

Sefton Council



COUNCIL SUMMONS

To Members of the Metropolitan Borough Council

Dear Councillor

You are requested to attend a Meeting of the Sefton Metropolitan Borough Council to be held on **Thursday 23rd April, 2015 at 6.30 pm at the Town Hall, Southport** to transact the business set out on the agenda overleaf.

Yours sincerely,



Chief Executive

Town Hall,
Southport

Wednesday 15 April 2015

Please contact Steve Pearce, Democratic Services Manager
on 0151 934 2046 or e-mail steve.pearce@sefton.gov.uk

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.

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A G E N D A

1. Apologies for Absence

2. Declarations of Interest

Members are requested to give notice of any disclosable pecuniary interest, which is not already included in their Register of Members' Interests and the nature of that interest, relating to any item on the agenda in accordance with the Members Code of Conduct, before leaving the meeting room during the discussion on that particular item.

3. Minutes of Previous Meeting

(Pages 7 - 22)

Minutes of the meeting held on 5 March 2015

4. Mayor's Communications

Public Session

5. Matters Raised by the Public

(Pages 23 -
24)

To deal with matters raised by members of the public resident within the Borough, of which notice has been given in accordance with the procedures relating to public questions, motions or petitions set out in Paragraph 36 to 46 of the Council and Committee Procedure Rules in Chapter 4 of the Council Constitution.

The details of a public petition received are set out in the attached note.

Council Business Session

6. Questions Raised by Members of the Council

To receive and consider questions to Cabinet Members, Chairs of Committees or Spokespersons for any of the Joint Authorities upon any matter within their portfolio/area of responsibility, of which notice has been given by Members of the Council in accordance with Paragraph 48 to 50 of the Council and Committee Procedure Rules, set out in Chapter 4 of the Council Constitution.

7. Public Health Annual Report 2014

(Pages 25 -
74)

Report of the Director of Public Health

8. Whistleblowing Policy and Constitutional Amendments

(Pages 75 -
88)

Report of the Director of Corporate Services

9. Membership of Committees 2014/15

To consider any changes to the Membership of any committees etc.

10. Notice of Motion Submitted by Councillor Hardy

To consider the following Motion submitted by Councillor Hardy:

1. The Council resolves to write to the Secretary of State for Environment, Food and Rural Affairs expressing the concern of the Council at both current charges and proposed further water service charges affecting Sefton Council.
2. The Council asks the Secretary of State to note that surface water highway drainage charges applied by United Utilities to local authorities are already charged at the highest rates in England and Wales. Her attention is drawn to United Utilities proposing to phase-in new and further charges for Council premises and open spaces from April 2016 at a time when this Council has sustained prolonged and unprecedented reductions in budget.
3. The Secretary of State is also asked to note the significant difference between what Council's within the United Utilities region are charged and what level of water service charges are applied to local authorities by all other water and sewerage companies in other regions. The following examples are noted:
 - Department for Education Consistent Financial Reporting data shows that in 2012/13, schools in the North West region paid a total of £27 million for water/sewerage, whereas schools in the South East paid £11 million. Both regions roughly have similar numbers of schools and pupils yet an extra £16 million of added charges are applied in our region.
 - United Utilities have indicated intent to phase in added charges to the six Greater Merseyside local authorities of £2,430,000 from April 2016. No other district outside the North West will face such extensive additional charging.
4. The Council calls upon the Secretary of State for Environment, Food and Rural Affairs to commission an independent review of the differing scale of charges facing public sector services for water and sewerage services, similar in scope to the 2009 Walker Review of household charging and they are

asked to revise guidance on concessionary schemes that relate to Section 43 of the Flood & Water Management Act 2010 to make clear that community assets managed by local authorities can be included within a concessionary scheme.

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

COUNCIL

MEETING HELD AT THE TOWN HALL, BOOTLE ON 5 MARCH 2015

PRESENT: The Mayor, Councillor Cluskey (in the Chair)
The Deputy Chair, Councillor M. Fearn, Vice Chair

Councillors Atkinson, Ball, David Barton, Jo Barton, Maria Bennett, Veronica Bennett, Bradshaw, Brennan, Brodie - Browne, Burns, Byrom, Carr, Crabtree, Cummins, Cuthbertson, Dams, Dawson, Dodd, Mark Dowd, Peter Dowd, Dutton, Fairclough, Lord Fearn, Friel, Gatherer, Grace, Hands, Hardy, Jones, Keith, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, Lewis, P. Maguire, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O'Brien, Owens, Page, Papworth, Preece, Roberts, Robertson, Robinson, Roche, Shaw, Thompson, Tweed, Veidman, Weavers, Webster and Welsh

74. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ashton, Booth, Hartill and S. McGuire.

75. DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interest were received.

76. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the Council Meeting held on 22 January 2015 be approved as a correct record.

77. MAYOR'S COMMUNICATIONS

Mayoral Charity Cabaret Dinner – 14 March 2015

The Mayor reminded Members that the Mayoral Charity Cabaret Dinner would be held on Saturday 14 March 2015 at the Formby Hall Golf Resort and Spa and the proceeds from the event would be distributed to Mayoral Charities. Tickets and further details of the event were available from the Mayoral and Civic Services Officer in Bootle Town Hall.

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Retirement of Peter Morgan, Deputy Chief Executive

The Mayor reported that that this would be the last Council meeting that Peter Morgan, Deputy Chief Executive, would attend before he retired from Local Government Service in April 2015.

Peter had had a long and distinguished local government career spanning nearly 40 years, starting in Liverpool City Council in 1976, moving to Blackburn with Darwen Council in 1998 before joining Sefton in 2009.

For most of this period, Peter had worked in the field of improving outcomes for children, young people and families although his contribution to wider regeneration and community development had been extensive. He had even had a stint as a bin man in Bootle before going to University. A very diverse career!

In September 2009, Peter came to Sefton as Strategic Director (and Statutory Director of Children's Services) and for the last 3 years he had been the Deputy Chief Executive.

Peter had an incredible local and national reputation for creativity and innovation and a strong sense of purpose to improve the quality of life for local people. He had also been a lifelong Bootle and Crosby resident, bringing with him a unique insight into local heritage and culture. He had become one of the most respected Officers of the Council, who was held in high regard and respected by staff, colleagues and Councillors alike.

On behalf of the Council, The Mayor extended best wishes to Peter for a happy and healthy retirement and thanked him for the fantastic contribution he had made to Sefton and local government.

Councillors P. Dowd, Brodie – Browne and Dutton on behalf of their political groups expressed their support for the best wishes and thanks expressed by the Mayor to Peter Morgan.

78. MATTERS RAISED BY THE PUBLIC

The Mayor reported that no items had been raised by Members of the Public.

79. QUESTIONS RAISED BY MEMBERS OF THE COUNCIL

The Council considered a schedule setting out the written questions submitted by:

- Councillor S. McGuire to the Leader of the Council (Councillor P. Dowd)
- Councillor Dawson to the Cabinet Member – Older People and Health (Councillor Cummins)

COUNCIL- THURSDAY 5TH MARCH, 2015

- Councillor Dawson to the Cabinet Member – Children, Schools, Families and Leisure (Councillor Moncur)

together with the responses given. A supplementary question from Councillor Dawson was responded to by the Cabinet Member – Older People.

80. PROGRAMME OF MEETINGS - 2015/16 MUNICIPAL YEAR

Further to Minute No. 61 of the Cabinet meeting held on 5 February 2015, the Council considered the report of the Director of Corporate Services which provided details of the proposed Programme of Meetings for the 2015/16 Municipal Year.

It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED: That:

- (1) the Programme of Meetings for the Council; Member Briefing Sessions; Regulatory Committees; Overview and Scrutiny Committees and Area Committees for 2015/16 as set out in Annexes B, C and D of the report be approved; and
- (2) the Programme of Meetings for the Cabinet; Public Engagement and Consultation Panel; Sefton Safer Communities Partnership; and the Health and Wellbeing Board for 2015/16 as set out in Annexes A and E of the report be noted.

81. PAY POLICY

Further to Minute No. 59 of the meeting of the Cabinet held on 5 February 2015, the Council considered the report of the Head of Corporate Personnel on the proposed Pay Policy which had been produced in accordance with the Localism Act 2011 and the statutory guidance produced by the Department of Communities and Local Government.

It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED:

That the proposed Pay Policy set out in Annex A to the report be approved.

82. TREASURY MANAGEMENT POLICY AND STRATEGY 2015/16

Further to Minute No. 67 of the Cabinet meeting held on 26 February 2015, the Council considered the report of the Head of Corporate Finance and ICT which provided details of the proposed procedures and strategy to be adopted in respect of the Council's Treasury Management Function in 2015/16.

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It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED: That approval be given to:

- (1) the Treasury Management Policy Document for 2015/16 as set out in Annex A of the report;
- (2) the Treasury Management Strategy Document for 2015/16 as set out in Annex B of the report;
- (3) the amendment to the banking arrangements contained within the Financial Procedure Rules of the Constitution as referred to in paragraph 3 and Annex A of the report; and
- (4) the option set out in paragraph 4.4 of the report being used as the basis for the calculation of the Minimum Revenue Provision for Debt Repayment in 2015/16.

83. THE PRUDENTIAL CODE FOR CAPITAL FINANCE IN LOCAL AUTHORITIES - PRUDENTIAL INDICATORS

Further to Minute No. 68 of the Cabinet meeting held on 26 February 2015, the Council considered the report of the Head of Corporate Finance and ICT on proposals to establish the Prudential Indicators required under the Prudential Code for Capital Finance in Local Authorities. This would enable the Council to effectively manage its Capital Finance Activities and comply with the Chartered Institute of Public Finance and Accountancy Prudential Code for Capital Finance in Local Authorities.

It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED: That:

- (1) the Prudential Indicators as detailed in the report, and summarised in Annex A, be approved as the basis for compliance with The Prudential Code for Capital Finance in Local Authorities;
- (2) approval be given to the amendment of relevant Prudential Indicators in the event that any unsupported borrowing is approved, as part of the 2015/16 Revenue Budget;
- (3) it be noted that estimates of capital expenditure referred to in paragraph 2.2 of the report may change as grant allocations are received; and
- (4) the Head of Corporate Finance and ICT be granted delegated authority to manage the Authorised Limit and Operational Boundary for external debt as detailed in Section 5 of the report.

84. CAPITAL PROGRAMME 2014/15 AND CAPITAL ALLOCATIONS 2015/16

Further to Minute No. 69 of the Cabinet meeting held on 26 February 2015, the Council considered the report of the Head of Corporate Finance and ICT which provided an update on the Capital Investment Plan 2014/15; and details of the Government Capital Allocations for 2015/16 that had been received to date and their use in the development of a new starts programme for 2015/16. The report also outlined £16.1m of new investments which were aimed to improve the facilities and services to residents throughout Sefton.

It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED:

That approval be given to the inclusion within the Capital Investment Plan, of the Capital schemes to be funded from the 2015/2016 Single Capital Pot as outlined in Appendix A and the Prudential Borrowing Scheme in Appendix B of the report.

85. LOCAL GOVERNMENT ACT 2003 - CHIEF FINANCIAL OFFICER'S REQUIREMENTS - ROBUSTNESS REPORT

The Council considered the report of the Head of Corporate Finance and ICT which provided an assessment of the robustness of the estimates and the tax setting calculations, the adequacy of the proposed financial reserves and the production of longer term revenue and capital plans, based on the proposals set out in the report on the Revenue Budgets 2015/16 and 2016/17 (Minute No. 86 below refers).

It was moved by Councillor P. Dowd, seconded by Councillor Maher and

RESOLVED:

That the report be noted.

86. REVENUE BUDGETS 2015 /16 AND 2016/17

Further to Minute No. 69 of the meeting held on 22 January 2015, the Council considered the report of the Head of Corporate Finance and ICT which provided the following details:

- the decisions on budget savings taken by the Council on 22 January 2015
- the recommendations from Cabinet regarding the two year financial plan and the 2015/16 Council Tax options
- summary of the draft budget recommended by the Cabinet
- summary of the budget changes included in the draft budget
- recommendations on the allocation of specific grants
- an update on the funding of schools agreed by the Schools' Forum

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The report requested the Council to consider those items before determining the: Budget for 2015/16 and the two year financial plan for 2015/16 and 2016/17, setting the Council Tax increase for Sefton Council and approving the overall Council Tax resolution.

This report presented a two year budget plan, which would enable a budget for 2015/16 to be approved and identified those policy changes required to deliver a sustainable and robust two year budget plan. Due to the mixture of efficiencies and significant policy changes, some of the options would not be realised within a 12 month period and would contribute to the 2016/17 budget as illustrated in the report. This would require the implementation of major change programmes and appropriate capacity would need to be dedicated to ensure deliverability. Given the scale of the budget reductions, any slippage or underachievement would have implications for the financial management of the Council and as such, robust management and monitoring arrangements would continue to be operated.

The report included the following appendices:

- Appendix 1: List of Budget Proposals
- Appendix 2: Individual School Budgets
- Appendix 3: Draft Council budgets 2015/16 and 2016/17.

The Council also considered an update note by the Head of Corporate Finance and ICT which provided final information on the level of resource required by levying bodies, plus agreed precepts from the Police and Crime Commissioner, the Fire and Rescue Authority and local Parish Councils, and set out the draft Council Tax resolution for 2015/16.

The Leader of the Council (Councillor P. Dowd) referred to the budget cuts of £114m which had previously been agreed for the last four years and the process that had been undertaken to identify further savings of £55m for the period 2015/16 to 2016/17 as fairly and as reasonably as possible and he then outlined the recommendations set out in the report.

