

# Public Document Pack

Sefton Council 

MEETING: CABINET  
DATE: Thursday 25th May, 2017  
TIME: 10.00 am  
VENUE: Committee Room, Town Hall, Bootle

DECISION MAKER: **CABINET**

Councillor Maher (Chair)  
Councillor Atkinson  
Councillor Cummins  
Councillor Fairclough  
Councillor Hardy  
Councillor John Joseph Kelly  
Councillor Lappin  
Councillor Moncur  
Councillor Veidman

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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an \* on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

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

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# A G E N D A

Items marked with an \* involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>	
1	<b>Apologies for Absence</b>		
2	<b>Declarations of Interest</b>  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	<b>Minutes of Previous Meeting</b>  Minutes of the meeting held on 6 April 2017		(Pages 5 - 22)
4	<b>Public Health Annual Report</b>  Report of the Director of Public Health	All Wards	(Pages 23 - 54)
* 5	<b>Sefton`s Integration Strategy "Making it Happen" and a new Section 75 Agreement</b>  Report of the Director of Social Care and Health	All Wards	(Pages 55 - 98)
6	<b>Regionalisation of Adoption in Merseyside</b>  Report of the Head of Children`s Social Care	All Wards	(Pages 99 - 108)
* 7	<b>South Sefton College - Proposed Merger with Hugh Baird College</b>  Report of the Head of Schools and Families	Ford	(Pages 109 - 130)
* 8	<b>Land at Formby</b>  Report of the Executive Director	Harington; Ravenmeols	(Pages 131 - 142)

* 9	<b>Appointments to Outside Bodies 2017/18</b>	All Wards	(Pages 143 - 154)
	Report of the Head of Regulation and Compliance		
10	<b>Exclusion of Press and Public</b>		
	To comply with Regulation 5(2) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012, notice has been published regarding the intention to consider the following matter(s) in private for the reasons set out below.		
	No representations have been received on this matter and this agenda satisfies the requirements of Regulation 5(4).		
	The Cabinet is recommended to pass the following resolution:		
	That, under the Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012, the press and public be excluded from the meeting for the following item on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972. The Public Interest Test has been applied and favours exclusion of the information from the Press and Public.		
11	<b>Exempt Minutes of Previous Meeting</b>		(Pages 155 - 164)
	Exempt Minutes of the meeting held on 6 April 2017		
* 12	<b>Commercial Acquisition - Update</b>	All Wards	(Pages 165 - 188)
	Report of the Executive Director		

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON MONDAY 24 APRIL, 2017. MINUTE NOS 103(5), 114 AND 119 ARE NOT SUBJECT TO "CALL - IN."

## CABINET

### MEETING HELD AT THE BIRKDALE ROOM, TOWN HALL, SOUTHPORT ON THURSDAY 6TH APRIL, 2017

PRESENT: Councillor Maher (in the Chair)  
Councillors Atkinson, Cummins, Fairclough, Hardy,  
John Joseph Kelly, Lappin, Moncur and Veidman

ALSO PRESENT: Councillors Bennett, Dutton and McGuire  
Councillor Pullin (Minute Nos 100 to 118 only)

#### 100. APOLOGIES FOR ABSENCE

No apologies for absence were received.

#### 101. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declarations of personal interest were made:

Member	Minute No.	Nature of Interest
Councillor Fairclough	Minute No. 112 – Wadham Road, Bootle - Proposed Residents Parking Scheme	He lives in one of the roads referred to in the report (left the room during the consideration of the item:
Councillor John Joseph Kelly and Margaret Carney – Chief Executive	Minute No. 117 - Sefton New Directions Shareholder Report	They are Non-Executive Directors of Sefton New Directions (remained in the room during the consideration of the item)

#### 102. MINUTES OF PREVIOUS MEETING

##### Decision Made:

That the minutes of the Cabinet meetings held on 9 March 2017 be confirmed as a correct record.

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## **103. REVENUE AND CAPITAL BUDGET UPDATE 2016/17**

The Cabinet considered the report of the Head of Corporate Resources which provided details of the current forecast revenue outturn position for the Council for 2016/17, as at the end of February 2017, which was informed by the latest analysis of expenditure and income due to the Council, in addition to the progress in delivering approved savings; the current forecast on Council Tax and Business Rates collection for 2016/17; the current position of the Capital Programme and proposals for three Section 106 schemes to be added to the Capital Programme.

### **Decision Made:** That

- (1) the forecast surplus outturn position of £0.829m as at the end of February 2017, together with the potential impact on the Council's General Fund Reserves position be noted;
- (2) the progress to date on the achievement of approved savings for 2016/17 and residual savings carried forward from previous years be noted;
- (3) the forecast position on the collection of Council Tax and Business Rates for 2016/17 be noted;
- (4) the current position of the 2016/17 Capital Programme be noted; and
- (5) the Council be recommended to give approval to the inclusion of the additional capital allocations, outlined in paragraph 6.7 of the report, in the 2016/17 Capital Programme.

### **Reasons for Decision:**

To ensure Cabinet are informed of the forecast outturn position for the 2016/17 revenue and capital budgets as at the end of February 2017 and to provide an updated forecast of the outturn position with regard to the collection of Council Tax and Business Rates. To ensure additional schemes, financed from Section 106 monies are included in the Capital Programme.

### **Alternative Options Considered and Rejected:**

None.

## **104. ENERGY PROCUREMENT PLAN – ELECTRICITY 2018/19**

The Cabinet considered the report of the Head of Corporate Resources which provided details of the proposed Energy Procurement Plan in respect of the purchase of electricity for the 2018/19 financial year.

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**Decision Made:** That

- (1) approval be given to the proposals for the purchase of electricity for the 2018/19 financial year via the prolongation of the existing Scottish Power electricity supply framework;
- (2) the Head of Corporate Resources and Head of Commissioning Support and Business Intelligence, be authorised in conjunction with the Cabinet Member for Regulatory, Compliance and Corporate Services to accept the most appropriate framework price(s) for electricity supply in 2018/19;
- (3) the Head of Corporate Resources be authorised to explore the potential for joint energy procurement with other Local Authority partners and provided any arrangements are not detrimental to the Council's interests, permit such Local Authorities to join in with the Council's existing arrangement for 2018/19; and
- (4) the Head of Corporate Resources be authorised to explore with other Local Authorities the potential for future collaborative joint working arrangements.

**Reasons for Decision:**

The report set out the proposals for the procurement of electricity for the 2018/19 financial year. The specific recommendations were made on the basis that it was believed these provided the most advantageous option available.

**Alternative Options Considered and Rejected:**

The options available were set out within the body of the report. Failure to renew electricity supply arrangements in advance of the relevant expiration date would incur expensive non-contract penalty tariff rates.

**105. COMMUNITY EQUIPMENT STORE**

The Cabinet considered the report of the Director of Social Care and Health which provided details of proposals to extend the current Section 75 Partnership Agreement between Sefton Council and Liverpool Community Health Trust for the operation of the Sefton Community Equipment Store which was due to end on 31 March 2017, to enable the review on the operation of the equipment store to be concluded and the findings and recommendations to be reported to a future Cabinet meeting.

**Decision Made:** That

- (1) approval be given to the extension of the current Section 75 Agreement for a maximum period of one year from 1 April 2017 to 31 March 2018;

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- (2) it be noted that the work that was being done to review of the Community Equipment Store which would shortly be reported to Cabinet; and
- (3) it be noted that the proposal was a Key Decision but had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Leader of the Council and the Chair of the Overview and Scrutiny Committee (Adult Social Care and Health) had been consulted under Rule 27 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because the existing partnership agreement to provide community equipment stores in Sefton between Liverpool Community Health Trust and Sefton MBC will terminate on 31 March 2017.

## **Reasons for Decision:**

The Section 75 Agreement governs the arrangements between the Council and Liverpool Community Health Trust. The current Agreement ceased on 31 March 2017 and a maximum extension of one year was requested to enable the review to conclude and to ensure that the "incoming Partner" is proportionately consulted.

## **Alternative Options Considered and Rejected:**

None.

## **106. CHILD SEXUAL EXPLOITATION AND MISSING CHILDREN**

The Cabinet considered the report of the Director of Social Care and Health which provided details of the work that agencies had undertaken to safeguard children from child sexual exploitation; and the children who have been reported as missing from home / care / education.

## **Decision Made: That**

- (1) the report be noted; and
- (2) future reports on the work undertaken to safeguard children from child sexual exploitation and children who have been reported as missing, be submitted to Cabinet on an annual basis.

## **Reasons for Decision:**

To ensure Cabinet Members are aware of the partnership activity undertaken to safeguard children from child sexual exploitation in Sefton and when they had been reported as missing, in respect of their duties



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under the Children Act 1989 the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need.

**Alternative Options Considered and Rejected:**

None.

**107. SEFTON YOUNG CARERS**

The Cabinet considered the report of the Head of Schools and Families which provided details of proposals to commence an external EU compliant procurement process for a young carers service.

**Decision Made:** That

- (1) the Head of Schools and Families be authorised to conduct an external EU compliant procurement process for a new contract to deliver the Young Carers Service, to run for a period of three years, with the option of 2 further one-year extensions;
- (2) approval be given to the basis of the evaluation of tenders as set out within the invitation to tender and in line with the contract procedure rules;
- (3) the Head of Schools and Families be authorised to accept the highestscoring tender in accordance with the approved basis of evaluation and to report on the outcome to the Cabinet Member - Children, Schools and Safeguarding; and
- (4) the Head of Schools and Families in consultation with the Cabinet Member - Children, Schools and Safeguarding be authorised to award the contract on completion of the tender process.

**Reasons for Decision:**

The current service provider was awarded the contract many years ago and the service has not gone to open market in the interim. The service to be provided, linked directly to the Council's aims in relation to Children and Young People and its responsibilities arising from statutory legislation.

**Alternative Options Considered and Rejected:**

The current contract was awarded many years ago, and the Council could continue with the current contractual agreement. This would lead to the Council being open to challenge from other providers who could provide the service.

Completing an external EU compliant procurement process for a young carers service would ensure the Council is procuring a service in line with

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its contract procedure rules and the Council obtains best value in regard to cost and quality.

## **108. SKY MUSIC HUB (SEFTON AND KNOWSLEY YOUTH MUSIC HUB)**

Further to Minute No. 21 of the meeting held on 21 July 2016, the Cabinet considered the report of the Head of Schools and Families which provided details of proposals for continuation of the Sefton and Knowsley Music Education Hub for a further three years until 31 March, 2020.

### **Decision Made:** That

- (1) approval be given to Option 2 set out in the report, to continue the Sefton and Knowsley Youth Music Hub as the single Music Hub for the two Local Authority Areas, with Sefton Council acting as the Lead Hub organisation until 31 March 2020;
- (2) officers be authorised to enter into a Partnership Agreement for the continued joint Music Hub with Knowsley MBC from April 2017-March 2020 to meet the requirements of Music Hub funding, and
- (3) the annual progress report from the SKY Music Hub be submitted to the Cabinet Member - Children, Schools and Safeguarding.

### **Reasons for Decision:**

The continuation of the single Music Education Hub across Sefton and Knowsley would continue to extend the range and improve the quality and impact of music education opportunities for children and young people across the two Local Authority Areas by harnessing complementary strengths.

The single music education hub for Sefton and Knowsley brings an economy of scale and therefore cost efficiencies. For example, the joint commissioning of Continuing Professional Development for teachers and shared activities for children and young people.

### **Alternative Options Considered and Rejected:**

The options were set out in the report.

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## **109. YOUNG PEOPLE AND FAMILY SUBSTANCE MISUSE SERVICE**

The Cabinet considered the report of the Director of Public Health which provided details of the key findings of a review of the current arrangements for the provision of the Young People Substance Misuse (SMASH) Service and Breaking Intergenerational Family Substance Misuse (Breaking the Cycle) for the residents of Sefton and sought authorisation to commence a procurement process to establish an Integrated Young People and Family Substance Misuse Service.

### **Decision Made:** That

- (1) the Director of Public Health be authorised to conduct an OJEU Light-Touch Regime tender exercise to establish a Young Person and Family Substance Misuse Service to run for a period of two-and-half years from 1st October 2017 with the option of two further one-year extensions with a ceiling price of £350,000 per annum; and
- (2) Director of Public Health be authorised in consultation with the Cabinet Member – Health and Wellbeing to award the contract to the highest scoring bidder, within the context of the approved budget and Medium Term Financial Plan.

### **Reasons for Decision:**

The procurement of an Integrated Young People and Family Substance Misuse Service would enable the Council to realise savings by rationalising the management and administration cost of two separate services. Currently the SMASH Service is provided in-house by Sefton Council and Breaking the Cycle is provided by Addaction. The development of an integrated service specification would enable officers to incorporate findings from the Young Person's Health Needs Assessment and commission a flexible and responsive service in line with local need and national guidelines.

The procurement process would be required to follow an OJEU Light-Touch Regime Open Procedure. The value of the total contract requires Cabinet authorisation and delegation to a Chief Officer to award the contract at the end of the tender process.

### **Alternative Options Considered and Rejected:**

- 1) To extend both the SMASH Young Peoples Substance Misuse Service contract and the Breaking the Cycle contract for a further twelve months.

This option would only provide a short-term solution with the option of re-procurement and possible integration having to be considered in twelve months.

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- 2) To re-procure separate SMASH and Breaking the Cycle service providers.

This option would incur additional costs associated with the procurement process and not enable the Council to realise the efficiencies associated with an integrated service delivery model. It would not realise the benefits to families and young people of accessing and being treated by a single integrated service.

## **110. STREET LIGHTING MAINTENANCE AND INSTALLATION PRE-PROCUREMENT REPORT**

The Cabinet considered the report of the Head of Locality Services - Commissioned which provided details of the proposed method of procurement and the basis of tender evaluation for the street lighting maintenance and installation term service contract.

### **Decision Made:** That

- (1) approval be given to the proposed method of procurement and evaluation as set out within the report;
- (2) the Head of Locality Services Commissioned be authorised in consultation with the Cabinet Member – Locality Services to award the contract to the highest scoring bidder; and
- (3) the Head of Regulation and Compliance be authorised to enter into contracts with the successful Tenderer.

### **Reasons for Decision:**

The Council had a statutory duty to maintain its Street Lighting asset. Historically this had been delivered via the in-house Street Lighting Team with support from external sub-contractors. Following the recent budget savings report, the Council had decided in March 2017 to decommission the in-house Street Lighting service. Therefore due to no other suitable alternative arrangements being available, the Council now needed to source an external provider / Contractor to deliver the service. By procuring a new service provider the Council would continue to fulfil its statutory duty.

### **Alternative Options Considered and Rejected:**

The Council had consulted with the five other Authorities within the Liverpool City Region Combined Authority to establish how they deliver their own street lighting maintenance activities and whether they would have the ability to deliver Sefton's service moving forward through their existing service provision. The responses received confirmed that they would be unable to assist due to their existing contractual arrangements.

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Therefore this only left the option to undertake a competitive procurement exercise.

## **111. HIRED PASSENGER TRANSPORT FRAMEWORK AGREEMENT 2018/20**

The Cabinet considered the report of the Head of Locality Services - Commissioned which provided details of proposals to conduct a tender exercise in accordance with OJEU regulations and the Council's procurement regulations to establish a Framework Agreement for Hired Passenger Transport service providers

### **Decision Made: That**

- (1) the Head of Service – Locality Services Commissioned be authorised to conduct an OJEU Open Procedure tender exercise for a new Framework Agreement to run for a period of two years from 1 January 2018, with the option of two further one-year extensions;
- (2) the basis of the tender evaluation will be MEAT (Most Economically Advantageous Tender) taking into consideration a balance between Price and Quality.
- (3) the Cabinet Member - Locality Services be granted delegated authority to establish the 2018/20 Framework Agreement on completion of the tender process.

### **Reasons for Decision:**

The current framework agreement was made up of 24 hired passenger transport companies, in 4 lots, divided up into vehicle seating capacity. The core period will expire on 31 December 2017.

As part of this process, approval was needed for the Cabinet Member - Locality Services to have delegated authority to establish the Framework Agreement at the back end of the tender process

### **Alternative Options Considered and Rejected:**

No. Based upon the level of requests from commissioning departments there was currently an ongoing need for the Council to provide specialist transport to some service users. As such, this procurement exercise and the subsequent establishment of a Framework Agreement provides the Council with the opportunity to procure services at the most economically advantageous rates, whilst also meeting the stringent Health and Safety and Safeguarding issues associated with transporting vulnerable adults and children.

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## **112. M58 JUNCTION 1 NEW SLIP ROADS - COMPULSORY PURCHASE ORDER**

Further to Minute No. 85 of the meeting held on 14 January 2016, the Cabinet considered the report of the Head of Locality Services - Commissioned which sought approval to make the Sefton Metropolitan Borough Council (M58 Junction 1 Improvements) Compulsory Purchase Order 2017 to enable the major transport scheme to be progressed by the Council.

The report indicated that in order to carry out the works it would be necessary to acquire land outside the ownership of the Council and whilst every effort was being made to acquire the land and other interests by negotiation it was considered necessary to make a compulsory purchase order to acquire those areas which were necessary to achieve the works, should negotiations not be successful.

### **Decision Made:** That

- (1) approval be given to the Sefton Metropolitan Borough Council (M58 Junction 1 Improvements) Compulsory Purchase Order 2017 being made under Section 239 of the Highways Act 1980 and the Acquisition of Land Act 1981 to secure the compulsory acquisition of the land shown coloured pink on the plan attached at Appendix 1 of the report;
- (2) approval be given to the draft Statement of Reasons for making the said Order and the Head of Locality Services - Commissioned in consultation with the Head of Regulation & Compliance be authorised to finalise the Statement of Reasons for making the Order based on the draft set out in the report;
- (3) the Head of Locality Services – Commissioned be authorised in consultation with the Head of Regulation and Compliance to make, if necessary, minor or technical amendments to the Compulsory Purchase Order boundaries as shown on the plan at Appendix 1 of the report;
- (4) the Head of Regulation and Compliance be authorised to seal the Order and take all necessary and ancillary steps, including the publication and service of all statutory notices and the presentation of the Council's case at any public inquiry to secure the confirmation of the Compulsory Purchase Order by the Secretary of State;
- (5) the Head of Regulation and Compliance be authorised, once the Order has been confirmed, to take all necessary steps, including the publication of any notices to secure the vesting of the land in the Council, including as necessary the making of any General Vesting Declaration under the Compulsory Purchase (General Vesting Declarations) Act 1981 or to serve notices to treat and notices to

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enter pursuant to the Compulsory Purchase Act 1965 or any legislation replacing or amending the same and thereafter to pay compensation due to affected landowners;

- (6) the Head of Locality Services - Commissioned be authorised to confirm the Order in the event that the Secretary of State notifies the Council that it has been given the power to confirm the Order, if it is still considered appropriate to do so;
- (7) approval be given to a Side Roads Order being made pursuant to Section 14 of the Highways Act 1980 to connect the new slip roads to the M58 motorway; and
- (8) the Head of Regulation and Compliance be authorised to seal the Side Roads Order and take all necessary and ancillary steps, including the publication and service of all statutory notices and the presentation of the Council's case at any public inquiry to secure the confirmation of the Side Roads Order by the Secretary of State.

### **Reasons for Decision:**

The Council, had determined a programme for the delivery of the scheme in order to ensure that the £5.5m Growth Fund allocation to the scheme was claimed in full. In order to achieve this, costs needed to be expended before June 2019 (this is a condition within the Liverpool City Region Funding Offer). This required the land and associated rights to be secured and works to be delivered in advance of this date. As the acquisition of the necessary land was a key element of this programme, the Council had determined that a Compulsory Purchase Order would need to be served on affected properties surrounding the junction. Whilst negotiations were ongoing with landowners affected by the proposals, the tight timescales involved mean that it was necessary to make the proposed Order to guarantee delivery of the land.

The recommendation to make the compulsory purchase order is in line with the recommendations and considerations set out in the previous report to the dated on 3 September 2015.(Minute No. 37 refers)

The new slip roads would be constructed as highway that joins a trunk road (the M58), which was also being improved under the proposals, and therefore a Side Roads Order was necessary to effect the connection.

### **Alternative Options Considered and Rejected:**

The Council could agree not to make a compulsory purchase order for the scheme, but would then be wholly dependent upon the various elements of land and associated rights to be secured by agreement with the landowners. Should this not be achieved within the programme then either the scheme wouldn't progress or, if the land was secured later than the programmed date and hence the construction extended beyond June

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2019, the Council would be liable for additional costs as the full allocation from the Liverpool City Growth Fund wouldn't be drawn down in full.

## **113. WADHAM ROAD, BOOTLE - PROPOSED RESIDENTS PARKING SCHEME**

Further to Minute No. 21 if the meeting of the South Sefton Area Committee held on 16 January 2017, the Cabinet considered the report of the Head of Locality Services - Commissioned which provided details of the proposed introduction of a Residents Privileged parking scheme in the Wadham Road area of Bootle following further consultation with local residents on the proposals and the proposed way forward.

The report indicated that as the Cabinet Member – Locality Services lived within one of the affected roads of the proposed parking scheme, he had declared an interest in this item and as such would be unable to determine the matter. Consequently and in line with Paragraph 33 of Chapter 5 of the Councils Constitution, the matter had been referred to the Cabinet for a decision.

### **Decision Made: That**

- 1) the results of the public consultation on the proposed parking scheme be noted:
- (2) approval be given to the introduction of the Residents Privileged Parking scheme in Wadham Road (part), Bedford Road (part), Miranda Road (part), Queens Road (part), Bootle, together with associated 'limited waiting' restrictions as shown in Annex B of the report, subject to the necessary funding being confirmed by the Linacre and Derby Ward Members;
- (3) approval be given to the revocation of all existing Traffic Regulation Orders, as described within the report;
- (4) approval be given to the progression of the necessary Traffic Regulation Orders, including those of public consultation and the advertising the Council's intention to implement the Order;
- (5) in the event that no objections are received during the consultation process, referred to in (4) above, the Head of Regulation and Compliance be authorised to make the Order(s) and the Service Manager of Traffic and Transportation be authorise to implement the Order; and
- (6) In the event that objections are received during the consultation process the matter be referred to the appropriate South Sefton Area Committee for consideration in accordance with Rule 21 of Chapter 8 (Area Committees) of the Council's Constitution.



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## **Reasons for Decision:**

The Council had the power to revoke a Traffic Regulation Order (Part IV of Schedule 9 to the Road Traffic Regulation Act 1984) as well as the power to make a new Traffic Regulation Order (Section 1 of that Act). The authority to advertise new Traffic Regulation Orders was under the remit of Cabinet Member - Locality Services but in view of the Cabinet Member's interest in this item, it had been referred to the Cabinet for determination.

## **Alternative Options Considered and Rejected:**

None.

## **114. ADOPTION OF THE SEFTON LOCAL PLAN**

Further to Minute No. 22 of the Council meeting held on 16 June 2016, the Cabinet considered the report of the Head of Regeneration and Housing which provided details of the Inspector's Report on the Examination of the Sefton Local Plan which had been received by the Council and published on the website, in accordance with the Town and Country Planning (Local Planning) (England) Regulations 2012.

The Inspector's report indicated that, as submitted, the Local Plan had a number of deficiencies in relation to soundness and/or legal compliance for the reasons set out in the report. However, with the Main Modifications recommended by the Inspector to the Plan, the Sefton Local Plan now satisfied the requirements of Section 20(5) of the Planning and Compulsory Purchase Act 2004 (as amended) and met the criteria for soundness set out in the National Planning Policy Framework.

Having received the report, which indicates that the Local Plan has been found to be 'sound' the Council was now able to adopt the Local Plan and this would become the Development Plan for Sefton, which would enable the policies in it to be given full weight when determining planning applications and it would replace the Unitary Development Plan.

