health: IAPT 16.8% Access (NS Place Level)	Mar-24	1.01%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (NS Place Level)	Mar-24	78.0%	-	-	50%	
Mental Health: IAPT waiting <6 weeks (NS Place)	Mar-24	89.0%	-	-	75%	
Mental Health: IAPT waiting <18 weeks (NS Place)	Mar-24	100.0%	-	-	95%	

Mersey & West Lancashire Teaching Hospital NHS Trust

Friends & Family



Cheshire and Merseyside

Measure	Time Period	MWLTH	C&M	National (Target)	Trend
Inpatient – Response Rate	Mar-24	23.1%	30.4%	21.3%	
Inpatient Recommended	Mar-24	94.0%	94.0%	94.0%	
Inpatient Not Recommended	Mar-24	2.0%	2.0%	3.0%	
A&E – Response Rate	Mar-24	17.4%	15.9%	11.2%	
A&E Recommended	Mar-24	82.0%	76.0%	78.0%	
A&E Not Recommended	Mar-24	10.0%	16.0%	15.0%	

Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types (LUHFT)	Apr-24	68.73%	72.1%	74.4%	76%	
Cancer 28 Day FDS (LUHFT)	Mar-24	74.43%	76.0%	77.3%	75%	
Cancer 62 Day - combined new from Oct-23 (LUHFT)	Mar-24	67.78%	75.4%	68.7%	85%	
Cancer 31 Day - combined new from Oct-23 (LUHFT)	Mar-24	87.53%	92.4%	91.0%	96%	
RTT -18 Weeks Incomplete (LUHFT) Snapshot	Mar-24	51.90%	54.05%	57.21%	92%	
C.Difficile (LUHFT) cumulative YTD	Mar-24	161	-	-	2023-24 Target <=133	
MRSA (LUHFT) cumulative YTD	Mar-24	1	-	-	zero tolerance	
Ambulance Category 1 Mean 7 minute response time (SS Place Level)	Mar-24	00:07:51	00:07:56 (NWAS)	00:08:20	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (SS Place Level)	Mar-24	00:13:00	00:13:16 (NWAS)	00:14:48	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (SS Place Level)	Mar-24	00:30:34	00:24:22 (NWAS)	00:33:50	<=30 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (SS Place Level)	Mar-24	01:01:33	00:48:32 (NWAS)	01:11:51	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (SS Place Level)	Mar-24	05:30:59	04:10:38 (NWAS)	04:52:42	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (SS Place Level)	Mar-24	11:02:30	05:34:47 (NWAS)	06:02:39	<=180 Minutes	
Mental Health: IAPT 16.8% Access (SS Place Level)	Mar-24	1.13%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (SS Place Level)	Mar-24	56.7%	-	-	50%	
Mental Health: IAPT waiting <6 weeks (SS Place)	Mar-24	89.0%	-	-	75%	
Mental Health: IAPT waiting <18 weeks (SS Place)	Mar-24	100.0%	-	-	95%	

Measure	Time Period	LUHFT	C&M	National (Target)	Trend
Inpatient – Response Rate	Mar-24	23.1%	30.4%	21.3%	
Inpatient Recommended	Mar-24	92.0%	94.0%	94.0%	
Inpatient Not Recommended	Mar-24	5.0%	2.0%	3.0%	
A&E – Response Rate	Mar-24	16.8%	15.9%	11.2%	
A&E Recommended	Mar-24	64.0%	76.0%	78.0%	
A&E Not Recommended	Mar-24	25.0%	16.0%	15.0%	

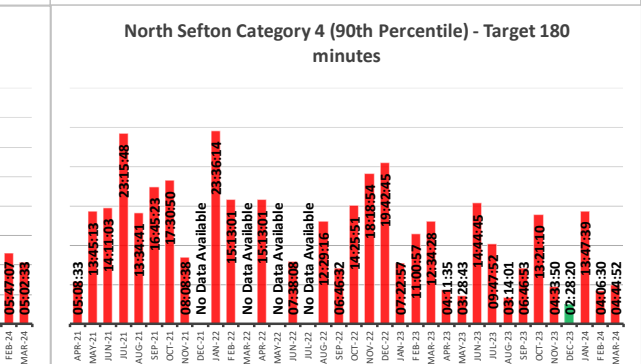
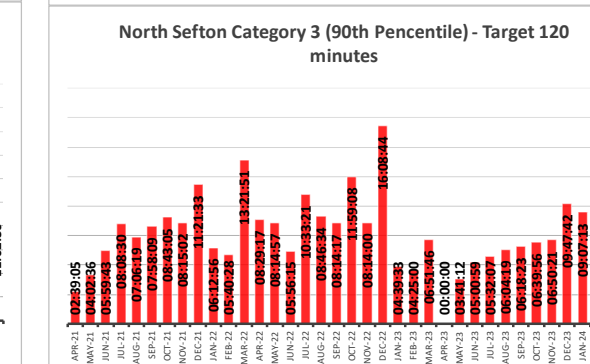
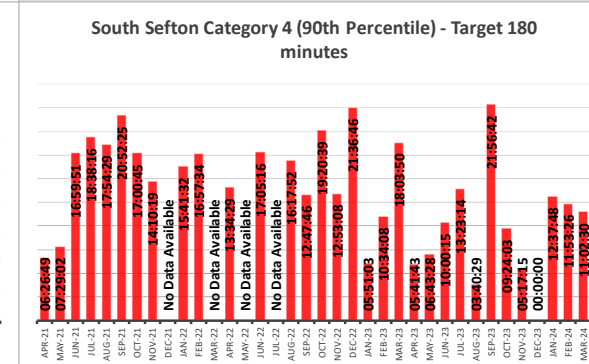
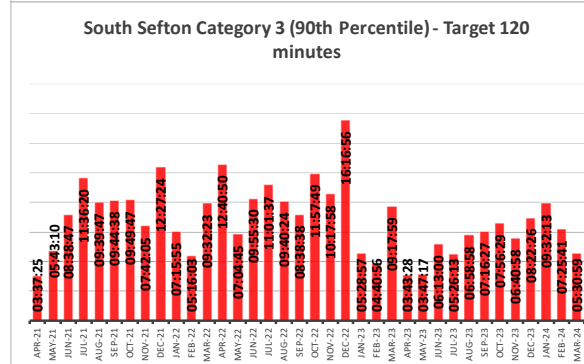
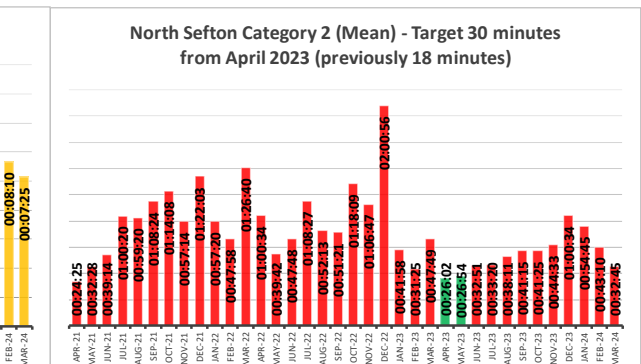
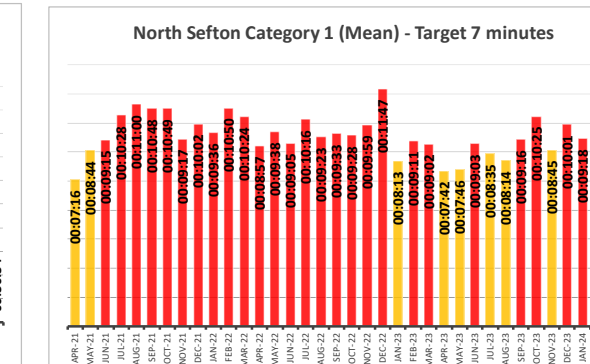
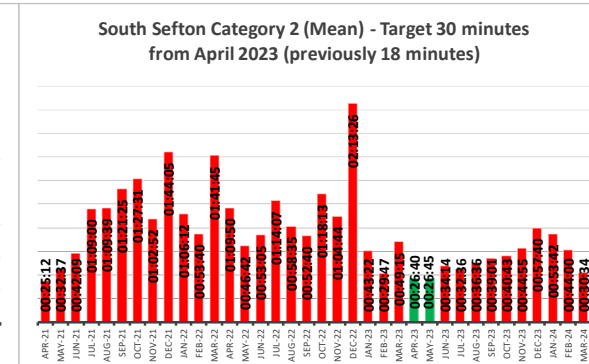
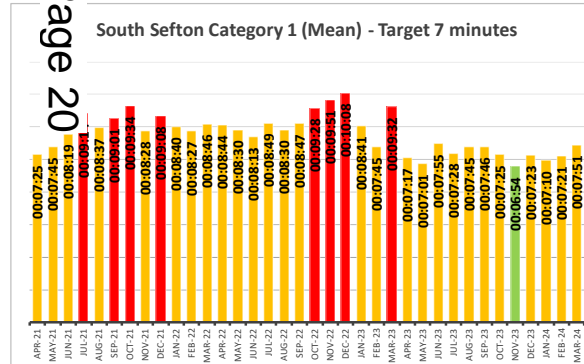
NWAS – Paramedic Emergency Services (PES) Summary

Data Source: Provider Level (NWAS)

Dashboard **Key Risk Data** ▲ Low ▲ Moderate ▲ High ● Published ● Local ✕ Not available

Mar-24	Cat 1 (Mean)	Cat 2 (Mean)	Cat 3 (90th Percentile)	Cat 4 (90th Percentile)
Target	00:07:00	00:30:00	02:00:00	03:00:00
South Sefton	00:07:10	00:53:42	09:32:13	12:37:48
North Sefton	00:07:25	00:32:45	05:02:33	04:44:52
NWAS	00:07:56	00:24:22	04:10:38	05:34:47
Risk	▼	▲	▲	▲
Data	Published	Published	Published	Published

Performance Charts



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Report to:	Overview and Scrutiny Committed Adult Social Care and Health	Date of Meeting:	Tuesday 18 June 2024
Subject:	Scope and Development Process for a New Sefton Pharmaceutical Needs Assessment 2025-28		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Public 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.

An earlier version of this report has previously been received by the Health and Wellbeing Board ([Public Pack](#))[Agenda Document for Health and Wellbeing Board, 06/03/2024 14:00](#)

Recommendations:

That the Committee

(1) Note the large breadth and depth of information required by the yearlong PNA development process, 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 Recommendations:

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

Sharing plans surrounding development of the new PNA with the Overview and Scrutiny Committee for Health and Social Care (Adults) is a step which is specified in the initial development pathway for the PNA.

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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 PNA¹ advises that there is a risk of judicial review if the PNA falls short of minimum requirements in terms of content or 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. Opportunity costs for those members of the public health team who lead on the development of the report are significant.

(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

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

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 itself 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 development 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 (delegated to

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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: The 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.7684 /24) and the Chief Legal and Democratic Officer (LD.5784/24) 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). An earlier version of this report has been received and approved at Sefton Health and Wellbeing Board on 6th March 2024. 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. As in previous years, a Cheshire and Merseyside wide group of public health analysts and consultants, local pharmaceutical committee representatives, and NHS commissioners meet regularly to ensure PNAs in the nine local authorities are developed with consistency and to a high standard.

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 Committee 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 (delegated to Integrated Care Boards as of April 2023).

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.

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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 considered 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 regard 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 long². 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).

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 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').

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

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 example⁴,

“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](https://publishing.service.gov.uk) pp52-53

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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 support 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:

- Seek 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 through collaboration with stakeholders in the wider system wherever feasible.

6.0 Recommendations

That the Committee:

(1) Note the large breadth and depth of information required by the yearlong PNA development process, 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:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 18 June 2024
Subject:	Public Health Performance Framework		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Public Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This is a six-monthly report, which focuses on 18 out of the 26¹ indicators which make up the Public Health Performance Framework, and which were updated in the larger national Public Health Outcomes Framework (PHOF)² from September 2023 through February 2024.

These indicators serve to describe the scale and distribution of population health problems, their underlying social, economic, and environmental causes and associated health inequalities. Where available, the overview includes trends over time and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region, and areas with similar characteristics to Sefton (Statistical Neighbour Group). Information is also provided about Public Health led improvement actions that target these high-level indicators. The report highlights ongoing impacts on public health services and population groups from the pandemic and high costs of living.

Recommendation:

Members of the Overview and Scrutiny Committee (Adults Social Care and Health) are recommended to,

- (1) Note and comment on the information contained in this report, which has previously been presented in full at the briefing of the Cabinet Member for Health and Wellbeing on 13 May 2024.

¹ Sections of the report not updated in this edition are highlighted.

² [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://phe.org.uk/)

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Reasons for the Recommendation:

Committee Members have asked to receive this report routinely, which is usually every six months.

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

No additional costs are identified within this report.

(B) Capital Costs

No additional costs are identified within this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): Not applicable								
Legal Implications: Not applicable								
Equality Implications: The equality implications have been identified and risk remains, as detailed in the report. Where the information is available, epidemiological data in this report has been discussed separately for population groups defined by some protected characteristics – age, sex, ethnicity, disability, as well as socio-economic status. Equality implications are described in terms of health inequality and this report provides actionable intelligence that feeds into ongoing population health improvement initiatives.								
Impact on Children and Young People: Yes There is relevance to children and young people because three of the indicators describe health issues that directly affect this age group (smoking in pregnancy and obesity in primary age children).								
Climate Emergency Implications: The recommendations within this report will								
<table border="1"><tr><td>Have a positive impact</td><td>No</td></tr><tr><td>Have a neutral impact</td><td>Yes</td></tr><tr><td>Have a negative impact</td><td>No</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Yes</td></tr></table>	Have a positive impact	No	Have a neutral impact	Yes	Have a negative impact	No	The Author has undertaken the Climate Emergency training for report authors	Yes
Have a positive impact	No							
Have a neutral impact	Yes							
Have a negative impact	No							
The Author has undertaken the Climate Emergency training for report authors	Yes							

The report itself does not directly lead to action that will have a positive or negative impact on climate, so it is considered neutral. However, climate is identified as one of three important, contemporary risks to population health over and above those which existed before. These three risks are: the continuing unequal impacts of the Coronavirus pandemic; the high cost of living; and the likelihood of serious and destructive climate events.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

Data is used to identify vulnerable populations and this intelligence informs continuing service improvement aimed at reducing risks to health and improving health outcomes across vulnerable groups in our population.

Facilitate confident and resilient communities:

Data helps identify the mix of harmful and protective factors outside of services that influence health and wellbeing across communities (social and wider determinants of health). Connecting support across a range of issues rather than just one is more effective and increases resilience. This is a recurring theme in the updates from public health initiatives and services.

Commission, broker and provide core services:

Data informs strategic and service delivery response to community needs. This report is also available to other staff and partners to aid their planning and delivery of health-promoting services and support.

Place – leadership and influencer:

The public health performance framework enables comparison with other areas highlighting outcomes that may require further investigation.

Drivers of change and reform:

The data in this report are key health and wellbeing indicators that are used to plan and monitor the impact of the health and social care system as well as wider public policy.

Facilitate sustainable economic prosperity:

Not applicable, but many of the themes identified here feed into allied evidence-led improvement plans, for example the child poverty strategy.

Greater income for social investment:

No applicable

Cleaner Greener:

Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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The Executive Director of Corporate Resources and Customer Services (FD 7682/24) and the Chief Legal and Democratic Officer (LD 5782/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee / Council meeting.

This is a report for information and assurance.

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

Appendices:

The following appendices are attached to this report:

Cabinet Member / OSC (ASCH) Public Health performance Framework Update Report

This is the full report originally presented at Cabinet Member for Health and Wellbeing's May 2024 briefing.

Background Papers:

Public Health Performance report March 2024

Copy of Public Health Performance Framework indicators February 2024

1. Introduction

1.1 The aims of the appended briefing report are to:

- Present and interpret population health indicators from the Public Health Performance Framework,
- Provide relevant information about public health programmes and service developments,
- Highlight aspects related to the Coronavirus pandemic and high cost of living,
- Make and receive recommendations as required.

The complete Public Health Performance Framework – February 2024 is copied in Appendix A of the attached report, and separately. Appendix B of that report reproduces some background information from previous reports, which covers how statistics from the Public Health Outcomes Framework are arrived at and important issues to be aware of when interpreting population health data.

2. Summary

Updates in this report include indicators associated with health risk at the start of life (smoking in pregnancy and obesity in reception and year 6); mental health and wellbeing (four indicators of wellbeing and suicide rate); service activity (successful drug treatment rates and NHS Health Checks); and population health outcomes and inequalities (five indicators of premature mortality).

For all but one indicator discussed in this report, the data relates to the period from 2022 to 2023, with service outcomes from as recently as September 2023. This means that indirect health effects of the pandemic and emerging effects from high living costs and reduced standards of living can be reflected in the indicators and latest trends. As commented previously, upcoming updates are likely to see these influences continuing to register in Sefton's population health statistics with additional impacts from adverse climate events.

Updated healthy life expectancy indicators are not available to include in this report. However, as Sefton's large gap in life expectancy at birth shows (see section 3.20), unequal health outcomes caused by unequal experiences of healthy and unhealthy social, economic, and environmental influences ('health determinants'), remains the defining challenge.