It was moved by Councillor P. Dowd and seconded by Councillor Maher:

“That:

- (1) approval be given to:
 - (i) the use of Section 106 money as set out in Paragraph 3.2 (a) of the report;
 - (ii) an increase in cremation and burial fees by 5% over inflation as set out in Paragraph 3.2 (b) of the report;
 - (iii) a further reduction in the CHAMPS budget as set out in Paragraph 3.2 (c) of the report;

- (iv) the capitalisation of Highways, ICT and systems development currently funded by the revenue budget, as set out in Paragraph 3.2 (d) of the report;
 - (v) an adjustment to the Medium Term Financial Plan which only allows for incremental progression in 2015/16, as set out in Paragraph 3.2 (e) of the report;
 - (vi) the cessation of discretionary support to Parishes for the Council Tax Reduction Scheme from 2016/17, as set out in Paragraph 3.2 (f) of the report; and
 - (vii) the budget assumptions regarding the changes in management arrangements and the contracted transactional services, as set out in Paragraphs 2.2.(a), 2.2.(b) and 3.2 (g) of the report;
- (2) approval be given to:
- (i) the Budget for 2015/16 and the two year financial plan covering the years 2015/16 and 2016/17 and officers be authorised to undertake the necessary actions relating to the saving associated with no incremental progression in 2016/17 and more generally all other relevant implementation associated with the Council resolutions; and
 - (ii) the undertaking of an Autumn review of the Medium Term Financial Plan, the 2016/17 Budget and service reviews as outlined in Paragraph 5.2 of the report;
- (3) approval be given to the fees and charges as proposed in the draft Council budget;
- (4) approval be given to a Council Tax increase for Sefton Council of 1.99%, as set out in Paragraph 4 of the report;
- (5) approval be given to the use of one-off resources of £1.239m in 2015/16, as set out in Paragraph 5 of the report;
- (6) approval be given to the allocation of specific grants as detailed in Paragraph 7 of the report;
- (7) the Schools' Forum decisions on the Dedicated Schools Grant be noted, as detailed in Paragraph 7 of the report; and
- (8) subject to the above, the overall Council Tax resolution as set out in the appendix to the update note by the Head of Corporate Finance and ICT be approved."

An **amendment** was moved by Councillor Brodie - Browne, seconded by Councillor Robertson that the Motion be amended by:

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- “a) the replacement of the existing Residents Privileged Parking Permit scheme, with the introduction of a bi-annual permit, (with a fee of £60 i.e. equivalent to £30 per annum), with increased income of £120,000 per annum.
- b) the reduction in the Special Responsibility Allowances (SRA), resulting in savings of £77,000 as follows: -
Leader of the Council SRA from 3X to 2X
Cabinet Members SRA from 2X to X
Overview and Scrutiny Committee Chairs & Audit and Governance Committee Chair SRA from 0.5X to 0.2X
Planning Committee Chair & Licensing and Regulatory Committee Chair from X to 0.5X
(where X = the Basic Allowance).
- c) the removal of saving options as set out below: -
Option 44 (Botanic Gardens) + £45,000
Option 72 (part of The Atkinson reductions) + £180,000
Option 66 (10p increase in Pay & Display) +£ 150,000
Option 66 (Remove Southport Sunday Free Areas) + £30,000
Option 66 (New car parking charges at Botanic Gardens and Blucher Street) + £21,000
Option 66 (Removal of the refund at Dunes & Bootle leisure centres) + £100,000
Option 66 (The increase in cost of residents parking as this saving has been modified above) + £7,000
Option 66 (The removal of 30 minute free option at Southport & Bootle on street parking) + £100,000
- d) that the Council approve the submission of a proposal to the Boundary Commission (England) in order to reduce the number of Members within Sefton, and that should the application be approved, it be implemented at the earliest opportunity.
- e) that the total amount saved through the senior staffing review rise from £1.3m to £1.75m subject to a report by the Chief Executive to the Council meeting in May 2015 regarding the consequences and deliverability, and any shortfall be met from further savings identified in the Autumn Budget review and only if the review does not identify timely savings to be met from one-off resources.

The net impact of the proposed amendments will still ensure that the two year budget is balanced.”

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Following debate and in accordance with Rule 95 of Chapter 4 in the Constitution, the voting on the amendment was recorded and the Members of the Council present at the time, voted as follows:

FOR THE AMENDMENT:

Councillors Ball, David Barton, Jo Barton, Maria Bennett, Brodie-Browne, Cuthbertson, Dawson, Dodd, Dutton, Lord Fearn, Maureen Fearn, Hands, Jones, Keith, Lewis, Papworth, Preece, Robertson, Shaw, Weavers and Welsh.

AGAINST THE AMENDMENT:

Councillors Atkinson, Veronica Bennett, Bradshaw, Brennan, Burns, Byrom, Carr, Crabtree, Cummins, Dams, M. Dowd, P. Dowd, Fairclough, Friel, Gatherer, Grace, Hardy, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O'Brien, Owens, Page, Roberts, Robinson, Roche, Thompson, Tweed, Veidman, Webster and the Mayor (Councillor Cluskey).

The Mayor declared that the amendment was lost by 40 votes to 21.

A **further amendment** was moved by Councillor Lewis, seconded by Councillor Hands that the Motion be amended by:

- "a) the reduction in the combined budget for Councillor IT hardware, consumables and broadband by £26,000; and
- b) the increase in the cold weather provision for rough sleepers to go beyond the statutory requirement to open night shelters at a cost of £26,000. This would be split between the Southport centre and the one operated in Liverpool, which serves rough sleepers from the south of Sefton."

In accordance with Rule 95 of Chapter 4 in the Constitution, the voting on the amendment was recorded and the Members of the Council present at the time, voted as follows:

FOR THE AMENDMENT:

Councillors Atkinson, Ball, David Barton, Jo Barton, Maria Bennett, Veronica Bennett, Bradshaw, Brennan, Brodie-Browne, Burns, Byrom, Carr, Crabtree, Cummins, Cuthbertson, Dams, Dawson, Dodd, M. Dowd, P. Dowd, Dutton, Fairclough, Lord Fearn, Maureen Fearn, Friel, Gatherer, Grace, Hands, Hardy, Jones, Keith, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, Lewis, P. Maguire, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O'Brien, Owens, Page, Papworth, Preece, Roberts, Robertson, Robinson, Roche, Shaw, Thompson, Tweed, Veidman, Weavers, Webster, Welsh and the Mayor (Councillor Cluskey).

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AGAINST THE AMENDMENT:

None.

The Mayor declared that the amendment was carried unanimously by 62 votes to none.

A **further amendment** was moved by Councillor Robertson, seconded by Councillor Keith that the Motion be amended as follows:

“Should there be an underspend in the Authority’s revenue budget for 2014/15, that the Council approve that the first £250,000 be transferred to a reserve specifically earmarked for the purposes of establishing a Community Library Support Fund to which groups looking to operate a community library may bid.”

Following debate and in accordance with Rule 95 of Chapter 4 in the Constitution, the voting on the amendment was recorded and the Members of the Council present at the time, voted as follows:

FOR THE AMENDMENT:

Councillors Ball, David Barton, Jo Barton, Maria Bennett, Brodie-Browne, Cuthbertson, Dawson, Dodd, Dutton, Lord Fearn, Maureen Fearn, Hands, Jones, Keith, Lewis, Papworth, Preece, Robertson, Shaw, Weavers and Welsh.

AGAINST THE AMENDMENT:

Councillors Atkinson, Veronica Bennett, Bradshaw, Brennan, Burns, Byrom, Carr, Crabtree, Cummins, Dams, M. Dowd, P. Dowd, Fairclough, Friel, Gatherer, Grace, Hardy, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, P. Maguire, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O’Brien, Owens, Page, Roberts, Robinson, Roche, Thompson, Tweed, Veidman, Webster and the Mayor (Councillor Cluskey).

The Mayor declared that the amendment was lost by 41 votes to 21.

A **further amendment** was moved by Councillor P. Dowd, seconded by Councillor Brodie - Browne that the Motion be amended as follows:

“That the Council endeavours to establish a further round of community support initiative resources at the earliest opportunity.”

In accordance with Rule 95 of Chapter 4 in the Constitution, the voting on the amendment was recorded and the Members of the Council present at the time, voted as follows:

FOR THE AMENDMENT:

Councillors Atkinson, Ball, David Barton, Jo Barton, Maria Bennett, Veronica Bennett, Bradshaw, Brennan, Brodie-Browne, Burns, Byrom,

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Carr, Crabtree, Cummins, Cuthbertson, Dams, Dawson, Dodd, M. Dowd, P. Dowd, Dutton, Fairclough, Lord Fearn, Maureen Fearn, Friel, Gatherer, Grace, Hands, Hardy, Jones, Keith, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, Lewis, P. Maguire, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O'Brien, Owens, Page, Papworth, Preece, Roberts, Robertson, Robinson, Roche, Shaw, Thompson, Tweed, Veidman, Weavers, Webster, Welsh and the Mayor (Councillor Cluskey).

AGAINST THE AMENDMENT:

None.

The Mayor declared that the amendment was carried unanimously by 62 votes to none.

In accordance with Rule 95 of Chapter 4 in the Constitution, the voting on the Substantive Motion was recorded and the Members of the Council present at the time, voted as follows:

FOR THE SUBSTANTIVE MOTION:

Councillors Atkinson, Veronica Bennett, Bradshaw, Brennan, Burns, Byrom, Carr, Crabtree, Cummins, Dams, M. Dowd, P. Dowd, Fairclough, Friel, Gatherer, Grace, Hardy, John Kelly, John Joseph Kelly, Kermode, Kerrigan, Killen, Lappin, P. Maguire, Maher, Mahon, McGinnity, McKinley, Moncur, Murphy, O'Brien, Owens, Page, Roberts, Robinson, Roche, Thompson, Tweed, Veidman, Webster and the Mayor (Councillor Cluskey).

AGAINST THE SUBSTANTIVE MOTION:

Councillors Ball, David Barton, Jo Barton, Brodie-Browne, Cuthbertson, Dawson, Dodd, Dutton, Lord Fearn, Maureen Fearn, Hands, Jones, Keith, Lewis, Papworth, Preece, Robertson, Shaw, Weavers and Welsh.

The Mayor declared that the Substantive Motion was carried by 41 votes to 20 and it was

RESOLVED:

That:

- (1) approval be given to:
 - (i) the use of Section 106 money as set out in Paragraph 3.2 (a) of the report;
 - (ii) an increase in cremation and burial fees by 5% over inflation as set out in Paragraph 3.2 (b) of the report;
 - (iii) a further reduction in the CHAMPS budget as set out in Paragraph 3.2 (c) of the report;

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- (iv) the capitalisation of Highways, ICT and systems development currently funded by the revenue budget as set out in Paragraph 3.2 (d) of the report;
 - (v) an adjustment to the Medium Term Financial Plan which only allows for incremental progression in 2015/16, as set out in Paragraph 3.2 (e) of the report;
 - (vi) the cessation of discretionary support to Parishes for the Council Tax Reduction Scheme from 2016/17, as set out in Paragraph 3.2 (f) of the report; and
 - (vii) the budget assumptions regarding the changes in management arrangements and the contracted transactional services as set out in Paragraphs 2.2.(a), 2.2.(b) and 3.2 (g) of the report;
- (2) approval be given to:
- (i) the Budget for 2015/16 and the two year financial plan covering the years 2015/16 and 2016/17 and officers be authorised to undertake the necessary actions relating to the saving associated with no incremental progression in 2016/17 and more generally all other relevant implementation associated with the Council resolutions; and
 - (ii) the undertaking of an Autumn review of the Medium Term Financial Plan, the 2016/17 Budget and service reviews as outlined in Paragraph 5.2 of the report;
- (3) approval be given to the fees and charges as proposed in the draft Council budget;
- (4) approval be given to a Council Tax increase for Sefton Council of 1.99%, as set out in Paragraph 4 of the report;
- (5) approval be given to the use of one-off resources of £1.239m in 2015/16, as set out in Paragraph 5 of the report;
- (6) approval be given to the allocation of specific grants as detailed in Paragraph 7 of the report;
- (7) the Schools' Forum decisions on the Dedicated Schools Grant be noted as detailed in Paragraph 7 of the report;
- (8) the combined budget for Councillor IT hardware, consumables and broadband be reduced by £26,000 and the budget saving be utilised to provide an increase in the cold weather provision for rough sleepers to go beyond the statutory requirement to open night shelters at a cost of £26,000. This would be split between the

Southport centre and the one operated in Liverpool, which serves rough sleepers from the south of Sefton;

- (9) the Council endeavours to establish a further round of community support initiative resources at the earliest opportunity.
- (10) it be noted that at its meeting on 22 January 2015, the Council calculated the following amounts for the year 2015/16 in accordance with the Local Authorities (Calculation of Council Tax Base) (England) Regulations 1992 (as amended):
- (a) 78,319.00 Band D equivalent properties, for the whole area [item T in the formula in Section 31B of the Local Government Finance Act 1992, as amended]; and
 - (b) for dwellings in those parts of its area to which a Parish precept relates as shown in the table below:

Parish	Council Tax Base (Band D Equivalent Properties)
Aintree Village	1,961.31
Formby	8,907.71
Hightown	837.33
Ince Blundell	157.18
Little Altcar	261.16
Lydiate	1,996.25
Maghull	6,371.68
Melling	955.64
Sefton	225.23
Thornton	742.33

- (11) the Council calculates that the Council Tax requirement for the Council's own purposes for 2015/16 (excluding Parish Precepts) is £103,193,114;
- (12) the following amounts be calculated by the Council for the year 2015/2016 in accordance with Sections 31 to 36 of the Local Government Finance Act 1992:

(a)	£596,441,590	Being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(2) of the Act taking into account all precepts issued to it by Parish Councils.
(b)	-£492,354,249	Being the aggregate amounts which the Council estimates for the items set out in Section 31A(3) of the Act.
(c)	£104,087,341	Being the amount by which the aggregate at 3(a) above exceeds the aggregate at 3(b) above, calculated by the Council in accordance with Section 31A(4) of the Act as its Council Tax requirement for the year (item R in the formula in Section 31B of the Act).