## **Decision Made: That**

- (1) the Chief Planning Officer be granted delegated authority in conjunction with the Cabinet Member - Planning and Building Control to approve any additional minor modifications to the Local Plan consequential to the Main Modifications recommended by the Inspector, and any other minor editorial changes that do not amend the substance of the Plan; and
- (2) the Council be recommended to:
  - (a) give approval to the adoption of the Sefton Local Plan, including the Main Modifications set out in the Appendix to the Inspector's report (as attached to the report) and any

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consequential changes to the Local Plan and the Policies Map and any minor changes as set out in this report or as agreed (1) above, as part of the statutory Development Plan for Sefton; and

- (b) note that the decision to adopt the Sefton Local Plan would be subject to a statutory legal challenge period of 6 weeks from the date of adoption.

## **Reasons for Decision:**

When the Council adopts the Local Plan it would be given full weight when planning applications are determined, and would enable the jobs, homes and supporting infrastructure that Sefton needs to be delivered.

## **Alternative Options Considered and Rejected:**

The Council could choose not to adopt the Local Plan. However, this would mean that it would lose control over where development takes place and that the infrastructure required to support development was not provided.

## **115. ERDF ACCOUNTABLE BODY STATUS**

The Cabinet considered the report of the Head of Regeneration and Housing which provided details of proposals to progress a European Regional Development Fund application on behalf of Viridis for a Liverpool City Region Low Carbon Retrofit Project, and for the Council to act in the role of accountable body for the project should it be approved.

### **Decision Made:** That

- (1) approval be given to Sefton Council acting as accountable body status for the Liverpool City Region low carbon retrofit project should the European Regional Development Fund application be successful;
- (2) approval be given to the full submission of the project for European Development Fund application on behalf of Viridis; and
- (3) it be noted that the proposal was a Key Decision but had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Leader of the Council and the Chair of the Overview and Scrutiny Committee (Regeneration and Skills) had been consulted under Rule 27 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because Viridis had not decided to progress with an European Regional Development Fund proposal at the point at which the Forward Plan was published.

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## **Reasons for Decision:**

Not to apply for European funding and act in an accountable body function would be to forego the opportunities arising from the European Structural Investment Fund programme available to the city region and the associated benefits for the citizens of Sefton and wider Liverpool City Region.

## **Alternative Options Considered and Rejected:**

The Viridis was not an economic entity and therefore was unable to apply for funding directly or act as an accountable body. Viridis is the collective name for a group of Registered Housing Providers (social landlords) and local authorities in the Liverpool City Region which Sefton Council project manages and therefore receives fees for acting in that capacity.

Registered Housing Providers had been approached about acting as accountable body and the response had been that they do not have the necessary skill, expertise and experience to fulfil the role.

As the activity would be undertaken by registered providers and falls outside of the remit of the Liverpool City Region Combined Authority, it was not appropriate for the Combined Authority to act as Accountable Body for this type of initiative.

## **116. TENDER FOR PROVISION OF ELECTORAL PRINTING FOR THE MERSEYSIDE REGION AND ASSOCIATE AUTHORITIES**

The Cabinet considered the report of the Head of Compliance and Regulation which provided details of the proposed method of procurement and the basis of tender evaluation for the provision of electoral printing for the Merseyside authorities of Knowsley, Liverpool, St Helens, Sefton, Wirral and the associate authorities of Halton, Preston and West Lancashire, and sought delegated authority for the acceptance of the most advantageous bids received.

### **Decision Made:** That

- (1) approval be given to proposed method of procurement and evaluation as set out within the report;
- (2) the Head of Regulation and Compliance be granted delegated authority to award the Contracts resulting from the procurement exercise; and
- (3) it be noted that the proposal was a Key Decision but had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Leader of the Council and the Chair of the Overview and Scrutiny Committee (Regulatory, Compliance and

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Corporate Services) had been consulted under Rule 27 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because the current print expires on the 30 June 2017 and sufficient time is required to undertake the necessary procurement process to ensure a new contract can be in place from the 1 July 2017.

## **Reasons for Decision:**

The Returning Officer and Electoral Registration Officer had a statutory responsibility for the administration of elections and referenda and the compilation of the electoral register. These services require the sourcing of specialist printing in the form of poll cards, ballot papers, postal vote packs, annual canvass forms and other statutory documents.

A collaborative approach had been undertaken by all the Merseyside authorities on the administration and delivery of elections and electoral registration since 2004. As a result of this collaboration, the costs to each authority have been reduced due to economies of scale. Other authorities outside of Merseyside have recognised this approach in terms of offering best value and consistency in delivery of the service. As such, Halton, Preston and West Lancashire Councils have requested to be included in the process, which will strengthen the group and attract greater efficiencies.

## **Alternative Options Considered and Rejected:**

That each authority, within the group, undertakes an individual procurement process. However, a recent joint procurement exercise to produce and print a booklet for the Liverpool City Region Combined Authorities Mayoral Election delivered a 30% saving on projected costs.

## **117. SEFTON NEW DIRECTIONS SHAREHOLDER REPORT**

The Cabinet considered the report of the Head of Commissioning Support and Business Intelligence which provided an update on the Local Authority Controlled Company – Sefton New Directions

### **Decision Made:** That

- (1) the report be noted;
- (2) an annual Shareholder report be provided to Cabinet;
- (3) the Council's commitment to continue to contract with Sefton New Directions for a further 24 month period to 31 March 2019 be re-affirmed;

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- (4) a review of the contractual arrangements and governance of the company be undertaken and reported back to Cabinet in due course;
- (5) the ongoing review of the service specifications be noted; and
- (6) the Board of Sefton New Directions be requested to submit a report to the Cabinet on the use of surpluses identified, including the possibility of the payment of a dividend to the Council.

## **Reasons for Decision:**

The Council was the sole shareholder in Sefton New Directions as it is a local authority controlled company established under the Local Government and Housing Act 1989.

Cabinet is authorised through the terms of delegation contained in the Constitution (Chapter 5, Paragraph 59) to take all necessary steps to manage and safeguard any shareholding the Council owns in a company. To improve the Council's governance of its shareholdings and oversight of the activities of the local authority controlled company it was recommended that reports of this nature be received by Cabinet.

## **Alternative Options Considered and Rejected:**

It was an option to not bring a Shareholder Report to Cabinet as there was no explicit requirement to do so. This option was rejected as it was considered that receipt of such a report by Cabinet would improve the Council's governance of its shareholdings and oversight of the activities of the local authority controlled company.

## **118. EXCLUSION OF PRESS AND PUBLIC**

The Head of Regulation and Compliance reported that in accordance with Regulation 5(6) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Vice Chair of the Overview and Scrutiny Committee (Regeneration and Skills) had given his consent to the following item being considered in private by the Cabinet for the reasons set out below.

## **RESOLVED:**

That, under the Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012, the press and public be excluded from the meeting for the following item on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972. The Public Interest Test has been applied and favours exclusion of the information from the Press and Public.

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## **119. COMMERCIAL ACQUISITION**

The Cabinet considered the report of the Executive Director which provided details of proposals to make a commercial acquisition within the Borough and sought the relevant permissions accordingly.

### **Decision Made: That**

- (1) the recommendations set out in the Business Case, appended to the report, be approved;
- (2) it be noted that the proposal was a Key Decision but had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Leader of the Council and the Vice Chair of the Overview and Scrutiny Committee (Regeneration and Skills) had been consulted under Rule 27 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet as a matter of urgency. The basis for this decision is that it is impracticable to defer the decision until the commencement of the next Forward Plan. It did not become clear to officers until the end of March 2017 following a comprehensive due diligence exercise that a recommendation could be made to proceed to make this strategic acquisition. Having reached such a conclusion and in line with the Heads of Terms agreed between the parties, officers are seeking permission from Cabinet to proceed to negotiate with the vendors; and
- (3) it be noted that the Leader of the Council and the Vice Chair of the Overview and Scrutiny Committee (Regeneration and Skills) had given consent Rule 46 of the Overview and Scrutiny Procedure Rules for these decisions to be treated as urgent and not subject to "call in" on the basis that they cannot be reasonably deferred because of the commercial nature of the transaction. In addition the Heads of Terms, to which the Council had committed to conclude the due diligence process included a specific timetable with which the Council is expected to comply.

### **Reasons for Decision:**

The reasons for the decision are detailed in the Business Case appended to the report.

### **Alternative Options Considered and Rejected:**

A detailed options appraisal is set out in Appendix 1 to the report.

**Report to:** Cabinet  
Health and Wellbeing Board  
Overview and Scrutiny Committee (Children's Services and Safeguarding)  
Overview and Scrutiny Committee (Adult Social Care and Health)  
Council

**Date of Meeting:** 25 May 2017  
14<sup>th</sup> June 2017  
21<sup>st</sup> June 2017  
27<sup>th</sup> June 2017  
13 July 2017

**Subject:** Public Health Annual Report 2016

**Wards Affected:** (All Wards);

**Report of:** Head of Health and Wellbeing

**Is this a Key Decision?** No                      **Is it included in the Forward Plan?** Yes

**Exempt/Confidential**                      No

**Purpose/Summary**

To present the Annual Report of the Director of Public Health 2016.

**Recommendation(s)**

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

The Health and Wellbeing Board and the Overview and Scrutiny Committees are requested to note the content of the report

The Council is requested to:

1. receive the annual report of the Director of Public Health; and
2. note 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	x		
2	Jobs and Prosperity	x		
3	Environmental Sustainability	x		

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4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy	x		

## Reasons for the Recommendation:

The report is a statutory independent report of the Director of Public Health and identifies key issues affecting health in 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:

<b>Financial</b>	
<b>Legal</b> 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 the Director of Public Health must produce an annual report and the local authority must publish the report	
<b>Human Resources</b>	
<b>Equality</b>	
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 of the Proposals on Service Delivery:

This report should be taken into account in all service areas.



## **What consultations have taken place on the proposals and when?**

The Head of Corporate Resources has been consulted and has no comment on the report as there are no direct financial implications for the Council arising from the content of the report. (FD 464317) and the Head of Regulation and Compliance (LD3929/17) has been consulted and any comments have been incorporated into the report.

## **Implementation Date for the Decision**

Immediately following the Council meeting.

**Contact Officer:** Charlotte Smith

**Tel:** 0151 934 3901

**Email:** [charlotte.smith@sefton.gov.uk](mailto:charlotte.smith@sefton.gov.uk)

## **Background Papers:**

None.

# Agenda Item 4

## 1. Introduction/Background

The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues.

It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.

The 2016 annual report is centred on the wider determinants of health. This report considers the root causes of health inequalities across Sefton, what actions are already being undertaken locally to address these issues, as well as recommendations for future actions.

This report has been developed through collaborative working with a range of Council and external partners, and the topic and content have been agreed with the portfolio holder for Health and Wellbeing.

## 2. Aims of the Report

- Contribute to improving the health and wellbeing of local populations.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.
- Be relevant to the health of local populations with information analysed at the most appropriate population level.
- Must be integral to planning across all sectors and needs to promote action.
- Should include a clear set of recommendations that are targeted, realistic and achievable (SMART).

## 3. Structure of the Report

It is proposed that the PHAR will be structured around the 'nine key areas that improve public health and reduce inequalities' identified in the 2013 Kings Fund Report - Improving the public's health: a resource for local authorities (2013)

[https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf)

These nine areas are:

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning

## **4. Recommendations**

The following recommendations will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

### **1. The best start in life**

- Continue to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensure that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Provide support for pregnant women on a range of health issues, including stop smoking services and breastfeeding support through development of a peer support model.

### **2. Healthy schools and pupils**

- Develop and implement a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote more physical activity within schools and other settings.
- Develop and promote resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

### **3. Helping people find good jobs and stay in work**

- Develop the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.
- Develop a plan to promote and protect the health of the workforce across the Council and wider organisations in both the public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.

### **4. Active and safe travel**

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.

### **5. Warmer and safer homes**

- Continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- Consider how best to support local action to reduce levels of childhood injury in Sefton.

### **6. Access to greenspace and the role of leisure services**

- Use the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and

# Agenda Item 4

participation in the management of the natural resources within the borough, particularly by those groups who currently access it least.

- Work with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximise opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.

## **7. Strong communities, wellbeing and resilience**

- Support positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensure that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensure that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the 'CLAHRC – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

## **8. Protecting the health of the public**

- Continue to work at a Cheshire and Merseyside level on a programme of work designed to ensure full use of alcohol licensing powers available.
- Explore opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establish an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.

## **9. Health and spatial planning**

- Provide training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Work together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

# Public Health Sefton 2016 Annual Report



Protecting the health  
of the public

**The best start in life**

Helping people  
find good jobs and  
stay in work

**Active  
and safe  
travel**

Access to  
greenspace  
and the role of  
leisure services

**Strong  
communities,  
wellbeing and  
resilience**

**Healthy schools  
and pupils**

**Warmer and safer  
homes**

**Health  
and spatial planning**

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## Matthew Ashton Director of Public Health



Public Health Team. For this reason, this report covers the work of a wide range of services and partners, to demonstrate the breadth of work that is underway across Sefton.

We would like to extend our thanks to colleagues across the Council and within our partner organisations for contributing to this report, and supporting our view that improving health and wellbeing really is everyone's business.

I also want to provide an update on last year's annual report. Last year the annual report 'Good Health in Tough Times' focused on what we can do together in Sefton to help people stay healthy, at a time of public sector funding cuts. The report captured the findings of the 'Good Health in Tough Times' workshop which brought together people from across Sefton. The workshop included representatives from the Council, health and social care and the voluntary, community and faith sector. It was motivating to see how we can work together to support our population despite the challenging financial climate.

Last year the annual report made a series of recommendations and challenges to the Council and partners. These recommendations and updates are contained at the back of this report in the appendix.

**Matthew Ashton**  
Director of Public Health  
Sefton Council

Welcome to this year's Public Health Annual Report for Sefton, and my first as Director of Public Health in Sefton.

I started in Sefton in February 2016. Since then I have been impressed with the passion and commitment of council officers, elected members and partner organisations, in working together to improve health and wellbeing for people who live, work and play in Sefton.

It is for this reason that I have decided to focus my annual report on the 'wider determinants of health'.

We know that the causes of good health and indeed poor health are often rooted within the social, economic and physical environments where we are born, work and live. In the first chapter, we will introduce this idea in more detail, before going on to look at what we are doing in Sefton in relation to wider determinants of health.

The nature of wider determinants of health is very broad and often outside the control of the

## Councillor Ian Moncur, Cabinet Member for Health and Wellbeing



remains committed to protect the wellbeing of the most vulnerable, and tackling the root causes of health inequalities in the borough.

As portfolio holder for Public Health I endorse this report and hope you enjoy reading it. Please do get in touch with any feedback or suggestions for topics to cover in future reports.

Welcome to the 2016 Public Health Annual Report for Sefton Council.

The Public Health Annual Report is an opportunity to take stock of the health of people in Sefton and to look at what the Council and our partners in Sefton can do to maximise wellbeing.

This year the report will focus on the wide range of factors in our everyday lives that shape our health. These are called 'the wider determinants of health' and include housing, education, jobs and training, transport, the environment and our local communities.

The Council, and many partner organisations across Sefton are working hard to ensure people living in Sefton can grow up, work, and live in communities which help them to be healthy. This report provides an opportunity to share some of this good work.

It also provides an opportunity to think about how we can work together more effectively in the future, at a time of continued cuts to public funding. Despite these challenges the Council

**Councillor Ian Moncur**  
Cabinet Member for Health and Wellbeing  
Sefton Council





## National context

There have been a number of key documents produced in recent years which suggests how local areas can work in order to influence the wider determinants of health. These include:

- Institute of Health Equity (Feb 2010) 'Fair Society, Healthy Lives' (Marmot Review)
- Improvement and Development Agency (March 2010) 'The Social Determinants of

### Health and the Role of Local Government'

- Kings Fund (2013) 'Improving the public's health - A resource for local authorities'
- Public Health England and Institute of Health Equity (September 2014) 'Local action on health inequalities - A series of evidence papers'
- University of Liverpool and CLES (September 2014) 'Due North - Report of the Inquiry on Health Equity for the North'

## Local context

Tackling the wider determinants of health is at the root of how Sefton Council and partners will operate in the future, and this is illustrated through the Sefton 2030 vision.



## Sefton's 2030 Vision

- Sefton residents are prepared for change and will look out for each other. People will take responsibility for their own health and well-being. Communities and individuals will benefit from volunteering opportunities. People will rely less on public sector services.
- We are supportive of communities where everyone has the opportunity to live an independent and proactive life.
- People enjoy being part of energetic local communities with their own unique identities and sense of pride.
- Sefton will develop strong public sector partnerships, an entrepreneurial culture and a strong workforce. Communities will benefit from integrated educational, learning and skills development links with business.
- Communities and businesses benefit from new digital technologies that keep people informed and connected.
- The community plays a key role in the regeneration of their area.
- Sefton's coastline and greenspaces are preserved and celebrated for the enjoyment of future generations. Everybody works together to keep Sefton clean and green.

## How have we developed this report?

The wider determinants of health are a broad topic area and a wealth of activity related to this is underway in Sefton on a daily basis. This report provides just a snapshot of this activity. It also focuses largely on work that can be directly influenced by the Council or by working with local partner organisations.

The format of this report is largely based on the Kings Fund document mentioned on page 6. It draws on available best practice and recommendations for activities that local areas can undertake to improve the wider determinants of health. For the best results, the Kings Fund recommend work on nine topic areas and these form the structure for the rest of this report.

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs, stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning

Each chapter within the report will consider;

- Why is this issue important?
- What could we do about this?
- Did you know? – Key facts about this issue in Sefton
- What are we doing in Sefton?
- What more should we do in Sefton?

The central pages within the report provide a snapshot of health within Sefton during 2016, and relevant local statistics are given at the end of the report.

In developing this report we have spoken to a range of colleagues from throughout the Council and other local organisations, who are responsible for work in relation to the different chapters. We have also discussed the report with local community organisations including Healthwatch Community Champions, who have provided us with case studies.

## Next steps

Each chapter contains recommendations which will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health Team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

At the time of writing, a further audit of wider determinants of health activity was underway by the Public Health Team. This will provide a more detailed assessment of related work against existing evidence and will produce further recommendations.



# 1 The best start in life

## Why is this issue important?

The foundations for a healthy and fulfilling life are built in the first few years of a child's life. Even before birth, a mother's health before and during pregnancy can impact on the future health of her child. This is why it is important to focus on the health and wellbeing of pregnant women, and families with young children; making sure children have the best possible start in life.

When we are born, our early life experiences help to shape our future habits, behaviours and attitudes to the world around us. This means that positive early experiences, both with our family and in early years education settings, can provide us with better life chances and more chance of being healthy.

## What can we do about this?

Local authorities can ensure that the most vulnerable children and families are supported through targeted initiatives offering more intensive support to families with young children, as and when it is needed. This should be offered alongside universal services for all families with young children.

Provision of support for any vulnerable families during pregnancy and during early years (0-2) can improve a wide range of aspects of child and maternal wellbeing, including school readiness and maternal employment outcomes.

## Did you know?

- In 2015, 7 in 100 babies born in Sefton had a low birthweight and 1 in 100 had a very low birthweight, which is similar to the national average.
- Babies with a low birth weight are five times more likely to die in the first year of life than babies born with a birth weight in the normal range.
- Childhood immunisation rates for primary vaccinations (given in the first year of life) in Sefton are above 90%; this is significantly higher than England as a whole.

## What are we doing in Sefton?

In 2014, the Sefton Public Health Annual Report: Nurturing the hearts and minds of children, focused on children aged under 5 years. This report provided a detailed assessment of the health and wellbeing of children aged under-five in Sefton. Many of the issues highlighted in that report remain relevant today. This includes; protecting mothers and babies, and ensuring school readiness. A copy of this report can be found on Sefton Council's [website](#).

## Healthy Child Programme

Giving every child the best start in life remains the foundation of Sefton's Health and Wellbeing strategy. Sefton's continued commitment to this can be seen through development of the new 0-19 Healthy Child Programme, which will mean that health visitors and school nurses will be part

of a new integrated nursing team supporting children and families.

This new service will be provided in Sefton from April 2017 by Northwest Boroughs Healthcare NHS Foundation Trust (formerly 5 Boroughs Partnership). Alongside the universal services, which deliver a schedule of health and development reviews, screening tests, immunisations, health promotion and support in parenting to all families, the new service will support the most disadvantaged and vulnerable children and families through an intensive

support programme based on individual need. The mix of universal and more intensive support services will help us to reduce health inequalities among Sefton families.

Sefton Council is grateful to the help provided by NHS and voluntary sector organisations in shaping the new service, and especially thankful to those young people, parents and staff who responded to our consultation on services. Members of Sefton's Youth Cabinet also helped the council choose who would deliver the new service.

## Consultation on the new 0-19 Healthy Child Programme Service in Sefton

The development of the new 0-19 Healthy Child Programme Service has utilised the latest evidence and best practice, and the voice of parents and professionals working with young children and their families, to develop an offer which is appropriate for the needs of Sefton residents.

In developing the new service we needed to speak with families, young people and front line staff. The views of parents and young people highlighted changing needs and health priorities, suggesting ways services could be improved; including how the future service works with parents, children and young people. This has allowed the new service to be shaped around the people the service is intended to support.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to give Sefton children the best start in life. We will do this by:

- Continuing to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensuring that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Providing support for pregnant women on a range of health issues including stop smoking services and breastfeeding support through development of a peer support model.



# 2 Healthy schools and pupils

## Why is this issue important?

Helping each child and young person reach their full potential at school provides them with better life chances. It can also help them to live a longer and healthier life. Positive experiences we have at school can help us to develop interests and learn about the world around us in a way that can enrich our lives, and therefore the lives of others in our community.

recognising the features of exploitative friendships and tackling attitudes which can lead to bullying.

- Reduce the prevalence and impact of conduct disorders, through programmes aimed at improving social and emotional skills, attitudes and behaviours, and attainment.

Schools can be supported to provide healthier environments by:

- Encouraging more physical activity into the curriculum, and promote healthy eating.
- Developing a wide range of life skills for their pupils, including building emotional wellbeing and resilience to peer pressure, coping with social media use and media pressure.

## Did you know?

During the 2015/16 school year in Sefton:

- Seven out of 10 pupils gained a good level of development in the Early Years Foundation Stage. This is higher than the rates seen in the North West and England.
- Six out of 10 pupils achieved or exceeded the expected standard for reading, writing and maths in Key Stage 1. This is lower than the rates seen across the North West and nationally.
- One in 10 Sefton pupils in reception was obese, rising to 1 in 5 for pupils in Year 6.

high-quality education will ensure that children and young people, gain knowledge and develop a wide range of life-skills preparing them for future employment and social opportunities. Schools are also settings in which healthy behaviours can be influenced and developed, for example through supporting healthy diets. Conversely, we know that bullying within schools can have a negative impact on the emotional and mental wellbeing of pupils in both the short and longer term.

## What can we do about this?

In order to help schools ensure each child reaches their full potential, local authorities and partners can support schools, in order to:

- Reduce bullying through implementing evidence-based programmes and seek outside support when required. PSHE lessons provide an opportunity to talk to pupils about bullying and healthy/unhealthy relationships, including

## What are we doing in Sefton?

There are a range of initiatives aimed at children and young people underway in Sefton, designed to improve physical, mental and emotional wellbeing.

## Emotional wellbeing in schools

This service is delivered as a component of the School Nursing Service in Sefton, and is a targeted confidential service for children, young people and their families, providing support with emotional and mental health difficulties that fall below the threshold of other specialist services.

The service helps to support children and young people with anxiety, anger issues, low mood, low self-esteem, bullying or friendship difficulties, behavioural problems at home or school, self-harming behaviours, school difficulties. It recognises the importance of early identification, early assessment and early intervention, to improve the outcomes for children and young people across the borough.