3. Overview

3.1 Strengths and improvements

- **Smoking in pregnancy:** Although Sefton has not achieved the national target reduction to 6% in 2022, a further small reduction to 8.5% (n=202) in 2022/23 means that Sefton has remained in line with the national average rate for the fourth successive year and continues to improve at a slightly faster rate. This represents a major gain for health and health equity at the start of life and reflects the ongoing success of partnership work spear-headed in Sefton.
- **Obesity in Reception year:** this indicator showed a one percentage point fall from 11.3% 2021/22 to 10.3% in 2022/23. Sefton's statistic adds to a stable or reducing, long-term trend. However, latest prevalence of 10.3% in Reception is still statistically significantly above the England average (9.2%), and a population health concern. An upward trend continues in the year 6 figures.
- **Under-75 mortality from causes considered preventable:** The latest one-year update to this indicator is for preventable deaths in 2022. Sefton's rate of 196.0/100 000 (n=540) remains statistically significantly higher than England, but has fallen considerably since 2020, before the introduction of vaccines against Covid-19. Most local authorities in the North West and in LCR have higher rates than Sefton.
- **Under-75 respiratory disease mortality:** Unlike most local authorities in the North West, and all but one in LCR, Sefton has maintained a rate in line with the national picture. While most local authorities show an increase in premature

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respiratory diseases mortality rates from 2021 into 2022, Sefton's figures show a small decrease.

3.2 Points to note.

- **Obesity in Year 6:** In 2022/23 700 (23.9%) 10- and 11- year-olds in Sefton were classified as obese according to measurements collected for the National Childhood Measurement Programme. There has been a small deterioration in Sefton's North West ranking, and although local prevalence is in line with the national average, the proportion of children who are already living with obesity before they leave primary school is concerning.
- **Wellbeing indicators:** In 2022/23, all four indicators of wellbeing (life satisfaction, life is worthwhile, happiness, anxiety) deteriorated in Sefton, which is in keeping with the trend in England. This is a reminder that moving into the post-pandemic phase has not meant moving past negative thoughts and feelings for many people.
- **Suicide and injury of undetermined intent:** Following a peak in 2014-16 (12.6/100 000, n=92 over 3 years), suicide rates in Sefton fell steadily for four years reaching 8.8/100 000 in 2018-20 (n=64 over 3 years), dipping just below the national average. The latest update to this indicator shows a second period of increase in Sefton during a phase covering the pandemic and post-pandemic period: 11.6/100 000, n=85 over 3 years, 2020-22.
- **Under-75 mortality from cancer and liver disease:** Premature mortality rates in each of these conditions are important drivers of Sefton's large inequalities in life expectancy. Both remain significantly higher than the England average, with rates ranking higher than most areas in the North West and show signs of upward trend.
- **Successful completion of drug treatment for opiates and non-opiates:** In the year to June 2023, 3.4% of service users in Sefton were classified as having achieved successful drug treatment outcomes for opiate use, under the existing definition for this indicator (leaving treatment drug-free and not re-presenting to the service within 6 months). This rate is significantly lower than the England average (5.0%). The outcome for non-opiate treatment was 14.6% in the same period, also well below the England average.
- The Office for Health Improvement and Disparities (OHID), which is responsible for **PHOF will soon switch to using a new national measure of "showing substantial progress"** - looking at how much people have reduced their substance use in drug treatment. **Under this measure Sefton is in line with national averages.**

3.3 Health inequality

- **Very few of the indicators discussed in this report include data on socio-economic inequalities in population health that are drawn directly from Sefton level data.** This is because the numbers of health events being counted year to year is mostly too small to perform this type of analysis in a valid way.

However, appropriate interpretation of breakdowns of national data, e.g. according to indices of multiple deprivation is discussed in context for Sefton.

- Health outcomes with strong causal links to unequally patterned health behaviours, e.g. smoking, have the **largest gaps in health outcomes/steepest social gradient**. In this report, the largest inequality is for premature deaths from respiratory disease. The three-fold difference in residents from most and least deprived communities reflects the epidemiology of smoking. Typical social gradients are in the range of +50% to +200% difference in rates.
- Also of note, are differences in some **wellbeing indicators** by sex and age, and large differences according to employment and disability status.
- Premature mortality statistics for respiratory disease, liver disease, and cancer show higher rates in males compared to females in Sefton, as elsewhere. In Sefton, the **difference in rates is smaller because females have higher rates relative to the national average than males**.

3.4 COVID-19 and cost of living

- Updated indicators discussed in **this report reflect data collected from the so-called 'post-pandemic' phase spanning 2022 to autumn 2023**.
- The **unequal health and social impacts of the pandemic** continue to be well documented. **Negative effects of high cost of living** on health fundamentals such as adequate diet, social connection, and protection from cold will further tip the scales towards greater health inequality in Sefton. A third strand of health risk and inequality comes from the growing likelihood of **serious climate events**.
- The influence of socio-economic pressures may now be visible in indicators such as wellbeing. Another example is premature mortality from Cancer. Over the last two decades, Sefton's rate of premature cancer mortality fluctuated a little above the England rate but followed the same steady, downward trend overall. **Sefton's rate moved above England's in 2020 and has remained significantly higher**. 2022 was the first time that England's rate increased compared to the previous year. This suggests the involvement of systemic influences, including from stressed NHS capacity, and high costs of living.

3.5 Response

- **Public Health services have an important part to play in responding to and preventing high levels of population health need**. However, as the scale of socio-economic and other inequalities in health reveals, the fundamental causes of this need are found in the complex interaction of different **health determinants** across the life-course.
- Updates in this report describe several examples of how the public health team and services are **enabling system improvements**, for example the range of interventions to improve childhood nutrition.

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Cabinet Member / OSC (ASCH) Update Report Agenda Item		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	March – Aug 2023
Title: Public Health Performance Framework		

1. Reason for Briefing

The aims of this briefing are to:

- Present and interpret population health indicators from the Public Health Performance Framework,
- Provide relevant information about public health programmes and service developments,
- Highlight aspects related to the Coronavirus pandemic and high cost of living,
- Make recommendations as required.

This report is usually provided on a six-monthly basis. The previous report spanned September 2022 to February 2023. This report concentrates on 11 out of 26¹ indicators from the Public Health Performance Framework, which received updates in the much more extensive Public Health Outcomes Framework (PHOF)² from March 2023 through August 2023.

These indicators serve to describe the scale and distribution of population health problems, their underlying causes and associated health inequalities. Where available, the overview includes trends over time and relevant comparisons with the national picture, other local authorities in the North West and Liverpool City Region, and areas with similar characteristics to Sefton (Statistical Neighbour Group). Information is also provided about Public Health led improvement actions that target these high-level indicators. The report highlights ongoing impacts on public health services and population groups from the pandemic and high costs of living.

The complete Public Health Performance Framework – August 2023 is provided in Appendix A. Updated indicators are shaded pale purple. Rankings low to high indicate best to worst amongst North West and statistical neighbour groups, with colour coding to show relative change from the previous edition of the framework (red for a relatively worse position, green for a relatively better position and yellow for no change in ranked position). The framework also includes coloured arrows to show how each indicator has changed in comparison to its previous value; summary bar charts to enable comparison with local authorities in Liverpool City Region; line charts showing Sefton and England trends; and an indication of the size and statistical significance of the difference in values for Sefton and North West England (the z-score).

¹ Sections of the report not updated in this edition are highlighted.

² [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://phe.org.uk)

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Appendix B reproduces some background information from previous reports, which covers how statistics in the Public Health Outcomes Framework are arrived at, and important issues to be aware of when interpreting population health data.

2. Summary

Updates in this report include indicators associated with health behaviours (smoking, physical activity in adults, and under 18 conceptions); health risks (excess weight in adults); and service activity (successful drug treatment rates, and NHS Health Checks). In view of several positive developments to support better population mental health service, updates have also been included for relevant indicators (section 3.14, 3.15).

An important aspect of this report is that the latest indicators, which span a range of time intervals in the period March 2021 to June 2023 continue to register trends linked to the pandemic in 2020-21. Subsequent updates are likely to reveal population health consequences associated with higher cost of living and reduced living standards, and adverse climate events.

As Sefton's large gap in life expectancy at birth shows (updated in a previous report – see section 3.20), unequal health outcomes caused by unequal experiences of healthy and unhealthy social, economic, and environmental influences ('health determinants'), remain the defining challenge.

Overall, progress on smoking remains very positive and provides an important equalising effect on health chances, especially at the start of life. Excess weight in adults still affects over 7 in 10 of the population in Sefton. Although the increase in physical activity seen during the pandemic has been sustained for a second year, the absolute level of metabolic risk in the population presented by excess weight is of concern and is expected to be compounded by rising risk from lower dietary quality due to the high cost of food, fuel, and other essentials.

- **Strengths and improvements:** This review of updated performance indicators includes some notable areas of continuing good performance and improvement.
 - **Smoking:** The best estimate from a large, routine survey in 2022 is that one in thirteen (7.9%) of adults in Sefton currently smokes. Sefton has the lowest adult prevalence of smoking in the North West and amongst statistical neighbours. Sefton achieved the Government's target of reducing adult smoking prevalence to under 12.0% by 2022. Smoking rates decrease in later life and Sefton's relatively low prevalence in part reflects the larger proportion of senior adults in our population. Smoking remains a leading cause of premature illness and disability and health inequalities. The Government has set out new

policy proposals to help achieve its ambition of a smokefree generation and to prevent youth vaping, which include a public consultation.

- **Smoking in pregnancy:** Although Sefton has not achieved the national target reduction to 6% in 2022, a further 1.0% reduction to 9.0% in 2021/22 means that compared to similar areas, and former CCG (Clinical Commissioning Group) geographies in the North West, Sefton continues amongst the best performing areas on this indicator. The Government has announced two years of funding to financially incentivise not smoking in pregnancy, with up to £400 worth of vouchers available to women who demonstrate smokefree status at each checkpoint during their pregnancy.
 - **Under 18 conceptions:** Despite a small increase in the year to December 2021 (15.7/1000, 69 conceptions) Sefton's rate remains in line with England and ranks lowest in LCR.
 - **Physical activity:** A large increase in the proportion of physically active adults from 61.3% in 2019/20 to 66.0% in 2020/21 has been maintained in the latest data (65.9%, 2021/22).
- **Health inequality**
 - The **social gradient in smoking** continues to be a powerful driver of health inequality in Sefton. Of note from Sefton-level data is the higher rate of smoking in males compared to females (10.1% vs 5.9%), accompanied by some signs that smoking reduction is taking place more slowly amongst males. Younger age, and lower incomes/income security are behind large differences in smoking rates separating home renters from homeowners; and managerial and professional from routine and manual occupations (3.5-fold difference)
 - The **external inequality in smoking in pregnancy has been closed** (Sefton 9.0% vs England 9.1%) and the internal difference in smoking in pregnancy rates in Sefton continues to narrow (south Sefton 9.1%, vs North Sefton 7.4%). This represents a major gain for health and health equity at the start of life and reflects the ongoing success of partnership work spear-headed in Sefton.
 - As the overall influence of smoking on health continues to wane, socio-demographic **risk factors for obesity** (lower educational attainment, being male, being of White or Black ethnicity, being aged 45 or above (highest prevalence of excess weight is in the 55-64 age group) and having a disability) are pertinent to Sefton's population and the continuation health inequalities due to long-term conditions.
 - **Points to note**
 - **Excess weight in adults:** The excess weight rate (% overweight or obese) for adults in Sefton in 2021/22 is 71.2% - similar to 2020/21 (71.5%), and up from 66.3% in 2019/20. This level of increase has been seen previously in recent years, but it continues to place Sefton's

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rate significantly higher than the national average (63.8%) and towards the upper end of the distribution in the North West and amongst similar areas.

- **Physical inactivity:** Relatively high rates of inactivity (one in four), high rates of obesity in all age groups, and lower dietary quality associated with rising food poverty each add individual chronic disease risk. **Epidemiological research shows these risk factors are not simply different sides of the same coin**, which is why integrated approaches to behavioural change remain central to the public health approach in Sefton.
- **Successful completion of drug treatment (opiates):** In the year to December 2022 **3.0% of service users in Sefton achieved this outcome** – significantly lower than the England average (5.0%). Sefton has dropped down 6 places in the North West rankings and has the lowest opiate treatment success rate from amongst five statistical neighbours and in LCR. It is important to note that in most areas **numbers of successful treatment outcomes each year is small** (e.g. 30 to 50 Sefton). This means that small year on year improvements or reductions in service outcomes can be obscured by random variation. More recent data from the National Drug Treatment Monitoring System shows that the service provider **CGL has almost closed this performance gap compared to England**.
- **Successful completion of drug treatment (non-opiates):** fell back to 17.6% in the year to December 2022. The current success rate is half of what it was in the previous year (34.2%) and a quarter of the rate at baseline in 2011. Sefton's rate is lowest in the North West, LCR and amongst statistical neighbours. These data also reflect a period of transition to the current provider, CGL. Following this numbers of people in treatment is approaching 2000 and has increased by 67%, and continuity of care is 80% - well above the Government target of 75% and performance in most other areas.
- **Smoking:** there are early signs of a possible divergent trend in smoking, distinguishing the professional and intermediate groups (continuing reductions) and the unemployed and routine and manual groups (steady or increasing). This is a concern for Sefton's health inequalities.
- **COVID-19 and cost of living**
 - Updated indicators discussed in **this report reflect data collected either during the later pandemic phase in 2021, or early post-pandemic period from 2022 through 2023**.
 - As discussed in earlier reports, pandemic disruption to usual ways of life, the delivery of health services, and people's behaviour in terms of seeking healthcare combined to cause distinct impacts on population health. A good example, is the marked reduction in smoking rates in

lower income groups during 2020, followed by a rebound to pre-pandemic rates by 2022.

- The unequal health and social impacts of the pandemic continue to be well documented. **The negative effects of high cost of living on health fundamentals such as adequate diet, social connection, and protection from cold will further tip the scales towards greater health inequality in Sefton.** A third strand of health risk also comes the rapidly growing likelihood of serious climate events.

- **Response**

- **Public Health services have an important part to play in responding to and preventing high levels of population health need.** However, as the scale of socio-economic and other inequalities in health reveals, the fundamental causes of this need are found in the complex interaction of different **health determinants** across the life-course.
- Updates in this report describe several examples of how the public health team and services are **enabling system improvements**, for example the current mapping and review of Sefton's weight management service offer against evidence-based recommendations.
- Sefton's **Combatting Drugs Partnership** has now been in place for one year. A **notable success** has been the two thirds increase in the overall number of people in drug treatment (1912), recent improvements in **drug treatment** outcomes (yet to appear in PHOF data), and the exceptionally strong record of continuity of care provided by the current substance use service provider, CGL.
- A wide range of activity is also taking place to improve community access to oral, long-acting, and emergency forms of contraception. Public health officers are also contributing to a **teenage pregnancy** self-assessment exercise with other local authorities to identify further improvements.

Recommendation

The Cabinet Member for Health and Wellbeing is recommended to,

- 1) Note and comment on the information contained in this report, which will also be presented in full at the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) on 23rd January 2024.

3. Overview

Appendix A contains the Public Health Performance Framework dashboard as at August 2023.

Six of the 11 updated indicators have a green direction of travel arrow, showing the current figure has improved when compared to the previous figure

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(prevalence of smoking and excess weight in adults). **Five indicators have red arrows, showing that the latest data is less favourable** compared to the previous value (rates of conceptions in under 18s, successful drug treatment outcomes, and physically active/inactive adults).

It is important to note that the arrow symbol encompasses both chance variation – expected ups and downs, as well as larger ('statistically significant') changes. These significant changes are more likely to be caused by a consistent change in one or more influences upon an indicator.

Seven out of the 23 indicators lack trend data; however, this does not affect any of the updated indicators (shaded purple), which are the focus in this report. For the alcohol-related hospital admissions indicator this is because it is a newly introduced measure for this outcome and so comparable past data is not available. The change arrow is also missing for the 'life is worthwhile' dimension of wellbeing because numbers were too small to allow for a reliable year to year comparison; and for the five mortality indicators because past figures are being updated to take account of Census 2021 population data.

The North West RAG-rated rankings are split - four are green, showing a relative improvement (smoking, excess weight in adults) **and five red**, showing a relative deterioration (conceptions under 18, physical activity and successful drug treatment outcomes).

In comparison to **Sefton's five closest statistical neighbours**, Sefton has maintained its position in the rankings (yellow) for smoking and physical inactivity indicators but ranked position has worsened (red) for conceptions under 18, physical activity, and excess weight.

3.1 Smoking Prevalence

Issue description

At both a population and individual level, **smoking (including passive smoking) is the single most harmful health behaviour**. In Sefton, past and present smoking habits still account for around 51% of all deaths due to chronic respiratory disease, 31% deaths from cancer, 15% of deaths from cardiovascular disease, and 11% of deaths from neurological disease. **Differences in smoking rates across the population are the number one driver of social inequalities in healthy life expectancy and life expectancy**. People with smoking-related illness are more likely to require formal and informal care several years before non-smokers and parental tobacco dependence is a risk factor for continuing child poverty.