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(d)	£1,329.02	Being the amount at 3(c) above (item R), divided by the amount at 1(a) above (item T), calculated by the Council, in accordance with Section 31B of the Act, as the basic amount of its Council Tax for the year (including Parish Precepts).																																																																							
(e)	£894,227	Being the aggregate amount of all special items (Parish Precepts) referred to in Section 34(1) of the Act.																																																																							
(f)	£1,317.60	Being the amount at 3(d) above, less the amount given by dividing the amount at 3(e) above by the amount at 1(a) above (item T), calculated by the Council, in accordance with Section 34(2) of the Act, as the basic amount of its Council Tax for the year for dwellings in those parts of its area to which no special item relates.																																																																							
(g)	<p>The amounts below, being the amounts given by adding to the amount at 3(f) above the amounts of the special items relating to dwellings in those parts of the Council's area mentioned above divided in each case by the amount at 1(b) above, calculated by the Council in accordance with Section 34(3) of the Act as basic amounts of its Council Tax for the year for dwellings in those parts of its area to which special items relate.</p> <table border="1"> <thead> <tr> <th>Parish</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>Aintree Village</td> <td>1,371.14</td> </tr> <tr> <td>Formby</td> <td>1,323.90</td> </tr> <tr> <td>Hightown</td> <td>1,323.03</td> </tr> <tr> <td>Ince Blundell</td> <td>1,327.06</td> </tr> <tr> <td>Little Altcar</td> <td>1,327.17</td> </tr> <tr> <td>Lydiate</td> <td>1,383.31</td> </tr> <tr> <td>Maghull</td> <td>1,406.45</td> </tr> <tr> <td>Melling</td> <td>1,338.53</td> </tr> <tr> <td>Sefton</td> <td>1,330.02</td> </tr> <tr> <td>Thornton</td> <td>1,323.66</td> </tr> </tbody> </table>		Parish	£	Aintree Village	1,371.14	Formby	1,323.90	Hightown	1,323.03	Ince Blundell	1,327.06	Little Altcar	1,327.17	Lydiate	1,383.31	Maghull	1,406.45	Melling	1,338.53	Sefton	1,330.02	Thornton	1,323.66																																																	
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(h)	<p>The amounts below being the amounts given by multiplying the amounts at 3(f) and 3(g) above by the number which, in the proportion set out in Section 5(1) of the Act, is applicable to dwellings listed in a particular valuation band divided by the number which in that proportion is applicable to dwellings listed in valuation Band D, calculated by the Council, in accordance with Section 36(1) of the Act, as the amounts to be taken into account for the year in respect of categories of dwellings listed in different valuation bands.</p> <table border="1"> <thead> <tr> <th rowspan="2">Proportion of Band D</th> <th colspan="8">Property Valuation Band</th> </tr> <tr> <th>A 6/9</th> <th>B 7/9</th> <th>C 8/9</th> <th>D 9/9</th> <th>E 11/9</th> <th>F 13/9</th> <th>G 15/9</th> <th>H 18/9</th> </tr> <tr> <th>£</th> <th>£</th> <th>£</th> <th>£</th> <th>£</th> <th>£</th> <th>£</th> <th>£</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>Parish</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aintree Village</td> <td>914.09</td> <td>1,066.44</td> <td>1,218.79</td> <td>1,371.14</td> <td>1,675.84</td> <td>1,980.54</td> <td>2,285.23</td> <td>2,742.28</td> </tr> <tr> <td>Formby</td> <td>882.60</td> <td>1,029.70</td> <td>1,176.80</td> <td>1,323.90</td> <td>1,618.10</td> <td>1,912.30</td> <td>2,206.50</td> <td>2,647.80</td> </tr> <tr> <td>Hightown</td> <td>882.02</td> <td>1,029.02</td> <td>1,176.03</td> <td>1,323.03</td> <td>1,617.04</td> <td>1,911.04</td> <td>2,205.05</td> <td>2,646.06</td> </tr> <tr> <td>Ince</td> <td>884.71</td> <td>1,032.16</td> <td>1,179.61</td> <td>1,327.06</td> <td>1,621.96</td> <td>1,916.86</td> <td>2,211.77</td> <td>2,654.12</td> </tr> </tbody> </table>		Proportion of Band D	Property Valuation Band								A 6/9	B 7/9	C 8/9	D 9/9	E 11/9	F 13/9	G 15/9	H 18/9	£	£	£	£	£	£	£	£	£	Parish									Aintree Village	914.09	1,066.44	1,218.79	1,371.14	1,675.84	1,980.54	2,285.23	2,742.28	Formby	882.60	1,029.70	1,176.80	1,323.90	1,618.10	1,912.30	2,206.50	2,647.80	Hightown	882.02	1,029.02	1,176.03	1,323.03	1,617.04	1,911.04	2,205.05	2,646.06	Ince	884.71	1,032.16	1,179.61	1,327.06	1,621.96	1,916.86	2,211.77	2,654.12
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Agenda Item 3

COUNCIL- THURSDAY 5TH MARCH, 2015

Blundell								
Little Altcar	884.78	1,032.24	1,179.71	1,327.17	1,622.10	1,917.02	2,211.95	2,654.34
Lydiate	922.21	1,075.91	1,229.61	1,383.31	1,690.71	1,998.11	2,305.52	2,766.62
Maghull	937.63	1,093.91	1,250.18	1,406.45	1,718.99	2,031.54	2,344.08	2,812.90
Melling	892.35	1,041.08	1,189.80	1,338.53	1,635.98	1,933.43	2,230.88	2,677.06
Sefton	886.68	1,034.46	1,182.24	1,330.02	1,625.58	1,921.14	2,216.70	2,660.04
Thornton	882.44	1,029.51	1,176.59	1,323.66	1,617.81	1,911.95	2,206.10	2,647.32
All Other Parts of the Council's Area	878.40	1,024.80	1,171.20	1,317.60	1,610.40	1,903.20	2,196.00	2,635.20

- (13) it be noted that for the year 2015/16 the Police and Crime Commissioner and Fire and Rescue Authority have stated the following amounts in precepts issued to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown below:

Proportion of Band D	Property Valuation Band							
	A 6/9	B 7/9	C 8/9	D 9/9	E 11/9	F 13/9	G 15/9	H 18/9
	£	£	£	£	£	£	£	£
<u>Precepting Authority</u>								
Merseyside Fire & Rescue Authority	47.65	55.59	63.53	71.47	87.35	103.23	119.12	142.94
Merseyside Police and Crime Commissioner	106.45	124.20	141.94	159.68	195.16	230.65	266.13	319.36

- (14) the Council, in accordance with Sections 30 and 36 of the Local Government Finance Act 1992, hereby sets the aggregate amounts shown in the table below as the amounts of Council Tax for 2015/16 for each part of its area and for each of the categories of dwellings:

Proportion of Band D	Property Valuation Band							
	A 6/9	B 7/9	C 8/9	D 9/9	E 11/9	F 13/9	G 15/9	H 18/9
	£	£	£	£	£	£	£	£
<u>Parish</u>								
Aintree Village	1,068.19	1,246.23	1,424.26	1,602.29	1,958.35	2,314.42	2,670.48	3,204.58
Formby	1,036.70	1,209.49	1,382.27	1,555.05	1,900.61	2,246.18	2,591.75	3,110.10

Agenda Item 3

COUNCIL- THURSDAY 5TH MARCH, 2015

Hightown	1,036.12	1,208.81	1,381.50	1,554.18	1,899.55	2,244.92	2,590.30	3,108.36
Ince Blundell	1,038.81	1,211.95	1,385.08	1,558.21	1,904.47	2,250.74	2,597.02	3,116.42
Little Altcar	1,038.88	1,212.03	1,385.18	1,558.32	1,904.61	2,250.90	2,597.20	3,116.64
Lydiate	1,076.31	1,255.70	1,435.08	1,614.46	1,973.22	2,331.99	2,690.77	3,228.92
Maghull	1,091.73	1,273.70	1,455.65	1,637.60	2,001.50	2,365.42	2,729.33	3,275.20
Melling	1,046.45	1,220.87	1,395.27	1,569.68	1,918.49	2,267.31	2,616.13	3,139.36
Sefton	1,040.78	1,214.25	1,387.71	1,561.17	1,908.09	2,255.02	2,601.95	3,122.34
Thornton	1,036.54	1,209.30	1,382.06	1,554.81	1,900.32	2,245.83	2,591.35	3,109.62
<u>All Other Parts of the Council's Area</u>	1,032.50	1,204.59	1,376.67	1,548.75	1,892.91	2,237.08	2,581.25	3,097.50

- (15) and the Council's basic amount of Council Tax for 2015/16 is not deemed to be excessive in accordance with the principles approved under Section 52ZB of the Local Government Finance Act 1992.

87. MEMBERSHIP OF COMMITTEES 2014/15

No changes to the Membership of Committees were made.

COUNCIL – 23 APRIL 2015

PUBLIC PETITION

In accordance with the Council's Petition Scheme set out in Chapter 12 of the Council Constitution, a public petition has been submitted for consideration at the Council meeting.

The lead petitioner for the petition deputation will be given five minutes to present the petition at the Council meeting and the petition will then be discussed by Councillors for a maximum of 15 minutes. The Council will decide how to respond to the petition at the meeting and the lead petitioner will receive written confirmation of the decision.

The petition containing 5,465 signatures has been submitted by Mrs Joanne Allman of Formby on behalf of 'SOS Transport Sefton' which states:

"We, the undersigned, are calling on you to continue providing free school and college transport for disabled children and young people over 16.

We are concerned that many children and young people with SEND in the borough do not have the necessary skills to access the Travel Training programme that, according to Sefton Council's proposed changes, may replace free post-16 transport, nor are they able to travel to school or college independently. We do not believe it is fair or equitable to expect parents of these children to take responsibility for their transport to and from school or college.

It is ironic, given the Council's expressed interest in promoting independence skills, that the proposed changes will in fact have the opposite effect for many children and young people with SEND, if they have to be escorted to school by their parents rather than travelling by minibus or taxi. We feel it is patently unjust to target cost-saving measures at the most vulnerable in society, and that it is tantamount to discrimination to penalise already hard-pressed families because their children's disabilities prevent them from accessing the support offered by the Council.

Please take account of the views of the people of Sefton in the Public Consultation on Post-16 SEN Transport."

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Agenda Item 7

Report to: Cabinet
Council

Date of Meeting: 26 March 2015
23 April 2015

Subject: Public Health Annual Report 2014

Report of: Director of Public Health

Wards Affected: All

Is this a Key Decision? No

Is it included in the Forward Plan? Yes

Exempt/Confidential No

Purpose/Summary

To present to the Annual Report of the Director of Public Health 2014

Recommendation(s)

Cabinet

The Cabinet is asked to receive the report and recommend it to Council for publication.

Council

- (1) That Council receive the annual report of the Director of Public Health
- (2) That Council notes that the report will be published

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	✓		
2	Jobs and Prosperity	✓		
3	Environmental Sustainability	✓		
4	Health and Well-Being	✓		
5	Children and Young People	✓		
6	Creating Safe Communities	✓		
7	Creating Inclusive Communities	✓		
8	Improving the Quality of Council Services and Strengthening Local Democracy	✓		

Agenda Item 7

Reasons for the Recommendation: The report is the statutory independent report of the Director of Public Health and identifies key health issues affecting the Sefton population.

What will it cost and how will it be financed?

(A) **Revenue Costs** – No direct costs associated with the report

(B) **Capital Costs** – No direct costs associated with the report

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Legal Section 73B (5) and (6) of the National Health Service 2006 Act, inserted by Section 31 of the Health and Social Care Act 2012, provides that a Director of Public Health must produce an annual report and the local authority must publish the report.
Human Resources No specific implications
Equality The report identifies a number of health inequalities issues. 1. No Equality Implication <input checked="" type="checkbox"/> 2. Equality Implications identified and mitigated <input type="checkbox"/> 3. Equality Implication identified and risk remains <input type="checkbox"/>

Impact on Service Delivery: This report should be taken into account in all service plans.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has no comments on this report. The report is for information only and there are no decision arising from the contents of the report that have any direct financial implications for the Council. (FD3438/15)

The Head of Corporate Legal Services has been consulted and has no comments on the report. (LD 2730/15)

Are there any other options available for consideration?

No

Implementation Date for the Decision

Immediately following the Council meeting.

Contact Officer: Dr Janet Atherton

Tel: 0151 934 3608

Email: Janet.atherton@sefton.gov.uk

Background Papers:

There are no background papers available for inspection.

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**Nurturing the Hearts
and Minds of Children**

Agenda Item 7



Acknowledgements

I would like to thank all the people who have contributed to my Annual Report on the health of Early Year's in Sefton. I would also like to thank everyone who has made a contribution to making the lives of children healthier and happier during the last year. I hope you will continue to do everything you can to make everyone's lives better.