*“ Within this role, I am able to provide accessible and timely access to evidence-based interventions for children and young people. I work jointly with families and young people to assess problems and develop interventions which support positive change.*

*I also work in partnership with School Nurses to develop capacity and capability around emotional health and wellbeing, as well as linking in with other professionals to ensure that children and young people achieve the best outcomes.*

**Cath Brindle**, Specialist School Nurse for Emotional Mental Health and Wellbeing

## Bully Busters



Sefton Council commission Bully Busters to work with schools. A team of specially trained staff operate the confidential telephone helpline and take calls from victims, parents or from people with information about the bullying of children. As well as acting as a listening ear service, the team provides practical advice and can act as a mediator between the organisation where the bullying is taking place and the parent/carer of the child involved. They also operate a full anti bullying initiative providing training and awareness sessions for young people, children, professionals, Governors and parents or carer's.

## Young Carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. The average age of a Young Carer is 12 years old with 1 in 3 young carers spending 11-20 hours per week caring. Evidence suggests that more than half (53%) of young carers have problems coping with school work and nearly 60% struggled to meet deadlines. Sefton Carers Centre has been working with schools in Sefton to help to support Young Carers and their families, and has recently hosted a Young Carers Awareness Day event in partnership with Greenbank High School in Birkdale.

At the event local schools and organisations were invited to hear about work being undertaken to identify young carers in the school setting and provide support on a holistic family approach using the Carers Trust Young Carers in Schools toolkit. Over 35 young carers have now been identified and the school is working towards

“ The support has helped me to achieve my goals and helped me to feel happy and secure. I just want other people to get the support I've had for them to have an easier, happier life and for people to know that there's always someone they can speak to. ”

**Olivia Rushton,**  
a young carer  
and pupil at  
Greenbank  
High School



## Active Sefton

Sefton's Sport & Recreation Service provides a range of programmes for children and young people in schools, with the aim of providing education around healthy eating, physical activity and healthy lifestyles. This includes Move It, Active Kids, Sportivate, Active Academies and many more. More information about the service can be found in Chapter 6 and here - [www.sefton.gov.uk/sport-leisure](http://www.sefton.gov.uk/sport-leisure).

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure we have healthy schools and pupils in Sefton. We will do this by;

Developing and implementing a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote physical activity within schools and other settings.

Developing and promoting resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

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The bronze level of the Young Carers in Schools programme which they hope to achieve prominently.

A free step by step guide to Supporting Young Carers in Schools is available to be used locally, for more information please contact John Hill, Sefton Carers Centre, **0151 288-6060** / [john.hill@carers.sefton.gov.uk](mailto:john.hill@carers.sefton.gov.uk)



# 3 Helping people find good jobs and stay in work

## Why is this issue important?

Finding a good job can ensure we are financially better off and gives us a sense of purpose in life. These factors generally have a positive effect on our physical and mental wellbeing, which can also be felt by our immediate family.

On the other hand, for people who experience unemployment, or insecure employment, there may be a negative impact on health and wellbeing. People with a long-term health condition or disability can face barriers to finding and staying in work, with around half of people with a long-term health problem experiencing difficulties within the workplace.

Whilst working is generally good for our health, the type of work we do is also important. Stress at work, job insecurity and a lack of control over work are associated with long-term physical and mental health problems. Most illnesses caused by work are musculoskeletal or related to stress, depression or anxiety.

## What can we do about this?

Councils and partner organisations can encourage uptake of supported employment schemes, such as apprenticeships. This is particularly important for groups such as those with a disability and disadvantaged in the job market; including long-term unemployed, older workers and young people aged 16-19 not in education, employment or training (NEET).

Councils can promote inclusive growth, this means that local investments and developments are used to create opportunities for all segments of the population and the benefits of this are distributed fairly across society.

Local authorities can play a role in supporting and challenging local businesses to do more to promote workforce health, and support employers in helping employees with health conditions.

## Did you know?

- Between January and December 2015 there were approximately 15,000 workless households – almost 1 in 5 of all households within Sefton.
- Following a decline in recent years Sefton's rate of 16 to 18-year-olds who are not in education, employment or training (NEET) has shown an increase in 2016. The rate in Sefton remains significantly higher than the England average.
- When surveyed 2.3% of Sefton employees had at least one day off due to sickness absence in the previous week, similar to the national average.

## What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to support people into good quality employment.

## Sefton@Work

Sefton@Work is a free service which provides employment information, advice and guidance to Sefton residents aged 16 and over. Sefton@Work offers a range of programmes including 'Ways to Work'. This initiative combines employment advice, guidance, job preparation skills and paid work placements for Sefton residents who have little or no work history. This programme aims to improve long term economic resilience by helping residents into the job market and through providing a working role model for children within the family.

Ways to Work is one of the first projects of its kind to be run through the Liverpool City Region Combined Authority and we are working closely with all the other local authorities to deliver a consistent offer. Part of the grant offer includes

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finding from a European fund called Youth Employment Initiative (YEI) which specifically targets people under 29 years old who have no work experience or little work history.

## Nature 4 Health

Sefton@Work has also been working with Mersey Forest as part of the Nature for Health programme, to improve mental wellbeing in those furthest from the job market and encourage skills development through participation in voluntary activity. The project



also aimed to increase the number of hours participants spent outdoors interacting with nature and participating in activities outside of their comfort zone.

Twelve participants were involved in the project; all were registered with Sefton@Work. The project was undertaken at SAFE Regeneration in Bootle and involved a 6 week course with 2 sessions per week, including horticulture, vegetable growing and art based activity.

Since the course seven participants have continued to attend SAFE Regeneration on a regular basis. Two have since gained employment; including one who has started an apprenticeship at SAFE Regeneration. Informal feedback found that some participants who were previously socially isolated had seen a noticeable improvement in attitude towards work.

**“** I was stuck in a bit of a rut and wasn't really doing anything; I heard about the Nature for Health Project through Sefton at work and thought I would visit SAFE to check it out. I was made to feel comfortable and instantly felt I wanted to get involved in the gardening and make a difference. I'm now really enjoying life and getting involved at SAFE, I have a job gardening and maintaining the grounds and things couldn't be better! **”**

Nature 4 Health participant

Some were now also engaging with Living Well Sefton – Sefton's integrated health and wellbeing service. A full evaluation of the project is currently underway by Liverpool John Moores University.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to help people find good jobs and stay in work in Sefton. We will do this by:

- Developing the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.

- Developing a plan to promote and protect the health of the workforce across the Council and wider organisations in both public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.





# 4 Active and safe travel

## Why is this issue important?

Whether we are commuting to work, completing the school run, or on a more leisurely outing, how we get from A to B can have a major impact on our health and wellbeing.

Using active forms of transport like walking and cycling provides many health benefits. This includes helping us to achieve and maintain healthy body weight, reducing our risk of heart disease and stroke, and reducing our chances of developing diabetes. Building active travel into

our daily routines can also improve our mental wellbeing.

Active travel can reduce the number of short car journeys we take, which in turn can reduce congestion and improve air pollution. This also helps to make roads safer, especially for cyclists and pedestrians; and can make our communities more appealing and attractive.

## What can we do about this?

Both public and private sector organisations can promote cycling to work, which can lead to a healthier workforce and fewer days lost through ill-health. One way to achieve this is through the cycle to work scheme, which reduces the up-front cost of buying a bicycle. Councils can support cycle safety through cycle training and guided cycle routes to build the skills required to cycle safely.

In order to ensure safe travel Councils and partner organisations could consider:

- Developing safer routes to schools, colleges, and common destinations, in more densely populated areas, with high levels of road casualties.
- Create safe and attractive local environments which promote cycling and walking over car use.

*I knew I had to do more exercise, but the walking groups grabbed my attention as I knew I would meet people and just the fact you can walk and talk comfortably and you're doing it within a group is ideal for me. The walking groups have been a lifesaver for me as they have got me into a weekly routine again, I have dates and times in my diary each week and I know people are going to be at the walks rain or shine.*

**Doreen** has been walking with the Active Walks Programme for over 6 months to meet new people and improve her mood.

*I used to be a keen cyclist but I was knocked off my bike a couple of times. After the second accident, I lost my confidence riding on the road. This led to my fitness and mood dropping, and I suffered from depression. I attended a Dr Bike session, where Sefton's Cycling Development Officer not only fixed my bike but also explained what he was doing so I could fix it myself the next time. I went on to assist with the Dr Bike sessions as a volunteer and now have completed a City and Guilds level 2 in bike maintenance.*

*My confidence and self-esteem have improved and I am currently seeking employment as a bike mechanic.*

**Ken**

## Did you know?

- The Sefton rate of people killed and seriously injured on the roads is similar to the England average.
- Just over half of Adults in Sefton (56%) achieve the recommended 150 minutes of physical activity per week.
- Around 1 in 10 adults in Sefton cycle at least once a week. This means around 20,000 residents.

## What are we doing in Sefton?

The Local Transport Plan sets out the approach to travel within a local area, including the promotion of active and safe travel. For Sefton, this document is produced by Mersey Travel for the Liverpool City Region Combined Authority and is called '**A Transport Plan for Growth**'.

Sefton Council also provides a number of programmes which support people to walk and cycle more and to reduce the number of car journeys people make. 20 mph zones have been introduced in residential areas across Sefton to encourage people to drive more carefully and slowly and make neighbourhoods safer.

## Active Travel Sefton

Sefton's Active Travel Team provide a wide range of services to help get people who live, work and visit Sefton involved with cycling, walking and using sustainable transport. Active Travel Sefton provides a wide range of one-off events and week to week activities to join in with.

The Active Travel Sefton **website** brings together information on what is going on across the borough and includes a weekly timetable of activities as well as links to the Sefton Travel App and information for local businesses and employees.

A wide range of initiatives are delivered across the borough including:

## Schools and Colleges

Each year around 5000 school pupils take part in cycle skills sessions provided by the active travel team. The team also support initiatives such as walking buses, providing an active, safe, and car-free journey to school for hundreds of primary school children across Sefton.

## Community

Over 2600 people take part in 'Health Walks' and around 1200 people take part in led cycle rides each year in Sefton. Local health walks are offered across the whole of the borough and cater for all ages and abilities, and include Nordic Walk training. These provide a number of benefits to both physical and mental health.

Practical cycle maintenance training is also offered to residents, along with bike servicing at Dr Bike sessions and learn to ride sessions for complete non-cyclists or on-road cycle training for occasional riders.

On a weekly basis around 90 residents take part in Wheels for All cycling sessions which enable children and adults with disabilities and differing needs to engage in a quality cycling activity. Sefton's centres are equipped with a range of specially adapted cycles and welcome individuals, groups and families to be involved.

### Visitors and Local Business

The active travel team can offer businesses in Sefton support in developing travel plans and can also assist in the promotion of sustainable travel and provide practical and informative work based sessions to employers and their employees.

For visitors to Sefton, detailed information on how they can use walking and cycling is available from a range of sources including the **Active Travel Sefton** and the **VISIT Sefton and West Lancashire** websites. To encourage visitors to cycle whilst visiting the local area, bike hire is available from a number of popular locations across Sefton. Each year over 1500 people use these hire bikes to get around.

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to help people to engage in safer and more active travel in Sefton. We will do this by:

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.



# 5 Warmer and safer homes

## Why is this issue important?

Living in a home that is warm, safe and in a good state of repair is fundamental to keeping ourselves well, whatever our age or circumstances. When our housing meets our needs we are better able to access services and build relationships with people living in our local community.

## What can we do about this?

Local authorities have statutory responsibilities for housing; including providing accommodation for people who are homeless, tackling homes that are of a poor standard and ensuring that enough affordable housing is available. Registered providers (housing associations) own and manage local supplies of socially rented housing, whilst other organisations such as Fire and Rescue Services work hard to ensure safety within homes.

Suggested actions that local organisations should take to ensure good quality housing include:

- Making homes warmer - Each year over 20,000 deaths in the winter months, in people aged over 65 are related to under-heated homes. These 'excess winter deaths' are caused by cold homes increasing the risk of cardiovascular disease, stroke and respiratory illness.
- Preventing accidents in the home - Each year in the UK over 1 million children attend A&E following an accident in the home.

## Did you know?

- Over 1 in 10 of households in Sefton is estimated to be living in fuel poverty. This is higher than the England average.
- In Sefton there are, on average, 20% more deaths in winter compared to non-winter months.
- Sefton's A&E attendance rate for children age 0-4 is significantly higher than the England rate.

## What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to ensure good quality housing within the borough.

### Affordable Warmth

In 2013, the Public Health Annual Report focused on affordable warmth activity in Sefton and a version of that report can be found [here](#).

### Hillary Drive Affordable Housing

Hillary Drive in Waterloo is an example of an affordable housing development, completed in April 2016. The mix of properties was developed in discussion with Sefton's Housing Team based on an identified need for local affordable housing, particularly smaller family homes and those that require ground floor accommodation.

The scheme has achieved Secure by Design accreditation, meaning that the properties are designed to ensure a safe and secure environment. The properties contain high levels of insulation, so they are more affordable to heat. Some units also meet Lifetime Homes criteria and include level access to front and rear of properties, level access showers in some ground floor flats and provisions for stair lifts in the houses. This means that the scheme will more easily adapt to ever-changing needs of our residents.

### Safe and Well Visits

Over the past year, Merseyside Fire and Rescue Service (MFRS) have been working with local Public Health Teams to broaden their current Home Fire Safety Check to tackle local health priorities. Under the banner of 'Safe and Well' the new visits will incorporate information on five key health issues, in addition to fire prevention and safety.

MFRS will start their visits in April 2017 and hope to visit over 7000 homes across Merseyside. In Sefton, their team of prevention advocates will refer those requiring further support into local health and wellbeing services such as Living Well Sefton.

#### Five key health areas for Safe and Well visits:

- Falls assessments
- Alcohol advice
- Smoking cessation
- Bowel cancer screening (over 60's)
- Blood pressure checks

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure warmer and safer homes in Sefton. In Sefton:

- We know that conditions in the private rented sector in particular areas of the borough are poor, so we will continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- We will consider how best to support local action to reduce levels of childhood injury in Sefton.



## 6 Access to greenspace and the role of leisure services

### Why is this issue important?

Good quality and well-managed greenspaces provide a range of physical and mental health benefits for a local area. They also provide opportunities for biodiversity and can support better local air quality.

Time spent outdoors, either by the coast, woodland or in a park can increase our levels of wellbeing. Engaging in leisure activities can also help us to relax and unwind, and provides opportunities to meet new friends, and develop new skills and confidence.

Being able to access greenspace and leisure services means we are more likely to be physically active, helping to reduce the risk of a wide range of long-term health conditions including heart disease, musculoskeletal problems - such as arthritis and cancer.

### What can we do about this?

To increase access to open and greenspace, the local organisations should consider:

- Good maintenance of parks and greenspaces and in particular, ensuring that anti-social behaviour does not act as a barrier to the enjoyment of these areas.
- Working in new ways to ensure the financial viability of parks and greenspaces in the long term. This could include links with local third sector organisations and local businesses.

- Engaging with community groups and volunteers including 'friends of' groups in the ownership, management and maintenance of greenspaces. This encourages people to improve their local environment and provides health benefits for the volunteers.
- Planning the use of leisure facilities to maximise the health of local residents, with a particular focus on vulnerable groups.

### Did you know?

- Sefton has 8 leisure centres, and over 30 sport, exercise and health activities which operate under the banner of 'Active Sefton'.
- Sefton has 22 miles of coast, including beaches, sand dunes and coastal woodlands.
- Sefton has over 27 parks across the borough, as well as 61 play areas and 183 open spaces.
- 16% of Sefton residents are estimated to have visited outdoor spaces for exercise/health reasons in the last seven days, compared to 18% nationally.

### What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to ensure access to greenspace and leisure opportunities.



### Sefton's Sport & Recreation Service

Sefton's Sport and Recreation Service is directly responsible for six leisure facilities. This includes Dunes Splash World, Meadows Leisure Centre, Netherton Activity Centre, Litherland Sports Park, Crosby Lakeside Adventure Centre, and Bootle Leisure Centre.

The service is also responsible for the management of two major leisure management contracts at Formby Pool and Crosby Leisure Centre. Active Aquatics, Active Sports and Active Lifestyles programmes are also delivered by this service, which offer a vast range of local leisure activities including to those in need of additional support.

Sefton's leisure offer forms a major part of the cultural landscape of the borough. In addition to fulfilling the traditional leisure function of enabling people to be healthy and happy, the service is also highly valuable to the wider

economy by helping to make Sefton an attractive place to live, work and visit.

### Consultation on greenspaces

At the time of writing, Sefton Council was undertaking a public consultation to look at new ways of approaching access to and maintenance

of local greenspace, at a time of financial restraint and cuts to public spending. The consultation considers how the natural greenspaces within Sefton can be protected so that future generations can enjoy them.

**active  
 sefton**

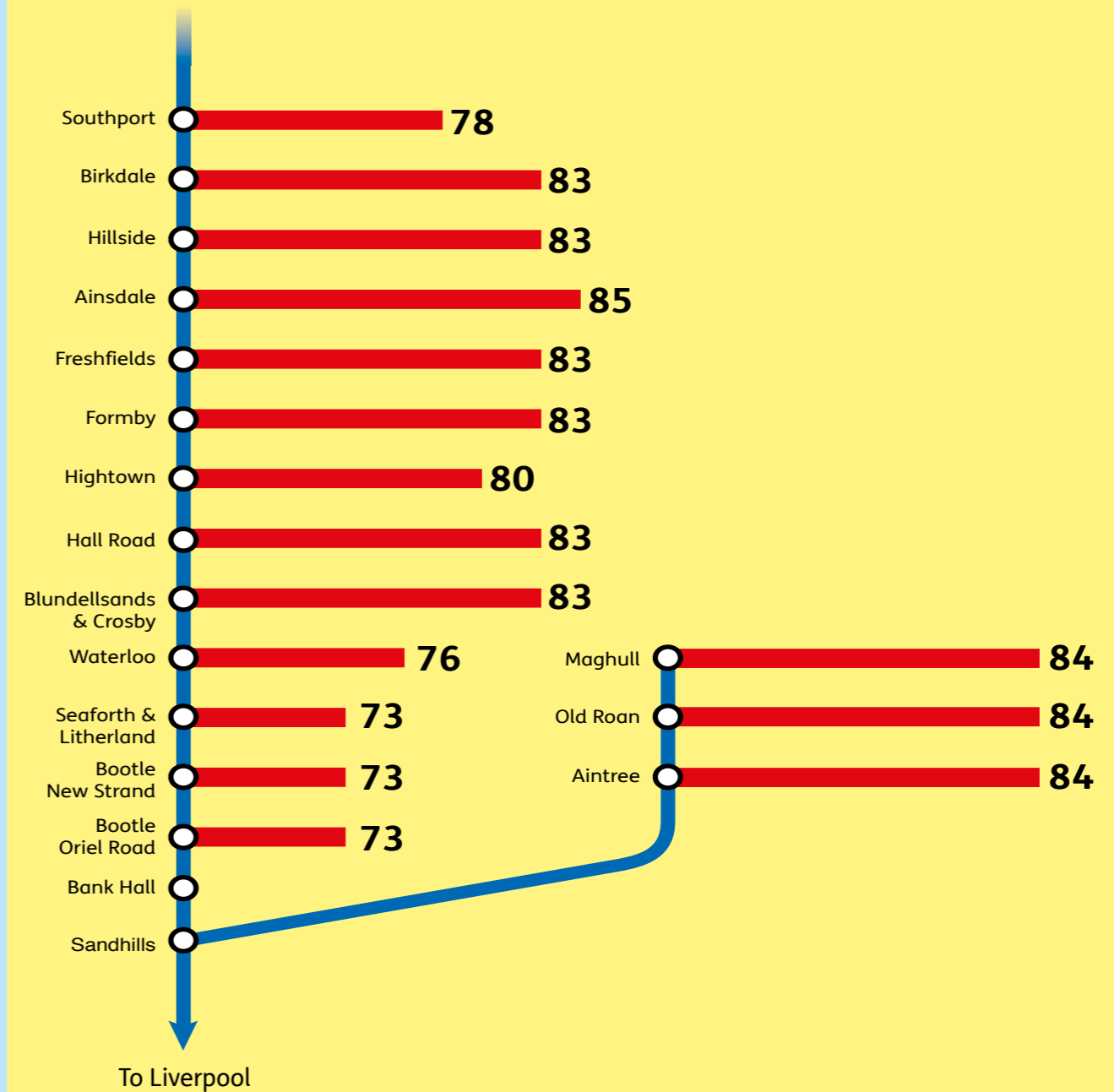
### Rimrose Valley, Forest School

A 12 week forest school was run from April 2016, for children from Hatton Hill Primary School After-School Club. It was funded by the Big Lottery Reaching Communities fund, in partnership with the Mersey Forest Nature4Health Project and Sefton Council Coast Rangers. The project aimed to increase use of nearby Rimrose Valley by both



# Life Expectancy in Sefton

River  
 Mersey



# Health & Wellbeing Indicators in Sefton 2016

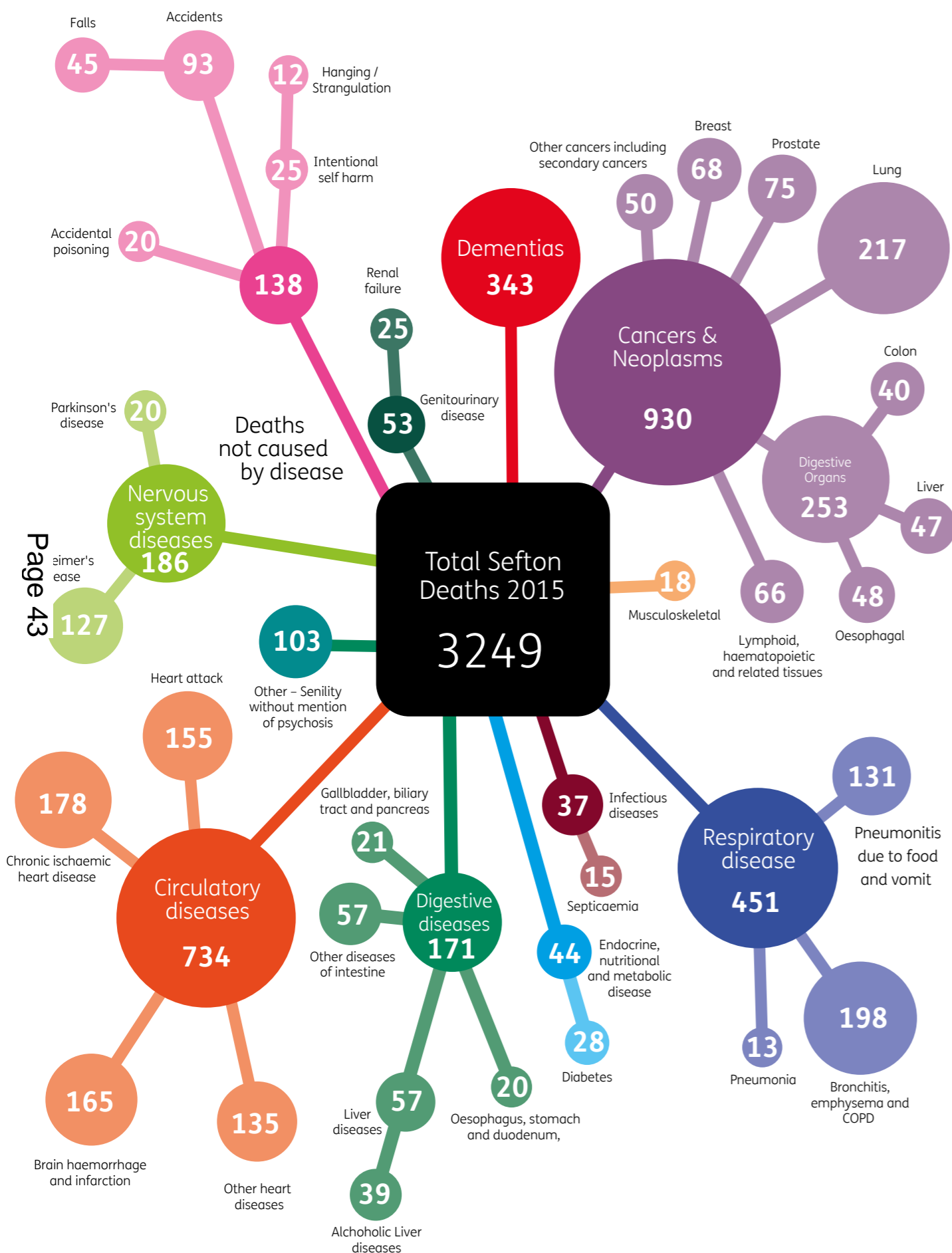


## Key

Statistical significance compared to England average:



# Main causes of death in Sefton



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the children and their families, increasing their time outdoors doing a physical activity. Activities included learning practical skills such as coppicing trees, whittling, den building, tying knots, lighting fires safely and eating food cooked over the fire. As part of the final celebration, the children invited their families down to see what they had been doing and take part in some of the activities.

