

Public Document Pack



MEETING: HEALTH AND WELLBEING BOARD
DATE: Wednesday 11 September 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
Phil Porter
Anne-Marie Stretch
Mark Thomas
John Turner
Angela White

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

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

A G E N D A

1. Apologies for Absence

2. Minutes of Previous Meeting

(Pages 5 - 8)

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. Emotional Health and Wellbeing Board

Verbal Update by the Director of Public Health

5. Psychological Support offer following Southport Incident on 29th July 2024 (Pages 9 - 22)

Presentation by the Executive Director of Adult Social Care, Health and Wellbeing and NHS Director for Sefton

6. Child Poverty Strategy (Pages 23 - 60)

Report of the Executive Director (Operations and Partnerships)

7. Public Health Annual Report 2023/24 (Pages 61 - 64)

Report of the Director of Public Health

8. Sub-Group Updates (To Follow)

Report of the Director of Public Health

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 5 JUNE 2024**

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

Councillor Doyle (Sefton Council), Andrew Booth (Sefton Advocacy), Deborah Butcher (Sefton Council), Neil Holland (Liverpool University Hospitals NHS Foundation Trust), Janine Hyland (Parenting 2000), Margaret Jones (Sefton Council) and John Turner (Healthwatch, Sefton)

ALSO PRESENT VIA MICROSOFT TEAMS: Angela White (Sefton CVS)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Roscoe (Sefton Council), Sarah Alldis (Sefton Council), Paul Holden (Merseyside Police), Anita Marsland (Sefton Partnership Governance), Phil Porter (Sefton Council) and Mark Thomas (Merseyside Fire and Rescue).

2. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 6 March 2024 be confirmed as a correct record.

3. DECLARATIONS OF INTEREST

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

4. CHILDREN AND YOUNG PEOPLE'S RESPIRATORY IMPROVEMENT PLAN

The Board received a presentation of the Children and Young People (CYP) Programme Manager, NHS Cheshire and Merseyside ICB, Sefton Place which provided an overview of the background and evidence for the development of a partnership led CYP Respiratory Steering Group and Improvement Plan, key elements of the improvement plan and progress to date and how impact would be measured and inform system and service developments.

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HEALTH AND WELLBEING BOARD - WEDNESDAY 5TH JUNE, 2024

The Board discussed the Stop Smoking programme, the impact of vaping, making every contact count and the benefits of partnership working.

RESOLVED:

That the presentation be noted.

5. HEALTH INEQUALITIES INVESTMENT FUND SUMMARY

The Board received the report of Executive Director – Place, Sefton, which described the Proposed Approaches for Health Inequalities Investment in 2024/25 within Cheshire and Merseyside ICB.

The Board discussed primary prevention, staffing, poverty proofing and the voluntary sector.

RESOLVED:

That the report be noted.

6. 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 2023-24 Year End Template and Sefton's Market Sustainability and Improvement Fund Plan 2024 to 2025.

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 report received by the Board on 6 March 2024, namely:

- (1) The Adults Forum had met once since the last update, on 27 February. The Forum is chaired by Andrew Booth and Councillor Moncur attends.
- (2) The Children and Young People Partnership Board met on a bi-monthly basis. The Board was chaired by Phil Porter and Councillor Roscoe attended.
- (3) The Health and Wellbeing Executive had met once since the last update, on 27 February 2024.

The Executive were responsible for the Better Care Fund.

- (4) The Health Protection Forum had met once since the last update, in March 2024.
- (5) The Special Education Needs and Disabilities Continuous

Improvement Board had not met since the last update.

The Board also received an update from the Combatting Drugs Partnership which had met once since the last update, on 13 March 2024.

The Board was required to receive and note changes to Pharmacies in its area from NHS England, and the Board received six notifications from March 2024 to the date of the meeting.

RESOLVED: That

- (1) the updates from the five identified subgroups and the Combatting Drugs Partnership be noted;
- (2) the changes to Pharmacies in the area be noted;
- (3) the Better Care Fund 2024-24 Year End Template be approved; and
- (4) Sefton's Market Sustainability and Improvement Fund plan 2024 to 2025 be approved.

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**Psychological
Support offer
following
Southport Incident
on 29th July 2024**

Date of meeting:	11 September 2024
Report to:	Health and Wellbeing Board
Report of:	Executive Director - Adult Social Care, Health and Wellbeing (Place Director)
Wards affected:	(All Wards)
Exempt/confidential report:	No
Contact Officer(s):	Deborah Butcher - Executive Director - Adult Social Care, Health and Wellbeing (Place Director) Nadine Carroll - Assistant Director of Education Excellence Kerrie France -Associate Director of Quality and Safety Improvement, NHS Cheshire and Merseyside
Email:	deborah.butcher@sefton.gov.uk nadine.carroll@sefton.gov.uk Kerrie.France@cheshireandmerseyside.nhs.uk

Purpose / Summary of Presentation:

To inform the Health and Wellbeing Board of the Psychological Support Response following the Southport Incident on 28th July 2024 and the roles of the Psychological Care Co-ordination Group.

Recommendation(s)

That the Health and Wellbeing Board note the presentation.

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Major Incident: Psychological Support Response

Psychological Support Response

- **Learning has been taken from other major incidents, for example the Manchester Arena attack and Grenfell.** This is in line with NHS England's standard guidance on responding to the stress caused by major incidents.
- The Psychological response to this incident will be divided into immediate and medium to longer term support based on the evidence available and best practice guidelines regarding how to respond to potentially traumatising major incidents – **phase 1, 2 and 3 of Cheshire and Merseyside Psychological Support Plan Following a Major Incident plan).**
- A phased based intervention strategy which **prioritises prevention** throughout, will not only maximise our community's inherent resilience but will also minimise the potential adverse effects of more intensive interventions.
- Our role as members of the Psychological Care Co-ordination Group is to ensure psychological and Trauma support offer is pulled together to provide a coordinated response and effective messaging:
 - ❖ For those directly affected Immediately after the Major Incident
 - ❖ It will also consider support for the wider public that witnessed the event.
 - ❖ support for staff involved.

Cheshire and Merseyside Psychological Support Plan Following a Major Incident

The aim of this plan is to provide a cohesive and coordinated response for psychological support in the event of a declared major incident.

The plan outlines the response from the NHS providers of mental health services and local authorities within Cheshire and Merseyside, whose collective actions will enhance existing processes and has been developed in conjunction with:

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- Mersey Care NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Liverpool University Hospitals Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Local Authorities
- NHS England
- NHS Cheshire and Merseyside

This plan is not intended to replace the psychological support arrangements in place for responders that are provided by their employers, as per their duties under the Health and Safety at Work Act 1974.

Psychological Support Activation

- Cheshire and Merseyside Recovery Cell activated the 'Psychological Support Plan Following a Major Incident' during the 11:00hrs meeting on 30th July 2024 following the Major Incident Declaration by the Police in Sefton on 29th July 2024.
- The 'Psychological Care Coordination group' was established and met at 14:30hrs on 30th July 2024 with a subsequent meeting at 09:00hrs on 31st July 2024 to coordinate the multi-agency system response, led by NHS Cheshire and Merseyside ICB.
- The group is supported by series of sub-groups focusing on children, adults and resources.
- We have formed a clinical reference group to act as source of expertise and guidance on clinical decision -making.

Phase 1 Immediate Response 0-28 Days

- As part of **Phase 1** immediate response to incident on 29 July 2024, the Psychological care co-ordination group has drafted a bespoke pathway of psychological support offer for the following cohorts who are affected by incident on 29 July 2024:
- **Cohort 1** – Psychological Support Offer to Children and Parents Directly Involved. This offer is for the children who were present at the incident and their parents/guardians. This support will be provided by Victim Support, Alder Hey, Mental Health Matters and Mersey Care.
- **Cohort 2** - Psychological Support Offer to Adults Directly Involved (Victims) and Witnesses Identified by Police. This offer is for the adults who were present at the incident. This support will be provided by Police, Victim Support, Mental Health Matters and Mersey Care.
- **Cohort 3** - Psychological Support Offer to Adults Affected by the Southport Major Incident. This offer is for the adults who have been affected by the incident in Southport (public). This support will be provided by Mental Health Matters and Mersey Care, LSCFT and GM.

Phase 1 Response 0-28 Days – cohort 1

- Direct support for children and families is underway – Bespoke pathway developed offering a multi-agency co-ordinated approach for additional wrap around support based on identified needs, following Identification of those impacted.
- Police Family Liaison Officers and Single point of contact officers have been deployed.
- National Victim Support referrals made and Family Homicide Case Worker case-workers allocated.
- Bereavement and psychological wrap around support in place for families bereaved – through the Alder Hey Alder centre and Snowdrop service.
- Alder Hey and Merseycare Specialist clinical psychology support expertise to facilitate a needs led approach.
- This does not replace current service provision, for example: access to urgent care via the Crisis Lines and access to services via referral continues to be available across our services.

Phase 1 Response 0-28 Days - Resources

- The main intervention during phase 1 has been to ensure key messaging regarding psychoeducation and psychosocial support.
- Key messages include - ***it is normal to have some very distressing symptoms following an incident of this type. These symptoms are part of a normal reaction and part of a natural process of making sense of events after something difficult has happened.***
- Psychoeducational leaflets have been shared by Mersey Care for the universal support offer available for everyone, alongside guidance for staff and managers affected by the incident.
- Group members have supported communications on council/ organisation website including resources and how to access support for anyone affected by the incident - <https://www.sefton.gov.uk/tragic-incident-in-southport-2907-updates-and-support/support/> under psychological support.