Sefton Council

Paula Bennett
Koon Lan Chan
Annette Dalzell-Brown
Emma Dean
Clare Johnston
Margaret Jones
Phil McHale
Lynda McQueen
Rachael Musgrove
Anna Nygaard
Matthew Saunders
Carol Stanley
Linda Turner
Carol Turton
Alex Westwell

Others

Steph Griffiths
Liverpool Community Health

Daniel Seddon
*Screening and Immunisation
Lead (Merseyside) NHS
England*

*Liverpool Community Health –
Health Visitors*

*Sefton Maternity Services
Liaison Committee (MSLC)*

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Health Needs in Sefton		Emotional Wellbeing		Healthy lifestyle choices	
CHAPTER TWO	12	CHAPTER SIX	28	CHAPTER NINE	42
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School Readiness: Getting the best start in education					

Introduction

Welcome to Sefton's Health 2014





Dr Janet Atherton

“ This year, my report focuses on one of our Joint Health and Wellbeing Strategy’s key objectives – giving every child the best possible start in life. ”

Welcome to Sefton’s Health 2014, my annual report on the health of people in Sefton. Under the Health and Social Care Act, I have a statutory responsibility to produce an annual report and Sefton Council has the statutory duty to publish it.

The report does not aim to be comprehensive as the Sefton Strategic Needs Assessment provides a regularly updated overview of needs. Instead, each year, I aim to focus on a key issue by reviewing progress and highlighting future challenges.

This year, my report focuses on one of our Joint Health and Wellbeing Strategy’s key objectives – giving every child the best possible start in life. From October 2015, we will take on a new role for commissioning children’s public health services from 0-5, as well as those we already commission for 5-19 year olds. By doing this role well, we can make a big difference to long-term health and long-standing health inequalities. We know that good health and wellbeing, from pregnancy to five years has a massive impact on later life. We also know a lot can be done to improve it.

Many people have contributed to this report and have a part to play in making the improvements necessary to ensure our children really do get the best start in life. I would particularly like to take this opportunity to thank elected members, my public health team, staff from across all council departments and partner organisations and the public for all they are doing to improve health and wellbeing in Sefton. I hope that you find the report informative and that you use it to take action to improve children’s lives.

This will be my final annual report as Director of Public Health for Sefton, after thirteen years as DPH in the borough. It has been a great privilege to serve the people of Sefton and to play a small part in the big improvements in people’s health that we have seen over that time. People can now expect to live three years longer

on average, heart disease death rates have halved, teenage pregnancy rates are at their lowest and immunisation rates at their highest. But there is much more to do, especially to tackle health inequalities in the borough which will need a concerted and sustained focus over many years to shift. This is inevitably even more difficult to achieve in financially challenging times for local communities and their public services but it is vital that we have a continued focus on keeping people healthy despite the challenges.

I have been fortunate to work with some really committed people during my time in Sefton and I would like to take this opportunity to thank them for their support and to wish everyone well for the future.



Examining the evidence: Why should we act?

The evidence that early health and wellbeing is vital for life-long health is clearly set out in a succession of reports, including, Health for All Children (2006), the Marmot report (2010) and the Allen report (2011). The science is clear and the economic case even more compelling. As shown in recent Chief Medical Officer for England's reports, we can no longer afford the huge cost resulting from preventable disease and injury. We must refocus on prevention.

“Women are less likely to have a pre-term baby if they don't smoke: if a pre-term baby is breastfed, they have fewer complications.” & “Every pre-term birth costs the public-sector around £25,000 and society another £52,000”

“Reducing speed limits can help prevent childhood injuries” [20-MPH sign] & “A single traumatic brain injury can cost society £1.4 to £5 million over the long term”

Commissioning: New roles for Sefton Council

From October 2015, Sefton Council will take over responsibility for commissioning children's public health programmes for 0 to 5 year olds from NHS England. We will be responsible for commissioning the Healthy Child Programme that provides universal immunisation and screening to all families and additional targeted support for those with the greatest need. The programme is delivered by health visitors and the Family Nurse Partnership and aims to prevent illness through immunisation and picks up problems with child development early through screening programmes and health checks.

Healthy Places: Thriving in Sefton

Children do best when they have safe places to play, be active, learn and grow. They need safe homes and neighbourhoods to live in, families and communities

that help them thrive, and high quality health care. We need to build health into the way we do things that impact on children's everyday lives to make healthy living the norm rather than a struggle.

“We're supporting residential 20 mph zones for safer play”

The Directors of Public Health for Cheshire and Merseyside are working together through the Champs public health collaboration to promote the healthy places approach with a wide range of organisations who can have a positive impact on the places where children are starting their journey in life.

Top 10 for Number 10: Keeping health on the Agenda

There is a lot that we can do to improve children's lives through work in Sefton, but national policy also has a major role to play. That is why the North West Directors of Public Health published our “Top Ten for Number Ten” – ten evidence-based public health policy priorities. All ten affect child



health, but five are especially important:

- › Taxing sugar-sweetened beverages: to help the fight against child obesity
- › Banning unhealthy food adverts before 9pm: to reduce unhealthy food choices
- › Getting schools to provide at least one hour of physical activity a day
- › A commitment to eradicate child poverty: a preventable cause of physical and emotional problems
- › Acting on the “1001 critical days” report: to give all babies the best possible start during a key period for brain development.



Targeted Support: *Improving health where it is most needed*

Sefton has big health inequalities between richer and poorer areas. We need to ensure that public health services give most support to those with the greatest need. These families will be concentrated in areas with high levels of child poverty, but it is important that we use the Healthy Child Programme effectively to identify families in need of support wherever they live. The Maternity Services Liaison Committee and the local breastfeeding programme have had a clear focus on reducing health inequalities in young children while helping all mothers and babies in Sefton.

Stronger Communities: *Working together for health*

Strong communities and strong families are vital for health. Organisations like children’s centres, healthy living centres and a diverse network of voluntary organisations have

an important role to play in local communities. Developing community resilience is about communities having the resources they need to withstand unexpected problems. It includes things like knowing where to go to get health advice and treatment, having good support networks available for times of individual need, and being prepared for emergencies.

FIND OUT MORE...

Sefton’s Joint Health and Wellbeing Strategy:

modgov.sefton.gov.uk/moderngov/documents/s44151/Summary%20Health%20and%20Wellbeing%20Strategy%20-%202013-18.pdf

The Public Health Outcomes Framework:

www.phoutcomes.info

The Champs Public Health Collaborative:

www.champspublichealth.com

The Northwest Directors of Public Health group’s ‘Top Ten for Number Ten’:

phlive.org.uk/wp-content/uploads/Manifesto.pdf

Chapter One

Health Needs in Sefton



“The wider determinants of health are all those things in society that affect health – like poverty, the work environment, education, housing and being able to access healthy food easily.”

“Sefton’s population has changed markedly over the last ten years, with a growing older population and fewer children. However, whilst the numbers of older children have fallen, the number of 0 to 5s living in Sefton today is about the same as ten years ago: 17,000 children.”

Source: Office of National Statistics

Population

The Office for National Statistics has forecast that Sefton’s population will grow by about 1% between 2011 and 2021, and that there will be fewer secondary school age children, more primary school age children, and around 450 more 0 to 5 year olds.

Life expectancy for both men and women in Sefton continues to improve. On average, Sefton men can expect to live for 77.5 years, and women 82.8 years. Over the past 10 years, life expectancy has increased by 2.6 years for men and 2.9 years for women. In terms of living a healthy life, Sefton men can expect to live an average of 62.5 years in good health, and women 63.9 years. Over the past 10 years, healthy life expectancy has increased by 1.8 years for men and 1.5 years for women. This means that whilst people are living longer, the time they spend in poor health has increased over this time.

Life expectancy varies a lot between different areas in Sefton. The most recent ward

level life expectancy data for period 2009-13 shows that in the ward with the highest life expectancy (Ainsdale) men live, on average, 12.2 years longer and women 13.1 years longer than those in the lowest scoring ward (Linacre). The inequalities in health within Sefton were

highlighted in Due North: the report of the Inquiry for Health Equity in the North published in 2014.

Table below shows – Life expectancy at birth for men and women across Sefton wards by Deprivation Ward

WARD	MALE LIFE EXPECTANCY (YEARS)	FEMALE LIFE EXPECTANCY (YEARS)	DEPRIVATION QUINTILES
Linacre	70.5	76.6	MOST DEPRIVED WARDS
Derby	74.1	80.7	
St Oswald	73.8	78.7	
Litherland	75.7	81.9	SECOND MOST DEPRIVED WARDS
Ford	77.1	84.1	
Church	73.6	79.3	
Netherton & Orrell	76.5	82.2	THIRD MOST DEPRIVED WARDS
Dukes	75.1	81.5	
Manor	78.2	83.3	
Cambridge	75.4	80.6	FOURTH MOST DEPRIVED WARDS
Kew	78.2	80.1	
Norwood	76.1	83.4	
Molyneux	81.7	87.4	LEAST DEPRIVED WARDS
Victoria	81.8	83.1	
Ainsdale	82.7	89.7	
Sudell	81.0	86.7	
Birkdale	82.6	84.1	
Park	80.7	85.5	
Meols	80.4	85.1	
Ravenmeols	81.6	84.8	
Blundellsands	81.8	85.3	
Harington	-	87.3	



Public Health Outcomes Framework – Sefton’s Position

In England there is a national public health outcomes framework that enables local areas to check their progress across four groups of outcomes:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

Public Health England also produces a child health profile for every Local Authority area. An overview of Sefton’s latest position against the public health outcomes framework and the child health profile is included in the appendix.

Improving the Wider Determinants of Health

The wider determinants of health are all those things in society that affect health – like poverty, the work environment, education, housing and being able to access healthy food easily.

Living in poverty can have a significant impact on early child development and health. One in five Sefton children lives in a low-income household. Children living in poverty are more likely to have slower development and poorer health than those who are better off. The proportion of Sefton children living in low income households is similar to the national average, but varies considerably across the borough.

In Linacre ward, about half of children live in low income families, yet in Harrington ward, the figure is only 1 in 20. Children from poorer backgrounds are less likely to thrive and develop as quickly as other children in their first years of school. Across Sefton, just over half of all children achieve the minimum expected level of development by the end of reception year, which is worse than the England average. Among children receiving a free school meal, however, only 40% achieve the minimum. This is significantly worse than the England average of 45%.

Health Improvement

In 2013/14, 57% of Sefton babies were breastfed at birth. This is about the same as the last three years, and is still significantly lower than the England average of 75%. By 6 to 8 weeks, only 27% of babies are breastfed. This has improved slightly over the last three years, but remains significantly worse than the England average of 47%. The breastfeeding chapter explains how this will be targeted in coming years.

More women in Sefton smoke during pregnancy than the England average. Over the last three years, 15.3% of mothers were smoking at the time of delivery, compared with 12% nationally.

Recent information from the National Child Measurement Programme (2013/14) shows that fewer Sefton children aged 4 to 5 are overweight or obese compared with previous years. Across Sefton, 14.3% of 4 to 5 year-olds are overweight and 10.4% obese. These figures are higher than the national averages for England, but not significantly so, where 13.1% are overweight and 9.5% obese.



In 2013, the rate of hospital admission for accidental and deliberate injury for 0 to 4 year olds in Sefton was 117 per 10,000 children. This rate has decreased over the past three years and is now lower than the England average (135 per 10,000).

Health Protection

The proportion of Sefton children receiving their routine immunisations on time is better than the national average, with uptake of most vaccinations over 95%. In 2013/14, around 9 out of every 10 Sefton 5 year-olds received both doses of the measles, mumps and rubella (MMR) vaccine. This rate has improved over the past three years.

During winter 2013/14, all Sefton children aged 2 and 3 years old were offered the new nasal flu vaccine for the first time. Uptake of this was higher amongst children living in the Southport and Formby area (51.9% for 2 year olds and 46.4% for 3 year olds) than South Sefton area (36.8% for 2 year olds and 36.8% for 3 year olds).

Health Care

Between 2010 and 2012, fewer Sefton babies died before their first birthday than between 2008 and 2010. This infant mortality rate is currently 4.8 per 1,000 live births, which is not statistically significantly different to the England rate (4.1 per 1,000).

Childhood tooth decay in Sefton is similar to the England average. In 2011/12, the average number of teeth per child that were actively decayed, filled or had been extracted at 5 years old was 0.9, similar to the England average of 0.94.

FIND OUT MORE...

National Obesity Observatory, Public Health, England:
www.noo.org.uk

National Child Measurement Programme:

www.hscic.gov.uk/ncmp
www.endchildpoverty.org.uk

The Due North Report:
www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf

Chapter Two

Sefton as a place to thrive



“Local Authorities, alongside health and community partners, have a key contribution to make in ensuring housing, education, environment, planning, transport and regulatory services promote good health.”

Creating the right environment in which children can thrive is really important. Good education, excellent public planning and support for healthy living all contribute to healthier places and people.

All children in Sefton should have access to good education and live in a decent and safe home, near a park or open space, with opportunities to explore, play and have fun. These things make a huge difference to the short and long term health of developing children.

Places where children spend most of their time are a vital part of healthy child development. These places include the child's home, early years' settings (like nurseries and playgroups), and outside with parents or carers in the built and natural environment. Communities that have good quality open and green space, accessible public transport and opportunities for active travel e.g. walking and cycling, as well as access to affordable and healthy food enjoy better health than those which do not.

Similarly, a safe and warm home is crucial to health and happiness, especially for young children who spend a lot of their time at home. A home that is damp, mouldy, too cold, or over-crowded, can seriously affect their health and development. Being part of a homeless family can have an even greater effect. Improved housing conditions and support for households who struggle financially to heat their homes will enhance the health of children in Sefton.