Changes in the law have brought smoking rates down in England to their lowest recorded level. The Government has previously set out its intention to incorporate tobacco control policy into a new Major Conditions strategy³, rather than produce a

³ [Major conditions strategy: case for change and our strategic framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/major-conditions-strategy)

standalone update to the most recent Smokefree Generation Plan⁴. Proposed measures on smoking, youth vaping, and enforcement are set out in a new policy paper⁵ accompanied by a live consultation.⁶

Key points

- The adult smoking rate in 2021 is given by the PHOF indicator C18 ‘Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)’. The data comes from a telephone survey undertaken as part of the Annual Population Survey.
- **Sefton has achieved the Government’s target of reducing adult smoking prevalence to under 12.0% by 2022.**
- The proportion of adults who self-reported currently smoking in 2022 in Sefton was **7.9%. This rate is similar to 2020 (7.7%) and a notable reduction from 10.0% recorded mid-pandemic in 2021.**
- **Sefton local authority area has the lowest adult smoking prevalence in the North West region (range: 7.9% to 20.2%) and from amongst close statistical neighbours.**
- Sefton’s reducing trend stands out because it has **fallen more quickly than in England**. Contributory factors may be the relatively larger proportion of people aged over 60 in Sefton – smoking prevalence is currently highest in the 25-29 years age group and reduces with increasing age, and the continuing public health strategy of prioritising more intensive smoking cessation support for young people and more disadvantaged groups.
- There are three inequalities breakdowns available for this indicator at a Sefton level – by sex, by socio-economic group (18-64 years), and housing tenure type.
- In 2022, **10.1% of adult males are estimated to smoke compared to 5.9% of females**. This difference may be exaggerated slightly by the noticeably larger number of females aged over 60. While female smoking prevalence has shown year on year reductions, prevalence for males has fluctuated around the current level since 2019.
- **Just under one in five people who rent their accommodation from a housing association or the council currently smoke**. The figure is just over one in five people who rent privately. **This compares to one in 17 people who have a mortgage on their home and one in 25 of those who own their home outright**. This striking disparity likely reflects both age and socio-economic differences across tenure types.
- There were small falls in smoking across all tenure types, but the largest relative reductions were in the mortgage holder and outright owner group. **Conceivably this could reflect differing capacities to make healthy changes post-Covid. This breakdown is likely to reflect cost of living pressures in future updates.**

⁴ [Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/smoke-free-generation-tobacco-control-plan-for-england)

⁵ [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

⁶ [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping)

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- The socio-economic breakdown for Sefton shows that **intermediate and managerial and professional occupational groups have the lowest smoking rates in the 18 to 64 age group**, 3.9% and 4.8% respectively. The intermediate group shows a one-year spike in smoking rates up to 14.7% in 2021, possibly reflecting the effect of psycho-social stressors during the pandemic.
- In contrast, smoking rates amongst the **long-term unemployed and never worked** groups increased from 7.9% in 2021 (after a long period of steadily falling rates) to 13.5% in 2022. There has been a levelling off in smoking rates in the lower income **routine and manual occupational group** beginning in 2017, and briefly interrupted by a large drop in 2020. **The 2022 smoking rate in this group is 17.3%, which is 3.5 times the rate in the highest income group.**
- **Signs of a possible divergent trend in smoking**, distinguishing the professional and intermediate groups (continuing reductions) and the unemployed and routine and manual groups (steady or increasing) **is a concern for Sefton's health inequalities**. The **new smoking cessation service**, which is currently being commissioned **will continue to address this through the design and delivery of a range of evidence-based support.**

Action and progress update

- The process of recommissioning Sefton's smoking cessation service as part of Living Well Sefton continues.
- An application and proposal to participate in the Government's Swap to Stop intervention is to be submitted. Swap to Stop will encourage current smokers to swap cigarettes for a free trial of e-cigarettes (the scheme does not permit disposable vapes).
- The stop smoking service is now receiving referrals through the Targeted Lung Health Check programme delivered by NHS partners which identifies people aged 55 to 74 who have ever smoked and are registered with GPs in South Sefton.
- The stop smoking service has developed an offer for young people with a focus on vaping cessation as well as smoking. An education programme delivering workshops and assemblies has been delivered in secondary schools and community youth groups, with 16 assemblies being delivered and 14 workshops in the last quarter with a total of 2849 young people engaged in this delivery.
- Demand for support in primary schools was also requested and an initial assembly for years 4,5 and 6 was completed in one school, followed by two further workshops for year 5. Following this pilot, a delivery package is now on offer to all primary schools across Sefton.

3.2 Smoking at the time of delivery (smoking in pregnancy)

Issue description

Smoking in pregnancy is a common cause of pregnancy and post-natal complications associated with low birth weight. Passive smoking in infancy is a leading risk factor in sudden infant deaths.

Smoking in pregnancy shows a strong association with younger age and socio-economic and educational disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs.

The social gradient for women who are identified as continuing to smoke at the end of their pregnancy is less steep, compared to in early pregnancy. This shows that Maternity and Stop smoking services are delivering effective support for women who experience multiple challenges. But it also underlines the necessity of building in wider psycho-social support in the post-natal period to improve mental wellbeing and lower risk of relapse or continuation of smoking.

The Government had previously set a target to reduce **smoking in pregnancy to 6% or less by the end of 2022**.

The NHS Long Term Plan states that all pregnant smokers should receive specialist opt-out support as part of a new maternity-led pathway and wider investment into NHS-funded tobacco treatment services in hospitals. Furthermore, up to £10 million will be provided in England over two years to offer financial incentives to encourage all pregnant smokers to quit. Vouchers will be issued at specified time points during the quit journey, contingent on ongoing engagement with behavioural support and evidence of smokefree status. The maximum value is £400.

Key points

- In 2021/22 **9.0% (n=220) of pregnant women in Sefton were identified as continuing to smoke at time of delivery**. This compares to 10.0% in 2020/21; 10.6% in the North West (Sefton's rate rank's 6th lowest), and 9.1% in England. Sefton is now in line with the national average rate for the third successive year.
- The latest updated data for the former CCG areas of South Sefton and Southport and Formby dates from April 2022 through March 2023 and show further reductions: **South Sefton 9.1% and Southport and Formby 7.4%**. The dark blue trendline for South Sefton in the framework (Appendix A) illustrates the impressive decrease in smoking throughout pregnancy that has been achieved.
- Although Sefton has not achieved the target reduction to 6% in 2022 the **external inequality in smoking in pregnancy has been closed** and the internal difference in smoking in pregnancy rates in Sefton continues to narrow. **Compared to similar areas, and former CCG geographies in the North West, Sefton continues amongst the best performing areas on this indicator.**

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Action and progress update

- Southport and Ormskirk Hospital Maternity Unit has a dedicated midwife who provides targeted support to pregnant women throughout their antenatal period. It is worth noting that some of these women give birth at Liverpool Women's Hospital and so there is also positive impact on SATOD data for South Sefton; similarly, some women who give birth in Southport and Ormskirk Hospital, have received their antenatal care, from another team, who may not provide the same level of support for pregnant women.
- There have been several changes and improvements in practice:
 - CO monitoring has now fully recommenced at the hospitals. This ensures an objective measure of women's smoking status, rather than self-report.
 - Guidelines were updated at Ormskirk hospital in October to include CO and smoking status at every antenatal contact with all pregnant women.
 - The NHS long-term plan model for smoking in pregnancy, is being implemented in Southport and Ormskirk and the current evidence-based pathway is being amended.
 - There has been an increase in referrals to the smoking in pregnancy advisor from Liverpool Women's Hospital. This is attributed to weekly catch ups between the service and the hospital's specialist midwife.

3.3 Under 18 conceptions

Issue description

Most teenage pregnancies are unplanned and around half end in an abortion. For most young people who become parents in their teenage years, bringing up a child is extremely difficult and typically has a negative impact on the life chances and future health and wellbeing of the parent and the child. It is imperative to try and reduce the number of unplanned teenage pregnancies and offer as much support as possible for any individuals who find themselves in this situation.

Research has also shown that the youngest mothers are more likely to be lone parents, to experience mental illness, and to live in poverty. Infant mortality is also significantly higher. Smoking during and after pregnancy is an important risk in this group. Empowering women and men of all ages to take control of their own reproductive and sexual health and choices is a core aim of sexual health services.

Key points

- In December 2021, the rate of conceptions in women under the age of 18 increased slightly to 15.7/1000 (n=69) from 13.8/1000 at the end of 2020. This pattern is likely to reflect factors associated with the pandemic, which temporarily suppressed the conception rate in 2020. Nevertheless, **Sefton's rate remains in line with England and ranks lowest in LCR.**

- Sefton's rate ranking has dropped slightly amongst statistical neighbours and local authorities in the North West. However, it is very important to recognise the expected degree of variation associated with the relatively small number of conceptions that give rise to the rates for each area.
- It is still unclear from this data what the **possible longer-term impacts of the pandemic, ongoing high cost of living, and higher prevalence of mental health need** amongst young people will be for the under 18 conception rate in Sefton. This will be important to understand as more quantitative and qualitative data becomes available.

Action and progress update

- During lockdowns Sefton Sexual Health clinics experienced reduced capacity, the Sexual Health Service has proposed plans to amend service delivery to increase access and improve capacity.
- Pharmacy emergency hormonal contraception provision has been recommissioned by the Sexual Health Service.
- Following the completion of the pilot for the continuation of oral contraception by community pharmacists, the pilot has been approved for national rollout. The Sexual Health Service is now discussing how this offer can be promoted and utilised as part of the wider sexual health offer.
- One Sefton pharmacy has been included in the national pilot for the initiation of oral contraception directly from a pharmacist without a prior prescription from a GP or the Sexual Health Service.
- Following a review of the fees structure for GPs delivering long-acting reversible contraception (LARC), the Sexual Health service has increased the fees paid to GP practices for the delivery of LARC. The service has also introduced a training offer to GP and non-GP clinicians in primary care. The aim of the interventions is to increase patient access to LARC and therefore improve delivery activity in primary care.
- The Sexual Health Commissioner and 0-19 Commissioner are attendees of the C&M Teenage Pregnancy Forum and are establishing a teenage pregnancy task and finish group to complete the teenage pregnancy prevention self-assessment to confirm current situation and identify any gaps.

3.4 Obesity in reception year

Issue description

Childhood obesity is likely to track into adulthood. In childhood, obese children may experience isolation and low self-esteem, which is damaging to present and future mental wellbeing. The incidence of Type 2 Diabetes is known to be increasing in children nationally. Previously, this condition which has obesity as its leading risk factor, was almost unheard in childhood. Latest national guidance recommends at least 60 minutes of moderate physical activity per day for children and young people.

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The longer a person lives with obesity the greater their chances of developing complications such as elevated blood glucose and blood lipids, and high blood pressure. In adulthood, these are important causes of type 2 diabetes, and premature blood vessel disease affecting the heart and lungs, liver, kidneys and brain. Obesity is also a growing cause of cancer.

The Government has published 'Childhood obesity: a plan for action, chapters 1 and 2' and has set a goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. **In 2020, a further policy paper was published called, 'Tackling obesity: empowering adults and children to live healthier lives'**. This brought in legislation to require largescale restaurants, cafes and takeaways to use energy labelling on their menus and preventing retailers from offering promotional deals on the unhealthiest foods.

Nationally, the proportion of children who are obese is over twice as high in the most compared to the least deprived tenth of the population in reception. The social gradient remains **in year 6, but the prevalence of obesity is twice as high in this end-of- primary school age group compared to reception.** Health inequality in childhood excess weight has increased over time because of rising prevalence of obesity and severe obesity in children experiencing the highest levels of disadvantage. The rate of obesity is matched in boys and girls in reception but is slightly higher in boys in year 6.

In reception, obesity is most prevalent in children of Black African ethnicity and lowest in children of Chinese ethnicity (these groups are separated by an almost four-fold difference). White British children fall in the middle of this range. In year 6, this gap is halved because the rate of increase in obesity is faster in other ethnic groups than in the Black African Group. Taken together, these data illustrate the **powerful interactions between food poverty, food environments and 21st century food habits, and the importance of not depending on individualistic interventions to deliver high impact change.**

Key points

- The prevalence of obesity in **reception age** children is **11.3% in 2021/22 – effectively unchanged from the baseline measure of 11.4% in 2007/08.** The trend over this time is stable.
- In 2021/22 **Sefton is slightly, but statistically significantly higher than England (10.1%).**
- Sefton ranks approximately in the middle of North West local authorities, but **continues to have the highest prevalence amongst statistical neighbours.**
- Only Trafford in the North West shows a sustained downward trend below the national average in recent years, with most local authorities in the region static, and some rising.

3.5 Obesity in year 6

Key points

- Trend from 2007/8 to 2021/22 shows that nationally, the percentage of children in year 6 who are overweight or obese has risen from 18.3% to 23.4%. **During this period the year 6 obesity rates in Sefton have closely tracked the national trend, rising from 17.3% to 23.3% in 2021/22.**
- **Over half of local authorities in the North West have year 6 reception rates that are above Sefton's. However, this is the case for only one of Sefton's five closest statistical neighbours.**
- **Over their primary school years the prevalence of obesity in the current year 6 cohort increased from around one in ten at reception to close to one in four.**
- Trafford and Stockport are notable for maintaining a trend below the national average over several years.

Action and progress update

- The Integrated Wellness Service for children 'Happy 'N' Heathy' is now operational as an integrated partnership and due to be launched publicly by summer 2023. It brings together all public health commissioned programmes, including the 0-19 Service, Kooth (mental health support), Active Sefton (physical activity, weight management and mental wellbeing provision), ABL Stop Smoking Service, CGL (substance use service) and sexual health. As part of this offer, training will be carried out with staff to increase their competence and confidence relating to public health messaging, including having the conversation around weight with families. Signposting across services should also mean that children, young people and families reach appropriate support for healthy weight.
- The children and family weight management service 'Move It' continues to be delivered. Due to increased demand, additional capacity is due to be added to the service to focus on children aged 0-5 years. 178 children and young people accessed the service in 2022/23, with 60% of those completing reducing weight and 68% reducing waist circumference.
- The universal programme for schools 'Active Schools', which delivers healthy lifestyle support, has delivered to 8,552 Primary School children in 2022/23.
- The 0-19 Service continue to promote messaging around healthy eating and physical activity as part of their routine contacts, signposting into support where necessary, in addition supporting young people that have concerns via the anonymous Chat Health Service.
- Delivered through the 0-19 Service, Sefton are participating in the research pilot study for 'Map Me', an intervention tool, which aims to improve parental acknowledgement and understanding of child overweight and obesity. As a result of greater understanding, the aim is to improve weight outcomes for children who are classified as being outside the desired weight range. The

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pilot will be completed by the end of the summer. The pilot is being evaluated by Newcastle to ascertain whether the tool should be brought in as part of the National Child Measurement Programme (NCMP).

- Piloted in summer 2022 following NCMP results, the School Health Team began making follow up phone calls to parents and carers of children who received overweight or very overweight letters, offering them advice and support, and signposting into the MOVE IT Programme. This led to a significant increase in referrals to MOVE IT, and due the success has been mainstreamed as part of the 0-19 Service.
- As part of a 12-month pilot programme, 10 front line practitioners across the 0-19 Service, Active Sefton and Early Help are due to be trained in HENRY, a weight management programme for families with 0–5-year-olds. It will allow them to deliver the HENRY course, whilst increasing competence and confidence to talk about weight.
- Under the Obesity Action Plan and its life course approach, a ‘Start Well’ Obesity sub-group has been developed. With representatives across the children’s partnership, the group intend to push forward the obesity agenda and actions to improve it locally.
- All Active Sefton facilities and services are back up and running, including all physical activity support services for children and young people (Active Schools, MOVE IT, the 121 Programme, Be Active and Park Nights).
- Linked to healthy weight, Public Health continue to support the breast feeding offer delivered through Mersey Care, in addition to updating Sefton Councils breast feeding policy to ensure breast feeding mothers can continue after returning to work.

3.6 Excess weight in adults

Issue description

At a population level, risk of chronic long-term conditions increases with body mass index (weight for height) of 25kg/m² and above. Carrying excess body fat increases the risk of type 2 diabetes, high blood pressure, vascular disease, many cancers, musculoskeletal problems and complications in pregnancy. **In the UK, overweight and obesity are fast gaining on smoking as a leading preventable cause of life-limiting long-term conditions.** The data for adults comes from a large representative sample of people who are asked to self-report their weight in the Active Lives Survey each year.

Population level predictors of adult overweight and obesity are lower educational attainment, being male, being of White or Black ethnicity, being aged 45 or above (highest prevalence of excess weight is in the 55-64 age group) and having a disability.

Looking at national data, the socio-economic group with the lowest rate of excess weight is the least deprived 10%, but overweight and obesity still affects six out of

ten. The group with the highest rate of excess weight is found in the population living in the most deprived 10% of areas – approaching 7 out of ten adults are overweight or obese. **This high prevalence across the socio-economic gradient shows the influence of pervasive changes to our food environment and way of life** that impact everyone – widely available, high-energy foods, rising food cost and insecurity, more sedentary lifestyle, and more eating away from home. It is now widely accepted that a **whole system approach** which uses the full range of national and local policy levers to create a less ‘obesogenic’ environment, as well as evidence-based services and targeted interventions is the only approach capable of delivering change on the scale that is now required.

Key points

- **The excess weight rate (% overweight or obese) for adults in Sefton in 2021/22 is 71.2%** - similar to 2020/21 (71.5%) and up from 66.3% in 2019/20. This level of increase has been seen previously in recent years, but it continues to **place Sefton’s rate significantly higher than the national average (63.8%)**.
- The national trend shows a gradual increase (0.5 -1.0% per year) in the prevalence of excess weight.
- Sefton ranks **towards the higher end of rate rankings in the North West, LCR and compared to close statistical neighbours**.