Phase 1 Response 0-28 Days – community support

- Signposting offer to a range of existing services available in Sefton, including
- **Helpline support - Victim Care Merseyside** - Freephone 0808 175 3080 on weekdays between 8am and 6pm or request support online at any time at www.victimcaremerseyside.org.
- A range of Community services (see appendix 2 and 3) including, Mersey Care Life Rooms Pathways Advisors are available to support with advice and signposting within Southport community.
- Mersey Care are working with Mental Health Matters (Sefton IAPT) to develop a coordinated approach to support and a protocol to provide mutual aid for therapy interventions should the increase in demand rise. This will also review prioritisation of access.
- Active monitoring established for people approaching services where information and psychological support is given so that people can be contacted in the next 4 weeks to offer further support and if required, psychological intervention, at the right time in line with guidance.

Phase 1 Response 0-28 Days – workforce support

- Local hospitals who received patients following the major incident have been contacted by Mersey Care to offer advice and support, alongside providing psychoeducational resources. Reflective practice and supervision to staff and managers involved in the incident will be coordinated where needed.
- The offer of support from Mersey Care for wider teams across NHS, Social Care, voluntary sector and Emergency Services has been scoped to provide provision if required to these services for psychological first aid at this time.
- GP practices directed to access **NHS Practitioner Health** for additional support and have been provided with advice and resources so that they can effectively support people accessing their GP practices via bulletin.

Phase 2 and 3 Response 28+ Days

- The main intervention during phase 2 is provision of assessment, ongoing monitoring and, if required, treatment (e.g. for PTSD).
- A proactive communications strategy outlining further psychological intervention for people affected by the incident who require this, both public and staff, will be developed and deployed.
- As part of the active monitoring, services will contact those people who initially accessed services during phase 1 to see if support is still required in the form of therapeutic interventions and enable people to access the right service.
- Proactive support to be offered in local communities through face-to-face contact at venues / local community groups outlining therapy interventions available and signposting to enable access to services – see appendices.
- Ongoing support for teams directly affected, for example, children's teams (school nurses, health visitors and teachers) will be planned.
- Services will continue to coordinate psychological support and intervention, and monitor impact.

Phase 2 and 3 Response 28+ Days

- Capacity and capability to offer psychological intervention and ongoing support is being scoped within the sub groups that report into the 'Psychological Care Coordination Group', to ensure coordination of care and pathways are streamlined to offer timely and effective intervention to people affected.
- Wider engagement and co-production with the community, education, GP practices, CVS and faith groups for ongoing support, as well as with NHS Trusts who can provide specialist mental health support and advice will be coordinated across the system as part of the longer term planning. Particularly around trigger events associated with the incident (e.g. anniversaries, trail, religious festivals and news events).
- Working in partnership with all other groups to ensure *any programmes developed as part of the wider humanitarian and community resilience response compliment the psychological care support offer. This will ensure a joined-up approach to rebuilding the emotional health and wellbeing of the Southport community including support for children in schools.*
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Appendices

- Appendix 1 – Victim care Merseyside
- www.victimcaremerseyside.org.
- Appendix 2 – summary of local support available for those affected by the incident [Sefton Council website](#)
- Appendix 3 – NHS Trauma Leaflet
- [nhs_trauma_leaflet.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/nhs_trauma_leaflet.pdf)

Report Title: Sefton Child Poverty Strategy:

Date of meeting:	5 September 2024 11 September 2024		
Report to:	Cabinet Health and Wellbeing Board		
Report of:	Executive Director (Operations and Partnerships)		
Portfolio:	Cabinet Member - Public Health and Wellbeing Cabinet Member - Children Schools and Families		
Wards affected:	All wards		
Is this a key decision:	Yes	Included in Forward Plan:	Yes
Exempt/confidential report:	No		

Summary:

The purpose of this report is to provide Cabinet with an update on the progress and next steps of the [Sefton Child Poverty Strategy](#)¹, by reporting on the following.

- A brief overview of the child poverty strategy’s goals, priorities, and suggested actions.
- A review of progress using the accountability framework.
- Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).
- Discussion on arrangements for implementation, governance, and monitoring.

A communications plan to raise the profile of the Child Poverty Strategy.

Recommendation(s):

Cabinet

- (1) Recognise the progress made to date and support plans to further progress action on child poverty in Sefton.
- (2) Note the plans set out in this report to raise the profile of the Sefton Child Poverty

¹ [Childhood Poverty Strategy 2022 \(sefton.gov.uk\)](https://sefton.gov.uk/childhood-poverty-strategy-2022)

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Strategy and strengthen governance.

Health and Wellbeing Board

That the report be noted.

1. The Rationale and Evidence for the Recommendations

Cabinet has a governance role to provide oversight and support for the delivery and progress of Sefton Council priorities². This report sets out information about progress in the year and a half following its launch and plans for its further implementation in 2024 and beyond, including feedback from an independent review by the Local Government Association, and a communications plan.

1.1 Introduction.

The purpose of this report is to provide Cabinet with an update on the progress and next steps of the [Sefton Child Poverty Strategy](#)³, by reporting on the following.

- i. A brief overview of the child poverty strategy's goals, priorities, and suggested actions.
- ii. A review of progress using the progress and accountability framework.
- iii. Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).
- iv. Discussion on arrangements for implementation, governance, and monitoring.
- v. A communications plan to raise the profile of the Child Poverty Strategy.

1.2 Brief overview of the child poverty strategy's goals, priorities, and suggested actions.

The Council declared a poverty emergency in 2021. The Sefton Child Poverty Strategy was developed during 2022 and launched that December. Staff in the public health team led and co-ordinated the development process, which brought together a broad range of evidence and experience. A more detailed description of the strategy's background and development is provided in a recent report to the Health and Wellbeing Board.⁴

² [Sefton Council Corporate Plan 2023 to 2026](#)

³ [Childhood Poverty Strategy 2022 \(sefton.gov.uk\)](#)

⁴ [\(Public Pack\)Agenda Document for Health and Wellbeing Board 06/03/2024 14:00 \(sefton.gov.uk\)](#) Item 7, page 49, 1.1



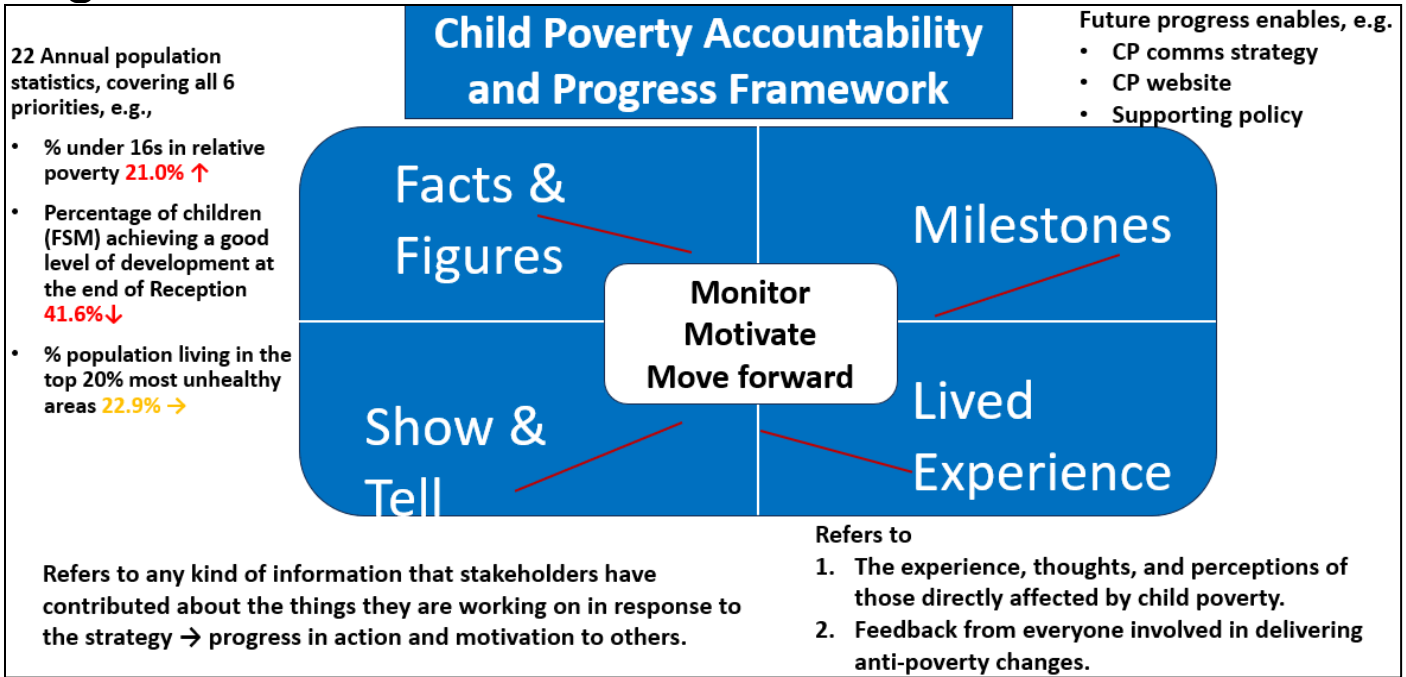
The image above shows the goals, themes, and priorities in the Child Poverty Strategy and how these relate to the suggested actions listed under each of six priority areas. Important points to note are:

- The **goals 1-3**, address prevention of both root causes and unequal effects of child poverty, in the present and future lives of today's children.
- The **pockets, prospects, and places themes**, used to group the **six priorities** were inspired by Scottish strategy on child poverty and help to structure a complex issue.
- The strategy has a **long lifespan (to 2030)** in keeping with the scale and range of changes that are needed, but this does not rule out necessary updates. The temporal context for child poverty reduction is often (rightly) described as being 'inter-generational'. However, many meaningful improvements in the lives of children can be achieved more quickly than this.
- The intended **audience** for the strategy is not limited to Sefton Council.
- The **actions** that were suggested and endorsed during the drafting process are presented in more general, rather than specific terms. They do not constitute a true action plan since they are not tied to specified timescales or action owners.
- The strategy has been developed with a focus on **assets-based changes** that can be **initiated and driven by partners working at a Sefton level**.