Several chapters in this report describe the far reaching impact of living and growing up in poverty as a child. Over the last few years there have been a number of changes to the welfare and benefits system and a recent analysis of austerity policy in the UK suggests that children are amongst the groups most affected. Increasing family income through employment or maximising benefits reduces the negative impact of child poverty on lifelong health.

What is happening in Sefton

Sefton Council is working with our partners to make Sefton a place where more children can thrive and have a better start in life. Examples of this include:

- › Sefton's Local Plan promotes accessible open and green space so children and families can enjoy the outdoors. This should improve child physical development and mental wellbeing.
- › The roll out of 20 miles per hour speed limit areas will make residential areas safer for children to play.
- › 'Healthy homes, Healthy people' is a pilot scheme to improve housing focusing on households with children vulnerable to poor health outcomes through their home environment.



- › Over sixty parks and greenspaces in Sefton have signed up to the voluntary code for smokefree play areas. A survey of residents conducted in local parks (a quarter of them smokers), showed that 94% supported not smoking in playground areas.
- › Volunteers and Sefton Council staff have been working together over the last few years to get local organisations to sign up to be a breastfeeding-friendly venue. This scheme will get a welcome boost following the Council resolution to encourage local organisations to become breastfeeding friendly.

What more could we do in Sefton?

Local authorities, alongside health and community partners, have a key contribution to make in ensuring housing, education, environment, planning, transport and regulatory services promote good health. The following actions from local partners would support children and families in Sefton to thrive:

- › All public sector organisations adopting a Health in All Policies approach - building health and wellbeing in all new plans and policies, including the Local Plan and Neighbourhood Plans.
- › Reducing the number of children living in poverty by maximising incomes, and creating jobs with a focus on young people and boosting the local economy.
- › Improving the quality of housing in the private rented sector and addressing fuel poverty.

- › Developing transport infrastructure to make physically active travel the norm and to minimise injury and death.
- › Ensure access to universal early years services including health and education provision.

FIND OUT MORE...

Sefton's Local Plan:
www.sefton.gov.uk/localplan

Breastfeeding in Sefton:
www.healthysefton.nhs.uk/Breastfeeding.htm

Austerity Policy:
www.ifs.org.uk/conferences/browne_scotcare_presentation.pdf



Chapter Three

School Readiness: Getting the best start in education



“School readiness depends on every child achieving the best possible early physical health, development, and mental wellbeing.”

Getting the best possible education can have a profound impact on a person’s life, health, and emotional wellbeing. Early education has a huge impact on later life chances, income, and health.

In England, children at the end of reception year (aged 5 years) are assessed against the government standard “good level of development”. This looks at child development, a marker of school readiness.

We know that gaps in educational attainment between poor children and other children of the same age already exist at school entry age. As noted in the health needs chapter, just over half of all children in Sefton achieve the minimum expected level of development by the end of reception year, which is worse than the England average. Among children receiving a free school meal, however, only 40% achieve the minimum. This is significantly worse than the England average of 45%. These figures have improved from the previous year.

By understanding what works in improving school readiness, we can prioritise what we can do to improve it most effectively.

School readiness depends on every child achieving the best possible early physical health, development, and mental wellbeing. This can be supported through things like the national Healthy Child Programme and through targeted work to improve school readiness. The Healthy Child Programme helps through;

- Early identification of need and risk
- Identifying those at risk of poor development and outcomes because of child, family, or environmental factors
- Universal health and development reviews
- Identifying and addressing difficulties in early life

- Supporting the family unit
- An important part of early child development
- Supporting parenting
- Preventing obesity
- Promoting breastfeeding and good nutrition



Improving school readiness means working to improve all of those things that impact on a child's early health, wellbeing, and development. This includes;

- › The child's nutrition
- › The home environment
- › The family environment and parenting
- › Early language development
- › Recognising developmental delay
- › Screening for visual and hearing impairments, and other medical problems
- › Creating opportunities for safe play, and health- promoting physical environments
- › Improving dental health
- › Reducing exposure to hazards such as passive smoke, home accidents, and road collisions

In Sefton Council, the school readiness team works with schools, nurseries, children's centres, child minders and families to improve partnership between organisations and improve school readiness. This team especially targets their approach to those children and families who are most vulnerable.

What more could be done?

The scope for closer working between early years services and the delivery of the Healthy Child Programme should be reviewed as the Council takes on responsibility for commissioning the HCP in 2015. Improving school readiness should be a key aim of this closer working.

FIND OUT MORE...

Health for All Children:

www.dhsspsni.gov.uk/guidance_and_principles_of_practice_for_professional_staff_health_for_all_children.pdf

The Healthy Child Programme:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf



Chapter Four

Pregnancy in Sefton



“The focus of the MSLC is on promoting a healthy pregnancy and reducing health inequalities by making sure everyone can get the care and support they need.”

The Maternity Services Liaison Committee – known as the MSLC – works to ensure a healthy start and healthy future for all new-born babies and their families living in Sefton.

Local picture

The MSLC is made up of parents, health professionals and representatives from Sefton Council, Sefton Clinical Commissioning Groups and the local Community and Voluntary Sector (CVS).

Almost 3000 babies are born in Sefton each year. Sefton's maternity services are there to support all mothers through a healthier pregnancy and birth. Support is needed throughout pregnancy as we know that some women find it difficult getting to appointments or antenatal classes, while some vulnerable families are more likely to need extra help. The focus of the MSLC is on promoting a healthy pregnancy and reducing health inequalities by making sure everyone can get the care and support they need.

This involves:

- Engaging parents to promote healthy eating, and to support them to quit smoking and to book early at maternity services to prevent problems like low birth-weight.
- Promoting choice in antenatal care and place of birth. We know that home birth is a safe option for women with low risk pregnancies. Women who plan a home birth are half as likely to have a caesarean section or forceps delivery, yet fewer than 2% of women in Sefton have a home birth. We know that more women would choose this option if they were fully aware and supported in planning the birth.
- Developing better partnerships across health services, social care, children's centre's and the voluntary sector so that we all work together to meet the needs of Sefton families. This includes those who may have extra needs, for example, young or single parents, or parents with disabilities.

Sefton midwives work together with health visitors and others to deliver the Healthy Child Programme. At the booking appointment between 8 and 12 weeks of pregnancy they give mothers information about screening tests, immunisations, healthy eating, breastfeeding support, and help with stopping smoking. At this and future appointments they also help prepare mothers and partners for parenthood, including preparing for the birth, safe care of their baby and a discussion on safe sleep to help prevent sudden infant death. Midwives also support mums emotional wellbeing and mental health, and improve parent and baby attachment which improves the baby's mental wellbeing.

Agenda Item 7



This year the MSLC supported Liverpool Women’s NHS Foundation Trust’s successful bid to the Department of Health to refurbish the midwifery-led unit and low risk postnatal area. The bid focused on improving choice for women, encouraged normal birth and will provide additional birthing pools and improved rooms to let partners stay. This will help to make birth a more natural and less medical experience. We also recognise the importance of joined up services between maternity, health visiting, general practice and our children’s centre colleagues. Later chapters will describe some of the positive examples of this work.

Looking forward

The MSLC recognises that involving parents is essential in shaping services that are responsive to Sefton communities. Year on year, they have worked on increasing parent participation and engagement. Over the last few years the MSLC has supported Southport and Ormskirk baby day. This has led to more parents contacting and joining the parent task group of the MSLC. The challenge is to maintain the enthusiasm and commitment of all, but in particular the parents. This will allow them to create a sustainable group for improving Sefton’s high quality maternity services. The MSLC will develop a strategy to ensure new parents join the MSLC to maintain its vibrancy.

The MSLC parent task-group recently surveyed local parents to find out what really mattered to them during their pregnancy: this will directly inform future commissioning and improvements to maternity services. A number of challenges for maternity providers and commissioners were identified by the survey. They include:

- › The need for sensitive healthy lifestyle advice and support for women who are overweight or obese
- › A need for increased support in completing and implementing birth plans
- › The need for more breastfeeding peer support whilst on the maternity unit
- › The need to increase the offer and uptake of antenatal classes



In response to these and other findings from the survey, the parents have decided to develop a parent charter, setting out what mothers and their partners can expect from all the statutory services during pregnancy. This has the support of the CCG who commission maternity services and the maternity services themselves. It will also involve those partner services mentioned earlier.

MSLC recommendations for Sefton based on feedback from parents in the survey

- › All partners must endorse the parent charter and ensure services provide the level of care agreed within it.
- › Providers and commissioners should improve the choice and uptake of antenatal classes, particularly amongst those groups who have experienced difficulty attending.

- › Maternity providers should develop a more robust system to ensure consistent and maintained birth plans.
- › Providers and commissioners should increase the level of breastfeeding peer support in maternity units
- › Sensitive support should be provided to those women who need to achieve a healthier weight.
- › Parent attendance and contribution at related events, e.g. the launch of 'Cheshire and Merseyside Children, Young People and Maternity Clinical Network'
- › Parents challenging providers and raising issues relevant to families

In July 2014 a number of parents from the MSLC attended the Faculty of Public Health Annual Conference in Manchester. They presented a poster showcasing how local parents got involved with the MSLC.

Sefton MSLC now has growing, creative and inclusive parent participation. A dynamic and positive relationship exists between parents, local government, voluntary sector, health commissioners and maternity providers. The impact can be seen in:

- › Active parent Twitter and Facebook account.
- › Fund raising activities
- › Parents taking the lead, e.g. chairing the committee
- › The creation of a parent task-group, with work plan directed by the parents

Chapter Five

Emotional Wellbeing



“Sefton’s Health Visitors have developed resources to support maternal mental wellbeing and these are available in thirteen languages spoken in Sefton.”

Pregnancy and childbirth should be a happy time for both mother and baby. But it is not without its stresses and strains. Having good mental wellbeing gives mothers and carers the skills and strength they need to cope with the physical and emotional changes they go through.

It also helps them cope with the normal fears and excitement about having a baby and of course the sleepless nights. However, around 1 in 7 mothers experience mental health problems. These range from low mood to clinical depression. This can happen any time before, during, or after the baby is born. Left untreated, it can lead to serious consequences, such as neglect of the baby, behavioural problems in older children and, at its most tragic, a mother attempting to take her own life. However, it is important to remember that with the right support this can be prevented.

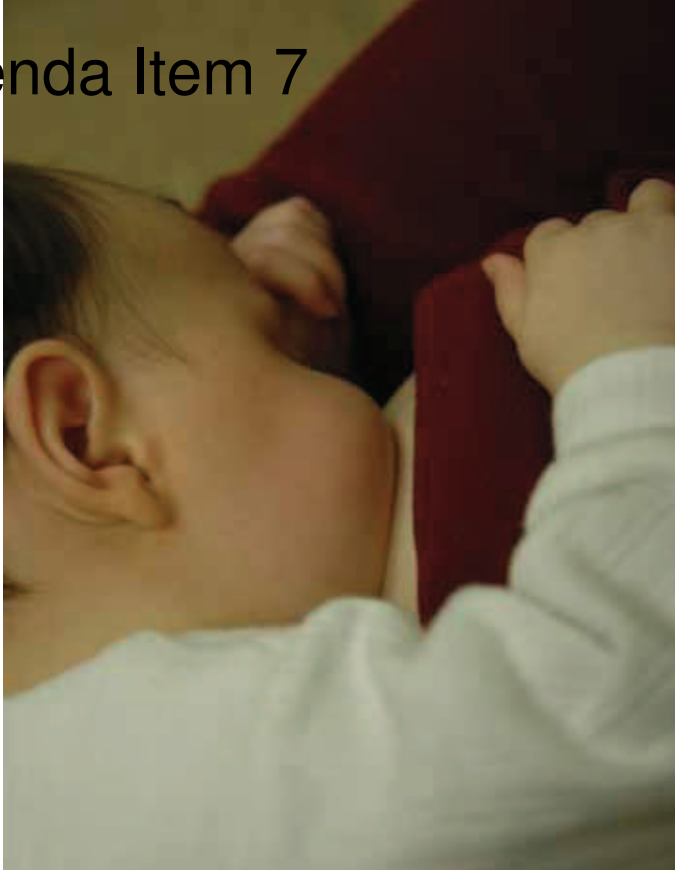
The evidence for supporting mothers

The National Institute for Health and Care Excellence (NICE) has produced guidance that sets out the care mothers and their families should receive. This starts with support from the health visitor and where appropriate goes onto include more specialist mental health support. It is widely accepted that effective and timely prevention, detection and treatment can have a positive impact on mothers and their families and reduce long-term difficulties. Health visitors are trained to assess mental wellbeing and have an extensive knowledge of local support. All mothers receive a patient information leaflet called ‘Your emotional wellbeing in pregnancy and beyond’. This provides the health visitor with an opportunity to help mums talk about how they have been feeling. If the health

visitor thinks the mum needs additional help, they will refer mothers for psychological therapy and or other support services, for example, an exercise programme.

At the moment, the mental wellbeing assessment happens after the birth. But from early 2015 all pregnant women in Sefton will be offered a visit from the health visitor by 28 weeks of pregnancy. This will help health visitors identify and provide appropriate support earlier if it is needed.

Sefton’s health visitors have developed resources to support maternal mental wellbeing and these are available in thirteen languages spoken in Sefton. This ensures that mums who do not speak English as their first language have equal access to mental wellbeing support.



Some of Sefton's children's centres now offer short 'Think differently, cope differently' courses to support mums with mild to moderate depression and anxiety. These provide a great resource for health visitors to refer parents to. Some of the children's centres also offer a 'Positive Thoughts' Course which has proven popular with mums.

Case Study

Jane is a made-up person, but her story is typical of some of the clients our health visitors support.