Action and progress update

- The six-week weight management programme ‘Weigh Forward’, delivered by Active Sefton, continues to be delivered, in a group format, virtually and face to face.
- The Living Well Sefton Service are also delivering the Weigh Forward Programme, in addition to cook and eat sessions in the community.
- Under the Obesity Action Plan and its life course approach, ‘Live Well’ and ‘Age Well’ Obesity sub-groups have been developed, the Live Well group focusing on implementation of the Healthy weight Declaration and Age Well focusing on development of an adult weight management pathway. With representatives across the partnership, the groups intend to push forward the obesity agenda and actions to improve it locally.
- Separate to the above, meetings are also taking place with ICB colleagues regarding the adult weight management pathway and related commissioned services from tier one to four. A piece of work is also being completed by a Local Authority Public Health Registrar focusing on gaps in provision and best practice.

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3.7 Physical activity in adults (active)

Issue description

Physical activity has wide-ranging benefits for cardiovascular health, mental health, and maximising functional independence throughout life. Current guidance is that adults should do at least 2.5 hours of moderate physical activity or 75 minutes of vigorous physical per week, include strength-building exercise on two days per week and avoid prolonged periods of sitting. As for excess weight, our way of life - transport options, leisure and recreation opportunities, access to open spaces, job role and employment all influence levels of physical activity. Participation in many recreational opportunities to exercise is favoured by higher household income.

Nationally, **predictors of being physically active include** being of White or Mixed ethnicity, being aged under 75, being male, living in an area of lower than average deprivation, not being disabled, being employed, particularly at a managerial level, and having a higher level of educational attainment.

Key points

- An increase from 61.3% in 2019/20 to 66.0% in 2020/21 is notable since it shows **an increase in physical activity during the pandemic**. This increase in the percentage of Sefton's population which is physically active has been **maintained in the latest data for 2021/22 at 65.9%, which is in line with the England figure (67.3%)**.
- It is likely that different parts of the population have altered their physical activity in different ways and subject to different social and economic influences during this time. It is not possible to predict the impact on health inequalities with certainty, but it is probably the case that this change has increased or maintained health inequalities, given the associated demographic factors set out above.

3.8 Physical activity in adults (inactive)

Issue description

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. Low activity is an independent risk factor for several long-term conditions. Low activity in Sefton is the fifth leading behavioural contributor to death and ill-health from common causes including cardiovascular disease, several cancers and osteoporosis. Low physical activity leads to changes in body composition that make it more difficult to maintain a healthy weight, muscular and skeletal strength and can limit functional independence.

National data for this indicator shows that prevalence of inactivity is higher in females, people aged 75 and over, people with a disability, people who are

unemployed or economically inactive, and people of Asian, Black, Chinese, and Other ethnicity. There is a strong education and socio-economic gradient, associating higher rates of physical inactivity with lower levels of qualifications, higher deprivation and lower paid occupations and economic inactivity.

Key points

- Sefton has tended to track alongside the national inactivity trend. However, there was a marked upturn from 22.1% in 2017/18 to 27.4% in 2019/20. In 2020/21 the proportion of the population estimated to be inactive returned to 24.2%, in line with the national average. **In the most recent data for 2021/22 inactivity in Sefton remains around this level (24.5%), while the England rate has reduced slightly to 22.3%.**
- High rates of obesity extending to children (one third) and young adults (half of 25-34 year-olds), in addition to rising food poverty linked to lower dietary quality all individually add to chronic disease risk; **epidemiological research shows these risk factors are not simply different sides of the same coin**, which is why integrated approaches to behavioural change remain central to the public health approach in Sefton.

Action and progress update

- All Active Sefton facilities and services continue to be delivered, including all physical activity support services for adults (GP Referral, Weigh Forward, Active Ageing) and universal physical activity access.
- Sefton continues to work with all LCR leads on the physical activity agenda.
- Sefton have procured a consultancy agency to develop a physical activity strategy. The consultation and engagement phase has now been completed and taken account of for the development of the strategy, which is now in draft.

3.9 Successful Completion of drug treatment (opiates), and didn't re-present within 6 months.

Issue description

The indicators for 'success' in opiate and non-opiate treatment programmes are defined as the **proportion of people in treatment who conclude their treatment and are not using these drugs, and who do not re-present over the next six months**. This definition may not always align with outcomes that service users and others value as successful.

The Office for Health Improvement and Disparities rationale for monitoring this indicator is that individuals achieving this outcome demonstrate a significant improvement in health and well-being, increased life expectancy, reduced blood-borne virus transmission, improved parenting skills and improved physical and

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psychological health. Sustained recovery from addiction is also aligned with reduction in offending behaviour, with benefits for the wider community. UK Clinical Guidelines for Substance Use Treatment recognise that for older opiate users with other complex needs harm reduction rather than abstinence outcomes are often more appropriate.

It is important to understand this indicator within the local context. Sefton and neighbouring authorities work with an older cohort of opiate users, a legacy of more widespread heroin use on Merseyside in the 1980s and 1990s. Moreover, in Sefton a higher proportion of service users have other complex needs including mental health diagnosis. Sefton has significantly lower rates of unmet need in its opiate and crack cocaine using population and a history of strong continuing engagement with the substance use service.

Key points

- The latest data (appendix A) is for the for the year to December 2022 and shows **3.0% of service users in Sefton achieved this outcome** – significantly lower than the England average (5.0%). This is under half the success rate at baseline (8.6% in 2010/11).
- Sefton has dropped down 6 places in the North West rankings and has the lowest opiate treatment success rate from amongst five statistical neighbours and in LCR.
- It is important to note that in most areas numbers of successful treatment outcomes each year is small (e.g. 30 to 50 Sefton). This means that small year on year improvements or reductions in service outcomes can be obscured by random variation.
- An important relationship between higher socio-economic deprivation and lower treatment success rate is present. National data shows that the success rate for service users living in the 10% most affluent areas is almost twice that of those who live in the 10% most deprived.

3.10 Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months.

Issue description

Engaging with Sefton's substance use service offers a range of supportive and preventative benefits including access to testing and treatment for blood borne viruses, a route into mental health, welfare and employment support, and better relationships with family and other supporters.

Periods of chronic and acute stress and anxiety can trigger substance use or relapse. The continuing availability of substance use support services was recognised as a public health and NHS priority throughout the pandemic.

Key points

- Successful completion of drug treatment for non-opiate drug use **fell back to 17.6% in the year to December 2022. The current success rate is half of what it was in the previous year and a quarter of the rate at baseline in 2011.**
- The chart in appendix A shows that this indicator has z-score of -2.0, which indicates that **Sefton's rate at the end of 2022 was very significantly lower than the North West average (31.6%). A z-score like this is usually explained by a 'special cause' – an influence outside the previous day to day running of a service**, in this case the changeover to a new provider, CGL.
- Unsurprisingly, Sefton's rate qualifies as lowest in the North West, LCR and amongst statistical neighbours.
- National performance has stayed relatively steady since 2018. Just under half of North West local authorities have significantly better outcomes than England, and there is nearly a three-fold difference in the success rates of the top and bottom ranked authorities (Trafford, 51.0% vs Rochdale 18.6%).
- There is evidence at a national level that programmes to support the most disadvantaged service users have **disrupted expected social inequalities in this outcome to some extent**, in that the lowest success rates are often not associated with service users from this population group. However, the most recent data still places success rates for least disadvantaged services users well above other groups. This follows a striking increase in successful treatment outcomes amongst service users resident in the most affluent areas during the pandemic.

Action and progress update

- National Drug Treatment Monitoring System (NDTMS) as of August 2023 shows that Sefton opiate only successful completion rates have risen to 5% against an England average of 6%. This indicates signs of improvement in performance and the service will continue with a dedicated service action plan to further improve.
- As previously highlighted, since CGL took over as provider in Sefton the numbers in treatment have grown from 1152 to 1912 (a growth of 65.97%) which has taken capacity out of the system from successful completions. It also represents the best performing service in the country for increasing numbers in treatment a major current focus for OHID.
- During this time period CGL Sefton has also achieved 80% continuity of care compared to a national average of 44% and again above OHID target of 75%. Sefton is the 2nd highest performing in the country for this measure.
- Successful completions which do not represent within 6 months is a key focus and there is a service action plan in place to continue to improve performance.

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3.11 Alcohol-related hospital admissions

Issue description

Harmful drinking is associated with a range of physical, mental and societal problems, including alcohol-related liver disease; many cancers; long-term mental health conditions; suicidality and self-harm; anti-social and criminal behaviour, and abusive relationships. **Harmful use of alcohol comes at a high cost to individuals, personal relationships, and community wellbeing.**

Compared to other common behavioural risk factors alcohol makes a **big contribution to years of life and productivity lost** because for the most dependent alcohol users serious premature illness and death arise earlier in the life course, usually in people of working age. In the remainder of the population, harm to physical and mental health due to alcohol is widespread.

This indicator gives the rate of admissions to hospital for which the main diagnosis is an alcohol-related condition. The number per 100 000 is standardised (adjusted to take account of differences in the age profile of local authority populations).

Key Points

- **The components that make up this indicator have been revised**, so the current rate of 598.0 per 100 000 in 2021/22 is also the baseline figure.
- **Sefton's admission rate is one fifth higher than the national average, which is a statistically significant difference.** This is also the case for half of the local authorities in the North West.
- **Sefton's rate ranks fourth highest in the North West, behind Blackpool, Wirral and Liverpool and above St. Helens and Knowsley**, but sits in the middle of admission rates among statistical neighbours.
- The previous version of this indicator had shown a faster than average reduction in Sefton's alcohol-related admission rates from 2019/20. **However, in 2020/21 the validity of the indicator as a reflection of alcohol-related need in the population is undermined by changes to hospital admissions linked to the pandemic.** In fact, mortality from alcohol-related liver disease rose markedly during 2020/21.
- As expected, national data shows that admission rates are 42% higher in the most disadvantaged tenth of the population compared to the least disadvantaged tenth. The group with the highest admission rate is the second most deprived tenth of the population.
- In Sefton, **admission rates are two and a half times higher in males** compared to females. Compared to the national picture, admission rates for females are similar, but Sefton's admission rate amongst males is one third higher compared to the national average.
- **Sefton continues to show a distinct rising trend in admission rates in under 18s, most notably amongst females.** In Sefton, there is a two-fold higher admission rate for females aged under 18. In England, female

admission rates are 50% higher in this age group, but the trend is a gradual decrease for both sexes.

Action and progress update

- The Sefton Council alcohol lead continues to participate in the multi-agency Optimisation Group, alongside representatives of the Integrated Commissioning Board, Clinical providers, CGL, Hospital Alcohol Care Teams, and Primary Care clinicians to review. The group's current priority is a review of the alcohol pathway, which is being conducted to identify opportunities to avoid unplanned hospital admissions and preventable readmissions.

3.12 NHS Health Checks (percentage of eligible population invited to screening)

3.13 NHS Health Checks (percentage of eligible population receiving screening)

Issue description

The NHS Health Check aims to detect and prevent early metabolic changes (high blood pressure, raised blood glucose and lipids) that increase risk of premature blood vessel disease and type two diabetes in people aged 40 to 74

These risks are well known targets for primary or secondary prevention advice and intervention, e.g., weight management, alcohol reduction, stopping smoking, increased exercise.

Local authorities are under a legal duty to make arrangements to provide the NHS Health Check to 100% of their eligible population over five years and to demonstrate continuous improvement in uptake of the Health Check offer.

This indicator is accompanied by **note b in the framework**, 'Sefton has adopted a new delivery model for its Health Check programme. Rankings and z-scores do not provide meaningful comparisons for this indicator and have not been calculated.'

Key points

- The indicators presented in appendix A give a quarter 1 comparison for 2023/24 and 2022/23 for the percentage of the eligible population who were offered screening in this period (0.5% up from 0.1%) and the percentage of the eligible population who received screening (0.4% up from 0.1%).
- **The PHOF provides cumulative outcomes for the last five-year cycle (2018/19 to 2022/23).** During these years, the proportion of the national eligible population which was offered a health check was 64.7%. In the North West the average was significantly higher – 84.9%. In Sefton the proportion was 3.0%.
- In the same period the proportion of the national eligible population which received a health check was 42.3%. In the North West the average was significantly lower – 38.1%. In Sefton the proportion of people offered a

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check who went on to receive it was the highest in the North West (80.5%), albeit the total number of health checks was by far the lowest amounting to 2.4% of those eligible across the five years (compares to 27.4% in England and 32.3% in the North West).

Action and progress update

- There is a continuing need to increase identification of people in Sefton with cardio-vascular disease risk factors. This follows a significant reduction in case finding through the pandemic.
- The NHS Health Checks offer is currently under review in Sefton. Options for delivery are being developed with the support of OHID. The new offer will also seek to accommodate recommendations of the National review of the NHS Health Check Programme.
- Work is underway with the key stakeholders with a view to commissioning a GP based delivery route.

3.14 Mental health and wellbeing

Issue description

Several research studies measured changes in mental health during the pandemic and showed that population wellbeing fluctuated with waves of infection and restrictions. Higher risk of poor mental wellbeing was found amongst people with a pre-existing mental health or physical health condition. Being young, female, living alone, being unemployed or on a low income, and living in an area with fewer health-promoting resources, like green space were all associated with higher rates of mental distress. **Supporting population mental wellbeing in the context of ongoing cost of living pressures is one of the biggest population health challenges.**

The impact of unidentified and untreated mental health disorders can cause significant health impacts across the life course; early intervention can prevent problems escalating and brings major societal benefits. Evidence also shows that mental distress contributes to adoption of risk-taking behaviours and unhealthy coping strategies, e.g., substance use and gambling, which can introduce lifelong impacts on health and life chances. **Mental health problems have associations with other behaviours that pose a risk to health**, such as smoking, harmful alcohol use, risky sexual behaviour, and disordered eating.

The socio-economic context of people's lives will continue to be an important determinant of wellbeing. There is **constant interaction between how we feel emotionally and our physical health.** For example, financial or relationship stress presents practical and motivational barriers to making healthy choices, whilst living with a long-term health problem can be isolating and reduce social wellbeing. **Population health interventions, which recognise and act on both sides of this relationship have added value.**

Population wellbeing statistics presented in the PHOF are obtained by national **self-report survey** from a sample of Sefton's population. Previous disruption to the

survey in Sefton and elsewhere means that previous rankings could not be calculated in the low satisfaction and low wellbeing dimensions of wellbeing. In contrast to 2020/21, latest data for 2021/22 is provided for all four dimensions of wellbeing: life satisfaction, life is worthwhile, feeling happy, feeling anxious.

Key points

- At a national level, there was an increase in the percentage of people who reported feeling low satisfaction, low sense of life as worthwhile, low happiness and high anxiety at the height of the pandemic in 2020/21. This dropped back to just above pre-pandemic levels in 2021/22.
- Sefton follows this trend, and current figures are non-significantly above the national average.
- The survey estimates that nearly a quarter of Sefton's population (**22.6%**) **would have reported high anxiety**. The prevalence of this experience is high, but in context only five local authorities in the North West, and none in the statistical neighbour group reported a lower rate.
- **One in ten self-reported feeling unhappy (9.5%).**
- **One in sixteen self-reported low satisfaction with life (6.2%),**
- **One in twenty reported low feelings that life is worthwhile (4.8%)**

Action and progress update

The 121 Programme continues to be delivered both in the community and secondary schools, with the latter now mainstreamed and aimed at young people aged 11-19 and focusing on improving their physical and mental wellbeing. They are assigned a mentor who meets with them for an hour each week for between 6-12 weeks. Using activity and/or sports together with their mentor, the young person works towards gaining confidence, self-esteem and improved mental well-being. In 2022/23, 350 children and young people accessed the service, with 85% showing an improvement in mental wellbeing, as measured through the WEMWEB tool.

Sefton Place has agreed to recommission the Kooth wellbeing service as it has had favourable reported outcomes and a reasonable level of activity. Plans are in place as to how to better promote the service to our users with the education and local 0-19 sectors.

The "We're Here" campaign officially launches across Sefton via a roadshow across directly to local residents in their communities. An advertising company was commissioned including promotional staff who distributed stickers and posters for local businesses across the borough to display.

On the launch day there was a team supporting this process who travelled across the borough to promote the campaign including representation from the Sefton Public Health team, Sefton Council comms, the Crisis Café, Seans Place, Parenting 2000 and Sefton CVS. The team were accompanied by a digital advertising van and stopped off at 5 locations to give out business cards and chat to members of the public about the campaign and offer reassurance that help is available for anyone in need.

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The locations visited were

- Bootle Oriol Road Station
- The Strand shopping Centre Bootle
- Waterloo Station
- The Hair Project, Southport
- Southport train station

The campaign is now visible across the borough with bus advertising, digital retail displays and kiosk advertising across Sefton that will continue to be displayed until at least mid-October aligning with both World Mental Health Day and World Suicide Prevention Day. The social media, and digital radio campaigns will run alongside this and beyond. An additional highlight of the launch day was the Radio City tower being lit in Green to celebrate the launch of the We're Here Campaign.