1.3 Review of progress using the progress and accountability framework.

The Child Poverty Strategy is monitored and driven forward using its own progress and accountability framework, which comprises four domains that help reflect the complexity of the challenges. The graphic below serves to illustrate the complementary nature and purpose of each domain.

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1.3.1 Facts and figures

This element of the framework is currently comprised of 22 quantitative indicators (appended to this report), linked to the strategy’s six priorities, which are sourced from the Cheshire and Merseyside Marmot indicator dashboard, Fingertips data profiles from the Office of Health Improvement and Disparities (OHID), and the Thriving Places Index. Due to the lag in data collection and reporting no data is yet available to describe changes in year one of the strategy (2023/24). This highlights the importance of including other sources of information to help develop a picture of need and progress.

1.3.2 Milestones

In a paper presented to health and wellbeing board in March 2024, the following year two milestones were identified:

Year two milestone	Progress report
Develop a year 2 communications strategy, including Sefton.gov micro-site, and topic plus timing for the next child poverty ‘conference’ event or alternative.	See Communications plan (appendix). A further topic for a learning or conference event has not been decided upon. The strategy has a dedicated webpage. The communications plan will include proposals for developing this function.
Identify and share simple tools to enable frontline and other services to systematically mitigate disadvantages associated with child	Members of the public health team and education excellence have commissioned a poverty-proofing© intervention from Children North East, aimed at education

<p>and family poverty.</p> <p>Consider funding a Poverty Proofing⁵ audit for school/s or another frontline Council service.</p> <p>Consider commissioning practically focused training to support more equitable design and delivery.</p>	<p>settings and cultural settings (see appendices for a summary). This will involve training, and learning about practical low or no-cost changes organisations can make to limit the effects of growing up in a low-income household.</p> <p>If the two-year pilot is successful, this will be mainstreamed across all settings. The public health team has had some initial discussions about the potential to commission training resources that could be included as part of the CLC’s offer.</p>
<p>Identify one or two other policy changes, e.g., introduction of a health impact assessment policy.</p>	<p>Initial support and insight from the LGA Health in All Policy Team has been the first step towards achieving this milestone.</p>

1.3.3 Show and Tell

The ‘Show and tell’ section refers to any kind of information that stakeholders have contributed about the things they are working on or intending to work on in response to the strategy. Sharing innovation and good practice, which is gathered as part of progress monitoring also has a role to play in spurring others to act. A short ‘Your Sefton, Your Say’ online survey was distributed ahead of the most recent Place themed event on 18 January 2024. Some of the achievements shared by Council staff and partners are listed below:

- New group set up to work on **housing needs of young care leavers**
- The Atkinson **Young Curators Programme** engages young people in art and culture as audience member and active participant
- Multi-agency **pilot to reduce risks of lung illness** in childhood – cold, damp, pollution etc
- **Library service** pioneering a digital programme and issuing free data at 3 libraries
- Council departments and NHS, local business are working with the **Caring Business Charter and Sefton@work** to provide training and employment opportunities to our young people in care.
- **Sefton@work** and others are helping people overcome barriers to accessing work, e.g. back to work starter pack
- From Jan 24, people with care experience who apply for a job with Sefton Council have been eligible for a guaranteed interview if they meet the essential criteria of a job post and reference their care experience in their application form.
- The council has recruited an **affordable living officer**

⁵ [Poverty Proofing© Services - Children North East \(children-ne.org.uk\)](#)

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- Free and discounted leisure services are available to vulnerable children and **families**, including our **children in care**.
- **Sefton housing services** have set up the Sefton Strategic Housing Commissioning **Group** as part of the new housing strategy.
- Progress made in bringing public health, communities, NHS and voluntary sector partners together to address **infant food insecurity**
- NHS Cheshire and Mersey Integrated Care Board have signed up to the **care leaver covenant**, amongst other things this facilitates care experienced young people into NHS careers.
- Alder Hey Children’s Hospital have committed to mitigate the impact of poverty on children and families. This includes the mobilisation of **Sophy’s legacy** which addresses hunger in siblings of those children using services and targeted free parking for families living with low income.
- **Elevate have been working with care experienced young people** to enhance awareness of employment and training opportunities. This includes work experience, finding bespoke placement.
- **Housing associations** are supporting families, signing posting to sources of advice and practical assistance.

1.3.4 Lived experience

Below, are some examples of quotations and themes from the in-depth ‘Understanding Child Poverty in Sefton’ commissioned from Drs Rust-Ryan. A formal proposal for changes to the strategy resulting from this important information needs to be developed following the publication of the report. The essential importance of understanding and listening to the priorities and experiences of children and families is emphasised in the findings of the LGA report.

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

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

1.4 Overview of findings and recommendations of the LGA Health in All Policy Team (July 2024).

Below is a summary of the key findings reported.

- There is a strong consensus amongst Council Members, officers and leaders, and partners who were interviewed that child poverty is a priority for Sefton.
- Elected members acknowledged the value of the strategy but want to see more evidence of action leading to impactful change.
- Council leaders were not clear about the leadership, governance and monitoring arrangements for the strategy.
- The launch, prospects and places conferences were very well received and enabled partnership working and relationship building.
- There was widespread recognition that public health has achieved a lot with a small team, but that no team can effectively deliver the strategy on its own.
- Partners identified the influence of the strategy, including adopting child poverty as a priority in the Children and Young People’s plan, and a respiratory pilot with Alder Hey clinicians, which works on poverty-proofing this

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In the comments on areas for further development the LGA noted the Council should,

- Decide who is best placed to lead on the continued development, coordination and implementation of the Strategy and provide the necessary resources and support for them to do so.
- Agree which priorities will have the biggest impact on children living in poverty and should provide the focus for partners over the next few years.
- Consider whether the strategy should be more of an overarching document, aligning strategy, influencing and shaping policy and activity, and driving change through doing things differently,
- Or, whilst not mutually exclusive, consider whether the strategy needs a delivery plan with clear actions, initiatives, targets, outcomes and performance reports to assess impact.
- Identify how people experiencing or at risk of child poverty could be more effectively engaged and involved in the strategy, so their experience and insight can be utilised to develop and target interventions and assess impact.
- Continue with the pockets, prospects and place network conferences on a regular basis, using them to report on progress, maintain momentum, nurture engagement, review the strategy and ensure efforts to tackle child poverty remain aligned and visible to partners and residents.

1.5 Discussion on arrangements for implementation, governance, and monitoring.

1.5.1 Implementation

To date, public health has led and co-ordinated implementation and monitoring of the strategy from within its own financial and staffing resource. This work has been positively supported by other Council and partnership leaders. In the future, public health's leadership on improving health determinants and inequalities will be supported by a Public Health Advanced Practitioner for wider determinants, whose role will include programme development and management for child poverty reduction.

1.5.2 Governance

Previously, updates on the progress of the child poverty strategy were received by the Cabinet Member Reference Group and the Health and Wellbeing Board. Now, oversight and reporting will be linked to the Children and Young People's Board, which has identified addressing child poverty as one of its priorities, and thereby to the Health and Wellbeing Board. A child poverty steering group will be created to co-ordinate the delivery of an annually agreed set of priority milestones, and to ensure that work is conducted in line with the principles of good governance and good quality. The Director of Public Health will report progress to the Children and Young Peoples Board.

1.5.3 Monitoring

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As briefly described in section 1.3 of this report above, a multi-dimensional framework has been developed that is appropriate to the needs of the strategy. This approach was designed with the following qualities in mind, to

- **Enable progress that is flexible and responsive** rather than becoming overly and rigidly focused on numerically measurable outcomes.
- **Minimise duplication** of established reporting and monitoring. Use information that is already collected, or which can be collected incidentally through activities that also support dissemination and delivery of the strategy, e.g., stakeholder events.
- **Be lean** – monitoring processes and activities are adequate and sufficient; not unduly burdensome or liable to pull focus away from driving anti-poverty changes.
- **Add value** – by acting as an invitation to others to share things that they are doing differently to tackle child poverty, the framework can act as an exchange, taking in valuable learning and inspiration that can be used to promote change elsewhere. In time, this can become a visible and meaningful way of holding one another to account.
- **Monitor progress as well as outcomes.**
- **Capture the voice of the child and families** and reflect what matters.
- Demonstrate dimensions of **quality**⁶.

It is important to recognise that outside of a research study, it is not possible to definitively attribute changes in the level of child poverty or young people's health and educational outcomes to actions initiated by this strategy. It is still appropriate and important to monitor child poverty statistics, but it is also necessary to look to other types of information that can reflect where progress is and is not being made and how this is being felt in the lives of local families and communities.