The health visitor visited first-time-mum Jane, with her 3 month old baby Dylan. She has been Jane's health visitor since Dylan's birth and has visited them at home a couple of times, and has also seen Jane and Dylan in clinic. Sefton health visitors routinely assess maternal mental health when the baby is 3 to 4 months old. During the assessment, Jane was tearful and said that her partner had left her. She said there had been some domestic violence and that she felt depressed and anxious. Jane was isolated, had little family-support locally and had low confidence. Jane said that Dylan was difficult to settle and cried a lot. The assessment tools identified mild clinical depression and moderate levels of anxiety. For the next few weeks the health visitor

visited Jane at home to undertake 'Listening Visits' and she also accompanied her to her local children's centre, where Jane enrolled on the 'Positive Thoughts' Course which really helped to lift her mood and lessen her anxiety. She continued to attend the children's centre and became involved in the Community Garden there. A year on, her confidence has increased and she has now started a part time job. Dylan is settled in a local nursery. The support for Jane outlined in this case study will have provided long term benefits to Dylan in relation to his educational outcomes, his behaviour and his long term wellbeing.



What more could be done?

Health visitors will soon be able to measure the level of maternal emotional wellbeing across Sefton. This will help to identify areas of greatest need in Sefton and enable health visitors to target their support during pregnancy and the early years to those who need it most.

FIND OUT MORE...

Guidance from NICE on care after birth:
www.nice.org.uk/Guidance/QS37

Sefton Children's Centres:
<http://www.sefton.gov.uk/schools-learning/early-years-and-childcare/childrens-centres.aspx>

Chapter Six

Protecting mothers and babies: antenatal and newborn screening



“ Just over 98 per cent of babies get their hearing tested, and more than nine out of ten have the heel prick blood spot test in good time after birth. ”

The NHS provides world class health screening for health problems in pregnancy and for newborn children. This is part of the routine, free, and universal care offered to women who are pregnant and to their children.

Pregnant women are asked for permission by their midwife, and then they are offered blood tests, ultra sound scans, and a questionnaire.

For newborn babies, the heel prick blood spot test, a hearing test, and a physical examination are offered to every baby.

There is lots of information about these screening programmes on the internet – links to useful information can be found at the end of this chapter.

Six screening tests offered:

Pregnant women are offered screening for:

- › infectious diseases that could harm the mother or baby, such as syphilis and HIV;
- › inherited blood-disorders related to family origin, such as sickle cell disease;
- › abnormalities such as spina-bifida or chromosome disorders (the commonest being Down's syndrome);

Babies are offered screening for:

- › the heel-prick blood spot test for rare diseases that can be treated if picked up early – they are phenylketonuria, MCADD, thyroid underactivity, cystic fibrosis, and sickle cell/thalassemia and from January 2015 this has been expanded to include four more inherited metabolic diseases.
- › inherited hearing impairment (deafness)
- › congenital problems at birth such as hip or heart problems

Over 97% of pregnant women cared for by Liverpool Women's Hospital and Southport and Ormskirk Hospital have screening blood tests. Approximately 46% of women are screened for Down's syndrome at Liverpool Women's and 42% are screened at Southport and Ormskirk.

Pregnant women are screened for sickle cell disease if they have a family origin from certain African or Mediterranean countries. It's important for women to book early with their midwife so that this can be done in good time.

Just over 98 per cent of babies get their hearing tested, and more than nine out of ten have the heel prick blood spot test in good time after birth. Almost three in every hundred babies need a second heel prick test because the first sample was too small. Local midwives are working hard to get this figure down to one in two hundred.

We don't yet have good data on how many children get their full physical examination, but local hospitals are starting to collect this.



An example: the heel prick test (new born blood spot)

At about a week old, the midwife gets a drop of blood from the baby's heel and soaks it onto a special piece of blotting paper. This paper strip is sent to Alder Hey Hospital where a sophisticated laboratory runs a series of tests for the five diseases: phenylketonuria, MCADD, thyroid underactivity, cystic fibrosis, and sickle cell/thalassemia.

If any of the tests is positive, then the result is checked further, and parents are contacted for a specialist opinion. For each of the diseases, picking them up early makes a huge difference to the baby as they grow up. In the case of thyroid underactivity, for example, a simple daily treatment means that the baby develops completely normally. In contrast, if it wasn't picked up early, the baby's mental and physical development are affected.

What could be improved?

- › More women could benefit from screening if local maternity teams improve the uptake of infectious disease and Down's syndrome screening tests.
- › Women should be booked with their midwife early enough in their pregnancy so that sickle cell tests can be offered quickly when needed.
- › The heel prick test should be given in good time and without delay to almost every baby, not just nine out of ten babies.
- › The sample should be "right first time" so that babies do not need to have it repeated.
- › Local hospitals should collect and report data on the newborn physical examination.

Childhood vaccinations in Sefton

The NHS infant vaccination programme protects children from more than 20 common and serious infectious diseases, such as tetanus, polio, diphtheria, some forms of

meningitis, mumps, measles, rubella (german measles), rotavirus diarrhoea, and pneumonia. Teenage girls also get the HPV vaccine in school year 8, which protects them against the genital warts virus – a major cause of cervical cancer. Next to clean drinking water, good nutrition and good parenting, vaccinations are one of the most important things that keep children healthy.

Most children in Sefton complete their recommended course of vaccines, and uptake of routine vaccinations has improved over the last few years. The number of 5 year olds getting their second dose of MMR still needs to be improved, however, as two doses are needed to ensure immunity. The good uptake in Sefton is down to parents ensuring they bring their children for vaccination, hard work by local doctors and nurses, and good organisation of the immunisation programme by Public Health England to make sure the vaccines are available. The table shows how well Sefton did in 2013/14.



2013/14 was the first year that children were offered immunisation against flu. The uptake rate for Sefton as a whole was similar to the national rate but further work is needed to improve this for future years.

FIND OUT MORE...

Sefton's Joint Health and Wellbeing Strategy:

modgov.sefton.gov.uk/moderngov/documents/s44151/Summary%20Health%20and%20Wellbeing%20Strategy%20-%202013-18.pdf

The Public Health Outcomes Framework:

www.phoutcomes.info

The Champs Public Health Collaborative:

www.champspublichealth.com

The Northwest Directors of Public Health group's 'Top Ten for Number Ten':

www.screening.nhs.uk/annbpublications

There is information in other languages at:

www.screening.nhs.uk/languages

phlive.org.uk/wp-content/uploads/Manifesto.pdf

Childhood Vaccinations April 2013 to March 2014:

uptake as % of all invited infants. Sefton children are some of the best protected in the North of England.

For best protection, 95% (nineteen out of twenty) children need to be up to date with their vaccinations

	ENGLAND	NORTH WEST	SEFTON
Diphtheria, tetanus, polio and Hib meningitis at 12 months old	94.3%	95.7%	96.3%
Pneumococcal vaccine at 12 months old	94.1%	95.3%	96.0%
Diphtheria, tetanus, polio and Hib meningitis at 2 years old	96.1%	97.3%	97.2%
Pneumococcal vaccine at 2 years old	92.4%	94.2%	95.0%
Hib meningitis at 2 years old	92.5%	94.3%	94.9%
MMR (mumps, measles, rubella vaccine) at 2 years old	92.7%	94.9%	94.7%
MMR (mumps, measles, rubella vaccine) at 5 years old	88.3%	92.0%	90.3%

Note: Source is NHS England data analysis, collated by Merseyside Screening and Immunisation Team

Flu Vaccination Uptake: 2013/14

	ENGLAND	SOUTH SEFTON CCG	SOUTHPORT & FORMBY CCG
Flu vaccination coverage in ALL 2 year olds combined	42.6%	38.1%	54.1%
Flu vaccination coverage in ALL 3 year olds combined	39.5%	34.8%	50.7%

Chapter Seven

Health Visiting and Family Nurse Partnership



“Because health visitors have specialised knowledge of community health, health promotion and child health they are able to provide specialist care from birth through to starting school.”

Every family with a new baby or a child under the age of five will have a health visitor. Health visitors are qualified nurses or midwives who have specialist training in child health and health promotion.

Local picture

The health visitor can provide practical support and confidential health advice.

In Sefton, health visitors take over from midwives and deliver the Healthy Child Programme (HCP) for ages 0 to 5. Health visitors are supported in delivering the HCP by child health practitioners and nursery nurses. They also work closely with midwives, Family Nurse Partnership, school health, children's centres, social care and the voluntary sector. The Healthy Child Programme is a series of reviews, screening tests, vaccinations and information to support parents and help them give their child the best chance of staying healthy and well. The HCP is based on a model of 'progressive universalism'. In other words, there are standard services available to everyone (universal), and additional

services available to those who need them most or are at risk (progressively more services provided according to need). The programme is offered in GP surgeries, local clinics, and children's centres. Some reviews can be done at home which enables the health visitor to assess the child in the family environment.

Because health visitors have specialised knowledge of community health, health promotion and child health they are able to provide specialist care from birth through to starting school. Health visitors play a pivotal role in safeguarding children and addressing issues like neglect. As part of the Healthy Child Programme, health visitors have recently started contacting families shortly before the birth to offer early support and advice, and set out the support families can expect once their baby is born.

During child development reviews, the health visitor asks how the child is doing and about any concerns parents may have. The first home visit will usually take place when babies are 10 to 15 days old. During the check-up the health visitor examines the baby and records the details in the baby's red book (Personal Child Health Record). After the first visit, a development review takes place at 6 to 8 weeks old. Further routine reviews are at three months, four months, one year, between two and two and a half years, and at school entry (four to five years). Once the child reaches school age, the school nursing team and school staff help support the child's ongoing health and development.



Looking forward

From 2015, some of Sefton's most vulnerable families will be supported by the more intensive Family Nurse Partnership support programme. This is a targeted programme offered to first time mothers aged 19 or under. Unlike the regular health visiting service, it begins in early pregnancy; with the Family Nurse offering weekly and fortnightly visits right up until the child is two years old. The aim is to work with young parents, helping them to understand about their pregnancy and how to care for themselves and their baby. The focus is on partnership, nurses do not tell parents what they should do, but work with them to help them make decisions about giving birth, looking after their baby and toddler and deciding what is best for them.

The programme has three major goals

- › To improve antenatal health
- › To improve child health and development
- › To improve economic self-sufficiency

The programme is aspirational, helping young parents become the best parents they can be, and in turn helping their baby to grow, develop and learn. Nurses will also help parents explore childcare options, education and training and provide support to help parents manage household finances and setting up home.

Work is underway to recruit and train the Family Nurse Partnership Team that will work in Sefton. Liverpool Community Health already provides this service in Liverpool where it has shown positive health outcomes. The programme originated in the United States where it has been shown to provide the following benefits.

- › Reduction in smoking whilst pregnant
- › Fewer subsequent births and greater intervals between births
- › Fewer accidents
- › Increase in employment
- › Reduction in child abuse and neglect
- › Improved child language development

- › Increased access to education and training

- › Greater involvement of fathers

From October 2015, Local Authorities will take over responsibility for commissioning health visiting and FNP services from NHS England. The staff that provide the services will remain in the NHS provider services. This is the final component of transferring responsibility for public health to the council and it provides a real opportunity to align these core services along with its other key early years staff, e.g. children's centres, staff working in social care, disabilities team, and to ensure good links with public health programmes for older children.

The 2010 'Fair Society, Healthy Lives' review by Professor Sir Michael Marmot showed that investing in early years is vital to reducing health inequalities and that the returns on investment in early childhood are higher than in older age groups. The Healthy Child programme provides a blend of services, some of which are universal, with an



sability to scale-up the service where need is highest. By having a universal service like this, we can support the most disadvantaged in Sefton and prevent families who might have “hidden” problems, e.g. post natal depression falling through the net. This approach has potentially huge benefits for the long-term health of Sefton’s children.

What more should we do?

The local authority should work with the NHS to ensure a safe transfer of commissioning responsibility and the quality of the Health Visiting service and Family Nurse Partnership is maintained or improved post transfer.

Opportunities for building stronger links with early years services and with 5-19 public health programmes should be created.

FIND OUT MORE...

The Healthy Child Programme:

www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

Fair Society Healthy Lives Report (The Marmot Review):

www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Chapter Eight

Healthy Lifestyle Choices



“During 2013/14 there were 292 pregnant women who set a quit date with the Sefton Stop Smoking Service, an increase of 28 pregnant women compared to the previous year.”

The earlier healthy lifestyle choices are started, the more of a habit they become throughout childhood and into later life.

This chapter describes what we are doing locally to give children a healthy start in life.

Smoking & Pregnancy The Local Picture

Smoking during pregnancy is a serious public health concern because it damages the health of both mother and baby. A Royal College of Physicians' Report (2010) said that in the UK each year, maternal smoking during pregnancy impairs the growth and development of the unborn child and leads to miscarriages, perinatal deaths, premature births and low birth weight babies.

Smoking during pregnancy is measured nationally through Smoking at Time of Delivery data (SATOD). Sefton's rate for 2013/14 was 15.3%, with higher rates in South Sefton CCG at 17.1% than in Southport and Formby at 12.2%. Overall Smoking At Time of Delivery has seen only a slight decrease from 15.6 % to 15.3% between 2012/13 and 2013/14.

During 2013/14 there were 292 pregnant women who set a quit date with the Sefton Stop Smoking Service, an increase of 28 pregnant women compared to the previous year. 47% of the women who set a quit date went on to successfully stop smoking, an increase of 3 percentage points on the previous year.