3.15 Suicide

Issue description

Suicide is a rare but devastating event. Traumatizing whole population events such as war can increase suicide risk in relevant age groups for years to come. Aside from the impact of adverse events at a national scale, suicide has been shown to be linked to one or more individual triggers in the form of loss, e.g., loss of health or independence, relationship and support, role or identity e.g., partner, parent, professional, status and community standing, or loss of hope/'no way out'. Lack of support and substance use can heighten risk and trigger suicide attempts.

There is a clear socio-economic gradient reflected in national data, so that the rate of death by suicide is twice as high in populations in most compared to least deprived communities. This pattern of mortality from suicide and undetermined injury contributes to inequalities in life expectancy, particularly in males. **These common themes and risk groups help to underpin a well-developed evidence-base, covering a wide range of interventions that can effectively reduce the suicide rate.**

Key points

- Suicide rate is calculated as a rolling three-yearly average per 100 000, which is adjusted to take account of age differences across populations.
- In 2019-21 there were 71 deaths from suicide in Sefton, giving a **rate of 10.0 per 100 000, which is in line with the England average (10.4 per 100 000).**
- As elsewhere, the **rate in males is around three times higher than for females.**
- The national rate has varied very little over the past 20 years. Sefton's rate briefly rose significantly above the England average in the middle of the last decade. **However, rolling averages then reduced over the past 5 years, registering a small increase in these most recent figures for 2019-21.**

Action and progress update

- Sefton continues to engage with regional and national data collection, and surveillance through the annual suicide audit.
- An evidence and intelligence-led approach to suicide prevention has led to greater cross-working around the domestic abuse agenda.
- Business Intelligence conducted a deep dive into our local self-harm data after uncertainty regarding its true rate. This has been presented to the Emotional Health and Wellbeing Board and self-harm has since been added to the local Sefton Suicide Prevention Action Plan and Suicide Prevention Board as a standing agenda item.
- The Ripple tool has been presented to colleagues in education across the borough as software to prevent harmful material relating to suicide methods and self-harm behaviours for young people.

3.15 Mortality from causes considered preventable

Issue description

Apart from the very first months of life, **the number of deaths per head of population increases in step with rising age.**

The preventable mortality rate is an important public health indicator because it focuses on those deaths that are largely responsible for inequalities in life expectancy and healthy life expectancy. Leading causes of death are largely the same as those shown in the circle diagram (blood vessel disease, lung disease and cancer) but **happen earlier in life.** Mortality from causes considered preventable is **defined as** the number of preventable deaths in people aged under 75 per 100 000 population, adjusted to take account of differing age profiles of local authority areas. Cause of death is classified as preventable if all or most deaths could be prevented by primary public health interventions targeting diet and weight, exercise, and substance use (tobacco, alcohol, and drugs).

Having multiple behavioural risks is strongly associated with social, economic and environmental **deprivation. Psycho-social risk factors** e.g., chronic stress, past trauma, high uncertainty and low control over life's events and choices favour development of health-risking behaviours. These challenges also make it harder to start and maintain positive changes, and to access and benefit from medical and other individual interventions.

Large differences in healthy life expectancy and premature death rates are further **rooted in underlying social determinants:** level of education and training, job and housing security, opportunities for health in the built and commercial environment, the strength of community support, and accessibility of quality health and care services.

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The **cost of health inequality** falls on individuals and society and is counted in lost potential, earnings, education, and healthy years of life. Health and Care services remain under-resourced in the face of large-scale, complex population health needs. **Health inequality is one of the main reasons why the Health and Care System is not operating on a sustainable footing.**

Key points

- As noted in the framework under **noted**, **‘data is only available for 2021, historical data will be re-calculated and published once updated populations for mid 2012 to 2020 based on the Census 2021 become available.’**
- In 2021, as for the last several years, the preventable mortality rate in Sefton is **significantly higher than for England** (590 deaths, 213.3 per 100 000 vs 183.2 per 100 000).
- **Most local authorities in the North West have higher rates for this indicator and Sefton also has the lowest rate in LCR.** By contrast, most of Sefton’s close statistical neighbours have lower rates of preventable mortality.
- **Preventable mortality is twice as high in males compared to females.** This probably reflects historic differences in smoking, alcohol use, occupational risks, injury and suicide.
- The **difference in preventable mortality rates at extreme ends of the socio-economic scale in Sefton is likely to be two-fold or higher** – driven by earlier onset and a higher risk of developing more than one life-limiting condition.
- **Prevalence of obesity risks rising rates of preventable premature mortality in coming years**

3.16 Under 75 cardiovascular mortality

Issue description

This indicator captures premature death from heart disease and stroke. Change over time reflects the impact of primary prevention (not smoking, physical activity, healthy diet and weight, alcohol within recommended limits, clean air, warm housing) as well as secondary prevention (medical and behavioural interventions to lower risk from hypertension, raised blood glucose and blood lipids) and tertiary prevention (medical treatment to prolong life and quality of life after a cardiovascular event).

Key points

- In 2021, there were 221 deaths in Sefton residents aged under 75 due to cardiovascular disease. **The rate is similar to England** (80.2 per 100 000 vs 76.0 per 100 000).
- **Most local authorities in the North West have higher rates than Sefton,** and in LCR only Wirral has a slightly lower rate. **Most of Sefton’s close**

statistical neighbours, like Wirral, have a lower rate of premature mortality from cardiovascular disease.

- The comments above about sex and socio-economic inequalities in preventable premature mortality apply equally to premature deaths from cardiovascular disease.
- Life-course interventions that will ultimately narrow this gap will not play out fully for some time.

3.17 Under 75 cancer mortality

Issue description

Cancer is the leading cause of death in people aged under 75. This indicator captures change in population exposure to preventable risk factors, as well as other influences on survival such as stage of detection and improvements in treatments.

Around 40% of cancers are substantially attributable to preventable risks – from smoking, alcohol, diet, activity and weight and sun exposure.

Key points

- There were 387 deaths from cancer in individuals aged under 75 in Sefton in 2021.
- **Sefton's rate is significantly higher than the England average** (135.1 per 100 000 vs 121.5 per 100 000), and Sefton ranks towards the middle of the range of values in the North West. Amongst close statistical neighbours, Wirral has the highest rate, followed by Sefton.
- **Males have a higher rate than females, but the difference is less than for cardiovascular mortality** and liver disease.
- Based on national health inequalities for this indicator, rates of **premature death from cancer are likely to be at least 50% higher in Sefton's most deprived communities** in comparison with Sefton's least deprived communities.
- It is likely that this indicator reflects some indirect mortality impacts from the Coronavirus pandemic and will show more influence from high prevalence obesity longer-term.

3.18 Under 75 liver disease

Issue description

Almost all liver disease is preventable, caused by alcohol, obesity and blood borne hepatic viruses. Death from liver disease usually happens in people of working age. **Liver disease is the leading cause of death in 35-49 year olds.**

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Key points

- In 2021, there were 83 deaths from liver disease in residents aged under 75.
- Like most North West local authorities, **Sefton's rate of premature liver disease is significantly above the England average** (30.5 per 100 000 vs 21.2 per 100 000). Nine local authorities including Wirral have lower rates than Sefton. **However, Sefton has the highest rate amongst close statistical neighbours.**
- The rate of premature death from liver disease in males is approaching twice that in females.
- In England, **there is a step-wise increase in rates from least to most deprived populations. The overall difference is two-fold**, and the inequality in premature liver disease mortality is expected to be at least this large in Sefton.
- **The faster rate of increase in overweight and obesity in females and possibly also changes to patterns of alcohol use in females may see the gender gap in liver disease mortality narrow in coming years.**
- It is likely that this indicator reflects some indirect mortality impacts from the Coronavirus pandemic.

3.19 Under 75 respiratory disease

Issue description

The **Global Burden of Disease Study latest update** estimates that in Sefton, in 2019, around two thirds of premature deaths caused by chronic respiratory conditions and respiratory infections were caused by known risk factors, of which tobacco (49%), cold (22%), occupational exposure (11%), particulate air pollution (8%), and other preventable causes (10%).

Key points

- In 2021, there were 102 premature deaths from chronic respiratory disease in Sefton.
- **Sefton's rate is significantly higher than England's rate (35.7 per 100 000 vs 26.5 per 100 000)**, but close to the North West average.
- Wirral has a higher rate of premature mortality from chronic respiratory disease, but **Sefton's other statistical neighbours have lower rates, similar to the national average.**
- The **premature mortality rate for males is around one third higher than for females**, which is similar to the pattern seen for cancer mortality, and less marked than the larger excess in male deaths noted for liver and cardiovascular disease.
- Data for England, show a large health inequality. **The rate of premature death in the most deprived ten per cent of the population approaches three times that in the least deprived ten per cent.** The inequality in Sefton

is likely to be at least this great. This **may reflect more recent socio-economic trends in smoking as well as occupational and air pollution exposures.**

- It is likely that this indicator may reflect some indirect mortality impacts from the Coronavirus pandemic.

Action and progress update

- The many service and population health programme updates in this report all contribute towards lowering future premature mortality.
- The 2022/23 Public Health Annual Report took an in-depth look at the topic of ageing in Sefton. Recommendations challenged readers and decision-makers to look afresh at the concepts and language that apply to senior residents, and to support seniors to shape the places they live and services they use. Accessible communication and mental wellbeing were also important themes reflected through research evidence and the words of seniors themselves.
- Momentum to gear-up local action on child poverty continues and a second event is planned for the end of June focusing on the Prospects theme. Sefton's work on Child Poverty has fed into an increasingly inter-connected array of work focused on healthy places. Abundant evidence shows that action on the social and wider determinants of health has the largest and most cost-effective impact on population health and inequalities.
- Senior members of the Public Health Team have continued to provide population health expertise towards development of Sefton Partnership's Place Plan.

3.20 Healthy Life Expectancy

Issue description

Healthy life expectancy at birth (HLE) is often described as the years a person can expect to live in good health. It is calculated using current mortality rates for different age groups and information about how people rate their health, taken from an annual survey. **Growing up and living in poverty** is associated with development of significant, long-term health problems soon after the age of 50, well before retirement age. At the extremes, life expectancy in Sefton's most disadvantaged neighbourhoods is only slightly higher than healthy life expectancy in the most prosperous areas.

The impact of excess mortality related to excess heat and cold and the as yet unknown additional impacts of the 'cost of living crisis' and seasonal flu, Coronavirus and other respiratory illness will begin to be reported in these 3-year rolling statistics one to two years from now. These risks to health are likely to disproportionately impact those with fewest protective factors to safeguard their health, stable or increasing gaps in life expectancy and possibly healthy life expectancy may be seen.

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Key points

• HLE for males

In 2018-2020, HLE for men is 63.6 years for males – a second small reduction since 2016-2018 (64.0 years). However overall, Sefton's HLE for males trend is in line with the national average (63.1 years). **Sefton is middle-ranked amongst statistical neighbours and fifth highest amongst the 23 local authorities in the North West.**

- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in of: 52.3 years to 70.5 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.
- The PHOF also records that Sefton ranks **highest in the North West for inequality in total life expectancy at birth in 2018-20 in males**, with a gap of 14.1 years separating males in the most and least deprived areas
- This gap has been increasing since 2013-15 because life expectancy in the least deprived part of the population has risen, levelling off in 2018-20, reflecting earliest impacts of Covid-19, whilst life expectancy in the most deprived part of the male population had already stalled at 72.2 years before the pandemic and fell to 70.5 years in 2018-20, reflecting the social gradient in Covid-19 deaths. Nationally, the life expectancy gap is stable and Sefton's recent upward break with the national trend is more marked than for most other North West local authorities.

• HLE for females

In 2018-2020, HLE is 63.8 years, showing a continued rise from 61.5 years in 2015-17, and remaining in line with the national average after a small fall of 0.4 year in 2018-2020. **Sefton has the seventh highest female healthy life expectancy in the North West and ranks best amongst statistical neighbours.**

- As for males, the PHOF also records that Sefton ranks **highest in the North West for inequality in total life expectancy at birth in 2018-20 in females**, with a gap of 12.3 years separating females in the most and least deprived areas compared to the national average of 7.9 years.
- The widening gap in life expectancy at birth for females is driven by stability in the most deprived 10% with a slight fall in 2018-20 to 76.2 years, accompanied by a shallow rise amongst females from the least deprived 10%, falling by 1.3 years to 88.2 years in 2018-20, likely reflecting the strong positive association between age and mortality risk from Covid-19.
- National data comparing health life expectancy in males living in the most deprived neighbourhood's vs the least gives a range in HLE of 51.9 years to 70.7 years. This emphasises the scale of socially determined health inequality underneath the statistics for Sefton as a whole.

Action and progress update

Healthy life expectancy is a measure of good health and wellbeing in the population. As a borough-wide indicator, HLE is less good at revealing the differences in healthy lifespan from place to place and person to person. Several recent developments have helped to highlight health inequality as a top priority for action in Sefton:

- Sefton's 2021 Public Health Annual Report took an in-depth look at the effects of the pandemic.
- Development of a new child poverty strategy
- Work is ongoing through the Integrated Care Partnership and Cheshire and Merseyside Integrated Care System to develop system-wide action on Marmot indicators of health inequality across the life-course.

5. Recommendation

The Cabinet Member for Health and Wellbeing is recommended to,

- 1) Note and comment on the information contained in this report, which will also be presented in full at the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) on 23rd January 2024.

Margaret Jones, Director of Public Health
Helen Armitage, Consultant in Public Health
Claire Brewer, Public Health Analyst

Appendix A

Public Health Performance Framework - August 2023

Indicator	Unit	Geography	Baseline	Previous	Latest	Dir of Travel	Prev. NW Rank	Latest NW Rank	Prev. SNG Rank	Latest SNG Rank	LCR Compare	Trend	Z-score
Healthy Life Expectancy at Birth (Males)	Years	UTLA	62.5 2009-11	63.7 2017-19	63.6 2018-20	▼	6	5	1	3			0.82
Healthy Life Expectancy at Birth (Females)	Years	UTLA	63 2009-11	64.20 2017-19	63.80 2018-20	▼	6	7	1	1			0.65
Smoking prevalence	Percentage	LAD	18.6% 2011	10.0% 2021	7.9% 2022	▼	4	2	1	1			-1.55
Smoking at the time of delivery (South Sefton)	Percentage	CCG	20.4% 2013/14 Q1	9.5% 2021/22 Q1-4	9.1% 2022/23 Q1-4	▼	9	7	1	1			-0.48
Smoking at the time of delivery (Southport & Formby)	Percentage	CCG	11.7% 2013/14 Q1	8.1% 2021/22 Q1-4	7.4% 2022/23 Q1-4	▼	3	2	2	2			-1.12
Under-18 Teenage Conceptions	Rolling annual rate per 1000	LAD	33.5 1998	13.8 Dec-20	15.7 Dec-21	▲	7	11	2	4			-0.28
Obesity in reception year ^a	Percentage	LAD	11.4% 2007/08	11.0% 2018/19	11.3% 2021/22	▲	25	23	6	6			0.49
Obesity in year 6 ^a	Percentage	LAD	17.3% 2007/08	21.4% 2018/19	23.3% 2021/22	▲	24	17	5	5			-0.14
Excess weight in adults	Percentage	LAD	68.4% 2015/16	71.5% 2020/21	71.2% 2021/22	▼	35	31	5	6			1.07
Physical activity in adults (active)	Percentage	LAD	66.4% 2015/16	66.0% 2020/21	65.9% 2021/22	▼	16	18	3	4			0.29
Physical activity in adults (inactive)	Percentage	LAD	23.8% 2015/16	24.2% 2020/21	24.5% 2021/22	▲	19	22	5	5			0.10
Successful Completion of drug treatment (opiates), and didn't re-present within 6 months	Percentage	LAD	8.6% Nov 10 - Oct 11	4.67% Jan21-Dec21	2.99% Jan 22-Dec22	▼	16	22	2	6			-1.32
Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months	Percentage	LAD	64.6% Nov 10 - Oct 11	34.18% Jan21-Dec21	17.62% Jan 22-Dec22	▼	15	23	4	6			-2.00
Alcohol-related hospital admissions (narrow)	Directly Standardised Rate per 100,000	LAD	598.0 2021/22		598.0 2021/22			36		3			1.13
NHS Health C of eligible population invited to screening ^b	Percentage	LAD	6.3% 2011/12 Q1	0.1% 2022/23 Q1	0.5% 2023/24 Q1	▲							
NHS Health C of eligible population receiving screening ^b	Percentage	LAD	2.2% 2011/12 Q1	0.1% 2022/23 Q1	0.4% 2023/24 Q1	▲							
Self-reported ig (low satisfaction score)	Percentage	LAD	5.7% 2011/12	7.2% 2020/21	6.2% 2021/22	▼	c	18	3	4			0.35
Self-reported ig (low worthwhile score)	Percentage	LAD	4.0% 2012/13	c 2020/21	4.8% 2021/22		c	13	c	4			0.07
Self-reported ig (low happiness score)	Percentage	LAD	9.6% 2011/12	10.5% 2020/21	9.5% 2021/22	▼	8	13	4	3			0.05
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	26.0% 2020/21	22.6% 2021/22	▼	10	6	3	1			-0.55
Under 75 mortality from causes considered preventable ^d	Directly Standardised Rate per 100,000	LAD	213.3 2021		213.3 2021			19		5			-0.15
Under 75 cardiovascular mortality ^d	Directly Standardised Rate per 100,000	LAD	80.2 2021		80.2 2021			13		6			-0.58
Under 75 cancer mortality ^d	Directly Standardised Rate per 100,000	LAD	135.5 2021		135.5 2021			19		5			0.02
Under 75 liver disease mortality ^d	Directly Standardised Rate per 100,000	LAD	30.5 2021		30.5 2021			20		6			0.17
Under 75 respiratory disease mortality ^d	Directly Standardised Rate per 100,000	LAD	35.7 2021		35.7 2021			22		5			0.06
Suicide and undetermined injury mortality	Directly Standardised Rate per 100,000	LAD	12.7 2001-03	9 2018-20	10 2019-21	▲	7	9	1	1			-0.70