An evaluation of the project carried out by Liverpool John Moores University showed that:

- 6 out of 14 children reported increased physical activity levels from week 1 to week 12.
- 7 out of 14 also reported feeling more relaxed when asked questions about their mental wellbeing.

Most importantly, 95% of the children said that they wanted to visit the woodlands again with their family.

Children taking part in the Forest School said.....

- "[I] enjoyed making fires and making dens".
- "I really enjoyed using the tools to chop wood"
- "I liked making dens and finding bugs"

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure access to greenspace and leisure opportunities in Sefton. We will do this by:

- Using the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and participation in the management

of the natural resources within the borough, particularly by those groups who currently access it least.

- Working with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximising opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.





# 7 Strong communities, wellbeing and resilience

## Why is this issue important?

Communities have a unique role to play when it comes to our environment, safety, happiness and welfare. Supporting strong local communities is hugely important in ensuring people are healthy and able to support one another.

Having support from family, friends and others can improve your wellbeing, and it can also help you recover from illness. However, in communities where people don't have social support, levels of good health and wellbeing are more likely to be lower. For example, loneliness has been shown to be as bad for our health as moderate smoking, obesity or high blood pressure.

Most communities have both strengths and challenges. Strengths can be as simple as neighbours who look out for one another or residents who pick up litter on their street. Formal support networks such as luncheon clubs, knitting or gardening groups can also help to create strong communities. Recent changes to the welfare system and reduced public funding are challenges which have affected many local communities. This can be seen nationally through rising levels of personal debt and use of foodbanks. This issue was explored through the Public Health Annual Report 2015 called '**Good Health in Tough Times**'.

## What can we do about this?

In order to support local communities, Councils and partner organisations can:

- Use local knowledge to understand community strengths and challenges, and to plan local services better.
- Support community groups to provide services within communities, where appropriate and where they are best placed.

*“The Leadership Collaborative was an eye opening experience and a wonderful opportunity to meet people from a number of different sectors and share common stories of the challenges of leadership. I gained new insights in particular as to how the NHS operates and the differing perspectives on how to improve health and wellbeing. I look forward to continuing to collaboratively work with Well North as we seek to bring hope and regeneration to Bootle.”*

**Claire Morgans**, Chief Executive of the Bootle-based young person's charity Ykids and first became involved in Well Sefton through the Sefton Leadership Collaborative.

## Drop in activities at Strand by Me:

- **People First** – promotion of wellbeing for those with learning difficulties
- **British Lung Foundation** - monthly meetings of the Sefton Breathe Easy Group
- **Mersey Care** - Drug and alcohol clinic and mental health drop in service
- **May Logan Centre** – Weekly health check services
- **The Alzheimer's Society** - monthly drop in service and help to develop plans for a Dementia friendly shopping centre.
- **Galloway's Society for the Blind** - regular monthly drop in service
- **Strand House** – Residents meeting and drop-in surgery two mornings a week
- **Chiropody service** – monthly 'treat your feet' service
- **Veterans in Sefton** – weekly clinic for those with Post Traumatic Stress Disorder



- Support residents to volunteer and take part in good neighbour activities, including befriending.
- Provide support for those most affected by recent changes to the welfare system, for example, through debt advice.

### Did you know?

- Sefton is the happiest place in Merseyside (Government's wellbeing survey).
- Sefton has over 1300 active local charity and community groups, as listed on the Sefton VCF Direct [website](#).
- 7% of people in Sefton are estimated to have low life satisfaction (compared to 5% for England as a whole).
- 21% of people in Sefton are estimated to have high anxiety, similar to the England average.

### What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to support strong local communities.

#### Areas of statutory responsibility for the Council:

- Food safety, including hot food takeaways
- Alcohol and gambling licencing
- Control of illicit tobacco and fire safety
- Sunbed shops
- Tattoo shops
- Air quality and pollution control.

### Well Sefton

Sefton is one of nine Well North pilot areas. The programme is designed to improve health and wellbeing areas through the development of enterprising and resilient communities.

In developing the programme Sefton Council Public Health Team have been working with Sefton Council for Voluntary Services, Sefton's Clinical Commissioning Groups, local GPs and representatives from several local community groups and social enterprises.

Well Sefton's mission statement is Building a Brighter Bootle, and focuses on four topic areas:

- Developing Community Leaders
- Encouraging investment in Bootle
- Connecting partners to enable more access to community-based services
- Using food as a platform to build community resilience

### Strand by Me – Community Asset Workers

In 2015, Sefton Council and South Sefton Clinical Commissioning Group invested in a team of Community Asset Workers. The role of the team was to:

- Identify community skills, assets, issues and needs; ensuring that local people have their say in community activities.
- Develop support networks between individuals and community groups.
- Empower local people to develop their own potential and to improve their communities.

Since then the team have undertaken a wide range of activities to support local community groups and have also taken over the day to day management of the Strand by Me shop

in Bootle Strand Shopping Arcade, which has provided a base from which to work directly with communities. On average, around 20 people a day visit the Strand By Me shop; some with a particular purpose, for example, to have a health check, to find out how to volunteer or stop smoking (or both)! But increasingly it is just to 'find out what's going on'.

Informality is important to the work of the Asset Officers. Although 'a friendly face, a cup of tea and a chat' may be all that's required as a starting point, the team are always looking for opportunities to identify people's skills and talents and help people to develop.

Some case studies illustrating the work of the team are given below.

#### Case Study: Mrs Smith

A diagnosis of Chronic Obstructive Pulmonary Disease and changes in family demographics had left Mrs Smith, from Bootle, isolated in her flat. She has lost confidence in her ability to connect with other people; "I did not go out unless I really had to for nearly two years".

Following her first meeting with the asset team, Mrs Smith has since been linked to the Breathe Easy Group that now runs out of Strand By Me once a month. She is also now using Netherton Feelgood Factory healthy living courses and accessing a chair based exercise class, and has become the secretary of a local resident group.

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to support resilience in local communities, by working closely with local third sector organisations. We will do this by:

- Supporting positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensuring that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensuring that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the Collaboration for Leadership in Applied Health Research and Care – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

#### Case Study: Clive's Story

Clive wanted to find an organisation that could support him as a dad and recognised that there are lots of other dads who would like to get support from people who have similar experience with regard to child access and child support. Clive is currently being supported to apply for funding through the new Living Well Sefton Fund.

# 8 Protecting the health of the public

## Why is this issue important?

The Council has responsibility for ensuring the health and safety of local residents. It does this by regulating some of the activities that are carried out in the borough, to make sure that relevant policies and laws are complied with.

The Council will inspect all food premises to ensure any food served has been prepared hygienically and in a way that will not make anyone ill. In addition, licences to sell alcohol from off-licences or pubs and bars are issued when the applicant can demonstrate that no public nuisance or increase in crime will happen as a result.

In ensuring compliance with all relevant laws, the Council can make sure that activities in the borough reach a minimum acceptable standard. This helps to protect local communities from any harm such as noise or other nuisance.

Where possible, good practice suggests that the Council should also undertake work alongside these processes to ensure that the health of local residents is not only protected but is also improved.

## What can we do about this?

The potential impact of the above areas of regulation on local communities is significant. A few examples of the impact of these activities on health are given below.

**Alcohol:** Alcohol-related harm costs the UK economy an estimated £20 billion a year and the health service £1.7 billion/yr.

**Hot Food Takeaways:** Hot food takeaways often selling food which is high in saturated fat, salt and sugar. In the UK there is a direct link between communities with high numbers of takeaways and high levels of obesity.

**Betting shops:** Problem gambling can have a negatively impact on family life, relationships, employment, finance, sleep, anxiety and depression. The highest rates of problem gambling are among lower income groups and the youngest age groups. Recent evidence suggested that problem gambling costs the UK between £260m and £570m a year across health, welfare and employment, housing, and criminal justice (IPPR, 2016).

**Sunbed shops:** The NHS spends approximately £70m on skin cancer each year, with the main causes being UV radiation from the sun and sun beds. The risk of malignant melanoma is increased by 59% in those who being to use sunbeds under age 35 (for other skin cancers risk also raised around 29-67%).

**Air quality:** Each year in the UK around 40,000 deaths are attributable to outdoor air pollution. The resulting costs to the NHS and business total more than £20 billion. The impact of air pollution has been linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia (RCPC and RCP, February 2016).

## Did you know?

- There are 822 establishments in Sefton which hold a licence to sell alcohol and 107 that hold a gambling licence.
- There are currently 4 air quality management areas within Sefton.
- In Sefton 4% of adult deaths are estimated to be due to particulate air pollution (fine particulate matter, PM2.5).

## What are we doing in Sefton?

Sefton Council is undertaking a range of activity to ensure the health of local residents above the minimum legislation.

## Air Quality

Sefton produces an Air Quality Annual Statement (AQAS) in line with statutory guidance. This report for the borough is based on comprehensive air quality monitoring data. The most recent document was produced in August 2016 and found that air quality within Sefton was largely within national standards. However, there are pockets of the borough that have been adversely affected and this has mainly been caused by

HGV vehicles and general traffic on local roads. This has led to the designation of four air quality management areas within Sefton, and actions have been undertaken to improve levels of air quality within these areas.

There are a number of ongoing and planned developments in the borough, which are aimed at growing the local economy, providing employment for local people and attracting further inward investment. This includes the expansion of the port. Whilst providing many benefits to the borough, these plans are also likely to increase traffic movement. It is, therefore, important to work jointly across departments within the Council and with other local partner organisations to mitigate against any impact on air quality of these developments.

Public Health is committed to closer working with Sefton's Air Quality Team, and in 2016 the Director of Public Health provided the foreword for the AQAS Report. Another example of this joint working is the Ecostars project.

## Ecstars:

Emissions from freight traffic, particularly HGVs have been shown to be a significant contributor to pollution levels in some parts of Sefton. To improve air quality in these areas, an ECO Stars fleet recognition scheme has been introduced. The scheme provides free advice to operators on how to operate their vehicle fleets more efficiently to reduce fuel consumption, CO2 emissions and air pollution. Through the scheme, operators are assessed on their individual vehicles and overall approach to fleet management, and awarded a star rating.

A first phase of the scheme was run between 2013-2015, during which a total of 40 operators had joined the scheme, with around 80% receiving star ratings of 4 or 5 (out of 5).

The scheme has also just received additional funding until 2019 and it is expected that at least a further 15 operators will join the scheme during this time.

## Alcohol Licensing

Alcohol misuse across Cheshire and Merseyside (C&M) costs around £994 million each year (£412 per head of population). Of these costs, only £218 million are direct costs to the NHS.

Sefton Council are working with CHAMPS, the public health collaborative led by the Cheshire & Merseyside Directors of Public Health, in developing a broad approach to tackling harm from alcohol, through the use of current licencing legislation.

This will involve a range of work including:

- Campaigns which aim for greater enforcement of the law prohibiting the sale of alcohol to people who are already drunk.
- Engaging with off-licences and encouraging them to voluntarily restrict the sale of high-strength products.
- Development of best practice in relation to local licencing strategies.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure public protection activities contribute as much as possible to improving the health of local communities. For example, equipment to monitor fine particulate matter (PM2.5) has been purchased and will be installed in one of the air quality monitoring stations in Bootle shortly.

Further work in 2017 will include:

- Continuing to work at a Cheshire and Merseyside level to ensure full use of alcohol licensing powers available.
- Exploring opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establishing an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.



# 9 Health and spatial planning

## Why is this issue important?

The places and spaces in which we live have the potential to make a huge impact on our lives, whether it is our house, our local park or our local high streets.

The planning system sets out the requirements for new development and therefore governs many of the physical changes that could happen in our local environment. It is really important that in making these decisions, there is careful consideration of the impact on the health of local communities.

Good planning decisions can improve the quality and layout of new housing and garden space. It can also improve road safety, community safety and support the 'viability' of neighbourhoods through the provision of facilities like shops and schools. There are also mechanisms available within the planning process to ensure developers provide infrastructure to support new developments such as greenspace, foot and cycle paths.

## What can we do about this?

Evidence suggests that the Councils should undertake some of the following actions to ensure planning decisions support the health of local communities.

- The Local Plan governs how planning decisions are made within a local area.

Each Local Plan and its supporting documents should include health and wellbeing as a core objective and address local health needs throughout.

- Officers making planning decisions should have knowledge of the health of the local population and how planning decisions may impact on health.
- Health Impact Assessments should be encouraged in relation to large developments to ensure the health impact on local communities is fully considered.
- Local planning policy should be used to limit groupings of fast food outlets, betting shops and other uses which may be detrimental to health.

## Did you know?

- Sefton's Local Plan has just been adopted which sets out the borough's approach to planning within the area over the next 15 years.
- Dukes ward has the highest concentration of hot food takeaways followed by Church ward with 39 and 25 outlets respectively.

## What are we doing in Sefton?

Sefton's Draft Local Plan includes several policies to make sure that new development in the borough contributes to the health and wellbeing of local communities, by maximising opportunities for people to lead a healthy and

active lifestyle. Policies include encouraging provision of a range of amenities which will benefit health and wellbeing including:

- A choice of homes to meet current and future need
- Jobs
- Safe waste storage or recycling opportunities
- Safe and attractive public areas which minimise opportunity for crime and reduce the fear of crime, and which promote social cohesion
- Opportunities for people to take physical exercise through walking, cycling, outdoor recreation and sport
- Appropriately located food and drink shops, hot food takeaways and drinking establishments
- Accessible homes, education, jobs, public transport services, health and other services
- Measures to ensure homes are warm and affordable to heat

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure planning decisions contribute to the health of local communities. We will do this in the following ways:

- Providing training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Working together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

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Sefton's draft Local Plan also contains a policy which aims to ensure that food and drink outlets which have the potential to negatively impact on local communities are appropriately located. This will include restricting groupings of hot food takeaways where they may harm public health or the amenity of neighbourhoods through noise or odours. There are further restrictions where the proposed outlet is near to residential areas and schools.

At the time of writing a Supplementary Planning Document is also currently undergoing consultation with the public which will set out more detail about the new policy for food and drink outlets. This document will also cover a similar approach to betting shops, as part of measures to prevent harm from problem gambling within local communities.

## Key Recommendations

The following recommendations will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health Team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

### 1. The best start in life

- Continue to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensure that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Provide support for pregnant women on a range of health issues, including stop smoking services and breastfeeding support through development of a peer support model.

### 2. Healthy schools and pupils

- Develop and implement a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote more physical activity within schools and other settings.
- Develop and promote resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

### 3. Helping people find good jobs and stay in work

- Develop the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.
- Develop a plan to promote and protect the health of the workforce across the Council and wider organisations in both the public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.

### 4. Active and safe travel

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.

### 5. Warmer and safer homes

- Continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- Consider the most appropriate support required to reduce levels of childhood injuries within Sefton, and ensure this is reflected in current service provision.



## 6. Access to greenspace and the role of leisure services

- Use the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and participation in the management of the natural resources within the borough, particularly by those groups who currently access it least.
- Work with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximise opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.

## Strong communities, wellbeing and resilience

- Support positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensure that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensure that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the 'CLAHRC – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

## 8. Protecting the health of the public

- Continue to work at a Cheshire and Merseyside level on a programme of work designed to ensure full use of alcohol licensing powers available.
- Explore opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establish an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.

## 9. Health and spatial planning

- Provide training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Work together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

# Data Table

### Key:

Statistical comparison to England average

■ Worse
 ■ Similar
 ■ Better

Indicator	Measure	Time period	Sefton	North West	England
Infant Mortality	Rate per 1,000 births	2013-15	4.6	4.2	3.9
Low birth weight babies	Percentage	2015	2.5	2.8	2.8
Breastfeeding Initiation	Percentage	2014/15	56.0	64.6	74.3
Hospital admissions for deliberate and unintentional injuries to children (0-4 yrs)	Rate per 10,000 population	2015/16	93.6	182.0	104.2
5 Year Old Children Free from Dental Decay	Percentage	2014/15	77.3	66.6	75.2
Child Excess Weight in 4-5 year olds	Percentage	2015/16	24.7	23.2	22.1
Child Excess Weight in 10-11 year olds	Percentage	2015/16	35.2	35.2	34.2
Under 18 conception rate	Rate per 1,000 females aged 15-17	2015	21.0	24.7	20.8
First Time Entrants to the Youth Justice System	Rate per 100,000 population aged 10-17	2015	269.9	336.1	368.6
Fuel Poverty	Percentage	2014	11.2	11.2	10.6
Households in Temporary Accommodation	Rate per 1,000 households	2015/16	0.1	0.5	3.1
Excess Weight in Adults	Percentage	2013-15	69.7	66.6	64.8
Eating '5 a day' on a 'usual day'	Percentage	2015	45.3	48.1	52.3
Achieving at least 150 minutes physical activity per week	Percentage	2015	56.4	53.7	57.0
Smoking Prevalence	Percentage	2015	14.3	18.6	16.9
Injuries due to falls in people aged 65 and over	Directly standardised rate per 100,000 population	2014/15	2,398.0	2,465.0	2,125.0
Hospital Admissions for alcohol related conditions	Directly standardised rate per 100,000 population	2014/15	766.0	741.0	641.0
HIV late diagnosis	Percentage	2013-15	48.3	46.3	40.0

## Data Table (continued)

### Key:

Statistical comparison to England average

■ Worse   
 ■ Similar   
 ■ Better

Indicator	Measure	Time period	Sefton	North West	England
Chlamydia detection rate (15-24 year olds)	Rate per 100,000 people aged 15 to 24	2015	2,217.0	2,328.0	1,887.0
Flu Vaccination Coverage (65+)	Percentage	2015/16	73.7	73.7	71.0
Flu Vaccination Coverage (At risk individuals)	Percentage	2015/16	46.5	49.0	45.1
Emergency readmissions within 30 days of discharge from hospital	Percentage	2011/12	11.9	12.4	11.8
Male Life Expectancy at Birth	Years	2013-15	78.3	78.1	79.5
Female Life Expectancy at Birth	Years	2013-15	82.2	81.8	83.1
Male Healthy Life Expectancy at Birth	Years	2013-15	61.2	61.1	63.4
Female Healthy Life Expectancy at Birth	Years	2013-15	63.0	62.0	64.1
Mortality from causes considered preventable	Directly standardised rate per 100,000 population	2013-15	219.8	224.9	184.5
Under 75 mortality from all cardiovascular diseases	Directly standardised rate per 100,000 population	2013-15	77.5	88.5	74.6
Under 75 mortality from cancer	Directly standardised rate per 100,000 population	2013-15	155.9	153.9	138.8
Under 75 mortality from liver disease	Directly standardised rate per 100,000 population	2013-15	26.1	25.9	18.0
Under 75 mortality from respiratory diseases	Directly standardised rate per 100,000 population	2013-15	38.1	44.3	33.1
Excess Winter Deaths	Percentage	Aug 14- July 15	32.4	27.3	27.7
Suicide rate	Directly standardised rate per 100,000 population	2013-15	12.6	11.3	10.1

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## Appendix A:

An update on recommendations from the 2015 Public Health Annual Report

- We need to agree the best way to measure the impact of austerity on people living in Sefton. This will help us decide what to do to help people where it matters most**

In 2016, the Welfare Reform and Anti-Poverty Action Plan has been refreshed and sets out the ambition to address the pressures felt by low-income households in Sefton. It sets out a multi-agency approach to address the impact of changes contained in the Government's Welfare Reform programme, alongside Sefton's commitment to addressing poverty. As part of this action plan, data is regularly collated and reviewed to monitor the impact of reduced incomes and benefits locally.

- The Council and the NHS should always work together to provide the best possible social, health and wellbeing services**

The Council and the two local Clinical Commissioning Groups have a joint commissioning group that reports to the Sefton Health and Well-being Board Executive Group. There are a number of joint projects which have been developed through this collaboration including a healthy weight project and work on emotional wellbeing and resilience.

- Services should be designed through working together. The people of Sefton's voice needs to be heard and valued along with those who deliver services**

Over the past 12 months, we have commissioned a number of services including the new 0-19

service and substance misuse service. Both have sought the views of local residents in order to shape how the service should be delivered in Sefton.

In developing the 0-19 service we sought the views of:

- Staff who currently work in with children and young people across Sefton
- Members of the public including young people

These views not only shaped the design of the new service (more details of this can be found in Chapter 1: The best start in life), but also development of the Council's Children's and Young People's Emotional and Wellbeing Strategy.

- Services should work together to reduce duplication and service competition, and this way of working should be at the forefront of all partnership working**

We have been working with our partners across Sefton to reduce any duplication. An example of this is through Living Well Sefton, which is a new service with a focus on supporting people with issues that may be affecting their health and wellbeing. In this service, multiple providers work together, share resources, develop consistent approaches and have a single referral pathway for local residents.

- All partners should commit to developing "communities of practice" – this is a forum for services to share good practice, exchange ideas and solve problems together**

Within Sefton, and across the region, there is a range of ways partners have been working

together to share ideas and examples of good practice. Examples of this include both the domestic violence prevention strategy and alcohol licencing work which have involved collaboration across the Cheshire and Merseyside area.

### 6. Promote and reward new ideas amongst service providers

The Living Well Sefton community resilience grants are an example of how innovation can be rewarded within local third sector organisations. Projects receiving funding include:

- Sefton OPERA – Funding for swimming lessons for older people at Bootle and Formby.
- Seaforth Information Network Group – Kids Kitchen – summer holiday meals for families.
- Company of Men - Men On Track – establishment of a buddy network to decrease social isolation and increase physical activity.
- Eden Tots Healthy Cooking Classes – development of healthy cook and eat sessions with families attending the play group.
- Art for Art's Sake – therapeutic art and photography classes funding equipment and materials.

### 7. All services working with the public should be prepared to make every contact count. For example, Making Every Contact Count (MECC) is a simple approach that helps improve health. It is a method that supports & encourages conversations that help people consider ways to improve their own health

Delivery of Making Every Contact Count (MECC) training for workers in Sefton commenced in

January 2017. Over ten training sessions have been delivered and over 200 individuals have been trained.

### 8. Involve communities, and encourage self-support and support from others in the community

The CLAHRC programme 'Improving resilience to debt in Central Southport' is actively engaging local residents and stakeholders in identifying and making changes to improve the delivery of local debt advice services. The project involves finding and training local resident advisors, who are given the skills to support with local consultation and research.

Support has also been provided to Sefton Council for Voluntary Service to promote 'Pay it Forward' day and related activities which encourage small-scale community action and acts of kindness in order to support local community wellbeing.