What is being done to address these issues

We are using the latest scientific evidence and recommendations to reduce smoking in pregnancy with the aim of:

- › Improving the health of mothers who smoke
- › Reducing the risk of harm to her unborn child

Following NICE guidance: the Merseyside 'stop smoking in pregnancy pathway'

We know from NICE guidance that midwives play a key role in identifying, referring and supporting pregnant smokers. The NICE recommendations have been applied by organisations working together

across Merseyside. This includes organisations like local councils and NHS maternity services. This partnership approach has been crucial to ensure there is a consistent approach to help pregnant women to quit smoking across Merseyside.

The Merseyside 'stop smoking in pregnancy pathway' helps ensure that NHS maternity services have an evidence-based comprehensive approach to stop smoking. This means that pregnant smokers in Sefton are identified and supported to quit smoking wherever they choose to give birth.

Specialist stop smoking support

Pregnant women in Sefton can access a specialist stop smoking service through SUPPORT, Sefton's local NHS stop smoking service. They provide one-to-one quit support, including the option of home visits for pregnant women. During 2013/14, 138 pregnant women went on to successfully stop smoking.

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Incentive scheme for vulnerable pregnant quitters

Pregnant women at risk of relapse can be offered rewards to continue on their quit attempt for at least four weeks. Once on this incentive programme clients can be rewarded if they sustain their quit attempt throughout the pregnancy and for at least 8 weeks after birth. Women take a carbon monoxide breath test to demonstrate they are smokefree.

What more could be done in Sefton?

- › We should work with partners to support young women to quit smoking before they have children. More importantly, work should be done to prevent young women from starting to smoke.
- › Sefton Council should work in partnership with maternity service commissioners, to audit current practice against national smoking in pregnancy guidance and take action to improve compliance where needed in Sefton.

- › We need to understand better why some women in Sefton opt out of using specialist stop smoking services to support them to stop smoking during pregnancy, and use this information to tailor the service better to their needs.
- › We should identify new ideas that can support pregnant women to quit smoking, such as finding examples of good practice and innovative delivery in other areas.

Breastfeeding Local Picture

Breastfeeding is the healthiest way to feed a baby. Breastfeeding contributes to the health of mother and child in both the short and long term and provides all the nutrients a baby needs. The current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months, and then continuing for as long as the mother and baby wish while gradually introducing a more varied diet.

The percentage of Sefton mothers deciding to breastfeed (the breastfeeding initiation rate) increased from 54% to 57% between 2012/13 and

2013/14. The percentage still breastfeeding at 6 to 8 weeks did not change over the same period remaining at 27%. This compares to national rates of 74% and 47% respectively so although we have seen improvement in breastfeeding initiation over the last year there is more to be done to improve rates further.

What are we doing to address these issues?

Sefton's Baby Friendly Initiative

Sefton achieved international recognition from the United Nations Children's Fund (UNICEF) in 2014, by successfully passing the accreditation process for Stage 3 of the Baby Friendly Initiative (BFI). Stage 3 is the final stage of the BFI award and acknowledges the commitment, support and dedication that staff and volunteers in Sefton offer to mums and families. The BFI award process involved professionals being interviewed and assessed: pregnant women and new mothers were asked about their experience and the care they had received in over thirty different aspects of



breastfeeding. More than 80% of mothers reported positive feedback in each of the areas. Southport & Ormskirk hospital have achieved their certificate of commitment for BFI status and are currently working to achieve the next stage of this award through the delivery of training programmes to staff in the hospital and ensuring that hospital policies and procedures promote the most supportive environment to encourage breastfeeding. Improvements may take time to be reflected in the statistics.

Breast Start

Sefton's breastfeeding peer support programme called Breast Start, is made up of paid staff and volunteers. Sefton women have found this service valuable – during 2013/14, 68% of mums supported by Breast Start were still breastfeeding at 6 weeks. The service provides antenatal workshops, support on post natal wards, postnatal support groups, home visits and telephone support.

Breastfeeding Friendly Venues

Sefton runs a programme to encourage businesses in Sefton to actively welcome breastfeeding on their premises. 43 venues in Sefton have so far committed to providing a welcoming and supportive environment to breastfeeding mothers. Further work is underway to build on increasing the number of breastfeeding friendly venues, and to highlight to all Sefton organisations how important it is to provide a welcoming and supportive breastfeeding environment.

Breast milk – it's amazing

The 'Breast milk- it's amazing' campaign was launched in 2009 across Sefton, Knowsley, Liverpool and Wirral. It is a high profile health promotion campaign that aims to improve breastfeeding uptake in the region. The campaign was later adopted by Champs – Cheshire and Merseyside's public health collaborative service. Champs have since developed the campaign with a relaunch and a series of related events that link parents into support groups.

The Healthy Start Scheme: Providing access to free fruit, vegetables, and vitamins

Good nutrition is vitally important for early child development. The Department of Health's 'Healthy Start' scheme provides free weekly vouchers for fruit, vegetables, milk, and infant formula. It also offers free vitamin tablets for pregnant mothers and free vitamin drops for children at around 6 months old (when they are weaning onto solid foods and need vitamin supplements). The vitamins offered are tailored to the needs of pregnant mothers (providing folic acid, Vitamins C & D) and (Vitamins A, C & D) to young children, to help prevent birth defects and rickets. Vitamins are distributed via children's centres and nurseries – this helps introduce mothers to the other health improving services available at children's centres

The fruit and vegetable voucher element of Healthy Start can assist with establishing healthier eating habits to help with maintaining a healthy weight.

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The Healthy Start scheme is a statutory duty for the local authority, and is offered to families on specific benefits and all mothers under 18 years old.

In Sefton, the scheme has been supplemented by a local offer since 2009; so that all of Sefton's pregnant mothers and children under two have access to free vitamin supplements. This local offer has improved the uptake of the national Healthy Start programme in Sefton. Sefton's supplementary local offer has been shared as a model of good practice with other local public health teams and with the NHS England.

Future plans are for Sefton Council to work in partnership with food banks to improve the opportunity for eligible young families to access the necessary vitamins and food options to maintain a healthy diet.

Future Challenges

- › The first few hours after delivery is a crucial time for breastfeeding support to be provided. It will be important to work with Sefton Clinical Commissioning Groups, maternity and health visiting services and Breast Start to find ways of supporting breastfeeding more effectively. Voluntary activity or services supported by mainstream NHS services would have most impact if focussed in the immediate post natal period.
- › Maintaining the BFI status in Sefton's community settings and ensuring that the guidance is being adhered to and new staff are trained.
- › Achieving BFI status at Southport and Ormskirk hospital to ensure consistent support for new mothers wishing to breastfeed.
- › Maintenance and expansion of breastfeeding friendly venues across Sefton to ensure that women feel comfortable to breastfeed and know that they will get a positive welcome when they do.

FIND OUT MORE...

**Healthy Sefton:
Stop Smoking Service**
www.healthysefton.nhs.uk/Stop_Smoking.htm

**Healthy Sefton:
Breastfeeding Support**
www.healthysefton.nhs.uk/Breastfeeding/Local_Breastfeeding_Support.htm



Chapter Nine

Keeping Children Safe



“The Mersey panel is planning a series of training sessions for all front line staff who support parents and carers of babies. This will ensure they are able to discuss safe sleeping arrangements with families and give clear advice.”

Government legislation requires every Local safeguarding Children Board (LSCB) to review the death of each child or young person who lived in their area.

When a child dies in Sefton: lessons for the future

By doing this, we can find ways of preventing future deaths and help support families. Each child death is a personal tragedy for the individual family, but looking at deaths collectively across Merseyside helps agencies identify interventions that may prevent further deaths or injury.

Sefton is part of the 'Mersey Child Death Overview Panel'. This panel receives a short report about each child and how they died. The information comes from records held by hospitals, local health services, schools, police, children's services or other agencies whose staff knew the child. The panel, which includes public health specialists, medical doctors, other health specialists, children's services staff, education staff, and police, meets monthly to review the reports.

The panel is not concerned with blame but focuses on finding out if anything can be changed to prevent similar deaths in the future. They also look at what support was offered to the child and their family before and after the death. The panel can recommend changes to these arrangements if needed.

The process is confidential and information about the panel should be given to parents by the registrar when they register the death of a child. Parents can contact the panel if they wish to receive individual feedback about their child, or want to contribute extra information that they feel may help to improve the care of children.

During 2013/14, the deaths of 14 Sefton children were considered by the Mersey Panel. Twelve of the deaths occurred in babies less than one year old, and of those six were neonates, that is babies less than 28 days old. For Merseyside as a whole, deaths in the neonatal and infant age groups continue to be much greater than in any other age group. Across Mersey, the commonest causes of death at this age are::

- › complications associated with prematurity,
- › genetic and congenital anomalies,
- › and in older babies – sudden unexpected, death in infancy (also known as SUDI)



Other chapters in this year's report highlight the importance of women booking early in pregnancy. This ensures that all women get early offered pregnancy screening to identify medical conditions during pregnancy. Supportive midwifery and health visiting care can also help mothers improve their chance of a healthy pregnancy and birth through quitting smoking, healthy eating, and starting and continuing to breastfeed. Smoking and poor maternal diet is connected to low birthweight babies.

And we know that breastfeeding offers positive protection to babies from infection and allergy.

Sadly, sudden infant death often remains unexplained. But we know that the risk is greatly reduced if parents do not smoke, if babies are breastfed, and if they are placed to sleep in a safe environment. Sudden unexpected death is, thankfully, rare but it can happen.

To help prevent it, all Sefton health staff advise the following:

Things to do

- › Always place your baby on their back to sleep
- › Keep your baby smoke free during pregnancy and after
- › Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months
- › Breastfeed your baby
- › Use a firm, flat waterproof mattress in good condition

Things to avoid

- › Never sleep on a sofa or armchair with your baby
- › Don't sleep in the same bed as your baby
- › Avoid letting your baby get too hot
- › Don't cover your baby's face or head while sleeping or use loose bedding

Domestic violence: preventing harm to children

There are national and local strategies and programmes designed to support families and looked after children in their living and social environments. These include programmes to reduce the impact of domestic abuse on children, the government's 'Troubled Families' programme, and local programmes that support community social networks. Although only very rarely implicated in the death of children, panel reviews have identified a significant number of domestic violence incidents. In response, Sefton Council is researching the experience and impact of domestic violence on the health and wellbeing of people, including children who are affected by domestic violence.



Looking Forward

The Mersey Child Death Overview panel is planning a series of training sessions for all front line staff who support parents and carers of babies. This will ensure they are able to discuss safe sleeping arrangements with families and give clear advice. The training will use a common protocol currently being developed across Merseyside NHS Trusts. Sefton also plan to work with panel partners across Cheshire and Merseyside to develop a media campaign promoting safe sleeping practice.

Members of the panel are also delivering updates on the work and findings of the panel across Merseyside. Feedback from staff working in Sefton has been positive. Sharing learning will hopefully help protect children from potential harm and avoidable risks to health.

The work on domestic violence will be used to develop the Local Domestic Violence strategy. Work has also started on understanding the local picture of childhood sexual exploitation.

FIND OUT MORE...

Merseyside Child Death Overview Panel (including annual reports):

www.liverpoolscb.org/sub_child_death_overview_panel.html

Vulnerable Victims Advocacy Team:

www.sefton.gov.uk/advice-benefits/crime-and-emergencies/domestic-violence.aspx

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If you require this publication in a different format such as Braille, large print or another language, please contact Sefton Public Health Team on 0151 934 3308

Sefton Council 

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Report to:	<ul style="list-style-type: none">• Audit and Governance Committee• Council	Date of Meeting:	25 March 2015 23 April 2015
Subject:	Whistleblowing Policy and Constitutional Amendments	Wards Affected:	All
Report of:	Director of Corporate Services		
Is this a Key Decision?	No	Is it included in the Forward Plan?	No
Exempt/Confidential	No		

Purpose/Summary

Further to the Audit and Governance Committee Meeting on 10 September 2014 and the deliberations of the Member Working Group, the Confidential Reporting Policy has now been amended and re-named as the Whistleblowing Policy and requires consideration by Members.

The report also provides an update on progress with respect to a number of Constitutional amendments.

Recommendations

(1) Audit and Governance Committee be requested to:

- (i) Refer to Council the proposed Whistleblowing Policy as set in out in Appendix 1 to the report.
- (ii) Note that a further report on proposals for the implementation of the training associated with the introduction of the Whistleblowing Policy will be submitted to a future meeting.
- (iii) Refer to Council the amendments to the Constitution as set out in paragraph 1.(b) of the report, in relation to the Planning Committee, the Health and Wellbeing Board and the Terms of Reference for the Older People and Health Cabinet Member.

(2) **Council be requested to:**

- (i) Approve the proposed Whistleblowing Policy as set in out in Appendix 1 to the report.
- (ii) Approve the amendments to the Constitution as set out in paragraph 1.(b) of the report in relation to the Planning Committee, the Health and Wellbeing Board and the Terms of Reference for the Older People and

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Health Cabinet Member.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Jobs and Prosperity		√	
3	Environmental Sustainability		√	
4	Health and Well-Being		√	
5	Children and Young People		√	
6	Creating Safe Communities		√	
7	Creating Inclusive Communities		√	
8	Improving the Quality of Council Services and Strengthening Local Democracy		√	

Reasons for the Recommendations:

To ensure good governance and transparency within Sefton Council.

Alternative Options Considered and Rejected:

It is open to Members not to amend the Whistleblowing Policy and/or the proposed Constitutional amendments, or to amend them in a different way. Officers believe that the draft Policy and Constitutional amendments presented, best reflect good practice and in particular the Policy has been refined to suit Sefton Council's circumstances.

What will it cost and how will it be financed?