1.6 Communications plan to raise the profile of the Child Poverty Strategy.

The initial impetus to develop the child poverty strategy came from a rapid review of child poverty in Sefton in the context of the Coronavirus pandemic. Sefton's local child poverty strategy has been positively received, including by staff from the Institute of Health Equity and the membership of the Cheshire and Merseyside Marmot Communities Steering Group.

On 19 July 2024, a draft report – 'A rapid situational analysis on child and family poverty in Cheshire and Merseyside', prepared by staff from the public health collaborative, Champs, was presented to Directors of Public Health. Sefton's leading work on developing a child poverty strategy and commitment to tackle poverty as a whole system issue, was mentioned in the report and acknowledged at the accompanying workshop.

The Government has recently announced the creation of a new Child Poverty Task Force, led by ministers for education and the department of work and pensions, and a Child Poverty Unit in the Cabinet Office which will begin work on developing a Child Poverty Strategy for England.

This context shows there is an important opportunity to promote and share Sefton's learning and experience of developing a local child poverty strategy at a regional and national level, and potential to influence policy decisions. A summary communications plan for the child poverty

⁶ [Quality in public health: a shared responsibility - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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strategy is included in the appendices of this report and addresses how the Sefton Child Poverty Strategy will be promoted and publicised. Aside from identifying external routes of influence, the plan also covers more operational aspects of communications that are inherent to the delivery of largescale action and change. For example, change-makers must,

- Understand **they can act** on child poverty.
- Know about options for **what they can realistically do**.
- Be **sufficiently motivated** to act.
- **External change-makers** must be able to **access the knowledge and know-how** to select and implement pro-equity, anti-poverty changes in how they work or deliver services. (An element of information self-service e.g., via an online micro-site needs to be supported).
- **Council-based change-makers** must know what tackling child poverty means for their role and day to day work. (Communicating about training and learning options, recognising successes, and supporting change in practice)
- **Everyone, including children and family themselves** must be **able to see (and have others see) how small and bigger changes benefit low-income families and the community more widely**. This 'show and tell' element of communications is important to motivate and sustain new anti-poverty ways of operating.

2. Financial Implications

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

3. Legal Implications

There are no legal implications arising from this report.

4. Corporate Risk Implications

No corporate risk has been identified.

5 Staffing HR Implications

The actions and intentions in this report are intended to be achieved from within the existing resources of the Council and its partners. Implementation of actions to achieve the goals of the Child Poverty Strategy is founded on an assets-based approach.

The strategy proposes changes that are achievable through adjustments in practice stemming from greater awareness of child poverty and simple actions to mitigate impacts.

6 Conclusion

There is a strong case for consolidating the strategy and enabling all departments to take responsibility and action on the issue of child poverty.

Alternative Options Considered and Rejected

An alternative was not considered. The Council's vision and core purpose demonstrate its continued commitment to support the most vulnerable, reduce poverty and its short- and long-term impacts, and to foster prosperity and good prospects for all. Advancing strategic and co-ordinated action on the issue of child poverty is aligned with the Council's responsibilities towards children and has co-benefits across the priorities expressed in our Core Purpose and Council Values

Equality Implications:

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

Impact on Children and Young People:

Set out in full in the report.

Climate Emergency Implications:

The recommendations within this report will have a neutral impact.

There are no direct climate emergency implications arising from this report. However, implementation of Place actions and priorities as set out in the Child Poverty Strategy are considered supportive of the Council's work to reduce the scale and impact of climate change, particularly unequal impacts on health.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7737/24) and the Chief Legal and Democratic Officer (LD.5837/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Local Government Association (LGA) were engaged to review the ongoing development and implementation of the Sefton Child Poverty Strategy, specifically,

- Awareness of the strategy, its purpose, priorities and actions amongst partners
- Commitment from partners to the Strategy and working together to ensure its implementation and delivery
- Understanding what partners are dPage 31port the implementation of the strategy

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- Identifying any opportunities and barriers to successful implementation

The LGA team's findings and recommendations are included in section 1.4 in the main body of this report.

Implementation Date for the Decision :

Immediately following the Committee meeting.

Contact Officer:	Helen Armitage Anna Nygaard
Telephone Number:	07816066317 07971623438
Email Address:	Helen.armitage@sefton.gov.uk Anna.nygaard@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

Summary of communications plan

LGA report

Synopsis of poverty-proofing proposal

Child poverty annual data tracker

Background Papers:

There are no background papers available for inspection.

The Sefton Child Poverty Strategy with supporting documents is published on the Sefton Council website [Sefton Child Poverty Strategy](#).

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Summary of Communications Plan for Child Poverty

July 2024

Introduction

Sefton’s child poverty communications plan sets out how Sefton Council will communicate it’s work around childhood poverty in line with the aims set out in its Child Poverty Strategy. It is a high-level document which covers all key aspects of communications and sets out ambitions for delivery over a phased approach.

The plan covers the key areas of internal and external communications, brand management and promotion, campaign work, consistency, digital communications, stakeholder engagement, research and learning and will include a specific focus on the priority areas we have identified in phase one which will be the focus of our work for the next two years. This will include, education and schools’ communications, culture and leisure communications, charity communications, healthcare and community and is summarised in Table 1 below.

Table 1
Priority work areas identified as ‘Phase 1’

Area of Work	Date
Education & Schools Children’s NE Commissioned Programme	October 24 – October 26
Respiratory Programme	January 24 – March 26
Culture Services Children’s NE Commissioned Programme	Sept 24
VCF Parenting 2000 & Living Well Sefton	April 24 - March 29
Corporate Training Team	TBC
Healthcare Social Prescribing	TBC
Recruitment of Advanced Practitioners – Social Determinants	July 24 Appointment due Jan 25
Creation of Steering Group to Tackle Child Poverty	September - December 24
Sound City Apprenticeships AW to insert date	Date

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Context

In 2021 Sefton Council declared a poverty emergency and in December 2022 published its Child Poverty Strategy. Led by the Council's Public Health team, the Child Poverty Strategy was informed by a broad range of evidence including epidemiology, local insight, national surveys, examples of local child poverty strategies developed elsewhere and a discrete piece of local research, funded by the Cheshire and Merseyside Health and Care Partnership's Marmot Communities Programme. This funding was used to commission a qualitative insight study to capture the voices of individuals with first-hand and near experience of living in poverty.

Over the last two and a half years, three senior level conferences have now taken place and the recommendations from over three hundred delegates have been considered as opportunities to tackle child poverty. The Public Health Team have taken a whole system partnership approach with a focus on asset-based changes that can be initiated and driven by partners working at a local level. It is obvious that a clear and area specific communications plan is now required to support our internal and external communications.

The focus of the strategy crosses three core themes:

- **Pockets** – maximising the financial resources of families on low incomes.
- **Prospects** – improving the life chances of children in poverty.
- **Places** – creating connected, inclusive and distinctive environments where everyone can enjoy the good things in life.

The aims of the strategy are:

- reducing the level of poverty and time spent in poverty now.
- minimising the harmful effects of poverty on educational achievement, health and wellbeing now and later in life.
- Preventing future poverty for today's children and young people.

The Approach

The communications plan describes the consistent, organisation-wide approach the Council will take to tackling the causes and effects, immediate and long-term effects of growing up with poverty and how Sefton Council will communicate this work to a range of audiences. All communication related to Sefton Council's Child Poverty Strategy will have the objective of improving the prospects of children and young people in Sefton affected by poverty. It will build upon our research and understanding of these issues and our work with those people directly affected by them and the sharing of good practice and new ways of working that are shown to make a positive difference.

The plan outlines roles and responsibilities across the Corporate Communications Team, Council staff and partners and the Child Poverty Steering Group and makes clear the support and resource required to deliver the communications for the Child Poverty Strategy.

The plan emphasises that no one organisation can successfully implement the Strategy, therefore endorses the importance of different departments and organisations working together more effectively in key areas such as jobs, skills, housing and health. This work will be coordinated by recruitment of an Advanced Practitioner in Public Health and directed by a multi-agency partnership Child Poverty Steering Group. Communications and marketing, future priority setting, performance management and evaluation will be managed within this group and all liaison with Sefton's Corporate Communications Team will be coordinated through this route. Creation of a Steering Group with appropriate governance will ensure communications are coordinated and on message. The Steering Group will also be responsible to capture what has been delivered and achieved as a direct result of the Strategy and how it will act as an influencer and driver for change for doing things differently.

A strong brand will support additional resources funding and investment, recruitment and retention, as well as providing reassurance to staff and the wider community about the Council's commitment to tackle child poverty. Through this communications plan, we will outline the approach to raising the profile of child poverty and position Sefton as a local centre of learning and best practice, a nationally leading Council, and as a trusted voice that challenges child poverty both regionally and nationally.

We will work to ensure that all interactions with both the Council and our Sefton partners whether as resident, family member, visitor, stakeholder or staff member ensures child poverty remains central to our work through a focus on the different communication channels including printed materials, the Council environment, support information, the recruitment

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process, digital media including the Council website, social media and staff intranet. We will work with teams across the borough to improve processes and outputs where possible through communications – for example, the recruitment and retention journey, resident communications, and the Council experience.

Evaluation

This plan will be supported by an additional phased and specific delivery plan which will specify the detailed approach to achieving the objectives and goals identified within this document. As an internal document, the delivery plan will be reviewed on a biannual basis to ensure it remains current and aligned with the changing landscape and needs of the Council. It will be measured against its objectives and qualitative and quantitative metrics.

