

Public Document Pack

Sefton Council 

MEETING: HEALTH AND WELLBEING BOARD
DATE: Wednesday 5 June 2024
TIME: 2.00 pm
VENUE: Committee Room - Bootle Town Hall, Trinity Road, Bootle, L20 7AE

Member

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

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

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

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

A G E N D A

1. Apologies for Absence

2. Minutes of Previous Meeting

(Pages 3 - 8)

Minutes of the meeting held on 6 March 2024

3. Declarations of Interest

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

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

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

4. Children and Young People's Respiratory Improvement Plan

(Pages 9 - 10)

Presentation of the Children and Young People Programme Manager, NHS Cheshire and Merseyside ICB, Sefton Place

5. Health Inequalities Investment Fund Summary

(Pages 11 - 18)

Report of Cheshire and Merseyside Integrated Care Board

6. Sub-Group Updates

(To Follow)

Report of the Director of Public Health, Sefton Council

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

HEALTH AND WELLBEING BOARD

**MEETING HELD AT THE COMMITTEE ROOM - BOOTLE TOWN HALL,
TRINITY ROAD, BOOTLE, L20 7AE
ON 6 MARCH 2024**

PRESENT: Councillor Moncur (in the Chair) (Sefton Council)

Councillors Cummins (Sefton Council), Councillor Doyle (Sefton Council), Sarah Alldis (Sefton Council), Andrew Booth (Sefton Advocacy), Dr. Rob Caudwell (NHS Cheshire and Merseyside Integrated Care Board), Neil Holland (Liverpool University Hospitals NHS Foundation Trust), Janine Hyland (Parenting 2000), Margaret Jones (Sefton Council), Anita Marsland (Sefton Partnership Governance), Paul Holden (Merseyside Police), Eleanor Moulton (Sefton Council), Phil Porter (Sefton Council), John Turner (Healthwatch, Sefton) and Angela White (Sefton Council for Voluntary Service)

26. APOLOGIES FOR ABSENCE

An apology for absence was received from Deborah Butcher (Sefton Council).

27. MINUTES OF PREVIOUS MEETING

RESOLVED:

That subject to the following addition in the list of those present, the Minutes of the meeting held on 6 December 2023 be confirmed as a correct record:

- Angela White, present remotely, via Teams

28. DECLARATIONS OF INTEREST

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

29. ANCHOR CHARTER

The Board received a presentation of the Associate Director of Partnerships and Sustainability, NHS Cheshire and Merseyside which recommended that the Board formally adopt the Anchor Cheshire and Merseyside Anchor Institution Charter and Principles.

Agenda Item 2

HEALTH AND WELLBEING BOARD - WEDNESDAY 6TH MARCH, 2024

'Anchor institutions' were usually large public sector organisations rooted in and connected to their local communities. They could improve health through their influence on local social and economic conditions by adapting the way they employed people, purchased goods and services, used buildings and spaces, reduced environmental impact, and worked in partnership.

The Board discussed the benefits of adopting the Anchor Charter.

RESOLVED:

That the Anchor Cheshire and Merseyside Anchor Institution Charter and Principles be formally adopted.

30. MERSEYSIDE AND IOM CDOP ANNUAL REPORT 2022-23

The Board received the report of the Independent Chair of Merseyside and Isle of Man Child Death Overview Panel. The report outlined the processes adopted by Merseyside and Isle of Man CDOP, assured the Board of the effective inter-agency system for reviewing child deaths across Merseyside and the Isle of Man which was in line with national guidance. The report provided an overview of information on trends and patterns in child deaths reviewed across Merseyside and the Isle of Man during 2022-23 and highlighted issues arising from those reviewed child deaths, – for the region as a whole as well as identifying pertinent issues in each Local Authority area. It also reported on progress from the issues identified in Merseyside and Isle of Man CDOP's last annual report.

The Board discussed the governance structure and the opportunity for more joint working opportunities.

RESOLVED: That

- (1) the contents of the report be noted, shared with relevant forums, and be used with core intelligence to underpin local strategies;
- (2) joint strategies to minimise the impacts of significant modifiable factors be actively promoted, such as: mental health, maternal smoking, smoking in the home, substance and alcohol misuse and maternal excess weight, particularly in relation to reducing infant mortality; and
- (3) assurances be given that the joint multi-agency strategies are suitably coordinated to minimise duplication and improve effectiveness.