Key:

- ▲ Improvement in Sefton Data
- ▼ Sefton Data Worsened
- ◀ No change in Sefton Data

Rank Worsened (Red)

Rank Improved (Green)

Rank Stayed the Same (Yellow)

Sefton (Dark Blue)

England (Light Blue)

Liverpool City Region (LCR)

Halton
Liverpool
Sefton
St Helens
Wirral
Knowsley

Statistical Neighbour Group

LA	Former South Sefton CCG	Former Southport & Formby CCG
Wirral	South Tyneside	Fylde & Wyre
North Tyneside	St Helens	Nottingham & Nottinghamshire
Northumberland	Sunderland	Castle Point & Rochford
Southend-on-Sea	North East Lincolnshire	Hampshire, Southampton & Isle of Wight
Torbay	Halton	Devon
	Rotherham	North Tyneside

The z-score provides a measure of how Sefton deviates when compared with the rest of the the North West. A score of ±1 shows Sefton is significantly different to the North West average

Key Issues

- Childhood Obesity indicators have increased (particularly for Y6), although NW rankings have improved and Sefton's rates do not differ significantly to SNG authorities
- Successful completion of drug treatment (opiates and non-opiates) have decreased and Sefton's rankings have worsened. Sefton has the worst rates of successful completion in the Liverpool City Region.
- Sefton's Under 75 mortality rates for causes considered preventable, liver disease, cancer and respiratory disease are significantly higher than England averages. Sefton's rate of liver disease is the highest of it's statistical neighbours
- Sefton's rate of alcohol related hospital admissions is significantly higher the England and North West averages. Sefton has the 4th highest rate in the NorthWest, only lower than Blackpool, Wirral and Liverpool.
- Sefton's proportion of overweight and obese adults has decreased slightly since the previous time period and Sefton's NW ranking has improved. However, Sefton's SNG ranking has worsened and Sefton's percentage continues to be significantly higher than the England average and the 2nd highest rate of LCR authorities.

Potential Issues

- HLE estimates have worsened since the previous time period. However they remain the highest across the LCR and are not significantly different to the England average
- Teenage conception rate has increased since the previous time period and Sefton's North West and SNG rankings have worsened. However it remains the lowest across the LCR.
- Sefton's North West ranking for Suicide rate has worsened, although Sefton's rate does not differ significantly to the national and regional averages or to those of LCR and SNG authorities
- Sefton's proportion of active/inactive adults and NW rankings have worsened compared to the previous time period. However, these indicators do not differ significantly to the England or NW averages.

Notes

- ^a Based on child's postcode of residence and may differ to other estimates (e.g. those based on children attending Sefton schools)
- ^b Sefton has adopted a new delivery model for its Health Check programme. Rankings and zscores do not provide meaningful comparisons for this indicator and have not been calculated
- ^c Values cannot be calculated due to too few cases
- ^d Data only available for 2021, historical data will be re-calculated and published once updated populations for mid 2012 to 2020 based on the Census 2021 become available

Appendix B

Background notes on population health indicators and interpretation

Public Health England put together the first Public Health Outcomes Framework (PHOF) in 2012, and it is reviewed and refreshed on a three-yearly basis.⁷ Sefton Council Public Health team submitted a response to the most recent consultation in February, which is due to report its conclusions in the summer⁸.

At present, the PHOF comprises 2 top level outcomes, 4 domains, 66 categories and 159 indicators, presented on an open-access, interactive website. The Adult Social Care and NHS Outcomes Frameworks and other intelligence resources, including the Joint Strategic Needs Assessment, offer other measures of Health, Care and Wellbeing need and status for Sefton's population.

PHOF indicators are used to,

- Assess progress against a range of comparator geographies,
- Make local authorities more transparent and accountable in the local system
- Assist prioritisation and programme planning

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Interpretation

There are some important points to bear mind when interpreting these statistics:

- **There are numerous positive and negative influences that all feed into the final number that is reported for each indicator.** The amount of direct influence the Public Health team and wider Council has varies depending on the indicator, but there are always other determining factors.
 - An example of an indicator which is expected to directly reflect a Public Health commissioned service is Health Checks.
 - Many indicators are also influenced by services commissioned elsewhere, as well as wider social and environmental factors, for example childhood obesity, smoking in pregnancy, and alcohol-related hospital admissions.

⁷ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

⁸ <https://www.gov.uk/government/consultations/public-health-outcomes-framework-proposed-changes-2019-to-2020>

- Some indicators are substantially determined by our wider physical and socio-economic environment, e.g. levels of physical activity, and measures of wellbeing. Such indicators will usually take much longer to change, but may reflect more immediate impacts from major changes to national policy, e.g. welfare reform
- **Differing timeframes.** Some indicators reflect events in the here and now, e.g. non-re-presentation for drug treatment, while some are a better reflection of past influences on health, for example healthy life expectancy and disease-specific mortality rates.
- **What goes into an indicator?**
 - All PHOF measures relate to the Sefton population or a sub-set of the population and are presented as rates or percentages to enable comparison. The term standardised rate is used when differences in the age profile between areas have been accounted for. Standardisation enables meaningful and fair comparison between areas.
 - However, it is important to recognise that some indicators are based on precise counts, e.g. death by suicide and others are estimated from surveys, e.g. excess weight in adults and measures of wellbeing.
 - Some indicators count separate events, but not necessarily separate people for example, admissions to hospital, so a more detailed investigation can be helpful to build a more complete picture
- **Evaluating differences across time and place**
 - All measures fluctuate over time, and often it is necessary to check back over several years to see a real pattern of improvement, for example conceptions in under 18s.
 - Indicators based on small number of events are more prone to show large increases and decreases. Often data is combined over two or three years to give a more accurate picture, e.g. death rates in under 75s
 - The red, yellow and green colour-coding in the PHOF shows where the difference between the Sefton and England figures is highly likely to be real and due to more than chance fluctuations (also referred to as 'statistically significant' or simply 'significant')
 - The z-score on the Performance Framework Dashboard shows whether difference between Sefton and other local authorities is in the North West is significant (positive figures indicate significantly better, and negative figures, significantly worse).
 - The Performance Dashboard also uses colour-coding to highlight whether Sefton has moved up, down or stayed the same in rankings for the North West and our Statistical Neighbour Group, compared to our previous rank. It is important to interpret this

alongside the direction of travel arrows and recognise that a change in rank is also a reflection of the amount and direction of change in the figures for other Local Authority areas.

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Public Health Performance Framework - August 2023

Indicator	Unit	Geography	Baseline	Previous	Latest	Dir of Travel	Prev. NW Rank	Latest NW Rank	Prev. SNG Rank	Latest SNG Rank	LCR Compare	Trend	Z-score
Healthy Life Expectancy at Birth (Males)	Years	UTLA	62.5 2009-11	63.7 2017-19	63.6 2018-20	▼	6	5	1	3			0.82
Healthy Life Expectancy at Birth (Females)	Years	UTLA	63 2009-11	64.20 2017-19	63.80 2018-20	▼	6	7	1	1			0.65
Smoking prevalence	Percentage	LAD	18.6% 2011	10.0% 2021	7.9% 2022	▼	4	2	1	1			-1.55
Smoking at the time of delivery (South Sefton)	Percentage	CCG	20.4% 2013/14 Q1	9.5% 2021/22 Q1-4	9.1% 2022/23 Q1-4	▼	9	7	1	1			-0.48
Smoking at the time of delivery (Southport & Formby)	Percentage	CCG	11.7% 2013/14 Q1	8.1% 2021/22 Q1-4	7.4% 2022/23 Q1-4	▼	3	2	2	2			-1.12
Under-18 Teenage Conceptions	Rolling annual rate per 1000	LAD	33.5 1998	13.8 Dec-20	15.7 Dec-21	▲	7	11	2	4			-0.28
Obesity in reception year ^a	Percentage	LAD	11.4% 2007/08	11.0% 2018/19	11.3% 2021/22	▲	25	23	6	6			0.49
Obesity in year 6 ^a	Percentage	LAD	17.3% 2007/08	21.4% 2018/19	23.3% 2021/22	▲	24	17	5	5			-0.14
Excess weight in adults	Percentage	LAD	68.4% 2015/16	71.5% 2020/21	71.2% 2021/22	▼	35	31	5	6			1.07
Physical activity in adults (active)	Percentage	LAD	66.4% 2015/16	66.0% 2020/21	65.9% 2021/22	▼	16	18	3	4			0.29
Physical activity in adults (inactive)	Percentage	LAD	23.8% 2015/16	24.2% 2020/21	24.5% 2021/22	▲	19	22	5	5			0.10
Successful Completion of drug treatment (opiates), and didn't re-present within 6 months	Percentage	LAD	8.6% Nov 10 - Oct 11	4.67% Jan21-Dec21	2.99% Jan 22-Dec22	▼	16	22	2	6			-1.32
Successful Completion of drug treatment (non-opiates), and didn't re-present within 6 months	Percentage	LAD	64.6% Nov 10 - Oct 11	34.18% Jan21-Dec21	17.62% Jan 22-Dec22	▼	15	23	4	6			-2.00
Alcohol related hospital admissions (narrow)	Directly Standardised Rate per 100,000	LAD	598.0 2021/22		598.0 2021/22			36		3			1.13
NHS Health Checks (% of eligible population invited to screening) ^b	Percentage	LAD	6.1% 2011/12 Q1	0.1% 2022/23 Q1	0.5% 2023/24 Q1	▲							
NHS Health Checks (% of eligible population receiving screening) ^b	Percentage	LAD	2.2% 2011/12 Q1	0.1% 2022/23 Q1	0.4% 2023/24 Q1	▲							
Self-reported wellbeing (low satisfaction score)	Percentage	LAD	5.7% 2011/12	7.2% 2020/21	6.2% 2021/22	▼	c	18	3	4			0.35
Self-reported wellbeing (low worthwhile score)	Percentage	LAD	4.0% 2012/13	c 2020/21	4.8% 2021/22		c	13	c	4			0.07
Self-reported wellbeing (low happiness score)	Percentage	LAD	9.6% 2011/12	10.5% 2020/21	9.5% 2021/22	▼	8	13	4	3			0.05
Self-reported wellbeing (high anxiety score)	Percentage	LAD	22.0% 2011/12	26.0% 2020/21	22.6% 2021/22	▼	10	6	3	1			-0.75
Under 75 mortality from causes considered preventable ^d	Directly Standardised Rate per 100,000	LAD	213.3 2021		213.3 2021			19		5			-0.11
Under 75 cardiovascular mortality ^d	Directly Standardised Rate per 100,000	LAD	80.2 2021		80.2 2021			13		6			-0.58
Under 75 cancer mortality ^d	Directly Standardised Rate per 100,000	LAD	135.5 2021		135.5 2021			19		5			0.02
Under 75 liver disease mortality ^d	Directly Standardised Rate per 100,000	LAD	30.5 2021		30.5 2021			20		6			0.17
Under 75 respiratory disease mortality ^d	Directly Standardised Rate per 100,000	LAD	35.7 2021		35.7 2021			22		5			0.06
Suicide and undetermined injury mortality	Directly Standardised Rate per 100,000	LAD	12.7 2001-03	9 2018-20	10 2019-21	▲	7	9	1	1			-0.70

Key:

Improvement in Sefton Data
 Sefton Data Worsened
 No change in Sefton Data

Rank Worsened
 Rank Improved
 Rank Stayed the Same

Sefton
 England

Liverpool City Region (LCR)
 Halton
 Liverpool
 Sefton
 St Helens
 Wirral
 Knowsley

Statistical Neighbour Group

LA	Former South Sefton	Former Southport & Formby CCG
Wirral	South Tyneside	Fylde & Wyre
North Tyneside	St Helens	Nottingham & Nottinghamshire
Northumberland	Sunderland	Castle Point & Rochford
Southend-on-Sea	North East Lincolnshire	Hampshire, Southampton & Isle of Wight
Torbay	Halton	Devon
	Rotherham	North Tyneside

The z-score provides a measure of how Sefton deviates when compared with the rest of the the North West. A score of ± 1 shows Sefton is significantly different to the North West average

Agenda Item 7

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	18 June 2024
Subject:	Cabinet Member Reports – February 2024-May 2024		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care and Health Public Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

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

Recommendation:

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

Reasons for the Recommendation:

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

Alternative Options Considered and Rejected:

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

Agenda Item 7

What will it cost and how will it be financed?

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

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

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

Contribution to the Council's Core Purpose:

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

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

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Laura Bootland
Telephone Number:	0151 934 2254
Email Address:	Laura.bootland@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

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

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

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

Agenda Item 7

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

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 18th June 2024		
Councillor	Portfolio	Period of Report
Ian Moncur	Adult Social Care and Health	March – May 2024

1. The Care Quality Commission (CQC) Assurance Update for Adult Social Care

CQC have now identified the 27 Councils that will be subject to a planned assessment this year and locally this includes Wirral and Warrington. Whilst Sefton is not on the list, there is always the potential that the service may be subject to an unplanned assessment. Both Wirral and Durham Councils have already been identified for an unplanned assessment, which could take place at anytime during the next 6 months on a date yet unknown. This approach represents a different challenge to Councils.

Sefton has continued to be part of the Cheshire and Merseyside and North West ADASS group (Association for the Directors of Adult Social Services), to gather learning from those Councils who have already had their assessments and ensure that the Council accesses all the available preparatory support networks.

As a Council we have continued our preparation for Assurance, and since the last update report to Overview and Scrutiny Committee, there has been progress in a number of areas including:

- A “check in visit” with the Executive Director for Social Care and Health by colleagues from LGA and NWADASS. This followed the Adult Social Care Peer Review in 2022 and is part of the regional support in place for all local Councils. This visit provided helpful feedback regarding our preparation and prioritisation of key priorities, which have now been incorporated into the Adult Social Care Transformation Programme 2024/25. Further details are provided later in the report, however, in respect of assurance, this programme includes a focus on improving and strengthening professional practice, supporting more people to remain at home, and ensuring robust oversight of people waiting for services.
- Further co-production sessions have been held with people who are using services and partner organisations, and more are planned for July/August 2024.
- Work is in progress to complete the 4 Quality Assurance Statements required for CQC, and our final Assurance Statement. In addition, the service is progressing with collating its bank of evidence which is required as part of the assurance process.
- ASC have invested in additional resources across the service to support CQC Readiness, given the volume of changes adult social care are making require

specific skills and abilities to move at a pace, so that in the event of Sefton receiving a CQC notification, we would be ready to submit our CQC return pack and self- assessment over the 3 week's timeframe that we would have.

For more information about the Care Quality Commission, please access our new CQC Assurance webpage: [Sefton Adult Social Care Preparing for Care Quality Commission Assessment](#)

2. Strategic Commissioning

The focus of Strategic Commissioning has now shifted to delivery of the corporate transformation programme 'Better at Home'. This seeks to accelerate the long-held ambition to support more people to remain independent at home for longer and to drive up the quality and effectiveness of Care when it needs to be delivered through a residential model. It is also being delivered across the Health and Social Care landscape and incorporates objectives for the NHS and Adult Social Care.

The project includes the enhancement of Reablement capacity, working with the market to deliver reablement up to the demand levels we are now experiencing. This will complement the existing offer from New Directions and allows us to ensure we are maximising the reablement potential of all, resulting in asset-based care and support being delivered at just the right level. We are currently modelling optimum demand and capacity whilst working on a specification that can be let through our Domiciliary Care framework. We do continue to work in collaboration with New Directions to expand and improve reablement as a key part of their business model.

Another key pillar of this work is the recommissioning of Supported Living; having worked with the LGA we now have a clear understanding of how we currently use the Supported Living market in Sefton and the areas for improvement, expansion, and redesign. This builds on previous codesign and consultation work with the people that use these services and will work in collaboration with our Strategic Housing Colleagues to deliver a Strategic Supported Living Strategy. This will allow more people to be supported in a range of housing options in a way they want and in the most effective and efficient way in terms of value for money and personalised outcomes.

We work with our Health partners to deliver a Discharge to Assess Pathway which delivers sufficient intermediate care to maintain patient flow and support financial recovery of the NHS landscape.

2.1 Domiciliary Care

Our Domiciliary care contract now reaches the end of its first year and includes several block contract arrangements which specifically support hospital discharges and ensure flow through Intermediate Care services. The ability to flex these up and down as needed has proved reasonably successful, and we will continue to improve on achieving optimum levels as we start to plan for winter 2024/25. We have been

able to work with our providers to increase their quality and have supported strategic partners to work through improvement plans leading to sustained improvements in quality.