Communications will be a standing item for the Steering Group and will include key metrics around external and internal communications, social media and digital as well as regular updates to Sefton Council's Executive Director, Health and Wellbeing Board and Cabinet Member for Health and Wellbeing.

It is recommended that these processes are continued, with additional evaluation metrics identified and reported on, dependent on further work around key objectives and deliverables.

Sefton

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Espoke support – Development and implementation of the Sefton
Child Anti-poverty Strategy

April – June 2024

Marcus Warnes, Andrea Fallon and Colin Maclean – LGA Associates

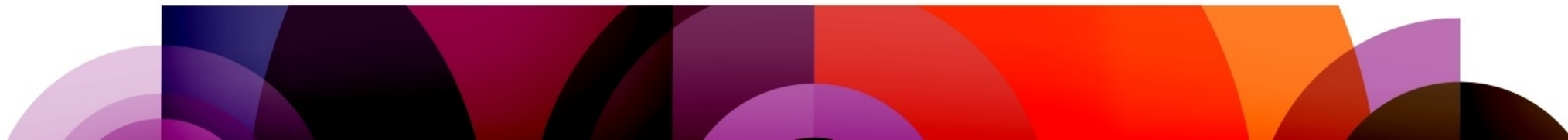
Approach

- The scope agreed for bespoke support to Sefton MBC and partners is to review the ongoing development and implementation of the Sefton Child Anti-poverty Strategy, specifically:
 - Awareness of the Strategy, its purpose, priorities and actions amongst partners
 - Commitment from partners to the Strategy and working together to ensure its implementation and delivery
 - Understanding what partners are doing to support the implementation of the Strategy
 - Identifying any opportunities and barriers to successful implementation
- We held non-attributable conversations with leaders and other key stakeholders
- We agreed to provide initial feedback to senior executives
- We agreed to provide a final report and feedback a presentation containing key messages, areas for consideration and next steps



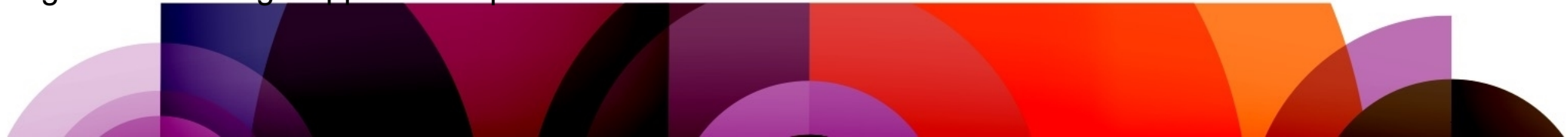
Key Messages

- Everyone we spoke to was aware of the Strategy, its priorities and principles. People recognised that poverty is complex and multi-faceted, but the strategy has a lot in it, and it may be beneficial to initially focus on the priorities that would deliver the greatest benefit to children in poverty.
- People said they were committed to tackling child poverty and to implementing the Strategy. However, the level of commitment varied and more could be done taking a whole system approach with partners to align planning, decision making and investment with the Strategy.
- It is not clear where leadership of the Strategy sits. Some felt that it is a corporate responsibility, others that the Council's public health team was best placed to lead and coordinate delivery. Most people were unable to say what had been delivered and achieved as a direct result of the Strategy. Is it a compendium of existing activity, or a catalyst for new initiatives to tackle child poverty? Some said this didn't matter, that the Strategy should influence as a driver for change and doing things differently. Others wanted a delivery plan with actions, metrics and performance reports.
- People recognised that no one organisation can successfully implement the Strategy. Whilst many were acutely aware of the constraints posed by national policy and funding restrictions, they identified opportunities for the Council and its partners to work together more effectively in key areas such as jobs, skills, housing and health.
- People were very positive about the work done in raising awareness of the Strategy, most notably the network conferences, but more could be done to directly engage with people living in poverty.



Awareness of the Strategy

- Most people both within and external to the Council said they are aware of the Strategy and understood its purpose. We heard a consistent articulation of its priorities and principles and examples of where different Council departments are responsible for the delivery of actions. We heard support for the public health team and their leadership in developing the Strategy.
- Several people said that the Strategy recognised that poverty is complex and multi-faceted, but consequently there is a lot in it with too many priorities. It might benefit from a focus on those that would deliver the most impactful and tangible benefits to children and their families.
- People generally recognised that the Strategy is very ambitious, intentionally given the scale of the challenge. Also, that strategies had sometimes been developed in silos and this Strategy needed to cut across and be embedded in organisations' core business if it was to make a difference and deliver change.
- We heard that the focus on pockets, prospects and places sought to avoid stigmatising and blaming people for being in or at risk of poverty, instead demonstrating a commitment to developing pathways out of poverty into employment, education, skills and training.
- Many people said that the priorities were well-evidenced, had benefitted from extensive consultation and had been well-communicated amongst partners and communities. However, others said that careful consideration should be given as to what is communicated to whom and why, as high-level strategy will have no relevance to those most affected by poverty and we need to demonstrate the difference it is making.
- We heard from some that there needs to be a greater connection between the Strategy and children's services, which are rated inadequate, and the children's improvement plan. The work to improve children's services is seen as somewhat separate, understandably focussed on immediate improvements and would benefit from a longer-term strategic approach to prevention.



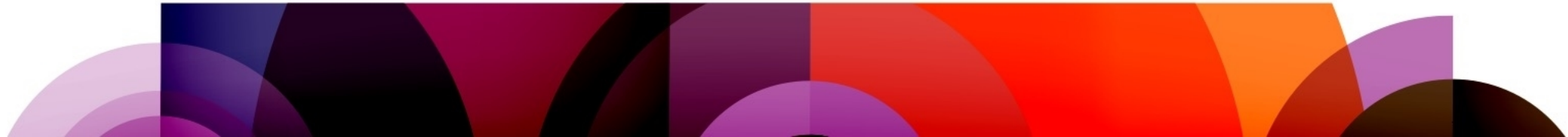
Commitment to the Strategy

- We heard clear commitment to tackling child poverty from people and organisations, and that the Strategy is integral to that. However, we heard that commitment varied across and within sectors and that the links to it are not always made when planning and investment decisions are made, children's services being an area mentioned by some people. Also, that more needs to be done to capture activity and local interventions making a difference, e.g. third sector initiatives around warm spaces, food security and the cost of living; schools around free meals and clothing.
- We heard that many partners are very committed to the Strategy and its implementation. The Council's Corporate Plan is being refreshed, the Strategy and its priorities will be embedded within it and reflected in executive's objectives and responsibilities. The ICB has protected its inequalities funding and is investing in line with local priorities in Sefton.
- We were given examples of work across partners, departments and portfolios to a joined-up approach to tackling immediate issues and longer-term strategy, and its impact on core business, e.g. action with partners to address air quality and damp and mould in houses and the consequent respiratory conditions and illness; PCN primary care hubs. Some people questioned where the leadership of the Strategy is coming from. We heard that whilst child poverty is everyone's business, someone needs to lead on it, coordinating delivery and reporting on progress. Some saw this as the responsibility of the public health team. Others that this was a shared, corporate leadership responsibility of executives. Others that this sits with elected members, specifically cabinet members and portfolio holders, ensuring linkages across jobs, training, education, housing, etc. Some people suggested that it should sit with the DCS and be closely linked to the children services improvement plan, to raise its profile and embed it in core services.
- We were told by some that recent changes in political leadership could impact commitment from the Council. Others that elected members remain committed, tackling child poverty was at the heart of Council decision making and that the changes present an opportunity to refresh that commitment and relaunch the Strategy.



Action to support implementation

- Whilst we heard that the Strategy and approach to tackling child poverty is widely supported, some people questioned whether anyone was doing anything different as a result. We heard very few examples of actions taken as a direct result of the Strategy.
- Some people said that existing activity and initiatives had largely been rebranded and presented in line with the Strategy. That the Strategy has become a compendium of existing activity rather than the Strategy being a driver of change resulting in new, impactful initiatives. For example, that initiatives aimed at getting people into employment would have happened with or without the Strategy. Likewise, the development of integrated care teams in the PCNs.
- Some people questioned whether this mattered, as rather than delivering specific, new actions, the Strategy is about doing things differently, influencing through its priorities and principles, ensuring they were considered when setting policy, making decisions and committing investment, e.g. refresh of the Council's housing strategy.
- Other people did want a specific action plan for the Strategy that was performance managed, with a delivery dashboard of key output and outcome metrics that is reported to the Council and partners.
- We heard that while the Strategy was well-understood, it could have more impact and influence, acting as a vehicle to challenge the Council and its partners around 'are we doing enough and what more could we do?'
- Most people are clear that the Council can't deliver the Strategy on its own and while some areas were more within its control, e.g. social care, housing, planning and economic development, other areas such as health were not, and the contribution of partners is key to implementation and delivery.
- We heard examples where this is happening, such as collaboration with health partners to identify children and families in or at risk of poverty, a social prescriber to address housing issues, and early intervention to support people to stay away from the front door rather than escalating through pathways into services and long-term care.



Action to support implementation (cont.)