31. PHARMACEUTICAL NEEDS ASSESSMENT 2025-28 DEVELOPMENT PROCESS AND SCOPE REPORT

The Board considered the report of the Director of Public Health which outlined the resources and processes required to deliver a fully revised three-year Sefton Pharmaceutical Needs Assessment (PNA) for 1 October 2025. The report provided the Health and Wellbeing Board with relevant information about:

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

The Board discussed its statutory responsibilities and the role of pharmacies as an important local community resource.

RESOLVED: That

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

32. PROGRESS UPDATE ON THE SEFTON CHILD POVERTY STRATEGY

The Board considered the report of the Director of Public Health which provided an update on the progress of the Sefton Child Poverty Strategy by providing the following:

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

The Board discussed Sefton's priorities and encouraged engagement with relevant partners.

RESOLVED: That

- (1) the content of the report and the progress made since the launch of

Agenda Item 2

HEALTH AND WELLBEING BOARD - WEDNESDAY 6TH MARCH, 2024

the strategy be approved; and

- (2) the Board's consideration of how it can best promote and support the child poverty strategy in its second year be noted.

33. SUB-GROUP UPDATES

The Board considered the report of the Director of Public Health which presented the Board with a summary of activity from the five identified subgroups and sought approval for the Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template. The report also included a summary of activity from the Combatting Drugs Partnership and outlined changes to pharmacies in Sefton. The report outlined activity since the last update received by the Board on 6 December 2023, namely:

- (1) The Adult's Forum had not met since the last update.
- (2) The Children and Young People Partnership Board had met twice since the last update.

The Board refreshed its governance and priorities in 2023. At the December 2023 meeting MerseyCare was invited to present and at the February 2024 meeting Alder Hey was invited to present. The Partnership was overseeing the development of a new Children and Young People's plan, and the consultation with children and young people and partners was currently underway and was due to run until 22 March 2024. The partnership had identified 5 interim priorities that it would focus on and ensure the whole partnership is behind: Team around the School, Family Hubs, Fast track Access to Mental Health support, Improving Attendance, and Child Poverty.

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

The Health and Wellbeing Executive met on 27 February 2024.

- (4) The Health Protection Forum had not met since the last update.
- (5) The Special Education Needs and Disabilities Continuous Improvement Board had met once since the last update, on 23 January 2024.

The Board also received an update from the Combatting Drugs Partnership (CDP) which had met once since the last update, on 13 December 2023. The meeting had a themed spotlight on Young People. The Partnership received updates from the CDP subgroups.

Agenda Item 2

HEALTH AND WELLBEING BOARD - WEDNESDAY 6TH MARCH, 2024

The Board was required to receive and note changes to Pharmacies in its area from NHS England, the Board received three notifications from September 2023 to the date of the meeting.

RESOLVED: That

- (1) the updates from the five identified subgroups and the Combatting Drugs Partnership be received and noted by the Board;
- (2) the changes to Pharmacies in the area be noted; and
- (3) the Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template be approved.

This page is intentionally left blank

Report to:	Health and Wellbeing Board	Date of Meeting	5 June 2024
Subject:	Children and Young People's (CYP) Respiratory Improvement Plan		
Report of:	NHS Cheshire and Merseyside ICB, Sefton Place	Wards Affected:	All Wards
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Jo Herndlhofer, Children and Young People Programme Manager		
Tel:	07721 235558		
Email:	jo.herndlhofer@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

A presentation will be shared on the day to provide an overview of:

- The background and evidence for the development of a partnership CYP Respiratory Steering Group and Improvement Plan
- Key elements of the improvement plan and progress to date
- How impact will be measured and inform system and service developments

Recommendation(s):

The Health and Wellbeing Board will be asked to note the CYP Respiratory and Improvement Plan and developments

This page is intentionally left blank

Report to:	<i>Health and Wellbeing Board</i>	Date of Meeting	5 th June 2024
Subject:	Health Inequalities Investment Fund Summary		
Report of:	<i>Cheshire and Merseyside ICB</i>	Wards Affected:	All Wards
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Terry Stapley		
Tel:			
Email:	terry.stapley@cheshireandmerseyside.nhs.uk		

Purpose / Summary of Report:

This discussion paper describes the Proposed Approaches for Health Inequalities Investment in 2024/25 withing Cheshire and Merseyside ICB.

Recommendation(s)

That the board note the report.