2.2 New Directions

ASC continues to work closely with Sefton New Directions, and the outcome of the collaborative review (which was undertaken between ASC and SND) is being implemented, which includes New Directions formulating proposals on how they will transform and remodel the most strategically relevant parts of their business to help address the council's commissioning challenges, as well as addressing budgetary pressures. This will include the review of back-office functions, day opportunities, supported living offers and as previously referred to, the reablement offer.

2.3 Care Homes

ASC continues to meet with care homes in the Sefton Care Home Partnership Board on a monthly basis; led by Care Home providers, guidance is delivered and shared by Council officers and Health partners. Equally, the Board offers its Providers an opportunity to celebrate successes, share best practice and engage in peer support between care home leaders in a new arrangement, where the first half of the Partnership Board is reserved for care home leaders only, with officers and health colleagues joining for the second half. Feedback from care homes on this partnership has been positive and they value the sharing of information on issues such as training opportunities.

ASC is progressing with the 4th round of the Care Settings Grants Programme. To date, over £1.6m in grants have been issued. Unlike the first three rounds, this round has been expanded to include Supported Living settings, as well as Residential & Nursing Care Homes.

We continue to implement the Market Sustainability Plan with Care Homes to seek to rebalance the market to allow them to meet higher acuity of need and to work with health and social care to deliver specialised block contracts as required and explore how the Real Living Wage challenge will be addressed. We continue to work with a set of volunteer Care Homes to trial the payment of gross fees with a full evaluation being taken to the October Cabinet. Cabinet approved at its May meeting a new approach to contracting with the Care Home market, building on work we have completed regionally to create a shared specification, and allowing us to work flexibly but create more personalised approaches to how we work with the market.

2.4 2024/25 Fee Setting

2024/25 fees have been implemented following the decision by Cabinet and the final agreed rates have been communicated to Providers.

A new policy and process relating to the commissioning and delivery of additional 1:1 support in care homes has been implemented.

We continue to work with the market through a new expanded brokerage offer which is starting to affect the trend of growing non-standard rates being charged by care homes, however there is further work to be done in ensuring we have implemented the conclusion of a recent independent market appraisal conducted by a company called Care Analytics.

2.5 Quality Monitoring

The Quality Assurance Team continue to work with providers across the care home market utilising the recently introduced Provider Assessment and Market Management Solution system (PAMMS). The system enables ASC to understand the quality and effectiveness of services within individual care homes, adopt improvements to raise standards, and complements existing quality assurance processes.

We currently have two Domiciliary Care Providers CQC rated as Inadequate, however one of these Providers has made significant quality improvements and is taking new referrals on a phased basis, and for the other Provider we are transferring their contract.

The percentage of good and outstanding care homes in Sefton remains above average, with 82% of care homes rated as good or outstanding. The regional figure is 79%. We have 1 inadequate home out of 122 and this home continues to receive support to improve through some operational challenges.

3. Hospital Seasonal Pressures

During April and May, both hospital sites at Southport Hospital and University Hospital Aintree have been extremely pressured and this has been due to the acuity of patients within both Accident and Emergency Departments. The combination of high attendances and acuity has resulted in a high number of decisions to admits to a hospital ward. For example, at Southport Hospital a high number of decisions to admits was around 30+ people twelve months ago, however currently each week at Southport the number of people who require an acute bed is running at 50+. These demands and level of acuity across both hospital sites have resulted in the number of ready for discharge patients averaging around 60+ across Sefton Place each week, rather than an average of 40+ patients seen twelve months ago. This demand has put pressure on the entire health and social care system; however, ASC continue to work closely with colleagues from health and community services to manage these pressures.

Other changes across both Hospital sites includes the Implementation of a Care Transfer Hub (CTH) which is nationally mandated within the Hospital Discharge and Community Support Guidance under section 91 of the Care Act 2014. The ethos

behind a transfer of care hub is that there will be a multi-disciplinary team meeting twice a day with a social care, nursing and therapy lead present to ensure that people receive the right level and type of support on discharge and wherever possible are able to return to their own home.

A transfer of care hub has been established at University Hospital Aintree and will commence in Southport hospital on the 3rd of June 2024 as part of a phased approach.

4. Occupational Therapy and Sensory Team

The Occupational Therapy Team has been undergoing a programme of transformation and reviewing its pathways and processes in order to further improve response times and services for local people.

There has continued to be a rise in requests for “low level equipment” and to address this the service recently launched a ‘mobile clinic’ in May 2024. The mobile clinic aims to provide a responsive and preventative approach for residents with low level needs to be seen within 7 days of contact, with assessments and equipment being provided in a single visit. The clinic will continue to evolve over the next 12 months, expanding the offer to include technology and minor adaptations.

All staff have been trained in moving and handling, including single handed care, to increase response time and provision of consistent assessments by all OT staff. Over the next twelve months, engaging further with care arrangers and the promotion of single-handed care will be explored.

The development of a sensory strategy is in the early stages of progress. Visual impairment is currently provided through a Sefton Rehabilitation officer for visual impairment (ROVI) alongside a contracted provision by Galloways. Hearing impairment equipment has been reviewed and we are working alongside MSDP to explore the offer and policy for Sefton.

5. Adult Social Care Budget

The financial year end saw an ASC budget deficit of £2.905M which was impacted by a number of factors including the increased costs of placements and packages, an additional day's costs due to the leap year and an additional bank holiday which also impacted on some services. Adult Social Care maximised the use of grants and reserves which reduced the deficit to what had been reported earlier in the year. Throughout the year, ASC had continued to find savings and efficiencies against its approved programme which also had a positive impact on the financial position. Further savings have been identified as part of the Medium-Term Plan and a transformation programme of work is being developed to continue to look at specific areas within Adult Social Care with a view to further efficiencies over a 3-year period.

6. Adult Social Care Complaints, Compliments and MP Enquiries

In February, March and April 2024, ASC received thirty-five complaints and twenty-seven Elected Members enquiries. 24 Compliments were received.

77% of Elected Member enquiries were responded to within timescale during February and March and this rose to 100% in April. 75% of complaints were responded to within timescale during this period. The target is 90% and the service is working to ensure improved performance is delivered in this area.

In respect of the complaints investigated those raised related to the following areas: decision making (11), fees and charges (5), advice and information (3), and the quality-of-service Provision (15).

22 Complaints were upheld either fully or partially;
9 Complaints were not upheld;
1 remains under investigation.

Of the complaints upheld the following areas were identified:

- Communication in relation to the direct payment process
- An error which resulted in the failure to progress referral to advocacy services
- Communication regarding charges and fees including advice from a care provider regarding reablement services
- Delay in relation to a contractor being sourced to commence works relating to a Disabled Facilities Grant (DFG)
- Communication regarding progression of a safeguarding concern
- Delay in passing information between the social work and finance team
- Charges in relation to a care home placement and choice options .

All complaints are reviewed by the senior leadership team within Adult Social Care so learning and improvements can be taken forward across practice, process, and care provision. Learning is shared with practitioners in the practice forum, team meetings and on an individual basis where required. Full apologies are provided to families and individuals wherever appropriate and direct contact is made with complainants by a senior manager. Updates are provided to the Executive Director and will be to myself as Cabinet Member during my monthly briefings.

6.1 Local Government and Social Care Ombudsman

ASC received a draft decision from the Ombudsman dated 23 April 2024, with the Final Decision issued on 16 May 2024. This was in relation to a complaint about funding arrangements which the Council agreed to apologise to the complainant for, having not taken into the account the extra amount it was paying at the Care Home when calculating the top up payments between January 2020 and July 2022. The

Council also agreed to pay a refund and interest to reflect the effects of inflation, as recommended by the Ombudsman.

The Ombudsman has confirmed that another referral it received has been placed on hold with the Council, until the care home has completed its investigation under its own complaints procedures. The Council had not previously been made aware of the concerns by the complainant and an investigation is now underway.

7. Quality and Practice

Since the last report, Adult Social Care has commenced its twelve-month transformation programme in collaboration with Partners4Change. The first two innovation sites are underway, and the initial feedback received from individuals, their carers and frontline staff has been extremely positive. We are already starting to see the positive impact for people accessing the service by reducing bureaucracy and enabling practitioners to spend more direct time with people. As part of this transformation programme, ASC will be regularly gathering direct feedback from people accessing services and frontline practitioners to evaluate the impact this new programme is having for individuals and on the quality of practice. The initial innovation sites run for 14 weeks after which there will be an evaluation and potential development of further sites.

The service continues to review and triangulate learning from compliments, complaints, Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHR's) to improve practice and outcomes for local people and identify specific training needs.

In the last quarter we commissioned CHC training for staff across ASC; following feedback from practitioners we will be rolling this training out across the year to improve practice and provide better outcomes for individuals with complex health needs. Following learning identified from previous SAR's and DHRs', we are reviewing training options for all staff in relation to the application of the Mental Capacity Act and Trauma informed practice.

ASC are currently participating with partner organisations in one active DHR and SAR which are due to conclude within the next 6 months; any best practice or learning will be shared and embedded.

As part of the grow your own strategy within the ASC workforce, Sefton are due to welcome 18 new Best Interest Assessors within the next quarter.

ASC are committed to holding regular staff workshops three times a year to share learning and best practice. 160 staff attended the workshops in May, and we are due to hold a further one in July and September. These sessions particularly focused on the plans for transformation and feedback from staff about how the leadership team could support them in their role.

8. Performance and Key Areas of Focus

8.1 Long-term activity trends

The following highlights ASC's long-term activity trends:

- Overall provision of people receiving long-term services have remained stable over the course of the past twelve months. At the end of April there were just over 4,100 open long-term services.
- On average, we had 134 carer service starts in last three months - that is down by 10% from the previous three months, however, starts are generally higher compared to 6-12 months ago.
- Number of contacts received in the past three months increased by 2% compared to the previous three months. On average, Sefton ASC is receiving around 2,000 contacts per month.
- On average, teams are completing 440 assessments per month.
- The total number of reviews undertaken in the last 3 months was up by 15% compared to the previous 3-months. The teams have been working hard to clear the backlog of overdue reviews, many of which are complex cases requiring much greater time and resource. On average 640 reviews were completed per month in the last three months.
- Number of safeguarding contacts received in the last three months increased by 2.8% from the previous three months. On average, Sefton ASC is receiving around 240 contacts related to safeguarding per month.
- The volume of safeguarding referrals being managed remains high. The 398 referrals open at the end of April was the highest we have seen in the last 12 months.
- In the last three months timeliness in handling initial safeguarding contacts continued to perform well with 97% contacts being resolved within seven days. 69% of safeguarding referrals were completed within 28 days – up from 64% in the previous three months.
- Around 96% of safeguarding enquiries saw preferred outcomes met fully or partially and the proportion has been stable over the past twelve months.

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people as put forward by Central Government. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.

8.2 Admission into care & reablement

Our rate of admission to care homes for those aged 18-64 remained stable from the previous month and we remained in the bottom quartile for both the North West and

England. The rate of admission for over 65s increased slightly from the previous month keeping us outside of the bottom quartile for England and North West. Just under 70% of our service users are in 'community based' services (i.e. not in nursing or residential placements) - this proportion is low compared to other North West authorities and puts us in the bottom quartile. This links with the planned transformation programme and expansion of community services.

The number of people with open reablement service at the end of April was up by 7% from the previous month and Sefton remained out of the bottom quartile in the North West on the number of episodes of reablement or intermediate care for people aged 65 and over. In April, New Directions provided 72 new service starts, whilst 87 service starts were provided through spot purchasing Domiciliary Care providers to deliver Reablement packages. This is referred to as 'Alternative to Reablement' whereby our main Reablement Provider (New Directions) is unable to accept the referral. April was third month in a row when such 'Alternative to Reablement' service starts were higher than New Directions referral starts. It has been identified that there is a need to commission additional dedicated Providers to deliver Reablement services, and to this end a report is being formulated to seek approval from myself as Cabinet Lead to commence a procurement exercise. New Directions are also being supported with their ongoing expansion as the wider strategic aim is to ensure that as many people as possible receive an initial phase of Reablement in order to maximise their independence.

April saw a small decrease (0.7 percentage points) for the proportion of older people (65+) still at home 91 days after hospital discharge into a reablement service and we are currently outside the bottom quartile in North West and outside the top quartile in England

8.3 Self-directed support & direct payments:

Provision of services to *people receiving services* by either self-directed support or direct payments has remained relatively consistent over the last twelve months.

The proportion of carers receiving a direct payment remained fairly stable from the previous month with around 98% of carers receiving a direct payment.

A targeted consultation exercise is currently underway for direct payment recipients and recipients of other Adult Social Care services. The exercise aims to identify improvements that can be made to the direct payment scheme and any barriers to people applying for a direct payment. 3160 people have been sent details of the consultation.

8.4 Employment

Number of learning-disabled people going into paid employment remained stable from the previous month, with around 2.7% of people being employed. This proportion puts us outside the bottom quartiles in the region and nationally. Work is progressing with corporate colleagues to explore further opportunities in relation to social enterprises and additional opportunities.

Changes in NHS methodology for indicators concerning service users with mental health services, resulted in Sefton dropping out of the top quartiles for this measure.

8.5 Housing

The proportion of learning-disabled people who live in their own home or with their family has remained stable over the past few months. In April, we remained in the top quartile for England and outside the bottom quartile for the North West.

Changes in NHS methodology for indicators concerning service users with mental health services, resulted in Sefton dropping out of the top quartile for this measure.

9. Workforce

Workforce is a pivotal part of the Adult Social Care transformation programme “Better at Home” with a bespoke programme designed to “Build an Integrated Workforce”. Whilst the monthly Strategic Workforce Meetings (SWM) are well established, going into their second year, the focus has been predominantly on the internal workforce, specifically around attracting and retaining qualified staff. To this end the SWM has been very successful in terms of adopting a “grow your own approach” through the apprenticeship scheme, linking in with regional and national workforce strategies and identifying gaps that exist in terms of the Care Quality Commission workforce regulations.

Over the last quarter the SWM has been focused on creating a robust action plan, that sits across ASC, HR and Learning and Development to readiness for CQC assurance. However, the remit of the SWM will expand to how ASC can, with partners, create opportunities for a more integrated workforce approach. This will include exploring potential future opportunities for combined learning, development opportunities, the potential future for integrated posts and co-location. The key aims being to create better experience and more seamless response for people and carers using services.

10. Learning and Development

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

- Following the implementation of the updated Supervision Policy and delivery of supervision training, this will now be rolled out to non-frontline managers from September 2024.
- Further Continuing Healthcare training will be arranged for social workers.

- 31 staff from across Sefton Provider Services have completed the Safeguarding Adults Awareness eLearning since its launch in May. Feedback has been very positive.
- We are working with the Cheshire and Merseyside Teaching Partnership to explore options for delivering Tier 1 and Tier 2 Oliver McGowan mandatory training.
- Supported the Adult Social Care mandatory workshops in May 2024 and will be supporting further planned workshops.
- Launched the Personalisation training programme May 2024 which includes Care Act (2014), Assessment and Determination of Eligibility and Recording in Social Care.
- We are continuing to promote Research in Practice to all Adult Social Care staff.
- 3 staff from Adult Social Care successfully completed the Social Work degree apprenticeship in February 2024. Two staff gained a 1st Class Honours.

11. Learning Disability and Autism (LD&A) Team

The new LD&A team will 'go live' on Monday 3rd June 2024. The team was a recommendation of the Local Government Association Peer Review in 2022. The team will provide social care interventions to people with a diagnosis of learning disability and/or autistic people. The purpose of the team is to provide greater continuity and improve outcomes for individuals and families through having a dedicated workers with the expertise, skills, and knowledge in working with people with LD and Autism.

This team will also support transitions and preparation for adulthood and a review of the current arrangements is being carried out in partnership with Children's Services and forms part of the current review of the 0-25 Pathway.

Recruitment to the new team has been carried out with People First Merseyside who supported with interviews for practitioners. Adult Social Care will continue to develop the service in co-production with People First Merseyside and we are looking to expand this group to widen participation.

The aim of the team is to work in collaboration with individuals and families/carers to deliver a person-centred approach when working with individuals, which promotes choice, control, and independence as far as is practicable to do so.

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care and Health)		
18 June 2024		
Councillor	Portfolio	Period of Report
Mhairi Doyle	Public Health and Wellbeing	Feb 24 – May 24

Public Health

Food and Drink Advertising Policy

Knowsley Council has recently agreed to implement a healthier food and drink advertising policy which requires that brands swap out unhealthy foods and drinks for healthier ones. The Director of Public Health has informed me that Sefton public health has been working with Knowsley and other authorities to champion this approach across Cheshire and Merseyside.

The change in advertising practice aims to reduce health inequalities, improve health, specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay.

I received a paper at my March Cabinet Member Briefing meeting which also went to the April Cabinet. The paper outlined the rationale for implementing the policy, including the background to the policy, what the policy would look like, and the options we face as a council.

The Healthy Advertising Policy was submitted to Cabinet in April and was passed for implementation in Sefton. The borough now joins Knowsley as the second borough in LCR to have this policy and we will be supporting other councils to implement their own policies as soon as possible.