- We heard support for the development of a child poverty unit, led by the public health team, with a post in the VCSE, as some thought partners need to do more to support the implementation of the Strategy. The public health team is small, and we were told that the approach to date has been somewhat piecemeal given competing priorities.
- Some felt there should be more interaction with schools as anchor institutions, whilst being mindful about how much they can sustainably commit in terms of capacity and resource. We were told that support is offered by multi-disciplinary teams working with clusters of schools. Family hubs were also mentioned by several people, delivering one stop services, signposting and referrals to debt, food and family law advice. Both services could be better aligned with the Strategy, as well as collecting data and reporting on outcomes that contribute to its priorities.
- We heard general support for 'poverty-proofing', but more needs to be done to ensure there is a shared understanding across partners.
- Some people said that whilst communication and celebrating achievements is important, more important was that ward councillors and front-line staff are advocates for the Strategy and develop and maintain ongoing conversations with local people and communities to support implementation. We heard that the VCSE sector is key to this with their existing networks and links with communities and service and support offers.
- We heard that NHS organisations were very involved in the Sefton Partnership and a lot of work has gone into understanding the needs of children and families in poverty and working with partners to integrate and tailor services to better meet their needs.



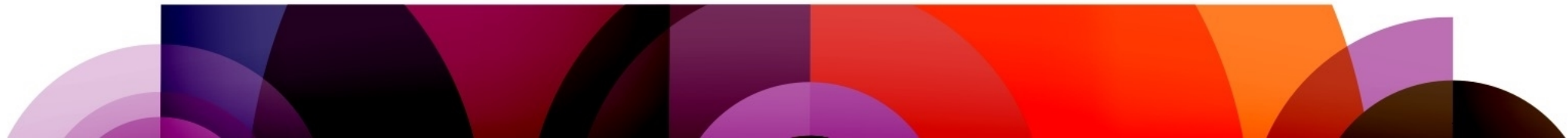
Opportunities and barriers

- We heard that there are wide-ranging opportunities for the Strategy, its priorities and principles to influence and shape initiatives and investments, even if this wasn't explicit in its action plan or a direct consequence of the Strategy.
- People said that the Strategy has been used to influence the Children and Young People Partnership with child poverty as one of the five priorities in its plan. Partners are actively considering what more they can do to support implementation of the Strategy, e.g. understanding why people do not engage with services or access appointments and assessments due to factors such as the cost of transport and providing outreach services as alternatives.
- We heard about opportunities in health and care, making connections with child poverty priorities, such as tackling poor air quality which disproportionately impacts disadvantaged communities with a higher incidence of children living in or at risk of poverty.

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We heard about opportunities to influence the City Region around job creation and skills development, e.g. garnering support for Sefton's Cradle to Career initiative, which is hyperlocal and focussed on developing skills in target wards in line with the Strategy.

- Some people said that the Council and its partners could do more to listen to the people most impacted by child poverty, using a 'you said, we did' approach to communicate progress and impact. This could engender greater involvement that could inform the development of the Strategy and Council's Corporate Plan, and those of partners.
- The network conferences were cited as examples of where this is happening and should continue, raising the profile of child poverty and the Strategy amongst residents, staff and partners, and actions agreed as a result.
- Most people said that action to tackle child poverty was constrained by budgets, investment and cuts in public spending, e.g. 75% of the Council's budget now goes on adults and children's social care, leaving less to invest in employment, skills and other areas that would have a real impact on developing routes out of poverty.



Opportunities and barriers (cont.)

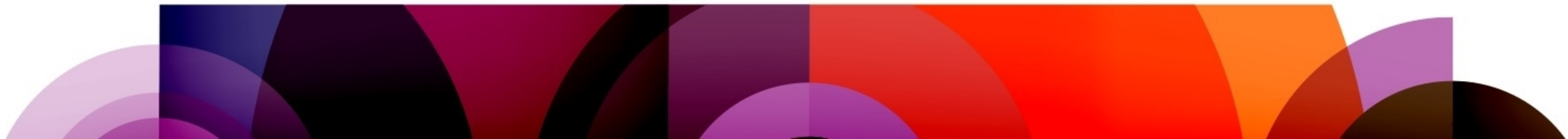
- We heard that there are untapped opportunities to develop a greater role for the VCSE. This could be through better alignment of pathways into services and integrated care using asset-based approaches. We were told that more localised pilots to understand the impact and illustrate benefits of interventions, along with examining how work around families supports anti-poverty outcomes would add value. The use of external grants accessible only to the VCSE to match and maximise the impact of public sector funding was cited as a missed opportunity. People said that some VCSE contracts were relatively dated and a review of how the VCSE is commissioned in line with the strategy was due.
- People are clear that this needs to be a long-term Strategy. We heard that more could be done to engage partners to ensure a whole system approach, to embed the Strategy's priorities and principles and better align partners' strategies, plans and core business with the Strategy. This would help facilitate the bold steps required to change cultures and shift investment to drive sustainable improvements and change for children living in or at risk of poverty. We heard about the crucial role that high quality, affordable housing plays in tackling child poverty. Also, that whilst many of the barriers to meeting housing demand result from national policy, people said that the Council re-entering the social housing market as a provider is important and will help to replace lost privately rented supply. Working closely with people in poverty impacted by poor housing quality and supply to better understand and meet their needs provide a tremendous opportunity to effect change and positively impact their day-to-day experience.
- The role of ward councillors, front-line services, workers and volunteers is seen by some as a clear opportunity to implement the Strategy and understand its impact. We heard that using workforce development to support new roles and making ways of working more sensitive and supportive of children and families in poverty is important, e.g. participation workers, connector posts, local community panels and the use of community assets (services and buildings).



Areas for further consideration

From the conversations we have had, we suggest you:

- Agree which priorities will have the biggest impact on children living in poverty and should provide the focus for partners over the next few years.
 - Decide who is best placed to lead on the continued development, coordination and implementation of the Strategy and provide the necessary resources and support for them to do so.
- Consider whether the Strategy should be more of an overarching document, aligning strategy, influencing and shaping policy and activity, and driving change through doing things differently; Or, whilst not mutually exclusive, consider whether the Strategy needs a delivery plan with clear actions, initiatives, targets, outcomes and performance reports to assess impact.
- Identify how people experiencing or at risk of child poverty could be more effectively engaged and involved in the Strategy, so their experience and insight can be utilised to develop and target interventions and assess impact.
 - Continue with the pockets, prospects and place network conferences on a regular basis, using them to report on progress, maintain momentum, nurture engagement, review the Strategy and ensure efforts to tackle child poverty remain aligned and visible to partners and residents.



Next Steps

- Feedback to the public health team
- Wider sharing of our initial feedback, e.g. with execs, cabinet/elected members and other stakeholders
- Discuss with the LGA any further support that may be required once the report has been shared



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Outline of Poverty Proofing© audit and improvement activity in Sefton educational and cultural settings in partnership with Children North East

1. Purpose

The purpose of this paper is to outline a 2-year programme of Poverty Proofing© audit and improvement in Sefton educational and cultural settings, which has been funded by Public Health and commissioned from Children North East (CNE).¹

2. Strategic context

Sefton Child Poverty Strategy

The strategy has a time horizon up to 2030. Currently, activity is moving from the inception and launch stage to creating the policy and practice conditions for delivery within and close to the Council, and increasingly more widely. Three very successful conference/learning events have helped to cultivate interest, and a sense of common purpose around tackling child poverty. It is essential that this momentum should not be lost. Poverty Proofing© schools is an ideal exemplar of hands-on, sector-led change to introduce now.

The concept of poverty proofing© is included under the **Pockets pillar** of the Sefton Child Poverty Strategy² (maximising financial resources of families on low incomes) and **the Prospects pillar** (improving the life chances of children in poverty), which prioritises,

‘Poverty-proofing the way that education, training, and employment opportunities are resourced, designed, and delivered – striving for equity.’

Specific actions suggested by stakeholders which are now included in the strategy are:

- Conduct a Poverty Proofing© audit to ensure that the design and delivery of services and support minimises hidden barriers to participation and maximises benefits.
- Develop and/or adopt a simple framework to help organisations Poverty Proof© design and delivery of services and support.

Education Excellence Strategy

A priority in the strategy is sharpening the focus on disadvantaged pupils including those children living in poverty. The relevance of child poverty is the negative impact it has on pupils’ educational attainment, their wider wellbeing, and their future life chances.

Sefton schools are at the forefront of the cost-of-living crisis and do support children and their families. Adopting a Poverty Proofing© approach to the school day provides a structured way to further minimise school costs for families and increase pupil participation in all aspects of school life.

3. Local need

A briefing on local need supplied to the CNE included the data below, which shows that in 2022 Sefton had larger disadvantage gaps than most local authorities at Key Stage 4 and at age 16-19, and that increases since 2019 were in the middle of the range compared to other LAs in England. One of the largest increases in learning gap at Early Years Foundation Stage since 2019, means that Sefton now has the third largest disadvantage gaps in England (6.8 months) at the end of reception. The

¹ [Poverty Proofing© Services - Children North East \(children-ne.org.uk\)](https://www.children-ne.org.uk/poverty-proofing-services)

² [Childhood Poverty Strategy 2022 \(sefton.gov.uk\)](https://www.sefton.gov.uk/childhood-poverty-strategy-2022)

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compound increase from a 6.8mths learning lag at age 5 to almost two years at age 16 is striking and concerning.

Data published by the Education Policy Institute³ in 2023 compares the attainment of disadvantaged pupils in English local authorities to the attainment of non-disadvantaged pupils nationally and expressing the difference in months of learning or grade points.