(A) Revenue Costs

Nil

(B) Capital Costs

Nil

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial None arising from the contents of the report.
Legal These are contained within the contents of the report.
Human Resources None arising from the contents of the report.
Equality 1. No Equality Implication <input type="checkbox"/> 2. Equality Implications identified and mitigated <input checked="" type="checkbox"/> 3. Equality Implication identified and risk remains <input type="checkbox"/>

Impact of the Proposals on Service Delivery:

Both the Whistleblowing Policy and the Constitutional amendments, if adopted, will ensure that good practice is embedded in each of these respective issues.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT (FD 3496/15) has been consulted and has no comments to add to the report.

The Head of Corporate Legal Services (LD 2788/15) is the author of the report.

Implementation Date for the Decision

Immediately following the Council meeting.

Contact Officer: Jill Coule, Head of Corporate Legal Services and Monitoring Officer

Tel: 0151 934 2031

Email: jill.coule@sefton.gov.uk

Background Papers:

There are no background papers available for inspection.

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1. Introduction/Background

a) Review of the Council's Confidential Reporting Policy

Members will recall that a review was undertaken of the Council's Confidential Reporting Policy as part of the Internal Audit Plan approved by the Audit and Governance Committee on 27 March 2014. Sefton Council has up to now called its policy, which deals with "Whistleblowing", the Confidential Reporting Policy. This report updates Members on the rationale for review and the work being undertaken to date.

To summarise the rationale, the ability to 'blow the whistle' is imperative to good governance of the Council. Sefton Council wants the Policy to be accessible to those/all who may have cause to use it. The audit report made a number of recommendations. There were zero critical recommendations, two high recommendations and nine medium recommendations.

As part of the update and in order to achieve the desired outcome of transparency, Sefton Council should also review current training arrangements and consider implementing whistleblowing training for all new staff. Legal and/or Personnel staff will ensure that all Employees and Officers of the Council are briefed regarding the changes.

In line with the Audit Report recommendations, the Council used the Public Concern at Work model policy as a basis for the new policy. At the Member Working Group, a discussion took place as to which officers should be identified as key contacts within the policy, what steps officers should take to raise awareness of, understanding of and confidence in the policy and where on the inter/intranet the policy should be located. It is currently located on the Intranet along with the Grievance Policy in the Human Resources (HR) procedures.

The policy and associated arrangements are now presented to the Audit and Governance Committee for consideration and recommendation to Council.

With respect to training and raising awareness of this policy, a number of methods will be utilised:

- Policy to be included in information for all new staff starters
- Item on the Intranet 'Informing Sefton'
- Greater prominence/ease of navigation on the Council's Intranet to the Whistleblowing Policy
- Short presentation to senior Departmental Management Teams to raise awareness of the revised policy and consider best ways to raise awareness/cascade the information in their respective teams. The approach will need to be tailored to ensure that all teams are briefed appropriately.

It is suggested that a follow up report be provided to Members later in the year to advise on the implementation of the training.

b) Constitutional Amendments Update

Planning Committee

At the last meeting of the Audit and Governance Committee in December 2014, Members determined that certain Constitutional amendments should be considered by the Planning Committee.

Those Constitutional amendments were proposed changes to

- the terms of reference (delegations) of the Planning Committee, and
- the planning applications petition process.

Minute 96 from the Planning Committee meeting on 7 January 2015, confirms that it was resolved that:

“(1) It be noted that the following proposed amendments would be inserted into the Constitution

The addition of the following words to Chapter 7 Paragraph 21:

“Consideration of Conservation Area Appraisals and to make recommendations to Cabinet”

The addition of the following words to Chapter 5 Paragraphs 29- 61:

“To receive recommendations from the Planning Committee regarding Conservation Area Appraisals and to determine them accordingly”.

(2) The proposal to remove the requirement to submit a petition with at least 25 signatures and endorsement by a Councillor to be able to speak at Planning Committee and to replace this with a requirement to register an intention to speak by a set time before the Planning Committee meeting be deferred and the Director of Built Environment be requested to consider the issues surrounding the present petition scheme and submit a further report to this Committee.”

With respect to item number (2) above, initial discussions have been held with the Director of Built Environment and it is anticipated that the report will be considered by Planning Committee early in the next municipal year.

Health and Wellbeing Board and Consequential Amendments

The Better Care Fund as issued by government attaches a number of conditions to the governance of that Fund. This means that there must be some amendments to the terms of reference as set out in the Council’s Constitution to the Health and Wellbeing Board. Whilst the Better Care Fund is not the only Section 75 agreement the Council has, the size and scale of this has warranted a comprehensive approach being adopted to all of these arrangements. It is also hoped that these governance arrangements, if approved, will future proof the Council from a governance perspective should further agreements be entered into.

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Set out below are the existing and the proposed terms for the Health and Wellbeing Board. A report which sets out more detail on the Better Care Fund and the required legal agreement (Section 75 agreement) will be considered by Cabinet at its meeting on 26 March 2015. A verbal update will be provided to Cabinet members on any comments arising from this Committee's consideration of the proposed changes to the terms of reference, if necessary.

The current terms of reference for the Health and Wellbeing Board can be found in Chapter 7 of the Constitution – Regulatory and Other Committees.

Health and Wellbeing Board – Current Terms of Reference

- *To encourage integrated working between commissioners of health services, to public health and social care services.*
- *To encourage those who provide services related to wider effects of health, such as housing, to work closely with the Health and Wellbeing Board.*
- *To lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) including involving users and the public in their development.*
- *To be involved throughout the process as Clinical Commissioning Groups to develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans.*

Health and Wellbeing Board – Additional Proposed Term of Reference

- *To be responsible for the review of performance and oversight of Section 75 Agreements prepared under the National Health Service Act 2006 or any subsequent legislation.*

The detailed Section 75 Agreement for the Better Care Fund sets out in detail the role the Board will need to undertake to fulfil this responsibility. In essence it will be to map joint resources, review delivery of outcomes generally and individual schemes conducted under the framework of the agreement. The Board will need to establish a set of principles against which commissioning takes place, ensuring that these are allied to the parties to the Agreement's commissioning principles.

There are a number of executive actions associated with the administration of these Section 75 Agreements. Examples of these are set out below:

- Where the Council is to become Lead Commissioner as defined by the Agreements, then any such commissioning will need to be considered by the Cabinet Member or Cabinet dependent on the value of the proposed function or service and must use the Council's procurement processes.
- Consideration of variation, renewal or termination of the Agreement will be a delegated function and again, dependent on the nature of the variation, could be agreed by the relevant officer, the Cabinet Member and/or Cabinet.
- As the Council manages the budgets on behalf of the Clinical Commissioning Group and the Council, it will need to ensure that approval for expenditure from the budgets pooled accordingly are embedded into the Council's financial management systems.

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It is important that the executive elements of the management of any Section 75 agreements are embedded into the Council's processes. It is not necessary to further amend the Cabinet Terms of Reference specifically due to the generic principle which is currently recorded in the Constitution as follows:

Chapter 5 – The Cabinet

Paragraph 29

“At the meeting of Council on 29th May 2008 Members resolved that Cabinet should have a general power of competence to determine all executive functions (notwithstanding the general delegations set out below) or elsewhere within the Constitution.”

It is thought worthy of amending the Older People and Health Cabinet Member Terms of Reference to reflect this area of responsibility by adding the following:

- Section 75 agreements prepared under the National Health Service Act 2006 or any subsequent legislation.

In exercising any executive responsibilities required for the management of the Section 75 Agreements, the Cabinet Member will no doubt be mindful that those responsibilities will be exercised consistently with other parts of the Constitution such as the procurement thresholds.

A further amendment is required with respect to the work of the Health and Wellbeing Board arising from the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013/349. It is therefore proposed to amend the terms of reference for the Health and Wellbeing Board as follows:

- To approve the pharmaceutical needs assessments and ensure that it is published.

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SEFTON COUNCIL WHISTLEBLOWING POLICY

INTRODUCTION

All of us at one time or another have a concern about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible fraud, danger or malpractice that might affect others or the organisation itself, it can be difficult to know what to do.

You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it's none of your business or that it's only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the organisation. You may decide to say something, but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The Council and the Chief Executive are committed to running the organisation in the best way possible and to do so we need your help. We have introduced this policy to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have about malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

This policy applies to all those who work for us; whether full-time or part-time, employed through an agency or as a volunteer. If you have a whistleblowing concern, please let us know.

If something is troubling you that you think we should know about or look into, please use this policy.

If, however, you wish to make a complaint about your employment or how you have been treated, please use the grievance policy or bullying / harassment policy - which you can get from your manager or personnel officer. The relevant policies are also available on the intranet. If you have a concern about financial misconduct or fraud, please see our Anti-Fraud Policy. This Whistleblowing Policy is primarily for concerns where the public interest is at risk, which includes a risk to the wider public, customers, staff or the organisation itself.

If in doubt - raise it!

OUR ASSURANCES TO YOU

Your safety

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The Council and the Chief Executive are committed to this policy. Provided you are raising a genuine concern, it does not matter if you are mistaken.

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. The harassment or victimisation of anyone raising a genuine concern will be viewed as a disciplinary matter.

Of course we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

Your confidence

With these assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone confidentially first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

Please remember that if you do not tell us who you are (and therefore you are raising a concern anonymously) it will be much more difficult for us to look into the matter. We will not be able to protect your position or to give you feedback. Accordingly you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice below).

HOW TO RAISE A CONCERN INTERNALLY

Please remember that you do not need to have firm evidence of malpractice before raising a concern. However, we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required, this will be taken before any investigation is conducted.

Within ten working days of a concern being raised, the respondent will write to you:

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- acknowledging that the concern has been received;
- indicating how the Authority propose to deal with the matter;
- giving an estimate of how long it will take to provide a final response;
- informing whether any initial enquiries have been made;
- supplying information on employee support mechanisms; and
- stating whether further investigations will take place and if not, why not.

Step one

If you have a concern about malpractice, we hope you will feel able to raise it first with your manager or team leader. This may be done verbally or in writing.

Step two

If you feel unable to raise the matter with your manager, for whatever reason, please raise the matter with:

- Head of Corporate Legal Services on jill.coule@sefton.gov.uk or on 0151 934 2031
- Director of Corporate Services on graham.bayliss@sefton.gov.uk or on 0151 934 4081
- Head of Corporate Personnel on mark.dale@sefton.gov.uk or on 0151 934 3949
- Head of Corporate Finance and ICT on margaret.rawding@sefton.gov.uk or on 0151 934 4082

You can also submit a concern via the web reporting form. The above named people have been given special responsibility and training in dealing with whistleblowing concerns.

If you want to raise the matter confidentially, please let us know at the outset so that appropriate arrangements can be made.

Step three

If steps one and two have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact the Chief Executive on margaret.carney@sefton.gov.uk or on 0151 934 2057.

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HOW WE WILL HANDLE THE MATTER

We will acknowledge receipt of your concern within 10 days. We will assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. We will tell you who will be handling the matter, how you can contact them, and what further assistance we may need from you. If you ask, we will write to you summarising your concern and setting out how we propose to handle it and provide a timetable for feedback. If we have misunderstood the concern or there is any information missing, please let us know.

When you raise the concern it will be helpful to know how you think the matter might best be resolved. If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more properly within our grievance, bullying and harassment or other relevant procedure, we will let you know.

Whenever possible, we will give you feedback on the outcome of any investigation. Please note, however, that we may not be able to tell you about the precise actions we take where this would infringe a duty of confidence we owe to another person.

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using this policy you will help us to achieve this.

Occasionally it may be necessary to vary the time it takes to deal with matters. Whilst staff will work hard to try to meet any deadlines where possible, if these are to be varied, then staff will liaise with you as appropriate.

If at any stage you experience reprisal, harassment or victimisation for raising a genuine concern, please contact the Head of Corporate Personnel mark.dale@sefton.gov.uk or on 0151 934 3949. The Council will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect employees when they raise a concern.

INDEPENDENT ADVICE

If you are unsure whether to use this policy or you want confidential advice at any stage, you may contact the independent charity [Public Concern at Work](#) on 020 7404 6609 or by

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email at helpline@pcaw.org.uk. Their lawyers can talk you through your options and help you raise a concern about malpractice at work.

You can also contact your union (where applicable) for advice.

EXTERNAL CONTACTS

While we hope this policy gives you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you can properly report a concern to an outside body. It would be better for you to raise a concern with an appropriate regulator – such as the Financial Conduct Authority, the Health and Safety Executive, the Care Quality Commission - than not at all. Public Concern at Work (*or, if applicable, your union*) will be able to advise you on such an option if you wish.

If you are not satisfied, and if you feel it is right to take the matter outside the Council, the following are possible contact points:

- Public Concern at Work (0207 4046609 or <http://www.pcaw.co.uk/>);
- Ofsted (<https://www.gov.uk/government/organisations/ofsted>)
- the external auditor (www.pwc.co.uk);
- The Commission for Local Administration (Local Government Ombudsman) (0300 0610614 or <http://www.lgo.org.uk/>);
- Care Quality Commission (<http://www.cqc.org.uk>)
- a trade union;
- the local Citizens Advice Bureau;
- relevant professional bodies or regulatory organisations;
- a relevant voluntary organisation;
- the police

MONITORING / OVERSIGHT

The Head of Corporate Legal Services, in her role as Monitoring Officer, has overall responsibility for the maintenance and operation of this policy. That officer maintains a record of concerns raised and the outcomes (but in a form which does not endanger confidentiality) and will report as necessary to the Council. The Monitoring Officer will endeavour to maintain a record of concerns which are raised both internally and externally. This will only be possible where the Monitoring Officer is made aware of those concerns.

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