### 9. We should all focus on what works well, not what is wrong, and share this

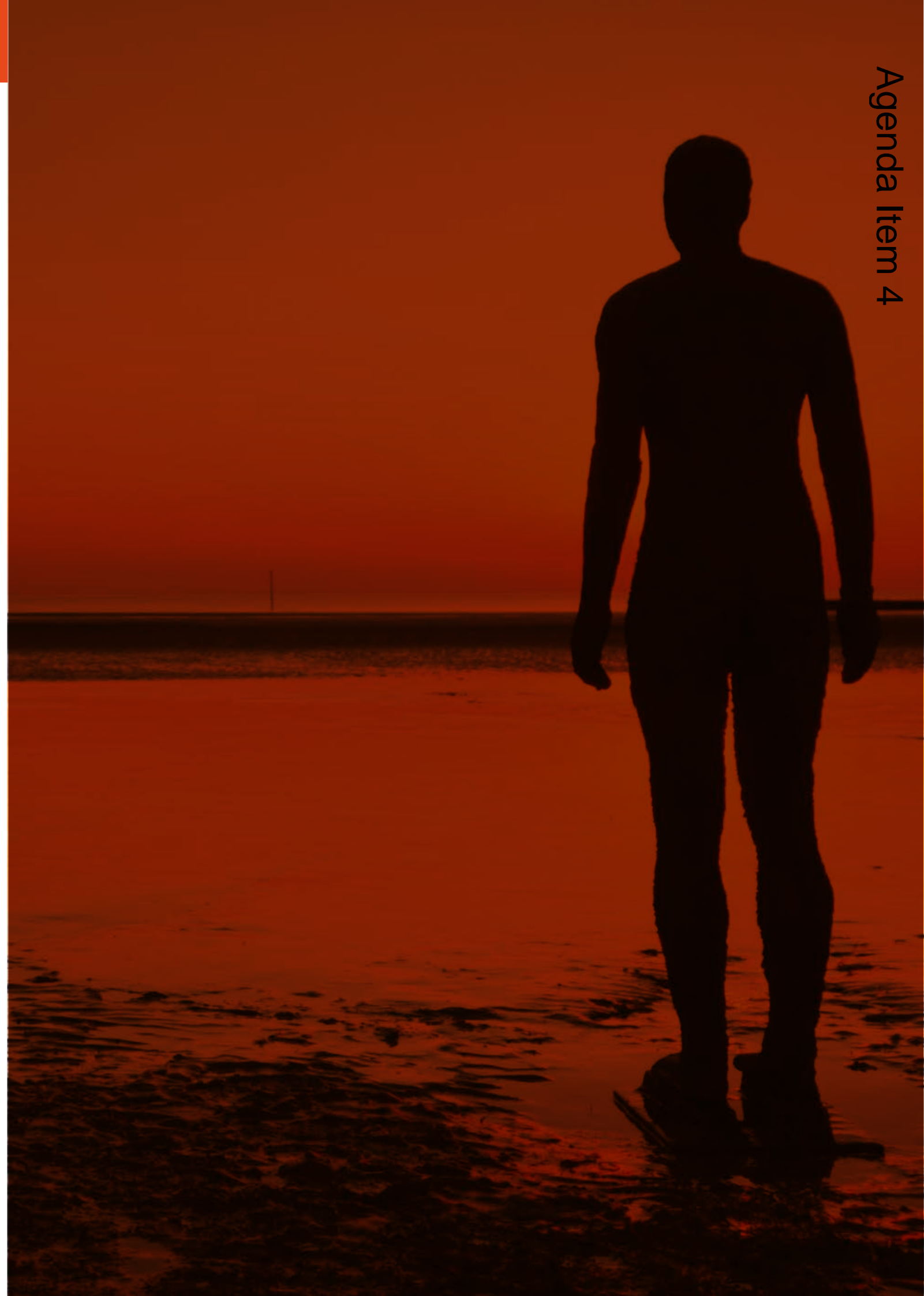
This recommendation is part of a wider organisational cultural change within Sefton Council and partner organisations, which is illustrated by the new Sefton 2030 Vision set out in the introduction to this report.

Part of the function of this Annual Report is to share examples of what is working well from within the team and across local organisations. Public Health remains committed to this and will continue to look for opportunities to learn from and share best practice from within Sefton and further afield.

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Sefton's Corporate Parenting  
Strategy



**Sefton Borough Council.**

Inspection of services for children in need of help and protection, children looked after and care leavers.  
Report Published 27th June 2016

**Inspection findings**

**Sefton Corporate Parenting Board**

"The corporate parenting board has appropriate oversight of important issues and the work of the board contributes to the improvement of outcomes for children looked after in Sefton. Chaired by the lead member and with membership from across the council and wider partnerships, including care leavers, it has been instrumental in setting up effective systems for monitoring children and young people looked after placed in Sefton and those from other areas, ensuring that they are safe and receiving appropriate services. Strong challenge from board members and especially the MAD group is evident. The annual survey in relation to the pledge for children who are looked after is an example of good practice because it is clear that children and young people are listened to and that action is taken as a result. An example is the development of an action plan to promote advocacy to children and young people after increasing numbers reported that they did not know about the service."

**MAD Group, Participation and Involvement**

"Participation and involvement of young people is a strength in Sefton and this is creating meaningful opportunities for young people to engage in strategic thinking and planning. The MAD group has strongly influenced actions in important areas and the group provides a range of training to foster carers and elected members. It exerts influence in most important strategic groups and planning forums. Moreover, its contribution is highly valued by senior leaders, staff and elected members"

**Report to:** Cabinet **Date of Meeting:** 25 May 2017

**Subject:** Sefton`s approach to integration “Making it Happen” and a new Section 75 Agreement **Wards Affected:** All

**Report of:** Director of Social Care and Health

**Is this a Key Decision?** Yes **Is it included in the Forward Plan?** Yes

**Exempt/Confidential** No

## Purpose/Summary

The purpose of this report is to present Sefton`s Health and Wellbeing Board`s strategy for integration “Making it Happen” and seek Cabinet approval for the Council to enter into a new arrangement under Section 75 of the National Health Act 2006 Section 75 Agreement with each of the two Clinical Commissioning Groups (CCGs) of Southport and Formby and South Sefton covering the population of Sefton.

## Recommendations

- 1) To approve “Making it Happen”.
- 2) To note the work to date on the new Section 75 Agreement.
- 3) The Director of Social Care and Health, Head of Regulation and Compliance and Head of Corporate Resources in consultation with the Cabinet Member, Health and Wellbeing, be granted delegated powers to complete and enter into a new Section 75 Agreement with Southport and Formby Clinical Commissioning Group and South Sefton Clinical Commissioning Group.

## How does the decision contribute to the Council’s Corporate Objectives?

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

# Agenda Item 5

## **Reasons for the Recommendation:**

Sefton's Health and Wellbeing Board has the following statutory responsibilities:

- Duty to encourage integrated working.
- Duty to prepare and publish the Joint Strategic Needs Assessment.
- Duty to prepare and publish the Joint Health and Wellbeing Strategy.

Every year since 2014, Sefton has submitted a Better Care Fund Plan. This plan required each Health and Wellbeing Board to work towards a number of "National Conditions". Two "National Conditions" have been that

- The Health and Wellbeing Board agrees "The (BCF) Plan".
- A Section 75 Agreement is in place.

In addition, The Care Act 2014 requires that funds allocated to local areas for the Better Care Fund must be put into pooled budgets established under Section 75 Partnership Agreements.

## **Alternative Options Considered and Rejected:**

None considered

## **What will it cost and how will it be financed?**

There are no additional costs associated with "Making it Happen" and establishing a new Section 75 Agreement.

### **(A) Revenue Costs**

The proposed total revenue costs to the council would be funded by; the continued transfer of existing resources, the merger of other existing pooled arrangements between the Council and CCG's, and the transfer of additional Adult Social Care budgets and CCG's budgets. Work is ongoing to identify the additional areas that will be pooled from within both Council and CCG budgets. The revenue element of the Better Care Fund in 16/17 totalled £22.8m. NHS England have indicated that the minimum allocation for CCG's will be uplifted by 1.79% in 17/18 although this will only be confirmed when the technical planning guidance is made available.

As part of the original financial settlement for 17/18 the Council was notified of an Improved Better Care Fund allocation for 17/18 of £1.018m. Further notification was received by the Council, as part of the Spring Budget announcement, informing of a further allocation of £6.9m to support Adult Social Care pressures in 17/18 which will need to be incorporated into the pool.

### **(B) Capital Costs**

The total capital costs to the council will be made up of any Disabled Facilities Grant Funding allocated by the Department of Health in support of the Better Care Fund for 2017/18 plus any balances that will roll-forward. Notification has been received by the Council that the 2017/18 Disabled Facilities Grant will be £3.644m. The Agreement will be subject to year on year review of partners' contributions.



## Implications:

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

<b>Financial</b>		
<b>Legal</b>		
<b>Human Resources</b>		
<b>Equality</b>		
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 of the Proposals on Service Delivery:

Positive

## What consultations have taken place on the proposals and when?

The Head of Corporate Resources has been consulted and any comments have been incorporated into the report. (FD 46731/17)

Head of Regulation and Compliance have been consulted and any comments have been incorporated into the report. (LD 3914/17)

## Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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## Appendix:

1) “Making it Happen” – Sefton`s approach to integration

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## 1. Background

- 1.1 Section 3 of the Care Act 2014 requires a Local Authority to carry out their responsibilities under Part 1 of the Act with the aim of integrating services with those provided by the NHS and other health related services. It is up to the Local Authority to determine how this integration should take place. In this instance integration means a pooled budget under the auspices of Section 75 of the National Health Act 2006.
- 1.2 In the 2015 Spending Review a clear commitment was made around furthering health and social care integration across the country by 2020. In practical terms, CCG's and Local Authorities are required to develop a Plan to reach "full integration" for the financial year 2020/21. The Spending review expands to say "The Plan should be agreed in the form of a roadmap by March 2017". The creation of the pooled budget presents an opportunity to secure better value for money by avoiding duplication and streamlining contractual arrangements.
- 1.3 In addition to the Spending Review expectation, Sefton's Health and Wellbeing Board has the following statutory responsibilities:
  - Duty to encourage integrated working.
  - Duty to prepare and publish the Joint Strategic Needs Assessment.
  - Duty to prepare and publish the Joint Health and Wellbeing Strategy
- 1.4 In order to advance integration Sefton's Health and Wellbeing Board identified the need to work better together and it was felt imperative to be clear about what this meant. At this point the Health and Wellbeing Board initiated work. "Making it Happen", aims to articulate the way in which we expect to work over the next 4 to 5 years.

## 2. Sefton's integration approach "Making it Happen"

- 2.1 This documents restates the Vision for integration that was articulated in Sefton's original Better Care Fund submission in 2014.

"to deliver personalised coordinated care, health and wellbeing services with, and around, the person."

- 2.2 By working together and aligning our resources, we aim by 2020 to:
  - promote self-care, independence and help build personal and community resilience
  - improve the care, health and wellbeing of all Sefton residents
  - support people early to make the right choices to maintain or improve their own health and wellbeing deliver personalised, co-ordinated care around the person and their family and / or care
  - deliver integrated care at a locality level through a single point of access, a single integrated assessment and 7 day working
  - narrow the gap between those communities with the best and worst health and wellbeing outcomes."
- 2.3 This approach will move us towards the vision in the "Five Year Forward View" and the move towards full integrated health and social care services by 2020.

Underpinning our Vision is the promise that in commissioning and delivering services the different partners, stakeholders and organisations in Sefton will work together to seek to improve the health and wellbeing of everyone, with the resources available.

- 2.4 By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults and create a place where older people can live, work and enjoy life as valued members of the community. We will seek to improve opportunities and support residents to make choices so that people are able to live, work and spend their time in a safe and healthy environment and provide early support so that people can remain independent for longer.
- 2.5 The focus now is on the practical steps that will help deliver these changes. Four key elements identified are
- Integrated Governance - Making decisions together
  - Integrated Commissioning - Deciding what needs to be done
  - Integrated Delivery - Working together to support our citizens
  - Pooled Budget (Section 75 Agreement) - Using all of our resources in the best way

## **Integrated Governance - Making decisions together**

- 2.6 A review of the Health and Wellbeing Board's governance arrangements has recently been completed to reduce complexity and improve decision-making.
- 2.7 A new governance structure was agreed at the HWBB meeting in March 2016, which confirmed the establishment of a Health and Wellbeing Executive Group and Integrated Commissioning Group to oversee and drive integration in Sefton, together with delivery of the HWBB's action plan for the year.
- 2.8 The Health and Wellbeing Board gave support to the Executive to create any other groups and forums to enable the progression of integration.

## **Integrated Commissioning - Deciding what needs to be done**

- 2.9 Underpinning the Vision is the promise that in commissioning and delivering services the different partners, stakeholders and organisations in Sefton will work together to seek to improve the health and wellbeing of everyone, with the resources available.
- 2.10 Over the next 4 years we will commit to using potentially "6 commissioning arrangements". These are
- 1. Lead Commissioning with Council as Lead Partner.** In this option the Council will be commissioning services in exercise of both CCG and Council

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Functions. The CCG will have delegated its Commissioning Function in respect of those services to the Council.

2. **Lead Commissioning with CCG as Lead Partner.** In this option the CCG will be commissioning services in exercise of both CCG and Council Functions. The Council will have delegated its Commissioning Function in respect of those services to the CCG.
3. **Aligned Commissioning with Council as Lead Partner.** Here the Council is commissioning the Services in exercise of Council Functions. There is no delegation of Functions from the CCG. However, the CCG and Council are co-operating in identifying and aligning services that need to be provided.
4. **Aligned Commissioning with CCG as Lead Partner.** Here the CCG is commissioning the Services in exercise of CCG Functions. There is no delegation of Functions from the Council to the CCG. However, the CCG and Council are co-operating in identifying and aligning services that need to be provided.
5. **Integrated Commissioning** – both the CCG and the Council enter into a contract for the commissioning of services in exercise of both CCG and Council Functions.
6. **Integrated Commissioning Unit** – this can be either Lead Commissioning (one Partner hosts the Unit as Lead and all functions are delegated to that Partner) or Joint Commissioning (the staff of each Partner work together but retain their separate roles) or using a s.113 Arrangement where the staff act as Council officers when undertaking Council roles and CCG officers when undertaking CCG roles.

The “**6 commissioning arrangements**” will also provide, in the next few years, a useful framework and the opportunity to evolve and mature our journey towards full integration by 2020, help partners to have a common language and terminology, reduce the potential for misunderstanding and help to mitigate the potential for disputes.

## Commissioning Priorities

2.11 The Integrated Commissioning Group has identified six pathway areas as 1<sup>st</sup> priority areas for reviewing the opportunity to develop joint commissioning arrangements.

- Obesity
- Falls
- Chronic Obstructive Pulmonary Disease
- Mental Health and Learning Disabilities
- Stroke
- Hypertension

2.12 These six priorities have been identified following an in depth analysis of the local joint strategic needs assessment, historical performance data, including trends and predictive analysis and a comprehensive review of existing policies and strategies.

2.13 In terms of service delivery, the group has outlined the following areas for review and prioritisation, described as “System Enablers.”

- Intermediate Care and Reablement
- Nursing /Residential Homes
- Domiciliary Care
- Continuing Health Care

2.14 These areas were identified because in some circumstances they provide the support necessary to prevent hospital admission; they avoid the requirement for longer term services and avoid delayed discharges. In addition some of these key services maintain and protect social care.

2.15 Whilst we have begun to determine a 1<sup>st</sup> list of priorities for us to focus on and identified the enablers we have not sought at this point to shape our structures or move and align commissioning or commissioning support. In the future this may be an important step but for the time being we commit that form will follow.

2.16 Whilst priority will be given to the strategic themes there will be times when system resources will need to be diverted to address emerging issues, for example Government or locality policy or pressures. In addition when Inspections require more investment for example the recent Inspection of Special Educational Needs and Disabilities has meant more strategic and operational resources being invested and these areas given more priority.

### **Integrated Delivery - Working together to support our citizens**

2.17 The Council and its partners have consulted widely on a range of inter-related issues for example the Sefton Vision 2030 and the two Sefton CCGs through ‘Shaping Sefton’ their five year strategic framework. Following this consultation Sefton Council has identified supporting the ‘most vulnerable’ as one of its key priorities.

### **3 A New Section 75 Agreement**

3.1 Members will recall that a Pooled Budget is a shared budget between organisations supported by appropriate governance structures to enable shared decision making to take place. Arrangements between NHS and Local Authority bodies have been reflected as Pooled Budgets through a Section 75 Agreement (NHS 2006 Act), and will include specific directions to reflect appropriate contribution levels and any further adjustments required should the budget overspend or underspend. The Agreement will also highlight the appropriate risk shares for each party. These risk sharing arrangements will be set up to confirm the further adjustments to the pool in the event of an over spend or underspend compared with the original pool contributions.

3.2 The new Agreement will follow on from the previous agreement which was extended by Cabinet in March 2017 to enable work to be done to prepare for a new Agreement and also to accommodate the delay in the issuing of Guidance from NHS England.

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- 3.3 Whilst the Better Care Fund Framework has been published albeit later than expected. The Better Care Fund Guidance at the time of drafting this report is awaited. The Guidance is important as it details: the inflation uplift associated with the transfer of funds from the NHS to Councils, the amounts that CCG's are expected to pool in NHS Commissioned "Out of Hospital Care" and the grant allocations. The delay in issuing the Guidance is an important issue as Partners will need to ensure that the Agreement to pool is fully cognisant of the Guidance.
- 3.4 The new Agreement will reflect our refreshed governance structure, emerging commissioning arrangements, our greater ambition to pool budgets across Health and Social Care and the increased expectation that we will deliver services in an integrated way to assist our citizens to have a better experience of care and support along with improved outcomes.
- 3.5 The key principles of the Section 75 Agreement include:
- The Council being the host of the pooled fund.
  - The Agreement term, likely to be for a period until 2021.
  - Partners will agree the precise arrangement in terms of contributions, risk share and commissioning arrangements on a scheme by scheme basis. This will be reviewed and agreed on a yearly basis.
  - Partners can seek to add schemes, remove schemes and alter scheme arrangements within the agreed governance framework and notification period.
  - Agreed assurance and reporting mechanisms to help ensure robust and proper management of the fund and important conditions placed upon the funds to mitigate risks.
  - Establishment of the Health and Wellbeing Board Executive as the body responsible for oversight and review of section 75 Agreement per se and the local plans established in the agreements.
- 3.6 Where the Council is to become Lead Commissioner as defined by the Agreement 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.
- 3.7 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.
- 3.8 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.
- 3.9 It is important that the executive elements of the management of any Section 75 agreements are embedded into both the Council's and Clinical Commissioning Group's processes.

- 3.10 The (Health and Wellbeing Board) Executive Group which reports to the Health and Well Being Board, will undertake the functions and role for oversight and review of the Agreement, as set out, either directly or through a specially commissioned/nominated working group. Membership of such a group will be defined as necessary and supplemented, as required.
- 3.11 Regular performance, activity and finance reports will also be prepared for the Health and Wellbeing Board, and shared with each relevant CCG and the Council to track progress.
- 3.12 The agreement will allow flexibility for the arrangements to continue for a number of years, or be terminated if the funding stream is discontinued. It also enables additional services or funding to be added to the agreement (subject to agreement by the Council and the relevant CCG) to support further health and social integration.

## **4 Work to prepare for a new Section 75 Agreement**

- 4.1 The precise arrangements and amounts will be articulated in the new Section 75 Agreement. This will be pending Cabinet approval to enter into an Agreement and once indicated we will move to finalise the Agreement. Preparing a Section 75 Agreement requires detailed partnership consideration on many aspects and thus, work at officer level has been progressed to be in a position to inform Cabinet of the likely size of the pooled budget, the approach to risk share and of the commissioning arrangements.
  - a) **Size of the pooled budget**

Work is expected to pool and increased amount in 2018/19 with a view to pooling further budgets in 2019/20 and 2020/21.
  - b) **The approach to risk share**

The Agreement will also detail the risk share for each party, scheme by scheme. These risk sharing arrangements will be set up to confirm further adjustments to the pool in the event of an over spend or underspend compared with the original pool contributions. Escalation of reporting any matters of such nature to the appropriate group or board will also be articulated in the Agreement.
  - c) **Commissioning arrangements**

In the agreement we will potentially utilise “6 commissioning arrangements”. An Integrated Commissioning Group has been established which has enabled more detailed review and comment on the pooled budget.

## **5 Consultation**

- 5.1 The Health and Wellbeing Board receives update reports on Integration and the Pooled Budget. “Making it Happen” and the work to develop a new Section 75 Agreement in its draft form have been presented to the Health and Wellbeing Board in March 2017 and to the Overview and Scrutiny (Adult Social Care) on 28<sup>th</sup> February 2017. Comments were received and subsequently changes were made to the Approach.

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## **6 Conclusion**

- 6.1 A significant amount of work has been undertaken with the two Sefton CCGs to prepare a strategic approach and this is now underpinned with key commissioning priorities and a new Section 75 Agreement.





South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## **Making Integration Happen Sefton`s Health and Social Care Approach to Integration 2017-2020**

# Agenda Item 5



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

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South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## 1. Introduction

Health and social care integration has been a constant and dominant policy theme for a long time, and many places around the country are already demonstrating the potential to do things differently. Here in Sefton we are now keen to progress our plans into operational reality as quickly as possible and to make integration “business as usual”. We believe it is time to change gear. Doing the same is no longer an option. We must work to transform the whole system at pace and scale.

The imperative to integrate and transform has never been greater. We will need to find ways to organise services around the demands of a population with more complex and chronic health and social needs whilst responding to the extremely challenging financial context for the NHS and Local Government.

Integration itself is not a panacea for the system’s financial challenges. Its primary purpose is to shift the focus of health and care services to improving public health and meeting the needs of individuals by drawing together all services across a ‘place’ for greatest benefit, and of investing in services which maximise wellbeing throughout life.

We now restate our commitment to come together as a Health and Social care system to describe what a fully integrated, transformed care and support system should look like. This builds on our joint work over many years and reflects our recent call to work at an accelerated pace. This we hope will take integration to another level and on towards 2020 whereby integration is “business as usual”.

To make this happen, we need everyone to develop and agree the principles and practices set out in this vision, to learn and to share, to challenge and to deliver. This will involve pushing ourselves and our partners to make sure we deliver the best outcomes for our communities.

We need to prepare, as we have much to do. It will mean making sure we understand the big issues that need to be addressed – at a local and national level – to make integration not only happen but to make sure it improves the health and wellbeing of our populations.

It will mean being clear why partners stand together, stepping outside institutional siloes and navigating multiple meanings of ‘place’. It means redesigning the health and social care landscape together, decommissioning services as well as creating new ones, sharing risks and jointly being responsible for what may be difficult decisions within a complex, challenging and changing system. To really make a difference, it will be a demanding task.

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## 2. Vision

Our vision for integration is to **deliver personalised coordinated care, health and wellbeing services with, and around, the person.**

Together we are Sefton – a great place to be!

We will work as one Sefton for the benefit of local people, businesses and visitors.

This was articulated in our original BCF submission in 2014 in the following way:

“By working together and aligning our resources, we aim by 2020 to:

- promote self-care, independence and help build personal and community resilience
- improve the care, health and wellbeing of all Sefton residents
- support people early to make the right choices to maintain or improve their own health and wellbeing deliver personalised, co-ordinated care around the person and their family and / or carer
- deliver integrated care at a locality level through a single point of access, a single integrated assessment and 7 day working
- narrow the gap between those communities with the best and worst health and wellbeing outcomes

Our roadmap will move us towards the vision in the “Five Year Forward View” and the move towards full integrated health and social care services by 2020. Underpinning our Vision is the promise that in commissioning and delivering services the different partners, stakeholders and organisations in Sefton will work together to seek to improve the health and wellbeing of everyone, with the resources available.