Supplemental Substance Misuse Treatment & Recovery Grant 24/25

An update on the 2024/5 Supplemental Substance Misuse Treatment & Recovery Grant (SSMTRG) allocation and plan was presented. In February 2022, the Office of Health Inequalities and Disparities (OHID) Department of Health & Social Care announced additional supplemental drugs funding which all Local Authorities are eligible to receive through a Section 31 grant to support the delivery of the From Harm to Hope: A 10-year drugs plan (Dec 2021). In April 2022, Sefton council received notification of the 3yrs funding from 2022/23 to 2024/25 subject to the submission of annual OHID approved plans. The funding for year three 2024/5 is £3,169,979. As with previous years eligibility for supplemental funding is dependent on maintaining investment in drug and alcohol treatment from the public health grant in line with the outturn reported in 2020/21.

The 2024-5 plan builds on the previous (2022-24) work and continues to fund those interventions and activities that focus on delivering the aims of creating more treatment places, reducing drug related harm, improving recovery and expanding the workforce to include more medical, mental health and criminal justice staff. The Sefton Combating Drugs Partnership have oversight of the 2024/5 plan, new areas of investment were presented at the March meeting. The Memorandum of Understanding (MoU) has been issued reconfirming allocations and providing the full grant conditions. The council signed and returned a copy of the MoU to OHID.

Public Health Risk Register

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

HIV Fast track Cities Proposal

At the Cabinet Member Briefing for Health and Wellbeing meeting in April 2024 I received a presentation detailing the Liverpool City Region's Fast Track Cities HIV programme and the intention for Sefton to be included within. This programme proposes a more coordinated way to work together across boroughs aligned to the international goal of HIV eradication by 2030. I agreed for the inclusion of Sefton to support in this goal.

Public Health Performance Framework

I received the latest six-monthly report on the Public Health Performance Framework at the May briefing. The report concentrated on 18 out of 26 indicators from the Public Health Performance Framework (PHPF), which received updates in the much more extensive national Public Health Outcomes Framework from September 2023 through February 2024. The report will also be presented at the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) on 18th June 2024. The purpose of the report is to present and interpret population health indicators, provide relevant information about public health programmes and service developments, and to highlight aspects related to enduring impacts of the Coronavirus pandemic and high cost of living. Key findings included:

- Continuing reduction in the percentage of women who continue to smoke throughout pregnancy (8.5%, 2022/23)
- Considerable drop in the under-75 mortality rate from causes considered preventable since 2020. Just over half of local authorities in the North West and in LCR have higher rates than Sefton. The introduction of Covid-19 vaccines in 2021, and continued low smoking rates play a part.
- In 2022/23, all four indicators of wellbeing (life satisfaction, life is worthwhile, happiness, anxiety) deteriorated in Sefton, which is in keeping with the trend in England.
- Under-75 mortality from cancer and liver disease are important drivers of Sefton's large inequalities in life expectancy. Both remain significantly higher

than the England average, with rates ranking higher than most areas in the North West.

- 23.9% of children in year six were classified as obese in 2022/23, which is in line with the national average. 10.3% in Reception are obese and this remains significantly above the England average in spite of a one per cent reduction from last year.
- The Office for Health Improvement and Disparities will soon switch to using a new national measure of drug treatment outcomes 'showing substantial progress', which looks at how much people have reduced their substance use in drug treatment, not just abstinence. Under this measure Sefton is in line with national averages.

Public Health Annual Workplan

An update on the 2024/ 25 workplan provided a high level focus of work for the coming year as well as a retrospective review of achievements and challenges from 2023/24. Priority activities for Public Health and Wellbeing for the next 12 months were outlined and included statutory requirements to support partners within the wider healthcare partnership. The plan will be continually updated as work is prioritised and reprioritised over the coming months. The focus and approach will be one of co-production and co-collaboration within the context of wider Council commissioning priorities and will include key priority areas such as health protection, health improvement, childhood poverty and the impact of the cost-of-living crisis on vulnerable groups. All actions in the plan reflect the Councils core purpose and priorities.

Public Health Quarterly Dashboard

I was asked to approve the Q4 Public Health Quarterly Performance Dashboard at the May brief. The dashboard highlighted several areas where performance was considered to be going well. These included:

- Good procurement practice
- Substance use plan
- Sefton Child Poverty Strategy
- Lower my Drinking App
- Informal Overview and Scrutiny Committee meeting regarding Healthy Weight and Public Health Outcomes Framework

Dissertation Deprivation/Height Inequality

I received a post-graduate research presentation on the factors leading to childhood stunting in Sefton.

Poor childhood growth is long-term health problems. There are associations between socioeconomic deprivation and increased levels childhood stunting. This research aims to describe the factors contributing towards childhood stunting in Sefton and determine the causal mechanisms for the effect of deprivation on levels of stunting within Sefton area. This research will use National Childhood Measurement

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APPENDIX B

Programme (NCMP) information collected in Sefton between 2013/14 and 2022/23 on height, weight, and home postcode. This information will be grouped at small areas levels and compared against publicly available data. This research will be submitted to the University of Liverpool for a Masters dissertation in August 2024. Findings will be presented to the Health and Wellbeing committee in October 2024.

Leisure

Leisure Update

The report updated Cabinet Member on activity and progress throughout February – March 2024.

As of 31st March 2024, there were a total of 14,306 members, which is an increase from the last report of 109 members. Direct debit income for 2023/24 totalled £4,051,752.31.

Leisure passes for Looked After Children continued to be issued through the well-established referral processes with colleagues in social services. There have been 289 passes issued during 2023/24, providing free access to the leisure centres for LAC, along with the offer for them to bring a buddy along as well.

From February – March 24 there were 484 referrals onto the Exercise Referral Scheme and the team have delivered 72 full health checks, venues have included Active Sefton leisure centres. Out of these a total 39% were actioned back to their GP.

There were also 96 people referred on to the Active Ageing programme, with 8 new referral groups delivered. Recently the team have also successfully delivered a post cancer workshop with Sefton CVS. Also, working with the Active Ageing team to develop Healthy Ageing workshops to deliver information to the older population on how to live a healthy lifestyle and linking into falls prevention.

During February half term holiday, Be Active took place at a number of sites across the borough, a total of 45 sessions and over 70 hours of activity were delivered, with approximately 250 participants taking part in a range of sessions.

The HAF free swimming program has been extended for another year following its success last year. The offer is now available year-round. For those eligible, Sefton provides free swimming sessions to children under 16 who receive benefits-related free school meals. During school holidays, young people can access one free swim during half terms, Easter, and Christmas, as well as five swims during the summer holidays. Additionally, children under 8 receive a free swim pass for an accompanying adult.

Work is ongoing with an ICT audit, development of a new website, the procurement of a new CRM system, and the design and implementation of a new marketing strategy for Active Sefton.

Leisure Pricing 24/25

A proposal for an aggregated 8% price increase for Leisure, based upon the elasticity of demand in Sefton, was approved.

It is proposed to increase swimming lesson prices by 14% for 2 reasons, firstly the price has not been increased for 2 years and is currently the cheapest in the area, secondly demand far exceeds supply and even with a 14% increase the swimming lessons will still be amongst the cheapest in the area.

Please note that the proposal is to increase the gym membership by £1 which is due to the level of competition in the market place and the pricing of such.

The GP referral session prices have been held at 2023 levels in order to assist the most in need.

The alignment of the charges to more commercially viable rates will increase revenue without decreasing demand and therefore achieve the budgeted saving as stipulated.

Active Workforce – Menopause Support

In late 2020, Sefton Unison and Active Workforce launched the menopause policy for Sefton Council and New Directions staff. This also involved a live online menopause seminar offering information on the facts, symptoms, treatments, and what support was available locally. These seminars have continued, along with menopause yoga sessions, 'Chilly Dips' at Crosby Lakeside and the launch of menopause cafes for colleagues to come together to chat through their experiences.

Since Active Workforce set up their menopause support, over 5,000 employees have been engaged, raising awareness in 35 workplaces in the Liverpool City Region.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	18 June 2024
Subject:	Work Programme 2024/25, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care and Health Public Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To:

- seek the views of the Committee on the draft Work Programme for the Municipal Year 2024/25;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- invite Committee Members to participate in informal briefing sessions during 2024/25
- seek the views of the Committee on the draft Programme of informal briefings/workshop sessions for 2024/25,
- consider if there are any site visits that Committee Members would wish to undertake during 2024/25;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- note the update by Healthwatch Sefton.

Recommendations:

That:

- (1) the draft Work Programme for 2024/25, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) note that there are no items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan.

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- (3) Members of the Committee be invited to participate in informal briefing sessions;
- (4) the draft Programme of informal briefings/workshop sessions for 2024/25, as set out at Appendix B to the report, be agreed, along with any additional informal items to be included and thereon be agreed;
- (5) Committee Members be requested to consider if there are any site visits that they would wish to undertake during 2024/25;
- (6) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (7) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be noted; and
- (8) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix C to the report, be noted.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2024/25; to identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny Committee “adds value” to the Council; and to comply with a decision of the Committee to update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

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

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

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

What will it cost and how will it be financed?

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

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None

Legal Implications: None

Equality Implications: There are no equality implications.	
Impact on Children and Young People: No	
Any implications on the impact on children and young people arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.	

Contribution to the Council's Core Purpose:

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

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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

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

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Laura Bootland
Telephone Number:	0151 934 2078
Email Address:	Laura.bootland@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A – Draft Work Programme for 2024/25;
- Appendix B – Draft Programme of informal briefings/workshop sessions for 2024/25;
- Appendix C - Update of recent activities undertaken by Healthwatch Sefton.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2024/25

- 1.1 The proposed Work Programme of items to be submitted to the Committee for consideration during the Municipal Year 2024/25 is set out at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider. The Work Programme will be submitted to each meeting of the Committee during 2024/25 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2024/25, as set out at Appendix A, and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

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

- 2.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four-month period.
- 2.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 2.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 2.4 The most recent Forward Plan was published on 31 May 2024 and covers the period 1 July – 31 October 2024.
- 2.5 There are no items within the current Plan that falls under the remit of the Committee on this occasion.
- 2.7 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.
- 2.8 **The Committee is asked to note that there are no items that fall under the remit of this Committee on this occasion.**

3. SCRUTINY REVIEW TOPICS / INFORMAL BRIEFINGS 2024/25

- 3.1 It is good practise for Overview and Scrutiny Committees to undertake an in-depth scrutiny review of services during the Municipal Year.
- 3.2 During 2022/23, it was suggested that rather than establish a traditional working group, all Members of the Committee could be invited to participate in informal briefings/workshop sessions on developments in health and social care.
- 3.3 It has been suggested that this approach is continued and informal briefings for all Members of the Committee on useful information could continue.
- 3.4 A draft Programme of informal briefings/workshop sessions for 2024/25 is set out at **Appendix B** to the report.
- 3.5 **The Committee is requested to agree to hold informal briefing sessions, rather than establish a traditional working group during 2024/25.**
- 3.6 **The Committee is also requested to comment on the draft Programme of informal briefings/workshop sessions for 2024/25, as set out at Appendix B to the report, and note that additional informal items may be submitted to**

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the Programme at future meetings of the Committee during this Municipal Year.

4. SITE VISITS

4.1 The Committee is requested to consider if there are any site visits to venues that Members would wish to undertake during 2024/25.

4.2 At its recent work planning meeting, the Committee suggested that a visit to the Adult Social Care Social Work team would be useful. This has been included in Appendix B.

5. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

5.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).

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

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

5.4 Role

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

The role of the Overview and Scrutiny Committee is to:

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

5.5 Membership

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member

from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

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

The LCR O&S Committee also include Representatives of the Liberal Democrat Groups and Conservative Groups from the Local Authorities on the LCR O&S.

5.6 Chair and Vice-Chair

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair will be appointed at the first meeting of the Committee of the Municipal Year.

5.7 Quoracy Issues

A high number of meetings of the LCRCAO&S have been inquorate in the past.

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

The Combined Authority's Monitoring Officer will be looking to work with the Monitoring Officers from the other Combined Authorities to identify what problems they are experiencing with Scrutiny and how/if they had overcome them. Representations to Government would also be considered once all options locally to resolve the quorum issue had been exhausted. The CA Monitoring Officer would then be able to provide evidence to Government that the quorum level was obstructing the work of scrutiny within the CA.

5.8 Meetings

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

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

Latest Meeting

Details of all meetings can be obtained using the link referred to above. The next meeting will be held on 3 July 2024.

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

6. **CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE**

Agenda Item 8

- 6.1 On 1 July 2022 the Health and Care Act required the Cheshire and Merseyside Integrated Care Board to commence operation.
- 6.2 A Joint Cheshire and Merseyside Scrutiny Committee has now been established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board, comprised of representatives of local authorities from Cheshire and Merseyside.
- 6.3 Knowsley MBC is acting as secretariat to the Joint Cheshire and Merseyside Scrutiny Committee and agendas and Minutes of formal meetings of the Joint Scrutiny Committee are included on their website.
- 6.4 The Joint Health Scrutiny Protocol was updated recently to reflect changes introduced in the Health and Care Act 2022. The main change was that as of 30th January 2024, local health overview and scrutiny committees will no longer be able to formally refer matters to the Secretary of State where they relate to service reconfigurations.
- 6.5 Details of all the meetings of the Joint Health Scrutiny Committee can be found via the following link:

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

- 6.7 The Cabinet has appointed Councillor Desmond and Councillor Hart to be Sefton's representatives during 2024/25
- 6.8 **The Committee is requested to note the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee.**

7. HEALTHWATCH SEFTON

- 7.1 An update of recent activities undertaken by Healthwatch Sefton is attached to this report at **Appendix C**, for information.
- 7.2 ***The Committee is requested to note recent activities undertaken by Healthwatch Sefton.***



**OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)
WORK PROGRAMME 2024/25**

Tuesday, 18 June 2024, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner
2.	Public Health Performance Framework	Margaret Jones/Helen Armitage
3.	Pharmaceutical Needs Assessment 2025-2028	Margaret Jones/Helen Armitage
4.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Laura Bootland
5.	Work Programme Update	Laura Bootland/Debbie Campbell

Tuesday, 3 September 2024, 6.30 p.m., Town Hall, Southport		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton - Update Report	Deborah Butcher/Lisa Gilbert
2.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner
3.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Laura Bootland
4.	Work Programme Update	Laura Bootland

Tuesday, 15 October 2024, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton - Update Report	Deborah Butcher/Lisa Gilbert
2.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner
3.	Melling Surgery Update/Attendance of Ward Members	Laura Bootland
4.	Winter Plans	Deborah Butcher
5.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Laura Bootland
6.	Work Programme Update	Laura Bootland

Tuesday, 7 January 2025, 6.30 p.m., Town Hall, Southport		
No.	Report/Item	Report Author/Organiser
1.	NHS Cheshire and Merseyside, Sefton Place - Update Report	Deborah Butcher/Lisa Gilbert
2.	NHS Cheshire and Merseyside, Sefton – Primary Care Update	Lisa Gilbert/Jan Leonard
3.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Luke Garner
4.	Public Health Outcomes Framework (Min. No. 44 (4) of 03/01/23)	Helen Armitage
5.		
6.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Laura Bootland
7.	Work Programme Update	Laura Bootland

Tuesday, 25 February 2025, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	Cancer Alliance Update	Jon Hayes
2.	NHS Cheshire and Merseyside, Sefton Place - Update Report	Deborah Butcher/Lisa Gilbert
3.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance	Luke Garner

APPENDIX A

	Dashboard	
4.	Cabinet Member Update Reports x2	Julie Leahair/Julie Elliot/Laura Bootland
5.	Work Programme Update	Laura Bootland

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**OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)
INFORMAL MEETINGS / WORKSHOPS 2024/25**

Day/Date/Time/Venue to be arranged.		
No.	Report/Item	Organiser
1.	Visit to Adult Social Care Social Work Teams	Laura Bootland
2.	North West Ambulance Service	Laura Bootland
3.	Informal on-line session on the 'Shaping Care Together' Programme	Laura Bootland
4.	Public Health - Topic to be identified via Public Health Performance Framework (being presented to the 18.06.24 formal meeting)	Laura Bootland

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Healthwatch Update

Annual report

Due to the pre-election guidance in place, we have been advised by Healthwatch England to delay the publication of our annual report until after the general election. We will therefore be sharing our report with committee members on Monday 8th July.

We are also in the process of drafting a report detailing the service provided by our independent NHS complaints advocacy service 2023 – 24 and this will be available in August and will be shared with the committee and key stakeholders.

Healthwatch Sefton work plan 2024 – 25

Operations Group members will be reviewing and authorising the key issues which will feature on our main work plan so we are ready to push forward with activities after the general election. At present there are 15 areas of work included on the work plan, including a programme of visits to care homes, hospital visits, a review of Litherland Town Hall Urgent Treatment Centre/Walk-In, a review of transition from children's to adult social care services and a range of activities relating to general practice and dentistry. We will be looking to gain further assurances about work plan areas from stakeholders too and gain feedback on any other priority areas from our residents and communities throughout the year.

Building relationships with the Care Quality Commission (CQC)

With the new ways of working being rolled out across the CQC and roles being re-established, we have local representatives presenting at our June meeting of our Operations Group (13th June) to gain an update on how the new inspection structures will impact locally and support us to build up new relationships with the team.

NHS Quality Accounts

Healthwatch Sefton attended the presentation day with NHS Cheshire and Merseyside colleagues and will be reviewing the accounts of five NHS providers and providing commentaries. The commentaries will be published on the Healthwatch Sefton website and will be available on request after the general election.

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