Educational stage	Disadvantage gap England, 2022	Disadvantage gap Sefton, 2022	Change in disadvantage gap since 2019, Sefton
Early Years Foundation Stage – end of reception	4.8mths	6.8mths 3 rd largest in England	+2.4mths 2 nd largest change in England
Key stage 2 – end of primary school	10.3mths	10.7mths Mid-ranking gap	+1.0mth Mid-ranking change
Key stage 4 – end of GCSEs	18.8mths	21.8mths Upper third of England LA figures	0.6mth Mid-ranking change
16-19 years education	3.5 grades	4.5 grades Upper third of England LA figures	0.1 grade Mid-ranking change

4. Schools programme outline

The ambition is for all schools in Sefton to participate in Poverty Proofing© audit and to change areas of policy and practice with scope for anti-poverty improvement. The expectation is that in the first round of audit (year one of two) schools would be self-selecting based on prior uptake of the universal learning offer.

Discussions with CNE have concluded that a planned approach focusing on schools and allowing time for consolidation and evaluation would give the best basis upon which to consider scope to extend the programme into other settings, e.g. pre-school/nursery, SEND settings, further education, and family Hubs.

Universal Offer: A calendar of short webinars at convenient times, e.g. lunch hour, evening, and weekend so that interested staff from schools and the Council Education team can learn about child poverty and the concept of Poverty Proofing©. Online Poverty Awareness Training lasting 1 hours 15 minutes will be delivered remotely online by Children North East.

There will be three key touch points each year with 5 dates scheduled at varying times per topic. There will be a focus on celebrating successes and looking to recruit for next round of five schools. This can be delivered alongside the delivery partner model which uses train the trainer methodology (see below).

The three topics covered in the universal training offer will be:

1. **Poverty awareness raising:** a brief introduction to the themes explored in the full Staff Training delivered in participating schools. Themes: definitions of poverty, causes and consequences of poverty, starting to think about Poverty Proofing© and inadvertent barriers that may be in education settings.

³ [Local authority gaps - Education Policy Institute \(epi.org.uk\)](https://www.epi.org.uk)

2. **Disseminating common themes** arising from the early schools' audits, discussing place specific challenges and co-creating some solutions. Staff will be given some key questions to think about. Examples of impact and promising practice will also be highlighted and shared.
3. **Reflection and What next?** – a session that will including speakers from settings where Poverty Proofing© has been delivered (where possible), sharing of promising practice, celebrations of impact that is already being seen in the different settings as well as discussions around considerations for the future.

Delivery Partner Model for schools undertaking Poverty Proofing audit and improvement activity

This begins with a **'pilot' stage**, which covers six schools. There are four elements to the schools' delivery partner model:

1. A two-day 'Train the Trainer' workshop for up to 15 staff.
2. Model of the first audit at a secondary school led by CNE staff.
3. The trained team completes five subsequent audits between them at one another's schools with support and quality assurance from CNE.
4. A review from CNE to explore common themes, impact, and future work.

There are two types of school audit, a full and an abridged version. The **abridged version** covers six areas, uses staff survey, focus groups and 1:1s with parents and governors but does not involve speaking to all pupils. One staff member in the role of delivery partner can complete information gathering in 3-5 days. Given, the competing demands on staff time and other resources in schools, our preference is to use the abridged version in this instance.

Once the pilot stage is complete, trained staff can then deliver Poverty Proofing the School Day abridged audits in other schools at a cost of **£350+VAT** per audit per school. This covers the licence fee and remote support from CNE.

5. Anticipated outputs, outcomes, impact

A logic model for the Prospects theme (appendix) has helped to identify that a Poverty Proofed© school day should,

- Reduce barriers to participation in education and curriculum enrichment activity, with greater benefit for more disadvantaged children.
- Ensure greater poverty awareness for staff and settings.
- Produce poverty sensitive policies and procedures that promote systematic change.
- Reduce stigma experienced by parents and carers and help to build trust by delivering more of the right support, earlier, more accessibly, and with greater impact.
- Minimise school costs for families, parents, and carers.
- Give parents and children a more positive experience of school.
- Stimulate cross-sector collaboration centred on the voice and lived experience of children and young people.
- Targeting of funding at school and local authority level

The reality of change can be assessed for the above using quantitative output measures, e.g. change in uptake of opportunities amongst children eligible for free school meals, as well as qualitative information, e.g. changes in school processes and procedures, and changes in beliefs and experiences reported by those directly involved.

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The sum of these changes is anticipated to favour two key outcomes – the first in the near-term (in-year) and one medium-term (across years):

- Reduction in persistent absence.
- Improved educational attainment and reduction in attainment gap.

In turn, these outcomes weaken the negative effects of childhood poverty on more distant impacts, e.g. better future earning potential and long-term health, thus helping to break cycles of persistent disadvantage and deprivation.

Some possible benefits in the wider system have already been identified. For example, the opportunity to strengthen bridging relationships between different types of educational settings, or between schools in affluent and disadvantaged areas. It is also possible that the experience and benefits of this programme can be used to spark interest in other sectors and help to demystify the process of overcoming inequalities by using practical, everyday changes.

6. Poverty Proofing© arts and culture organisations

Development of a new Cultural Strategy for Sefton provides a good opportunity to review opportunities for Poverty Proofing in Arts, Culture, and events services. Alongside Children North East’s work with schools, there are also dedicated programmes for health and care settings⁴ and cultural organisations.⁵ Discussions with CNE and the relevant localities manager in Sefton have been positive, but further work is needed to finalise a setting/s.

7. Procurement, cost, and monitoring

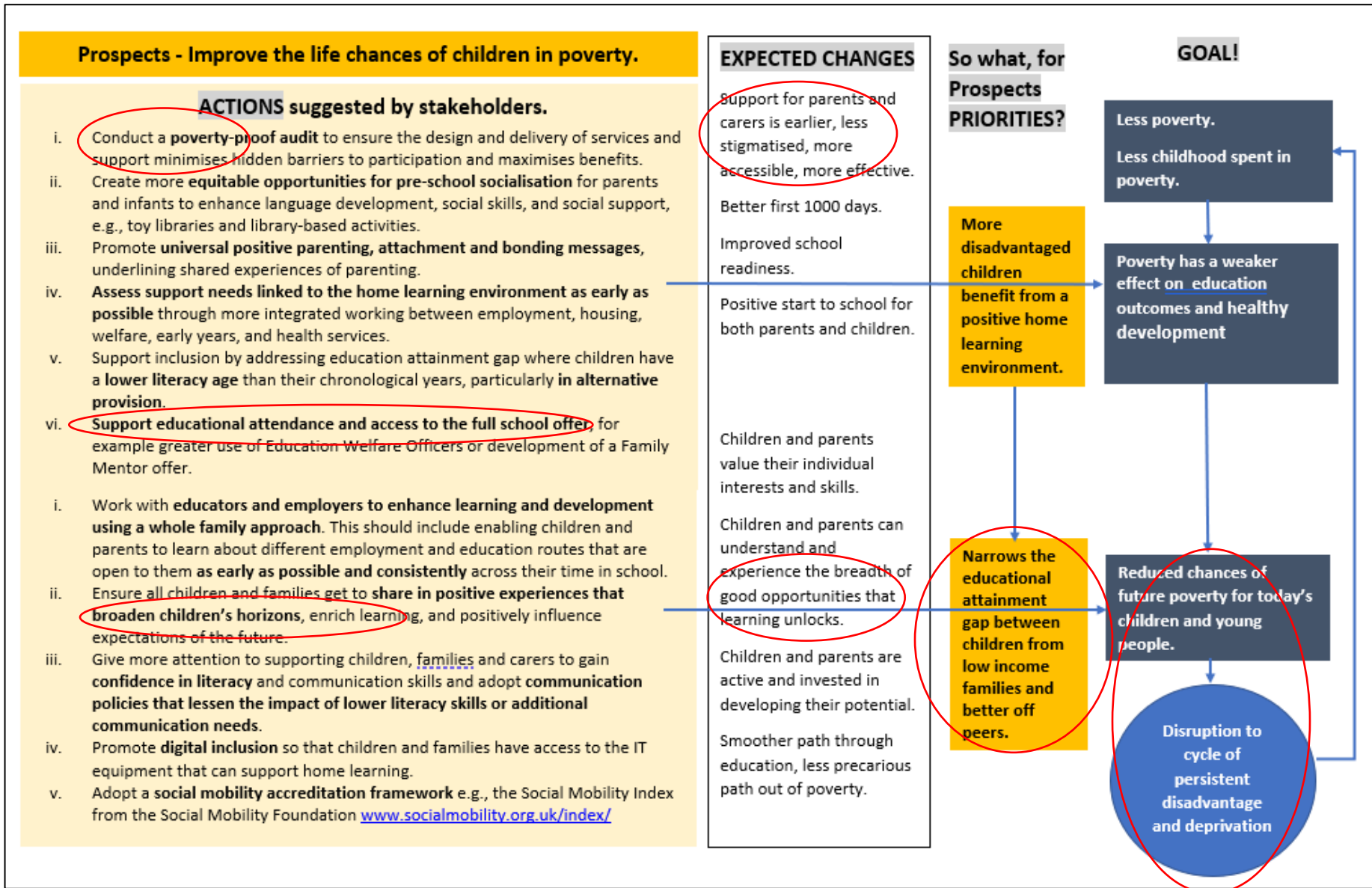
A two-year programme of work in schools and cultural settings has been procured from CNE at a combined cost of £50 000. In line with current Contract Procedure Rules - recognising the value of the contract and status of Children North East as sole provider of this type of service, this has been arranged using a waiver process. Funding for the initial outline programme described in this report will be provided by Public Health. This will enable procurement of expert time and resources from CNE. Costs in kind by way of Council and school staff time are set out or implied by the information in this report

Elected Members and system partners will be updated and informed using Cabinet Member briefings. Formal reporting and scrutiny will be to the Children’s Board and Health and Wellbeing Board.