By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults and create a place where older people can live, work and enjoy life as valued members of the community. We will seek to improve opportunities and support residents to make choices so that people are able to live, work and spend their time in a safe and healthy environment and provide early support so that people can remain independent for longer.

## 3. Principles and a Framework for Action

In terms of working together it will be important to establish and agree the methodology of how we will work together and the principles that we will use to guide our joint work. This is important in all partnership working, whether across a wide geography for example a number of councils, across a number of Clinical Commissioning Groups or even on smaller scale in a locality or neighbourhood.

The following 10 stages will be the stages we use to describe our approach and to help identify our integrated work plan going forward.

- 3.1. Co-create a vision that is understood in which partners are united to a common outcome for an integrated system.  
**Success Factor**  
Ensure this is understood at all levels across all organisations.
- 3.2. Prepare a robust and comprehensive business case/s which identifies clear priorities between efficiencies, improved outcomes and increased customer experience. The business case must identify tangible intervention, be explicit about the delivery of timescales.  
**Success Factor**  
Targets set are achievable and with realistic trajectories for change.
- 3.3. Creating the environment and conditions for change by ensuring that the vision and business case ensures ownership and buy in from all partners. Building trust and engagement from all senior leaders will be essential at an early stage.  
**Success Factor**  
Ownership is evidenced.
- 3.4. Identify interventions and system enablers by creating high impact interventions based on evidence. Map the needs of the population and be clear about which interventions will provide the most significant efficiencies and delivering the same or better outcomes.  
**Success Factor**  
Population needs mapped and interventions based on these needs with outcomes and outputs agreed and delivered.
- 3.5. Co-design system and interventions which include the involvement of the community and are led by the workforce, which reinforce multi-disciplinary approaches.  
**Success Factor**  
Systems and interventions are owned by the community and the workforce.
- 3.6. Identify clear metrics to measure outcomes and performance. Ensure that these also include intangibles such as trust, and relationships across communities and organisations.  
**Success Factor**  
Metrics which are clear and are collectable and measurable.
- 3.7. Be clear about the evaluation, how the evidence will be collected and collated. Agree an evaluation framework and identify who will undertake the evaluation on either a live model/programme or at staging points.  
**Success Factor**  
Evaluation agreed at an early stage and who will undertake the evaluation.
- 3.8. Identify key Governance structures which are inclusive and adaptable which focus upon ownership and accountability.  
**Success Factor**  
Governance agreed at the beginning with clear terms of reference.
- 3.9. Consider internal and external organisations that can support and accelerate progress.  
**Success factor**  
Identification of organisations, with clear agreement on support.

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- 3.10. Be clear about leadership both individually and system wide. Ensure involvement at the commencement of the programme.

**Success Factor**

Leadership is evident from the start.

## 4. The Case for Change

### 4.1. Our Population

The Sefton Strategic Needs Assessment (SSNA) shows there more than 18,000 residents over 65 living in single occupancy households, making up 16% of the total households.

Future projection predicts that by 2030 the number of over 65s in Sefton living alone will increase by 65% to in excess of 30,000. Sefton would appear to have more service users that struggle with everyday tasks than any of the comparator groups used and there has been an increase in the proportion of service users who find everyday tasks more difficult. This may be as a result of the age profile of Sefton's population and the increasing number of residents in the Borough over the age of 65, and with population projection estimating a 46% increase in residents over 65 by 2037 this may become more of an issue, with increased demand for services.

The Council's Business and Intelligence and Performance Team and the Clinical Commissioning Group Strategy & Outcomes Lead are an integral part of the work to advance integration. As such reports have been prepared to assist and inform commissioning conversations and help identify the 1st Priorities.

### 4.2. Local Strategies

The development over the past three years of the Shaping Sefton vision to create a community-centred health and care delivery system has been very much aligned to the overarching Sefton Health and Wellbeing Strategy.

The Shaping Sefton vision describes our aspiration whereby we want all health and social care services to work together and to be more joined up – with as many as possible provided in our local communities, so it is easier (for you) to get the right support and treatment first time to help (you) live a healthy life and improve your wellbeing.

Community-centred health and care brings together eight priority health and transformation programmes, wrapped around our GP practices and their partners. These are

- Primary Care
- Community Care
- Urgent Care
- Mental Health
- Care for Elderly People with Frailty
- Intermediate Care
- Cardiovascular Disease
- Respiratory Disease.

The NHS and Local Government face many challenges ahead. Like all public sector organisations, we are working in tighter times. At the same time, demand on health and social care is increasing and locally, there are a number of reasons why this is the case.

- A growing number of older residents with more complex health conditions - this is much higher than the national average.
- Residents living in some parts of the borough can expect to live unacceptably shorter lives than their neighbours in more affluent areas of Sefton.

Together, these factors mean we need to prioritise the money we have, spending it on the most efficient treatments and services that offer the best outcomes.

The Shaping Sefton vision is the driver for the local implementation of the Five Year Forward View (FYFV) for our community. In recent months, NHSE guidance has required the local NHS to mobilise itself into working closely and collectively across organisations, instead of in individual silos to maximise its efforts.

#### 4.3. Citizen Experience

In 2013, the LGA, as part of the Integrated Care and Support Collaborative commissioned National Voices to develop a definition of integrated care:

*“My care is planned with people who work together to understand me and my carer(s), put me in control, and to coordinate and deliver services to achieve my best outcomes.”*

It is recognised by key partners in health and social care that the current system does not do enough to meet these basic requirements. As well as offering poor user experience and outcomes, poor integration between health and social care is judged to result in services that are inefficient and offer poor value for money. Care that is better integrated is a priority for most health and care partners, driven by increasing demand, greater complexity.

##### 4.3.1. Sefton’s Citizen Experience

Consultation was conducted in 2012 Sefton. A report “Our Lives Our Health” summarised what was important to Citizens.

Messages from the consultation and engagement:

- People of all ages wanted choice and control over their lives
- Maintaining independence by supporting people to remain well, with care close to home, Combat social isolation through access to local services, accessible information and support networks
- Access to work, training and volunteering for all ages and abilities.
- Access to affordable, good quality housing.
- Services provided from children’s centres which support vulnerable families and children, in particular those in the poorest neighbourhoods.
- Primary health services need to be local and accessible.
- Inequity in drug treatment and mental health services.
- Protect children and adults from harm.
- Accessible community information and support.

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Local Authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their service users. The **Personal Social Services Adult Social Care Survey** asks questions about quality of life and the impact that the services they receive have on their quality of life.

Areas for Focus are identified:

- Social Isolation
- Access to Information
- Planning for the Future

In respect of our Citizens who are Carers. All Local Authorities with Adult Social Care responsibilities are required to undertake a **Biennial survey of people who are formal or informal carers** for any of the Local Authority's Social Care clients.

Whilst generally overall satisfaction has remained relatively high with services and support carers have received there are some potential gaps and concerns. The following summarises the themes from the survey.

Areas for Focus:

- Social isolation and provision of things to do.
- Lack of easy to access support and advice.
- Lack of control over day to day life.
- Possibly a lack in some areas of involvement in the decision making processes.

## 4.3.2. Sefton Patients' Experiences of Healthcare

The CCGs' "Annual Engagement and Patient Experience Group report" sets out how the CCGs' respond to the statutory requirements placed upon them by developing an annual work plan. The report also sets out the key areas of work undertaken during the previous financial year. As a result of our engagement exercises, the work plan for next 3 years 2015/16 included:

- Alignment of the Engagement and Patient Experience Group work streams to commissioning priorities and develop a programme management approach.
- Training and updates, to support understanding of the CCGs' statutory and technical requirements around consultation and Public Sector Equality duty, specifically in relation to transformational commissioning decisions.
- Development of the Patient Experience Dashboard to include Merseycare NHS Trust and Liverpool Community Health NHS Trust.
- Further develop the Sharepoint system to enable the triangulation of patient experience data and engagement feedback for the benefit of all partners.
- Develop more effective two way reporting and communication mechanisms between the Engagement and Patient Experience Group and the Quality Committee to ensure that key issues are captured, escalated and addressed.
- With providers and partners, continue to develop structures and processes to ensure that the Voice of the Child is captured and effectively embedded into all aspects of CCGs plans and activities.



- Further develop the 'You said. We did' feedback mechanism.
- Consider the role of Engagement and Patient Experience Group in supporting the cultural shift from the focus on clinical healthcare provision to community-based self-care and self- management.
- Develop an Engagement and Patient Experience Group work plan which supports task and action focussed partnership working.
- Continue to develop a more coherent package of support for Patient Participation Groups and build on the engagement opportunities and intelligence that they offer.
- Continue to work in partnership to develop the locality/community model of engagement.

## 5. What do we mean by "Integration"

### 5.1. Definition

There is no one definition of what integration means. The notion of integrated care dates back to before the start of the NHS. The concern that care is fragmented and disconnected has focused on delivery that allows at times for individuals to fall through the gaps in care e.g. primary care/secondary care, health/social care, mental/physical health.

Approaches that seek to address fragmentation of care are common across many health systems, and the need to do so is increasing as more people live longer and live with complex health conditions impacted by social and social care needs.

There are many approaches to integration. Integration can be undertaken between organisations, or between different clinical or service departments within and between organisations. Integration may focus on joining up primary, community and hospital services or involve multi-disciplinary teamwork between health and social care professionals ('horizontal' integration). Integration may be 'real' (i.e. into a single new organisation) or 'virtual' (i.e. a network of separate providers, often linked contractually). Integration may involve providers collaborating, but it may also entail integration between commissioners, as when budgets are pooled. Integration can also bring together responsibility for commissioning and provision. When this happens, clinicians and managers are able to use budgets either to provide more services directly or to commission these services from others: so-called 'make or buy' decisions. (Curry and Ham 2010)

Key forms of integrated care:

- Integrated care between health services, social services and other care providers. (horizontal integration)
- Integrated care across primary, community, hospital and tertiary care services. (vertical integration)
- Integrated care within one sector. (e.g., within mental health services through multi-professional teams or networks)
- Integrated care between preventive and curative services.
- Integrated care between providers and patients to support shared decision-making and self-management.
- Integrated care between public health, population-based and patient-centred approaches to health care. This is integrated care at its most ambitious since it focuses on the multiple needs of whole populations, not just to care groups or diseases.

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Source: adapted from International Journal of Integrated Care

## 5.2. National Policy and Integration

### 5.2.1. Five Year Forward View

The **NHS Five Year Forward View**<sup>1</sup> published in October 2014 considered the progress made in improving health and care services in recent years and the challenges that the NHS faces leading up to 2020/21. These challenges include:-

- the **quality of care** that people receive can be variable
- **preventable illness** is common
- growing demands on the NHS means that local health and care organisations are facing **financial pressure**
- the **needs and expectations of the public are changing**. New treatments options are emerging, and we rightly expect **better care closer to home**.

The way that health and care is provided has dramatically improved over the past fifteen years – thanks to the commitment of NHS staff and protected funding in recent years. But some challenges remain. The quality of care that people receive can be variable; preventable illness is common; and growing demands on the NHS means that local health and care organisations face financial pressure.

The Five Year Forward View highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:-

- the **health and wellbeing** of the population;
- the **quality of care** that is provided; and
- **finance and efficiency** of NHS services.

The FYFV describes combining groups of “community health services...and social care services to create integrated out-of-hospital care” and describes the direction of travel for integrated health and social care which will support closing the gaps outlined above and as described in this document.

### 5.2.2. The Care Act 2014 and “the duty” to Integrate

The **Care Act 2014** replaces nearly all the old legislation and supporting guidance covering the care needs and rights to support of both adults with social care needs and adult informal or family carers.

Most of it came into force in England from April 2015, but the planned new developments in paying for care will not now take effect until April 2020. The original plan was for April 2016 implementation. In April 2015, the government decided to delay the implementation of the funding element of the reforms until the later date.

The act sets out some key responsibilities of Local Authorities, Clinical Commissioning Groups and specifically Health and Wellbeing Boards to:

1. Promoting individual well being

2. Preventing people's care and support needs from becoming more serious
3. Promoting integration of care and support with health services etc.
4. Providing information and advice
5. Promoting diversity and quality in provision of services
6. Co-operating generally with its relevant partners, such as other Local Councils, the NHS and Police
7. Co-operating in specific cases with other Local Authorities and their relevant partners.

*“Local Authorities must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision...”*

*“Clinical Commissioning Groups must exercise its functions with a view to securing that health services are provided in an integrated way...”*

*“Health and Wellbeing Boards must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.”*

### 5.2.3. Stepping up to the place

The Local Government Association, The NHS Confederation, ADASS, NHS Clinical Commissioners July 2016 published a resource guide **“Stepping up to the place - The key to successful health and care integration”** The guide includes a self-assessment tool designed to support local health and care leaders through Health and Wellbeing boards (HWBs) to critically assess ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens and communities.

It focuses on **“10 key elements”** and the characteristics needed for successful integration. It offers insight to measure “where we are now” and helps steer the right way forward. The resource guide identifies ways to help;

- Local systems embed integration as ‘business as usual’.
- Build a collective approach to achieving integration by 2020.
- Create a consensus and action on the barriers to making integration happen.

Along with, articulating some expectations on a national level to help create the right circumstances.

- Dialogue with national policy makers to ensure integration is effective.
- Ongoing testing and evaluation to develop the evidence base.
- National partner action to enable the minimum requirements to integrate effectively.

We propose that we use the **“The 10 Key Elements”** to frame our assessment of where we are, help us focus more on what we need to do.

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## 6. What Integration means to us in Sefton – four key elements

Bringing health and social care together is a complex job and we have identified four distinct and interrelated elements.

- Integrated Governance - Making decisions together
- Integrated Commissioning - Deciding what needs to be done
- Pooled Budgets - Using all of our resources in the best way
- Integrated Delivery - Working together to support our citizens.

### 6.1. Integrated Governance - Making decisions together

A review of the Health and Wellbeing Board's governance arrangements has recently been completed to reduce complexity and improve decision-making.

A new governance structure was agreed at the HWBB meeting in March 2016, which confirmed the establishment of a Health and Wellbeing Executive Group and Integrated Commissioning Group to oversee and drive integration in Sefton, together with delivery of the HWBB's action plan for the year.

The Health and Wellbeing Board gave support to the Executive to create any other groups and forums to enable the progression of integration. For example, two further groups have been set up. A **Multi-Disciplinary Working Group** to progress help develop a model for multi-disciplinary working and the other, a **Pooled Budget Group** to accelerate the work on pooling budgets.

#### 6.1.1. The Health and Wellbeing Executive Group will:

(Extract from Terms of Reference)

- determine and ensure delivery of an approach for Integrated Commissioning, to drive forward performance, own and manage risks relating to Integrated Commissioning and strategically lead the change programme towards full integration by 2020;
- hold organisations to account for the delivery of better outcomes for citizens and efficient use of combined/pooled resources;
- provide peer to peer leadership support in order to build resilient relationships between senior leaders and thus organisations;
- enable a consistent and collaborative leadership approach and a presence at local, regional and national NHS and Local Authority initiatives for betterment of the population of Sefton.

#### 6.1.2. Integrated Commissioning Group

(Extract from Terms of Reference):

- will work to maximise combined resources across the commissioning function in both Health and Social Care
- promote integrated working across all organisations in Sefton;
- encourage the use of flexibilities, including joint investment and pooled budgets;
- agree the approach and planning processes for the development of areas of priority as detailed in all agreed joint strategies;
- develop the role of integrated commissioner;
- manage and co-ordinate commissioning under s75 agreements for Better Care Fund and any further agreements made;

- be accountable to the Health and Wellbeing Board for alignment of commissioning decision-making with the priorities of the Joint Health and Wellbeing Strategy;
- report progress and outcomes to the HWBB as part of the agreed performance reporting framework, operating within the schemes of delegation and accountability arrangements of Sefton Council and the CCGs;
- provide assurance that services commissioned by Sefton Council and the CCGs, including Independent Contractors services are safe, effective and provide the best possible experience for service users.
- advise on commissioning and monitoring services;
- oversee Joint Integrated Needs Assessments of the whole population;
- monitor the delivery and performance of the commissioned services and the performance of delegated functions;
- evaluate the way in which the services are delivered;
- ensure service users' and carers' views are represented through any integrated commissioning arrangements; ensure best value for money, that the parties' commissioning strategies and intentions are consistent with each other and agree jointly eligibility criteria where possible; and achieving combined organisational development programmes and joint human resources planning in relation to the services.

## 6.2. Integrated Commissioning - deciding what needs to be done

Underpinning our Vision is the promise that in commissioning and delivering services the different partners, stakeholders and organisations in Sefton will work together to seek to improve the health and wellbeing of everyone, with the resources available.

### 6.2.1. What is Commissioning?

*“Deciding how to use the total resource available in order to achieve desired outcomes in the most efficient, effective and sustainable way.”*

### 6.2.2. What is required to commission effectively?

Effective Commissioning processes:

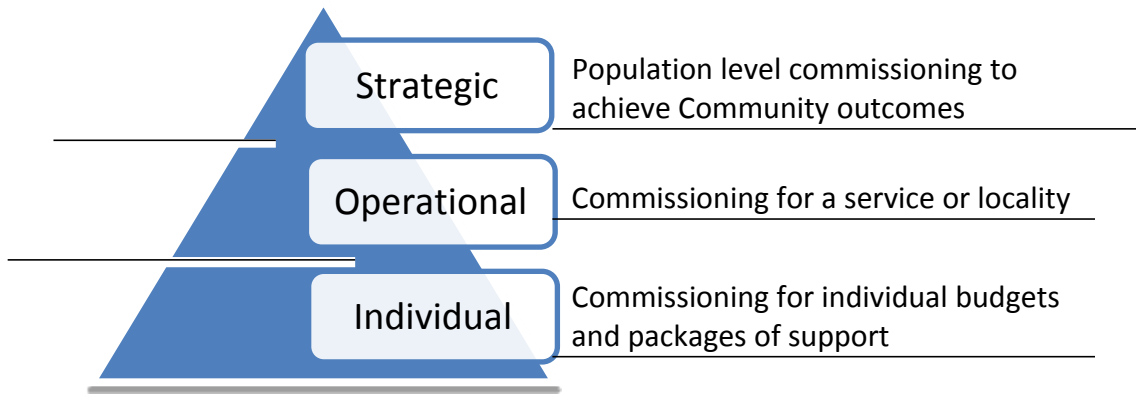
- sound understanding of what is needed in order to achieve desired outcomes
- a series of planned actions/activities intended to achieve those outcomes
- including, but not solely, the provision and procurement of services.



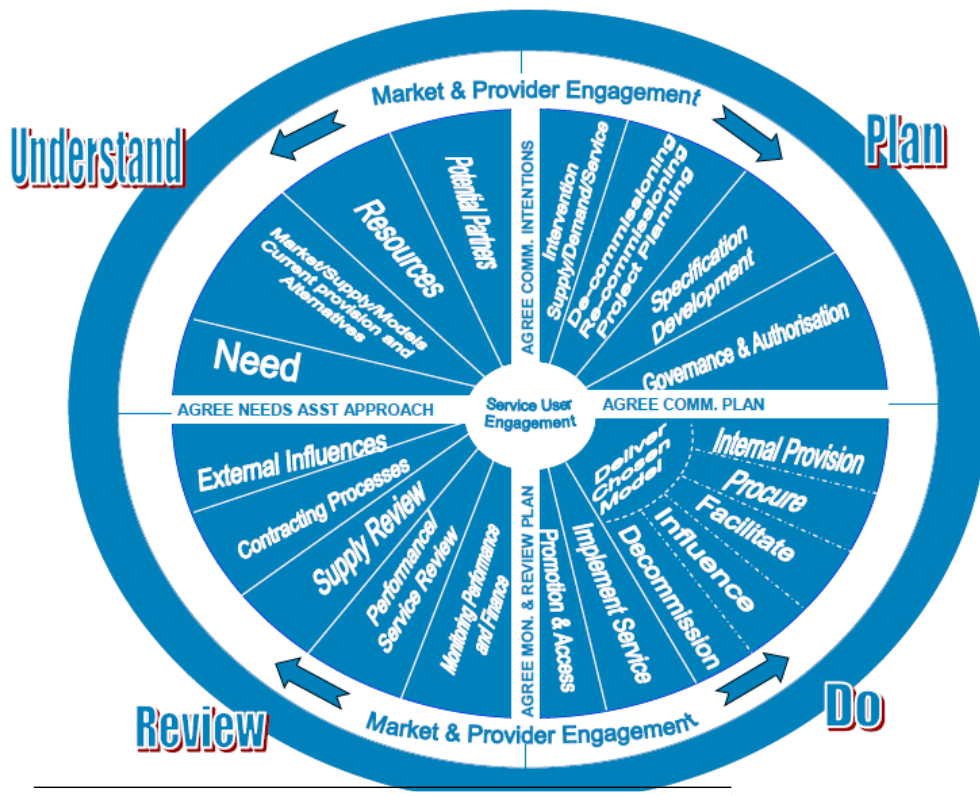
Commonly represented as a cyclical process of **Understand, Plan, Do** and **Review**.

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## 6.2.3. Levels of Commissioning



## 6.2.4. Sefton Commissioning Cycle



## 6.2.5. How we will Commission

So we are clear, over the next 4 years we will commit to using potentially “6 commissioning arrangements”. These are

- 1. Lead Commissioning with Council as Lead Partner.** In this option the Council will be commissioning services in exercise of both CCG and Council Functions. The CCG will have delegated its Commissioning Function in respect of those services to the Council.
- 2. Lead Commissioning with CCG as Lead Partner.** In this option the CCG will be commissioning services in exercise of both CCG and Council

Functions. The Council will have delegated its Commissioning Function in respect of those services to the CCG.

3. **Aligned Commissioning with Council as Lead Partner.** Here the Council is commissioning the Services in exercise of Council Functions. There is no delegation of Functions from the CCG. However, the CCG and Council are co-operating in identifying and aligning services that need to be provided.
4. **Aligned Commissioning with CCG as Lead Partner.** Here the CCG is commissioning the Services in exercise of CCG Functions. There is no delegation of Functions from the Council to the CCG. However, the CCG and Council are co-operating in identifying and aligning services that need to be provided.
5. **Integrated Commissioning** – both the CCG and the Council enter into a contract for the commissioning of services in exercise of both CCG and Council Functions.
6. **Integrated Commissioning Unit** – this can be either Lead Commissioning (one Partner hosts the Unit as Lead and all functions are delegated to that Partner) or Joint Commissioning (the staff of each Partner work together but retain their separate roles) or using a s.113 Arrangement where the staff act as Council officers when undertaking Council roles and CCG officers when undertaking CCG roles.

The “**6 commissioning arrangements**” will also provide, in the next few years, a useful framework and the opportunity to evolve and mature our journey towards full integration by 2020, help partners to have a common language and terminology, reduce the potential for misunderstanding and help to mitigate the potential for disputes.

## 6.2.6. Our Commissioning Priorities

The Integrated Commissioning Group has recently been established. The outcome of the early meetings has led to six pathway areas as **1<sup>st</sup> priority areas** for reviewing the opportunity to develop joint commissioning arrangements.

- Obesity
- Falls
- COPD
- Mental Health and Learning Disabilities
- Stroke
- Hypertension

These six priorities have been identified following an in depth analysis of the local joint strategic needs assessment, historical performance data, including trends and predictive analysis and a comprehensive review of existing policies and strategies. In terms of service delivery, the group has outlined the following areas for review and prioritisation, described as “System Enablers.”