This page is intentionally left blank

ICB Executive Discussion Paper: Health Inequalities Investment Fund SummaryV2

1. Background and context

- 1.1. The Population Health Programme plays an integral role in helping the Integrated Care Board (ICB) and Health and Care Partnership (HCP) to achieve its core strategic objectives of;
 - Tackling health inequalities in outcomes, experiences, and access (our 8 All Together Fairer principles)
 - Improving population health and healthcare
 - Enhancing productivity and value for money
 - Helping to support broader social and economic development.
- 1.2. It provides the shift towards prevention and health equity through system leadership and integrated community actions to address four thematic areas, the social determinants of health, support healthy behaviours and wellbeing, address healthcare inequalities and strengthen uptake of screening and immunisations.
- 1.3. The ICB and its partners are addressing the significant healthcare inequalities that exist in Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS5 frameworks for both children and adults. There is a significant Health and Care Partnership strategic commitment to the delivery of the ground-breaking 'All Together Fairer'¹ report, to tackle the social determinants of health in each of our nine local areas.
- 1.4. As part of NHS England's statement on information on health inequalities ²(duty under section 13SA of the National Health Service Act 2006), Integrated care boards, trusts and foundation trusts have to identify key information on health inequalities and set out how they have responded to it in its annual reports.
- 1.5. For the ICB to deliver on its core strategic objectives, a new embedded function is established under the leadership of the Director of Population Health, within the ICB Assistant Chief Executive directorate. This includes an integrated team working together with nine Local Authorities and CHAMPS, the sub regions public health collaborative. This has seen established priority programmes of work be introduced across the sub region such as All Together Fairer, reducing the harms from alcohol, All Together Active programmes and the successful evolution of the NHS Prevention Pledges across all our Trusts.
- 1.6. An overview of the areas of work included within the Population Health programme can be found in Appendix 1. This describes some of the new responsibilities the ICB has been delegated in important areas such as developing a new Work and Health Strategy and our ambition to maximise the effectiveness of our screening and immunisation services for our local population (NHS NW Section 7a delegation to ICB for immunisations expected in April 2025).
- 1.7. These programmes are all resourced from the ICB Health Inequalities Investment Fund. The total available annual fund for 2024/25 is circa £12m.

¹ [All Together Fairer | Champs Public Health Collaborative](#)

² [NHS England » NHS England's statement on information on health inequalities \(duty under section](#)

Agenda Item 5

[13SA of the National Health Service Act 2006\)](#)

2. Proposed Approaches for Health Inequalities Investment in 2024/25

Existing Commitments

- 2.1. The ICB is committed to working with partners to support the ICS ambition to tackle inequalities and has ring-fenced £12.2m for investment for 2024/25 and beyond. We are looking to increase this year on year.
- 2.2. From this budget, the ICB has recently committed £1m/year for 3 years to continue its support for CHAMPs and the All Together Fairer team. It also committed £450k/year for up to 5 years (3+2, commencing in 2023/24) for the VCFSE sector, recognising its invaluable role in tackling inequalities and improving the health of our communities.
- 2.3. We are building capacity within the ICB Population Health function to ensure we can deliver our ambitious agenda.

Investment discussion

We would like to engage partners on how we allocate the balance of the budget to ensure we get the best outcomes for the investment and begin to turn the dial at scale.

There are a number of areas we would welcome views on:

- I. We propose that the HI monies are prioritised for primary prevention.

The ICB/wider NHS already spends millions on secondary prevention and therefore to promote further collaboration and integration with ICS partners, we suggest that primary prevention can make the greatest impact in our work as a Marmott System.

We propose that Places undertake a stocktake and evaluation of their investments in both primary and secondary prevention to assess effectiveness. This would help understand how much ICB resources, previously committed by CCGs, is already spent on these areas.

We want to ensure any share of the HI allocation does not simply replace existing service funding or saving proposals that may be in place by local partners and is invested in the areas/schemes that make the greatest impact for the population with greatest need.

This baseline understanding of investment and services would enable a sharing of best practice and an evaluation of any innovative solutions that have been previously funded that are now not equitably available across the Cheshire and Merseyside. Does this challenge us all to level up?

- II. All Together Fairer is a shared system ambition, therefore should we allocate resources where we can leverage in more investment (e.g. match funding) to facilitate greater collaboration and integration?

The system financial challenges are well known, so we need to explore opportunities to work with external bodies to encourage inward investment. We need to use strategic size and influence to pilot and trailblaze where we can.

What are the opportunities for HCP partners to match fund the ICB investment and for budgets to be aligned/pooled for greater collective impact? New income, growth and/or re-focused budgets could be triangulated with the ICB allocation to increase the overall primary prevention HI investment.

- III. We want the HI budget to be an enabler and facilitate change for our residents and enhance partnership working. Are there, however, legitimate decisions we would want to make not to

Agenda Item 5

fund an intervention by another partner or local/national spending department?