⁴ [Poverty Proofing© Healthcare - Children North East \(children-ne.org.uk\)](https://www.children-ne.org.uk/poverty-proofing-healthcare)

⁵ [Poverty Proofing© Culture - Children North East \(children-ne.org.uk\)](https://www.children-ne.org.uk/poverty-proofing-culture)

Appendix one: Sefton child poverty model in outline and annotated logic model for the Prospects theme



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INDICATORS Pockets Prospects Places									
Indicator mapped to strategic priorities identified in the Sefton Child Poverty Strategy	Latest statistic (RAG compares to England)	3-Year trend	Baseline date	2018/19 (2018)	2019/20 (2019)	2020/21 (2020) COVID	2021/22 (2021) COVID	2022/23 (2022) CP STRAT LAUNCH	2023/24 (2023) Year One
Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development) 2020	82.70	Stable	2018/19	83.20	87.30	82.70			
Percentage of children(no FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022	65.50	Worse	2018	74.00	72.00			65.50	
Percentage of children(FSM) achieving a good level of development at the end of Early Years Foundation Stage (Reception) 2022	41.60	Worse	2018	52.00	54.00			41.60	
Average Attainment 8 score (no FSM) 2022	48.20	Stable	2018	47.00	46.3	49.90	52.20	48.20	
Average Attainment 8 score (FSM) 2022	35.00	Stable	2018	32.00	32.20	35.60	36.70	35.00	
Percentage of 16-17 year-olds NEET 2021	3.10	Better	2018	3.80	3.50	3.50	3.10		
Percentage unemployed (aged 16-64 years) 2022	4.10	Worse	2018	3.00	2.20	2.20	3.40	4.10	
Median pre-tax weekly earnings (£) 2023	513.20	Better	2018	402.70	434.40	435.40	445.40	470.50	513.20
Percentage of employees who are employed on a non-permanent contract 2021	3.60	Stable	2018	5.00	4.70	2.10	3.60		
Percentage of employees earning below real living wage 2022	14.00	Better	2018	32.90	27.50	27.50	20.00	14.00	
Percentage of children in workless households (dependent children) 2021	4.50	Better	2018	13.50	11.20	7.10	4.50		
Percentage of under 16s in relative poverty, before housing costs 2022	21.00	Worse	2020/21				18.20	21.00	
Percentage of pupils with social, emotional and mental health needs 2022	3.20	Worse	2018/19	2.00	2.40	2.60	2.90	3.20	
Percentage of population living in the 20% most unhealthy environments (Access to Healthy Assets and Hazards Index) 2022	22.90	Stable	2022					22.90	
Food insecurity (indirect measure) Percentage of population who live in LSOAs scored in the top 20% for risk of food insecurity nationally on the Food Insecurity Risk Index 2021	26.50	Unknown	2021				26.50		
Crude rate per 10 000 of children under 18 in care 2022	114.00	Stable	2018/19	99.00	107.00	116.00	112.00	114.00	
Pupil absence age 5-15 years (%) 2022	7.90	Worse	2010/11	4.9	5.0	5.0	8.0	7.9	
Crude rate per 1000 of households with dependent children owed a duty under homelessness act 2022	7.50	Worse	2019/20		7.4	3.6	4.5	7.5	
Crude rate per 1000 households in temporary accommodation 2022	0.50	Stable	2019/20		0.2	0.4	0.3	0.5	
Thriving places index local conditions composite score 2022	4.94	Stable	2018	4.45	4.93	4.68	4.73	4.94	
Thriving places index participation score 2022	6.46	Better	2018	5.03	4.79	4.81	4.96	6.46	

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Report Title: Public Health Annual Report – Children’s Immunisations

Date of meeting:	11 th September 2024		
Report to:	Health and Wellbeing Board		
Report of:	Director of Public Health		
Portfolio:	Health and Wellbeing		
Wards affected:	All		
Is this a key decision:	No	Included in Forward Plan:	Yes
Exempt/confidential report:	No		

Summary:

To inform the Health and Wellbeing Board about the 2023/24 Public Health Annual Report microsite on childhood immunisations in Sefton.

A draft version of the microsite will be available to view at the meeting.

Recommendation(s):

For the Health and Wellbeing Board to:

1. To provide any feedback ahead of the launch of the microsite.
2. To support collaborative work and identify key stakeholders that should be included in the task and finish group.

A draft version of the microsite will be available to view at the meeting

1. The Rationale and Evidence for the Recommendations

Currently in Cheshire and Merseyside children’s vaccinations are commissioned by NHS England Screening and Immunisations team and are delivered via general practice, schools immunisations teams, and through other ad-hoc routes such as community pharmacies and via the Living Well Bus service commissioned by the ICB and delivered by Cheshire and Wirral Partnerships NHS Trust.

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The local authority has a role in seeking assurance around the quality and equity of coverage of the childhood immunisations offer via the statutory duties of the Director in Public Health. The Sefton Health Protection Forum fulfils this role, and through the work of this forum childhood immunisations has been identified as a priority area for collaborative action.

Childhood vaccination rates have started to recover following a period of reduced uptake during the COVID-19 pandemic. However, despite catch-up programmes, there has been an increasing inequality in vaccine uptake, which could mean some of the most vulnerable children and young people are susceptible to vaccine preventable illnesses.

Over the last year the health protection forum has identified several risks within Sefton associated with sub-optimal vaccination uptakes. This includes the recent national and regional increases in Measles and Whooping Cough. In response to this several initiatives have been delivered to increase local childhood vaccination uptake.

Childhood Immunisations in Sefton Microsite

The 2023/24 Public Health Annual Report covers the topic of children's immunisations in Sefton. The report will use a web-based microsite to produce an interactive multimedia resource designed to be used by both people who live and work in Sefton.

The resource will make use of a series of short videos produced by Sefton Council Communications team and will provide information and advice around vaccinations, through work undertaken with experts in the region.

The report includes information on

- how vaccinations have been developed
- why they are important
- what the challenges are for delivery of programmes in Sefton
- what have we done in Sefton to support uptake and access to the childhood vaccination programme
- what we plan to do next (recommendations)

The microsite is due to go live in October 2024 - and will be regularly updated so that activity and up to date information can be added to the site throughout the year.

Development of microsite

The childhood vaccination microsite will include information on work that has taken place recently, to improve vaccine uptake and address health inequalities, as well as being able to provide updates and progress on work taking place as an output of the immunisations task and finish group.

The report recommendations will be developed and monitored through the health protection forum. With the website supporting an iterative process, and updates being added as progress is made.

A draft version of the microsite will be available to view at the meeting.

Report recommendations

Recognising the importance of working together to support uptake of the childhood vaccination programme, the key recommendations that we think will help support this work are:

1. Utilise the functions of the Sefton Health Protection Forum to review childhood immunisation uptake in Sefton, identifying trends and areas for further focus, through utilising a spotlight session to focus on the programmes in more depth at least once each year.
2. Set up a Health Protection Forum Sub-Group for immunisations which includes wider partners, to develop and support work to address barriers to accessing immunisations for children in Sefton, including ways we can tailor our offer for underserved communities.
3. Build collaboration with academic partners so that evidence around improving vaccination uptake can be translated into local action.
4. Support partners in Sefton who work with pregnant women, children, young people and their families, so that they have access to the latest information on the childhood vaccination programme so that we can support parents, care givers and young people to make informed decisions about vaccinations.

These recommendations will be developed through work with the Health Protection Forum and with wider system partners via the immunisations sub-group

2. Financial Implications

The report microsite does not include any recommendations with financial implications.

3. Legal Implications

The report microsite does not include any recommendations with legal implications.

4. Corporate Risk Implications

The report microsite does not have any recommendations with corporate risk implications.

5 Staffing HR Implications

There are no staffing implications.

6 Conclusion

Alternative Options Considered and Rejected

Not applicable

Equality Implications:

The equality Implications have been identified and mitigated.

The microsite is designed to be a source of information for people who live and work in Sefton. The accessibility of the information on the microsite is being reviewed in line with Sefton's accessibility policy.

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Impact on Children and Young People:

The content of the report microsite is designed to provide a resource around childhood immunisations which can support decision making about vaccinations for parents, carers and young people. The report recommendations also provide a platform for looking at ways we can work as a system to improve access to and uptake of vaccinations in Sefton.

Climate Emergency Implications:

The recommendations within this report will have a Positive / Neutral / Negative impact.

There are no overall climate impacts in relation to the public health microsite.

Contact the Energy and Environmental Management Team when the proposal;

1. has a spend above one million pounds; or
2. identifies negative impacts which cannot be mitigated; or
3. is likely to have a high climate change impact – including
 - construction project - new build, rebuild, refurbishment, retrofit and demolition proposals
 - proposals which relate to business travel and staff commuting, for example, fleet vehicles and agile working
 - proposals which involve loss of green space, habitat or flood plain.)

For more information contact Gillian.Birmingham@sefton.gov.uk or stephanie.jukes@sefton.gov.uk (tel. 0151 934 4552).

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Services and Commercial (FD.7767/24) and the Chief Legal and Democratic Officer (LD.5867/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The microsite content has been developed in collaboration with a range of partners from the local health system. The ongoing work on this topic which will be updated on to the microsite, will include consultation with wider stakeholders, via the Sefton Health Protection Forum network.

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Appendices:

There are no appendices to this report.