- Intermediate Care and Reablement
- Nursing /Residential Homes
- Domiciliary Care
- Continuing Health Care

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These areas were identified because in some circumstances they provide the support necessary to prevent hospital admission; they avoid the requirement for longer term services and avoid delayed discharges. In addition some of these key services maintain and protect social care. The “system” recognises the fragility of the nursing, residential and domiciliary care market and the six pathways identified above are critical to focus on prevention and early intervention to avoid admission to hospital and subsequently the residential and nursing care system. It is recognised that there are significant difficulties within the care market. Whilst Sefton is not the largest in the Liverpool City Region, it does have more care homes than the other two larger Councils. Sefton has 7% of its care homes rated “Inadequate” by the Care Quality Commission and 34% that “Require Improvement”. Over the last 2 years 3 Care Homes have closed in Sefton. Significant numbers of patients in Aintree Hospital currently reside in Hospital wards because of patient choice into care homes – clearly there is a direct link between the number of inadequate care homes and the remaining beds we have available now in Sefton, which is now critically low. The majority of care homes now pay a ‘top up’ to their care fees ranging from £20 - £150 per week. Therefore these factors require significant investigation.

Intermediate Care and reablement continues to be another key area of joint development. Implementation of our joint approach will show real examples of how our integrated work will bring about integrated delivery, with agreed plans for a multi- agency team approach to bring about more streamlined and co-ordinated care for local residents.

Whilst we have begun to determine a **1<sup>st</sup> list of priorities** for us to focus on and identified the enablers we have not sought at this point to shape our structures or move and align commissioning or commissioning support. In the future this may be an important step but for the time being we commit that form will follow.

## 6.3. Pooled Budgets - Using all of our resources in the best way

### 6.3.1. The Better Care Fund

The Better Care Fund has been established to help support integrated between the NHS and Local Authorities. It has been in place since April 2015. The 2015 Spending review set out a clear commitment around furthering health and social care integration across the country by 2020. In practical terms, CCG’s and Local Authorities are required to develop a Plan to reach “full integration” for the financial year 2020/21. The Plan should be agreed in the form of a roadmap by March 2017. The creation of the pooled budget presents an opportunity to secure better value for money by avoiding duplication and streamlining contractual arrangements.

### 6.3.2. Section 75 Agreements and Pooled Budgets

A Pooled Budget is a shared budget between organisations supported by appropriate governance structures to enable shared decision making to take place. Arrangements between NHS and Local Authority bodies have been reflected as Pooled Budgets through a section 75 agreement (NHS 2006 Act), and will include specific directions to reflect appropriate contribution levels and any further adjustments required should the budget overspend or underspend. The agreement will also highlight the appropriate risk shares for each party.



These risk sharing arrangements should be set up to confirm the further adjustments to the pool in the event of an over spend or underspend compared with the original pool contributions.

For the purposes of this paper, budgets that are subject to agreed joint working through integrated commissioning but not reflected in a section 75 agreement will be referred to as “aligned budgets”. It is good practice to agree aligned budgets as a step towards establishing pooled budgets so that shadow monitoring can take place to understand the impact across the whole health and social care economy. Aligned budgets should be in operation for a minimum of six months prior to a pooled budget being established. The important point is that both parties should be in agreement before confirming pooled budget arrangements and appropriate risk shares.

### **6.3.3. What we have already pooled**

See appendix C.

### **6.3.4. Where exclusions currently apply**

It should be noted that section 75 is applicable only to prescribed health-related services and prescribed local authority services. It precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments and emergency ambulance services. These services will require changes in legislation before they could be considered for inclusion in pooled budgets.

For Local Authorities, the services that can be included within section 75 arrangements are broad in scope although detailed exclusions exist. It is therefore imperative to check that services considered for inclusion in the pooled budget can be incorporated legitimately and that no ultra vires spending is incurred.

### **6.3.5. Pooling Budgets and Integrated Commissioning Priorities**

In respect of the “**1<sup>st</sup> Priority**” areas, reviewing existing NHS expenditure covering these pathway areas relates to providers from primary care across through to secondary acute care and in some cases specialised commissioning. There will be further work required to establish the financial flows across all commissioning budgets for the CCG Sefton’s Integrated Commissioning Group.

In terms of pooling around the “system enablers”, the expenditure in these areas is relatively easy to define and has been earmarked for inclusion within the pooled budget for 2017/18.

### **6.3.6. What do we need to do next**

Further work is required to determine the extent that services could be included within a pooled budget during the timescale and this is reflected in Appendix B. The Appendix identifies the potential contribution and agreements are still to be confirmed in a number of cost centre areas.

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Most of these services are delivered through secondary care arrangements and therefore will need further work to separate out what potentially could be included in a pooled budget as shown in Appendix B.

The scope of the CCG commissioning arrangements is expected to grow given that CCGs` will be responsible for additional delegated responsibilities including commissioning of both primary care, covering GP's and likely to extend to pharmacies, dentists, etc. and also specialised commissioning (e.g. cancer services, neurology services and a range of low volume / high cost treatments.

Further work to understand the detail around elements of proposed pooled budgets will be progressed. A more granular review of key areas will need to be undertaken in key areas (e.g. to identify community services within the CCGs` main Mental Health contract).

The Pooled Budget Group should look to develop the rationale for entering into pooled budgets using appropriate criteria which builds upon the joint priorities of both parties.

## 6.4. Integrated Delivery - Working together to support our Citizens

Integrating care is about ensuring that health and care services are planned and delivered around the needs and wishes of patients and service users and that they are well coordinated across the different organisations involved in providing these services.

Bringing health and social care together is a complex job and we propose our work plan in terms of integrated delivery is:

- **Giving people more information, support and tools to manage their own health** - A new Integrated Wellness Service will offer targeted holistic support and advice to people to help keep them healthy, independent and connected to their community.
- **Being proactive and getting better at preventing ill health** - Working with GPs and other health and social care staff to deliver community-centred health and care help to identify patients at highest risk of becoming ill so that the right care and support can be offered to keep patients independent and well.
- **Health and social care services working more closely together** - For many years, health and social care professionals have been working more closely together but this has often taken a piecemeal approach and has depended on where you live. We are committing to working in a more connected way across Sefton. As part of our programme for community-centred health and social care, we will now explore how we build on this to support more citizens to remain independent and in their own homes.

There is an increasingly challenging position around the financial sustainability of the Health and Social Care system. Doing nothing different is not an option.

Sefton Council is exploring opportunities to work differently in the future with two other Councils in particular. A potential work programme may be progressed subject to all of the appropriate approvals/decisions and governance routes. Although at very early stages this dynamic needs to be declared as a potential opportunity. The Case

for Change at this point identifies an “Alliance of Councils” with three Councils with common characteristics. These characteristics being:

1. Ageing populations
2. High levels of deprivation
3. Common NHS providers
4. Similar aspirations in terms of multi-disciplinary working

Councils also share a similar vision with a focus upon improving the health and well-being of people living and working in their areas in order to prevent, reduce or delay the need for care. In addition the Councils wish to work towards an integrated health and social care system to ensure that people get the right choice to care closer to home and support people to return home safely reducing the pressure on social care and health services. These common aims are the basis for taking the conversation further and does not preclude the opportunity to work more locally and with as health partners.

Similarly, from a local NHS perspective, both healthcare providers and commissioners are also reviewing service provision with a view to improving quality and sustainability of services, while reducing variation.

This forms our 4th potential approach with two distinct strands one strand driven by local NHS and a second strand driven by an “Alliance of Councils”.

So to summarise our approach to integrated delivery will have four approaches.

- Giving people more information, support and tools to manage their own health
- Being proactive and getting better at preventing ill health
- Health and Social Care services working more closely
- On a footprint bigger than Sefton
  - Shaping Sefton
  - “Alliance” with other Councils

We have established a working group to explore “Multi-disciplinary” approaches as we recognise and confirm that joint working across agencies are a pre-requisite to delivering improved outcomes for citizens.

At this stage there are distinct differences in approaches because of health configurations and a mixed economy within the social care sector, with a fragile residential, nursing and home care market.

In addition whilst the aspiration is for neighbourhood\locality working the resources to deliver such models are finite and a review of models is required so a blueprint can be agreed. There is a desire to address multi-disciplinary working and a mapping exercise of key NHS community and social care services is required to identify opportunities for joint working. This is underway and agreement on future modelling is expected to be agrees by the end of the calendar year.

Building on the existing, well documented, Community Transformation programmes and Care Closer to Home programmes to deliver integrated care at a locality level - we have refreshed the approach to look at how we deliver greater coherence of processes, methods and tools used by all at a locality level with a model for community-centred health and care, supported by integrated teams. We have established a working group to explore “Integrated Delivery” in particular we have:

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- Worked to understand the needs for our citizens in respect of prevention, early intervention and how this fits together with other community based services.
- Started to articulate what is our offer of access to advice information, support and services on a locality/neighbourhood basis.
- Linked to the Virtual Ward/Care Closer to Home schemes to those above and, in turn;
- Agreed implementation of our Intermediate care approach by April 2017 in particular the scheme developed to improve access to reablement and our admission avoidance and transition from hospital scheme.

## 6.4.1. **New Models of Out-of-Hospital Care** - (Community Integrated Neighbourhood Teams Virtual Ward, Care Closer to Home)

An acquisition process and a formal procurement process haven taken place in both south Sefton and within Southport and Formby, with operational dates for new models of care scheduled for April/May 2017. Community teams will transition to this new way of working through robust mobilisation plans.

## 6.4.2. **Integrated Community Urgent Care** - (Admission Avoidance and Transition from Hospital Scheme)

Significant work has already taken place to redesign the range of services available in the community setting to support avoiding hospital admission. Following the collaborative development of the Intermediate Care Scheme, implementation is scheduled for April 2017.

## 6.4.3. **Integrated/streamlined pathways for Long Term Conditions**

Again, pathways have been refreshed and the specifications for delivery of same have been revised. These are also subject to the procurement/acquisition processes that are underway.

## 6.4.4. **Care Home Improvement Project** (South Sefton)

- A comprehensive remote and local televideo urgent care network is now in place across the majority of care homes facilitated by Community Matron and Community Geriatrician both inreach and are supported by Rapid response teams (Urgent Care Team and Community Emergency Response Teams).
- This increased locality focus supports care homes and primary care to manage residents within their usual place of residence, reducing the risks associated with a hospital admission.
- Incentivised and standardised advanced care planning has been agreed via Local Quality Contract and is shared with Urgent Care providers (NWAS/GoToDoc etc.).
- Work is also under way regarding standardisation of care home protocols.

## 6.4.5. **Telemedicine** (Southport and Formby)

The Care Homes pilot is now under way in Southport and Formby and includes linking telehealth to five practices. Subject to positive evaluation and affordability there are plans to extend out to all practices/care homes.

## 7. The Challenges we will have to Overcome

Integrating is not a simple task. We will need to look beyond our own organisational issues, at times we will need to share risks, be open, be willing to challenge and be challenged. We will need to work with our citizens, communities, providers of care and support in a way which will harness the skills and assets to greater benefit. Some of our challenges are identified at this stage as:

- An ageing population with increased needs, particularly around Long Term Conditions.
- Unacceptably high health and wellbeing inequalities in a diverse borough with different challenges in different parts - deprivation in south Sefton (high levels of benefits reliance and social housing) compared with a popular seaside town in the north of the Borough attracting an older retirement age population.
- National and local growth in non-elective admissions.
- Continuing to meet ever increasing external standards and financial pressures across commissioners and providers over the next 5 years.
- The nursing, residential and domiciliary care market needs to be sustainable to avoid hospital admissions and delayed discharges and to maintain and protect social care.

These challenges are further compounded by a significantly reduced (and reducing) resource within the Local Authority as a result of the austerity measures and considerable pressures on the health system to make on-going efficiencies, while maintaining quality and reducing secondary care activity. This means Sefton's Health and Wellbeing Board's developing and on-going cohesive plan for the integration of Health and Wellbeing services in the Borough must be refocused and requires further efforts to stimulate change.

## 8. How will things be different for Citizens



### Who is Mrs Sefton?

Mrs Sefton is 78 years old and lives alone. She has arthritis, chronic obstructive pulmonary disease, anxiety and high blood pressure. She gets out once a week, she is shaky walking and uses a stick. She wants to continue to living at home.

### What does integration mean for Mrs Sefton?

#### Integrated commissioning in Sefton

We are making the best use of our scarce resources by sharing our budgets. Decisions are made jointly to avoid 'buck passing'. Working together means communication is much better.

#### Integrated delivery in Sefton

Services all accessed in one way, with care joined up care across health and social care. You'll be assessed once, with one care plan. Your care will be personalised and delivered as close to your home as possible. We will support you to live longer in your own home, reduce the number of times you are admitted to hospital and, if you are admitted, get you home quickly

#### Integrated delivery across North Mersey

No 'postcode lottery' – your care comes first, not which local authority provides your wheelie bin.

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## Health and social care services working more closely together

We will establish integrated working across Sefton to support patients and service users to remain independent and in their own homes. All of these services will be accessed via single point of contact/assessment, meaning residents will not be required to reiterate their story multiple times.

## Investing in community based care

We will refocus Intermediate Care and reablement services to get people home sooner and to help avoid the need for going into hospital in the first place. Further changes will see more urgent assessments being offered to patients and service users to arrange support and care to avoid hospital stays and keep people at home. Home support and district nursing will be available 24 hours a day to help make this happen.

## Being proactive and getting better at preventing ill-health

We will work with GPs and other health and social care staff to identify patients at highest so that the right care and support can be offered to keep patients independent and well.

We will also work to support patients and service users with very complex needs often related to drug or alcohol dependency and/or enduring mental health issues and whose needs extend beyond health and social care for example supporting with debt or housing issues.

## Giving people more information, support and tools to manage their own health

We will offer targeted holistic support and advice to older people to help keep them healthy, independent and connected to their community.

## Appendices

Appendix A	Our route map – work plan
Appendix B	Our route map (i) Pooled Budget – Sefton Council (ii) Pooled Budget – South Sefton CCG and Southport and Formby CCG
Appendix C	Our Section 75 summary for 2016/17
Appendix D	Where we think we are against the 10 key elements

## References

Stepping up to the place - The key to successful health and care integration  
[http://www.local.gov.uk/web/guest/publications//journal\\_content/56/10180/7867709/PUBLICATION](http://www.local.gov.uk/web/guest/publications//journal_content/56/10180/7867709/PUBLICATION)

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>2</sup>The CCGs' Annual Engagement and Patient Experience Group report  
(<http://www.southseftonccg.nhs.uk/media/1406/epcg-annual-report-2014-15-final.pdf>)

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## Appendix A Our Route Map – Work Plan

<b>2017 - Actions</b>
Embed the new Governance structure to help integration become business as usual and review before the end of 2017.
Move on integrated commissioning in Sefton the future approach by using any of the “6 commissioning approaches.”
Pool budgets of circa 26 million.
Identify the areas of commissioning priority for the year and develop an Integrated Commissioning Approach for the next 5 years.
Explore effective models of care to support the most vulnerable.
Complete the work to be ready to Pool X in the areas of Y.
<b>2017 - 18 Actions</b>
Following review at end of 2016, progress any actions identified to ensure Governance is fit for the purpose of supporting and developing integration (commissioning and delivery).
Implement the agreed approach in terms of Commissioning.
Review the areas of commissioning priority for the year and refresh intensions against the Commissioning Approach in terms of commission, decommission, review and innovate.
Pool X in the areas of Y.
Complete the work to be ready to Pool X in the areas of Y.
Begin to prepare for the agreed future model to deliver the most efficient and effective way to support the most vulnerable.
<b>2018 - 19 Actions</b>
Pool X in the areas of Y.
Complete the work to be ready to Pool X in the areas of Y.
Review the areas of commissioning priority for the year and refresh intensions against the Commissioning Approach in terms of commission, decommission, review and innovate.
Implement the agreed model to deliver the most efficient and effective way to support the most vulnerable.
<b>2019 - 2020 Actions</b>
Pool X in the areas of Y.
Complete the work to be ready to Pool X in the areas of Y beyond 2019- 2020.
Review the areas of commissioning priority for the year and refresh intensions against the Commissioning Approach in terms of commission, decommission, review and innovate.
Roll out the model to deliver the most efficient and effective way to support the most vulnerable.
Complete any outstanding tasks around delivering an integrated commissioning function in Sefton.
<b>2020 - 2021 Actions</b>
Pool X in the areas of Y.
Review the areas of commissioning priority for the year and refresh intensions against the Commissioning Approach in terms of commission, decommission, review and innovate.
Roll out the model to deliver the most efficient and effective way to support the most vulnerable.



## Appendix B

### Key

P = potential to pool

A or S = Align or Shadow

N= not able/intended to pool

TBC = to be confirmed

### Our Route Map

#### i) Pooled Budget – Sefton Council

<b>SEFTON COUNCIL</b>						
Service	Budgets 16/17 Net £	Amounts Net in BCF £	17- 18	18- 19	19- 20	20- 21
<b>Adult Social Care</b>						
Assessment	9,792,500	561,000	P			
Business Support	6,112,350	0	P			
Support to Carers	763,200	20,000	P			
Equipment & Adaptations	1,222,900	373,000	P			
Early Intervention & Information	824,450	50,000	P			
Community Care	67,055,550	7,348,000	P			
New Direction related including contract	9,710,550	1,127,000	P			
Central ILF grant, Local Reform & Community Voices, Prisons	-2,552,050		P			
BCF additional equipment, Care For You, Care Act, Manchester Rd	1,420,000	1,420,000	P			
Other Services (HRS,ELAS)	1,057,000	0	P			
BCF Income funding Council expenditure	-10,899,000	-10,899,000				
	<b>84,507,450</b>	<b>0</b>				
<b>Children's Social Care</b>						
Admin and Management	3,879,650			P		
Community Adolescent Service	1,497,400			P		
Corporate Parenting	4,007,200			P		
Duty & Assessment	2,065,600			P		
Locality	2,080,350			P		
Placements & Care Packages	13,434,850			P		
Safeguarding	622,400			P		
	<b>27,587,450</b>					
<b>Schools &amp; Families</b>						
Central	7,756,350			A		
Music Service and Children's Centres	5,449,050			A		
Family Support	6,326,800			A		
Regulatory Services	586,950			A		
SEN & Inclusion Services	953,550			A		
Specialist Transport	4,832,200			A		
	<b>25,904,900</b>					

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## ii) Pooled Budget – South Sefton CCG and Southport and Formby CCG (potential)

SEFTON CCGS' COMBINED BUDGETS					
Service	16/17 £	17- 18	18- 19	19- 20	20- 21
<b>Non NHS</b>					
Mental Health Contracts	1,882	S/P	P	P	P
Child And Adolescent Mental Health	427	N	S	P	P
Dementia	211	N	S	P	P
Learning Difficulties	1,943	P	P	P	P
Mental Health - Collaborative Commissioning	400	P	P	P	P
Collaborative Commissioning	931	P	P	P	P
Out Of Hours	2,175	N	N	S	P
CHC Adult Fully Funded	12,250	S	P	P	P
CHC Ad Full Fund PHB	214	S	P	P	P
CHC Adult Joint Funded	3,346	P	P	P	P
CHC and Joint Fund PHB	23	S	P	P	P
CHC Children	893	S	P	P	P
Funded Nursing Care	5,106	S	P	P	P
Community Dermatology	818	TBC	TBC	TBC	TBC
Hospices	2,439	S	P	P	P
Intermediate Care	652	P	P	P	P
Reablement	2,224	P	P	P	P
	<b>35,934</b>				
<b>Corporate &amp; Support Services</b>					
Running Cost Allowance	5,877	N	N	S	P
Commissioning Schemes	1,991	N	N	S	P
Medicines Management - Clinical	1,308	N	N	S	P
Primary Care IT	2,602	N	N	N	N
Nursing And Quality Programme	549	N	N	S	P
Corporate IM&T	0	N	N	S	P
	<b>12,326</b>				
<b>NHS</b>					
Acute Commissioning	212,051	TBC	TBC	TBC	TBC
Acute Children's Services	10,483	TBC	TBC	TBC	TBC
Non Acute	35,845	S	P	P	P
Mental Health SLA	29,130	TBC	TBC	TBC	TBC
NHS 111	621	TBC	TBC	TBC	TBC
Ambulance Services	11,316	TBC	TBC	TBC	TBC
NCA/OATS	3,193	TBC	TBC	TBC	TBC
Winter Resilience	1,423	TBC	TBC	TBC	TBC
	<b>304,063</b>				
<b>Independent Sector</b>					
Clinical Assessment & Treatment Centres	8,595	TBC	TBC	TBC	TBC
	<b>8,595</b>				
<b>Primary Care</b>					
Local Enhanced Services	6,045	N	N	S	P
Programme Projects	797	N	N	S	P
	<b>6,843</b>				
<b>Prescribing</b>					
High Cost Drugs	2,293	N	N	S	P
Oxygen	618	N	N	S	P
Prescribing	51,927	N	N	S	P

<b>SEFTON CCGS' COMBINED BUDGETS</b>					
Service	16/17 £	17- 18	18- 19	19- 20	20- 21
	<b>54,838</b>				
<b>Sub-Total Operating Budgets pre Reserves</b>	<b>422,598</b>				
<b>Reserves</b>					
Commissioning Reserve	1,432	N	N	S	P
Non Recurrent Reserve	1,810	N	N	S	P
	<b>3,242</b>				
<b>TOTAL: CCG`s EXPENDITURE</b>	<b>425,840</b>				
<b>Place Based Expenditure</b>					
Primary Care	35,910	N/S	N	S	P
Specialised Commissioning	82,290	N/S	N	S	P
	<b>118,200</b>				
<b>TOTAL: NHS E and CCGs' EXPENDITURE</b>	<b>544,040</b>				

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## Appendix C: Our BCF Section 75 Summary for 16/17

Theme	Scheme Name	Funded by	LA	SS CCG £	SF CCG £	Approach	Risk and benefit approach	
							"Overs"	"Unders"
<b>Carers</b>	Carers Grant	CCG		280,000	220,000	Lead Council	100% to Council	ICG and PBG to Exec
	Carers Card	CCG		12,000	8,000			
	Short Breaks and Respite	CCG		117,000	83,000			
	<b>Total</b>			<b>490,000</b>	<b>311,000</b>			
<b>Equipment</b>	Sensory Support	CCG		9,000	7,000	Joint	By use Health to Health, Social Care to Social Care	ICG and PBG to Exec
	Care Line	CCG		58,000				
	Equipment	CCG		230,000	161,000			
	Equipment	CCG		427,000	350,000			
	Equipment	CCG		165,000	135,000			
	DFG	LA	3,349,000					
	Contribution to provision of care line				42,000			
	Contribution to provision of care line				42,000			
	Equipment and telecare	CCG			30,000			
	<b>Total</b>		<b>3,349,000</b>	<b>880,000</b>	<b>767,000</b>			
<b>Children and Young People - Mental Health</b>	Child and Adolescent Mental Health Services	CCG		702,000	188,000	Lead CCG	100% to CCGs	ICG and PBG to Exec
	<b>Total</b>			<b>702,000</b>	<b>188,000</b>			
<b>Reablement and Intermediate Care</b>	Care Services	CCG			7,000	Joint	Determined by who commissioner is and who provider is	ICG and PBG to Exec
	Home from Hospital (SMBC)	CCG		96,000	76,000			
	End of Life Service	CCG		3,000	2,000			
	Community Beds and Medical Cover	CCG		235,000	165,000			
	Reablement	CCG		503,000	396,000			
	Early Discharge	CCG		95,000	121,000			
	Chase Heys	CCG			211,000			
	Care Worker	CCG			17,000			
	Ward 35	CCG		976,000				
	Intermediate Care Services	CCG		688,000	500,000			
	<b>Total</b>			<b>295,600</b>	<b>1,495,500</b>			
<b>Community Services</b>	Virtual Ward/CC2H	CCG		1,632,000	888,000	Lead CCG	100% with CCGs	ICG and PBG to Exec
	Community Matrons	CCG		280,000	198,000			
	CCNOT	CCG		75,000	188,000			
	DN's twilight	CCG		895,000	1,000			
	DN's OOH	CCG		494,000				
	Alcohol Nurse	CCG		24,000				
	Community Treatment Rooms	CCG			280,000			

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Theme	Scheme Name	Funded by	LA	SS CCG £	SF CCG £	Approach	Risk and benefit approach	
							"Overs"	"Unders"
	GP Call handling	CCG			68,000			
	Discharge planning	CCG			135,000			
	DN's OOH	CCG			61,000			
	DN's OOH	CCG			162,000			
	Falls	CCG			67,000			
	Hospital Alcohol Liaison	CCG			82,000			
	Respiratory	CCG		587,000				
	Heart Failure	CCG		402,000				
	Community Nursing Children's	CCG		58,000				
	Community Paediatrics	CCG		229,000	61,000			
	Phlebotomy	CCG			110,000			
	Respiratory	CCG			273,000			
	Cardiac rehab	CCG			217,000			
	Community Dietetics	CCG			328,000			
	Community Nursing	CCG			15,000			
	<b>Total</b>			<b>4,676,000</b>	<b>3,134,000</b>			
<b>Long Term Care and Adult Social Care</b>	People First Advocacy	CCG		19,000	15,000	Lead Council	100% to Council	ICG and PBG to Exec
	Support to community care services	CCG		3,347,000	2,363,000			
	Performance 2015/16 to support ASC	CCG		175,000	126,000			
	1.1% minimum uplift to Social Care	CCG		59,000	47,000			
	Social worker capacity and supporting discharge	CCG		299,000	207,000			
	Social worker capacity-mobile working	CCG		30,000	21,000			
	Reablement and telecare	CCG		53,000	42,000			
	Care Act	CCG		491,000	386,000			
	ASC Capital Funding 2015/16	LA	780,000					
	<b>Total</b>			<b>4,473,000</b>	<b>3,207,000</b>			
	<b>TOTAL</b>			<b>26,967,000</b>				

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## Appendix D: Where we think we are against the 10 key elements

1. A shared commitment to improving local people's health and wellbeing using approaches which focus on what is the best outcome for citizens and communities.