Should we agree some general principles on what we do and do not fund? These would cover all ICB HI investment, either at scale or within our nine Places and/or across our provider collaboratives.

- IV. We need to ensure the investment makes the greatest impact possible for the greatest number of people, therefore consideration needs to be given for how the budget is allocated and who makes the decisions.

There are a number of options for this:

- Retain the whole budget centrally
- Fair shares across the 9 Places
- Allocation via the national HI weighting formula
- Proportionate universalism and a focus on 20% most deprived areas/wards
- Direct to the 1 or 2 Places with greatest need/highest overall HI
- Others?

Given we are one of the largest ICBs in the country, it is crucial we enable our local Place Based Partnerships and Health and Wellbeing Boards to help drive and leverage improvements in their community's health and tackle local inequalities that exist.

Once investment is agreed, there would be a need to align this with measurable and reportable impacts against identified and agreed All Together Fairer recommendations. Governance for reporting needs to be clear and streamlined; we would look to the HCP as the overarching system Board for co-ordination, oversight and assurance.

- V. We need to consider whether the investment is allocated to a narrow number of primary prevention areas, at scale and/or in Place.

The HCP is committed to all areas of All Together Fairer and has already identified its priorities:

- Children and Young People
- Health and housing
- Worklessness
- Mental Health
- Healthy and supported workforce

Are these the areas we focus our investment, or are there a number of other initiatives that would benefit from a large-scale collaborative approach across Cheshire and Merseyside?

A stocktake report was received by the HCP in January 2024, where the partnership received contributions from all partners and its nine areas on both progress and gaps in delivery of All Together Fairer in each place, and distinct economic partnership areas i.e., LCR and C&W.

At its Board meeting in November 2023, the HCP committed to develop a **Housing and Health Collaborative** and associated work programme for Cheshire and Merseyside. It is proposed that resource is allocated to establish this programme and builds upon the successful Opening the Doors approach with our Housing Providers and Local Authority Growth directors.

We propose two population health at scale programmes, not currently in place across Cheshire and Merseyside, are prioritised that would benefit from a collaborative approach across Cheshire and Merseyside, to improve population health and tackle inequalities.

A dedicated Smokefree Cheshire and Merseyside Plan - Cheshire and Merseyside's collective ambition is to deliver a Smokefree 2030 and a tobacco free future for every child. Radically reducing smoking remains the single greatest opportunity to reduce health inequalities and improve healthy life expectancy. Smoking will kill up to 2 in 3 smokers, half in middle age. Updated estimates suggest that smoking costs the CM sub-region £2bn, not including costs to smokers and their families who lose loved ones through an addiction which costs on average £3,096 a year, equivalent to an average household energy bill. This is the single greatest cause of preventable ill health and premature death and driver of health inequalities. Tackling smoking is crucial to all NHSCORE20PLUS5 indicators, and this work will bring in the alignment of the NHS treating Tobacco Dependency Programme alongside our local smoking cessation service offers.

A system wide response to healthy weight - Working to provide a consistent pathway of support for residents across Cheshire and Merseyside, in accessing appropriate support and treatment, will help align multiple different weight management programmes and seek to embed more upstream preventative interventions with our ICS partners. Based on recent Health Foundation 2040 projections applied to Cheshire and Merseyside we could see an increase 49% more diabetic patients due to the rises in obesity across the population. However, we also know a major driver of ill health is malnutrition and food poverty. Reviewing our approach to tackling the inequalities associated with healthy weight across Cheshire and Merseyside with all partners is proposed to be the second at scale population health programme.

3. Recommended next steps

Following discussion at ICB Executive Team meeting on Thursday 29th February:

- Place Directors are asked to lead engagement on the proposals and considerations within this report within their respective Places. Amongst key stakeholders are the Local Authority Directors of Public Health and HCP representatives.
- Place Directors are asked to commence the stocktake of existing NHS Cheshire and Merseyside investments and to work with their Local Authorities to understand their respective investment and plans.
- Provider Collaborative Directors are asked to engage with their provider partners and the HCP representative.
- The paper will be discussed with Chair and 2 Vice Chairs of the HCP for consideration and presentation at March HCP agenda.
- Feedback and discussion will take place at ICB Executive Team meeting on 4th April. A final paper and investment recommendations (including all governance decision making and an outcomes framework) will be presented at HCP on 16th April.

Agenda Item 5

Appendix 1:

Summary of Population Health Functions – Plan on a page Jan 2024