### What good looks like

Moving away from a focus on episodic care and treating ill health towards an emphasis on independence, wellbeing and holistic care for everyone.

Understanding the needs and wishes of citizens, including the resources they and those around them can contribute to their own health and wellbeing.

Bringing together all the assets in a place to stimulate and support individuals, families and communities to be more able to lead happy, safe, independent and fulfilled lives.

### Where we are

### What we need to do

2. Services and the system are designed around the individual and the outcomes important to them, and developed with people who use or provide services and their communities.

### What good looks like

Involving individuals and communities in decisions at all levels of the system, from jointly writing a care and support plan with service providers, to groups of community stakeholders playing a central role in designing, implementing and reviewing services.

Ensuring services treat people with dignity and are personalised to their needs, and are based on a single system-wide assessment of the needs of the whole population.

Giving citizens greater choice and control of services and support, including encouraging the use of a personal budget for health and social care.

### Where we are

### What we need to do

3. Everyone – leaders, practitioners and citizens – is committed to making changes and taking responsibility for their own contribution to improving health and wellbeing

### What good looks like

Offering information, education, advice and support to enable everyone to understand how to make changes for a healthier lifestyle and support their care needs.

Building capacity in the community to be able to support all citizens to make full use of community and social networks and activities.

All system leaders and practitioners actively ensuring their actions support their shared vision and their contribution to improving health and wellbeing.

### Where we are

### What we need to do

4. A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.

## What good looks like

Changing the perception of health and care from just treating ill health or substantial care needs to one which keeps people well and safe, leading happy and fulfilled lives.

Redirecting investment to prioritise public health and community services, as well as wider issues affecting health such as education, housing and jobs for all citizens.

Having open and trusting relationships with partners, stakeholders and the public from which to make effective, targeted and needs-based decisions about service provision.

## Where we are

## What we need to do

## 5. Shared Leadership and Accountability

Locally accountable governance arrangements encompassing community, political, clinical and professional leadership which transcend organisational boundaries are collaborative, and where decisions are taken at the most appropriate local level.

## What good looks like

Leaders stepping beyond their organisation's walls to listen and understand each other, and to lead and make decisions collectively for the benefit of citizens.

Local leaders being best placed to interpret and respond to community needs drawing in wider services and local resources where appropriate to improve health and wellbeing.

Leaders being inclusive and collegiate, investing time and energy in relationships, ceding some control, and navigating complexity across multiple accountabilities.

## Where we are

## What we need to do

6. Locally appropriate governance arrangements which, by local agreement by all partners and through health and wellbeing boards, take account of other governance such as combined authorities, devolved arrangements or NHS planning requirements.

## What good looks like

Navigating across footprints and local identities which exist within any one place, ensuring that the focus remains on what most benefits local populations taking account of whole community need and multiple organisational governance.

It can mean health and wellbeing boards agreeing to sit within larger arrangements as well as establishing alternative partnerships to carry out business effectively.

It can mean multiple arrangements for different purposes – the key is ensuring decision-making is with the right people and in the right place.

## Where we are

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What we need to do

7. A clear vision, over the longer term, for achieving better health and wellbeing for all, alongside integrated activity, for which leadership can be held to account by citizens.

What does good look like

Working together to align priorities and responsibilities, including overcoming cultural and performance challenges to establish a common language and set of objectives.

Exploring the many ways to integrate health and care to find the models and approaches which best meet local needs and aspirations.

Developing a system which works cohesively, with individual services that are high-quality and safe, and is sustainable in terms of services, markets and workforce.

Where we are

What we need to do

8. Shared systems

Common information and technology at individual and population level shared between all relevant agencies and individuals, and use of digital technologies.

What does good look like

A common information basis and sharing for planning purposes and shared care records – both for individual care and population-based planning.

Service arrangements and plans involve enabling and empowering people through technology, and also meaning they tell their story only once.

Developing a shared risk stratification model to identify individuals most at risk

Where we are

What we need to do

9. Long-term payment and commissioning models – including jointly identifying and sharing risk, with a focus on independence and wellbeing for people and sector sustainability

What does good look like

Aligning commissioning across all budgets, whether pooled or not, focusing on outcomes and increasing investment in community services that build independence.

Agreeing how to assess and share risk between partners.

Shared long-term planning, which charts an achievable course to transform services and improve health, wellbeing and financial sustainability.

Where we are

What we need to do



10. Integrated workforce planning and development, based on the needs and assets of the community, and supporting multi-disciplinary approaches.

## What does good look like

Developing a joint workforce approach across the health and care system, involving formal and informal workforces, and based on the needs of the population.

Investing in changing skills and behaviours towards ones which enable person-centred, coordinated care in order to promote people's independence and wellbeing.

Practitioners across health and care disciplines working seamlessly together to plan and provide care which is proactive and holistic, and supports independence.

## Where we are

## What we need to do

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<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	25 May 2017
<b>Subject:</b>	Regionalisation of Adoption in Merseyside	<b>Wards Affected:</b>	(All Wards);
<b>Report of:</b>	Director of Social Care and Health		
<b>Is this a Key Decision?</b>	Yes/	<b>Is it included in the Forward Plan?</b>	Yes/
<b>Exempt/Confidential</b>	No		

## Purpose/Summary

The purpose of this report is to provide Cabinet with supporting information behind the national drive to create Regional Adoption Agencies across England and to set out the proposed model for the Merseyside Regional Adoption Agency across Knowsley, Wirral, Sefton and Liverpool.

## Recommendation(s)

1. Endorse the proposed model for the Knowsley, Wirral, Sefton and Liverpool Regional Adoption Agency (RAA) including the recommendation that local authority staff are seconded into the RAA.
2. Note the intention for the new model to move into shadow arrangements during the third quarter of 2017 and go live in January 2018.
3. Approve the proposal to use the name AIM (Adoption in Merseyside) as the brand for the RAA going forward.

## 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	x		
2	Jobs and Prosperity	x		
3	Environmental Sustainability		x	
4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local		x	

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	Democracy			
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**Reasons for the Recommendation:**

In June 2015 the Department for Education (DfE) published a White Paper that proposed local authorities should create Regional Agencies by 2020 (Regionalising Adoption- June 2015). The White Paper set out an expectation that local authorities should form firm proposals, in partnership with their voluntary partners, to align adoption services into a Regional Adoption Agency (RAA). The Government commitment to this approach was developed further in the Education and Adoption Act 2016 which give the government the power to direct a local authority to enter into a RAA if it has not done so by the end of 2017

**Alternative Options Considered and Rejected:**

N/A

**What will it cost and how will it be financed?**

**(A) Revenue Costs**

It is intended that costs associated with the Regional Adoption Agency (RAA) will be met from existing adoption budgets. The exact cost of Sefton’s contribution towards the RAA is still to be agreed but it is anticipated that this will not require additional resources over and above those currently budgeted for within Sefton’s Adoption Service.

**(B) Capital Costs**

N/A

**Implications:**

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

<b>Financial</b>		
<b>Legal</b>		
<b>Human Resources</b>		
<b>Equality</b>		
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:**

The development of the Regional Adoption Agency will mean that Sefton Council will no longer operate as an adoption agency. The impact for local citizens will be minimized through a hub and spoke model with a regional hub base and a flexible spoke that will enable continued presence of the adoption service in each of the four local authority areas. The regionalisation of adoption is intended to reduce inefficiencies and the duplication of effort and create a system that better supports children whose best interests are served by adoption.

## **What consultations have taken place on the proposals and when?**

The Head of Corporate Resources (FD 4620/17) and the Head of Regulation and Compliance (LD.3903/17) have been consulted and any comments have been incorporated into the report.

Informal consultation has been ongoing with all staff that are directly affected by the proposals. This will move to formal consultation with staff and Joint Trade Unions following Cabinet.

## **Implementation Date for the Decision**

Immediately following the Committee/Council/meeting.

**Contact Officer:** Vicky Buchanan Head of Children's Social Care

**Tel:** 0151 934 3128

**Email:** vicky.buchanan@sefton.gov.uk

## **Background Papers:**

There are no background papers available for inspection

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## **1. Introduction/Background**

### **1.1 Background to the regionalisation of adoption services.**

In June 2015 the Department for Education (DfE) published a White Paper that proposed local authorities should create Regional Agencies by 2020 (Regionalising Adoption- June 2015). The White Paper set out an expectation that local authorities should form firm proposals, in partnership with their voluntary partners, to align adoption services into a Regional Adoption Agency (RAA). The Government commitment to this approach was developed further in the Education and Adoption Act 2016 which give the government the power to direct a local authority to enter into a RAA if it has not done so by the end of 2017.

The White Paper set out the rationale for regionalisation based on an analysis of the current system which was described as fragmented and confusing. There are for example around 180 agencies (local authority and voluntary agencies) recruiting and matching adopters for only 5000 children per year.

The regionalisation of adoption is therefore intended to reduce inefficiencies and the duplication of effort and create a system that better supports children whose best interests are served by adoption.

## **2. Aims and objectives of a Merseyside Regional Adoption Agency**

### **2.1 The key aims**

- To match children who have adoption as their plan with an adoptive family that meets their needs in a timely manner.
- Ensure that all those affected by adoption receive the information, support and advice that they need to understand the adoption journey.
- Ensure that families are well prepared, enabled and supported to care for the children with plans for adoption.

The Merseyside RAA will focus on improving the child's journey through the adoption process and look to deliver high standards of practice delivered across all four local authority areas which in turn will lead to better outcomes for the child and adopter. These aims will be achieved through:

- The development of early placement finding processes which enable consistent planning and identification of children across the four local authorities.
- The recruitment of sufficient numbers of well prepared and resilient potential adopters by offering improved support and training through sharing and pooling resources.
- The further development and increased use of early permanence options such as concurrency and Fostering to Adopt.

- The development of a regional approach to the commissioning of the right levels and type of support for adopters and children from the beginning to build a thriving family environment.
- The development of a national infrastructure for recruitment and matching which will complement the working practices of the RAA.
- An increase in the potential for efficiencies and increased focus on the needs of children by sharing business processes, optimising the use of existing staffing resource and minimising the duplication of tasks.
- The development of a powerful regional voice for adopters and children to enable their full engagement in the coproduction of emerging and improved services within the RAA.

## 2.2 Key objectives:

- To be an effective, innovative and high performing service.
- To be efficient in management and operational structures.
- To commission strategically to support the work of the RAA.

## 2.3 The Merseyside Regional Adoption Agency (RAA).

The proposal to develop a Knowsley, Wirral Sefton and Liverpool RAA was approved by the DfE in early 2016. Since then extensive work has been carried out through a Strategic Board consisting of senior staff from each agency and chaired by the Executive Director (Children) from Knowsley.

The Board has developed and tested a number of potential models for the RAA. This work has been managed by an interim manager for the RAA who was appointed in September 2016, a full time programme manager and project support assistant who were appointed in November 2016. Additional support was procured from Price Waterhouse Cooper who were brought in between September and November 2016 to complete a time limited piece of work scoping and assessing current services. They produced an in depth report which was presented to the strategic board in November.

The programme has been managed through eight separate work streams each with a lead and membership across the local authorities. The work streams meet monthly and are as follow:

- Information Technology-Knowsley
- Human Resources-Wirral
- Commissioning and Performance-Knowsley
- Finance-Liverpool
- Estates-Liverpool
- Communications-Liverpool
- Legal-Liverpool
- Operational Delivery-Knowsley
- Learning and Development-Sefton

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The outcome of this work is a proposal that the RAA is hosted by Liverpool and that the governance, commissioning and performance management of the RAA is by Knowsley.

There has been full engagement at a senior level from each of the four local authorities during the development stage and from the commissioned voluntary adoption agencies. There is a consensus view that the above model is the best fit for the Merseyside RAA and this view is supported by the DfE.

All the above work and additional capacity has been funded by the DfE and in total £500k has been made available to ensure the project is delivered within agreed timescales.

## **2.4 The scope of the Merseyside RAA**

The service will be delivered as a Hub and Spoke model with a regional hub base (yet to be determined) and a flexible spoke that will enable the continued presence of the adoption service in each of the four local authority areas to enable the service to work effectively with the other social work staff in the locality.

The main functions that will be delivered by staff in the Merseyside RAA from a Hub base will be:

- Recruitment of adopters and central access point
- Marketing
- Adoption panel and admin of panel
- Training and development of staff
- Pre and Post approval training(adopters)
- Management and supervision of staff
- Collection of data and management of performance
- Tracking, linking and matching of children
- Adoption support (arranged centrally but delivered locally)
- Special Guardianship order support for Liverpool and Wirral (not financial support)
- Regional commissioning of VAA support services

Activity continuing in the local authority areas:

- Continued relationships with children's social care teams
- Adoption support delivery
- Links with VAA commissioned services
- Early identification and tracking
- Selection/ matching
- Family finding activity

Inter country Adoptions will continue to be a commissioned specialist service and Step parent adoptions will remain within the local authority.

## **2.5 Potential name for the Merseyside Regional Adoption Agency**

Across the country regional adoption agencies are starting to name themselves to give them a sense of regional and organisational identity. Names have been kept simple and



all include adoption as part of their name. At a staff stakeholder event in January 2017 a suggestion was made to senior managers that the new entity should be called AIM-Adoption in Merseyside. This suggestion was taken to the strategic board in February and is now being recommended to Members.

## **2.6 Human Resources**

It is recommended that relevant members of staff are seconded into the Merseyside RAA on their current conditions of service and will continue to be paid by their home authority. Each local authority has carried out a service review and decided which roles and staff members should move over to the RAA. All staff have attended a number of stakeholder events since September 2016 and have had the opportunity to air their concerns and questions with their own senior managers, RAA managers and their union representative

Formal consultation by the HR workstream representatives will begin with staff in April 2017. The HR workstream is also looking at the development of a secondment agreement that is suitable for the development of the MRAA.

Staff who do not wish to work in the Merseyside RAA will be able to speak to their own senior managers and their home authority will decide what alternative employment/ other options are open to them. It is unlikely that redundancies will be an option as there will be vacancies to fill in the children's social care teams as a default option.

The HR workstream are also looking at the Job Descriptions for the main roles within the Merseyside RAA and what the differences and similarities are between them.

The operational development workstream has produced a staffing structure of the Merseyside RAA which has been shared with all staff and senior managers within the local authority areas. At this point it is not known whether staff will be required to apply for ring fenced roles within the Merseyside RAA or whether they will be expected to express a preference and interest in the role and area of adoption they wish to fill and be allocated a role accordingly. In the first year of the Merseyside RAA the staffing structure reflects the current staffing levels and roles that currently exist within the four local authority teams. It is expected, however, that in the first year of the Merseyside RAA there will be further consultation with staff and partners to look at reviewing the model of service based on an increased understanding of activity and need as a regional service which will be evaluated regularly by the Head of Service and the Strategic Board.

## **2.7 Financial Implications**

The Finance workstream is reviewing the financial resources and associated costs of the current staffing structures. Agreement has been made at the strategic board that all four areas will put in their current budget allocation for staff for the first year. A future funding model for the Merseyside RAA is yet to be agreed. There are a number of options for funding that are being looked at across the country by RAA's. The DfE has not been prescriptive about how the ongoing funding of the RAA's should be determined other than that they need to be affordable and sustainable. The resource needed for administrative staff within the RAA is also still being reviewed.

It is proposed that in Year One the Merseyside RAA will be cost neutral in terms of staffing and that in Years two and three the agency will look for areas where efficiencies can be created due to streamlining and innovation of services and reduction of duplication of effort across the four LA areas.

The strategic board is also considering what additional, short term, financial resources are required to support the transfer of staff into another building and to fund additional corporate and infrastructure costs for the agency as it moves into a regional service.. The

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finance workstream is also analysing the terms and conditions of the project grant funding from the DfE to ensure that the funding is used most effectively across the programme areas.

## 2.8 I.T issues

There are a number of key issues that the IT workstream for the Programme are managing and which are ongoing. They are:

- Ensuring that the hub base is sufficiently networked and enabled to meet the demands of the Merseyside RAA.
- Ensuring that staff have access to new IT equipment that allows them to work agilely from a variety of settings and to ensure they have secure access to the network from sites outside of local authority buildings.
- To work with Liquid Logic to develop an integrated IT system that allows the RAA to be able to track and manage the regional adoption processes as well as ensure that they retain sufficient access to the systems they require in their local authority areas.
- To ensure that staff have sufficient training and support in the new IT system and equipment to enable them to work effectively once they move into the Merseyside RAA

## 2.9 Physical Assets

Each local authority team currently houses its own adoption team. The Estates work stream has identified the following criteria to support the selection of the hub site.

- A location that is accessible by car and public transport for staff, adopters and partners that takes into account the need for some staff who may be travelling a further distance than their own LA base.
- Space to house 35+ staff plus on a hot desking basis.
- Meeting room space and room to hold training and events for adopters.
- A customer facing area/ reception and a building that is able to be opened outside of usual working hours.
- Access to some parking on site.
- A building that houses other services/ partners that will complement and enhance the work of the Merseyside RAA.

A number of site options were under consideration and a decision on the site has been reached by the Strategic Board. The site is rooms within the New Hutte Centre in Halewood, which is situated within the borough of Knowsley. The site already houses a children's centre and day nursery. Negotiations with the landlord of the building are underway to agree terms and final costs around accommodation.

## 2.10 Performance and Risks

The bringing together of four separate adoption services into a single entity is complex and not without risk.

Much progress has been made but there are still some key decisions for the Merseyside RAA to make. They are:

- To agree terms and costs for the hub base.
- The finalisation of what financial and Human Resources will be put into the agency by each local authority area in Year 1.

- The nature of the secondment arrangements.
- The appointment of a permanent Head of Service.

To ensure that these risks are managed a central risk log has been developed for the programme which is RAG rated, updated regularly and reported upon at the strategic board. The DfE are also providing national seminars and a Consultant acting as a coach to support RAA's to work through the complexities of bringing together adoption teams and managing the transition from local to regional working.

The Commissioning and Performance workstream will be focusing on developing a detailed service specification for the Merseyside RAA and a performance framework which will be crucial to be able to evaluate and hold to account the developing RAA in its first year and beyond.

## **2.11 Conclusion**

It is the expectation of central government that there will be a RAA in Merseyside and across England by 2020. This report proposes a model for the Merseyside RAA and sets out the benefits this will bring to children, adopters and to the local authorities involved.

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# Agenda Item 7

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**Report to:** Cabinet **Date of Meeting:** 25<sup>th</sup> May 2017

**Subject:** South Sefton College and Hugh Baird College - Outcome of the Consultation on the Proposed Merger

**Report of:** Head of Schools & Families **Wards Affected:** Ford and neighbouring wards where pupils reside

**Is this a Key Decision?** Yes

**Is it included in the Forward Plan?** Yes

**Exempt/Confidential?** No

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## Purpose/Summary

The purpose of this report is to report the outcome of the consultation on the proposed merger of South Sefton College and Hugh Baird College and to seek approval to publish a Statutory Notice relating to this proposal.

## Recommendation(s)

Cabinet is recommended to:

- Note the responses to the statutory consultation process;
- Agree to the merger between Hugh Baird College and South Sefton College as the option which is in the best interests of students and staff.
- Note the estimated financial implications associated with the two options presented within the report.
- Approve the funding of the potential merger as set out in the report, including the use of the Closed Schools Earmarked Reserve (£1.481m) and the Transforming Sefton Reserve (£0.645m)
- Authorise Officers to progress the merger negotiations with Hugh Baird and South Sefton College.
- Approve the publication of the Statutory Notice on the discontinuance of South Sefton College in order to enable the merger with Hugh Baird College to take place.

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

	<b><u>Corporate Objective</u></b>	<b><u>Positive Impact</u></b>	<b><u>Neutral Impact</u></b>	<b><u>Negative Impact</u></b>
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	✓		

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8	Improving the Quality of Council Services and Strengthening Local Democracy	✓		
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## Reasons for the Recommendation:

The Local Authority has the statutory power to close a maintained school following the statutory process detailed in the report.

## What will it cost and how will it be financed?

### (A) Revenue Costs

It is estimated that the cost of the merger proposal contained within the report will be approximately £2.126m. The Council currently holds a reserve that is in place to support the costs associated with the closure or transfer of schools, where the costs of deficits fall due to the local authority. The balance within this reserve is £1.481m and this will be used to meet the costs of this merger. The residual balance of funding required of £0.645m will be met from the council's earmarked reserves.

### (B) Capital Costs

N/A

## Implications:

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

**Legal:** The consultation on the proposal to close the school has been carried out in accordance with the requirements of the Education and Inspections Act 2006 and specifically the School Organisation (Establishment and Discontinuance of Schools) Regulation 2013/3109 as amended.

**Human Resources:** As part of the consultation process meetings have been held with staff in the school and their trade union representatives.

### 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 on Service Delivery:

N/A

## What consultations have taken place on the proposals and when?

The Head of Corporate Resources (FD 4629/17) and Head of Corporate Legal Services (LD 3912/17) have been consulted and any comments have been incorporated into the report.

## Are there any other options available for consideration?

There are no alternative viable options.

**Implementation Date for the Decision**

Immediately following the expiry of the “call-in” period for the Minutes of the Cabinet meeting.

**Contact Officer:** Mike McSorley  
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**Background Papers:**

None

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## 1. **Background**

1.1 Members will recall that approval to commence the consultation on the proposed merger of South Sefton College and Hugh Baird College was given on 16th February 2017. At this meeting Cabinet resolved to:

- note the contents of this report;
- approve the commencement of the statutory consultation process relating to the proposal to merge South Sefton College with Hugh Baird College.
- Delegate responsibility to officers to start negotiations with Hugh Baird as to the level of transitional financial support required in August 2017 to support this new venture in the first year of operation.

1.2 In order for the merger to take place it will be necessary for South Sefton College to be discontinued (following the statutory school closure process which the local authority have to determine) and then for Hugh Baird to expand its post 16 provision by providing an A-Level offer from the site.

1.2 In accordance with section 16(3) of the Education and Inspections Act 2006 a proposer of a school closure must have regard to any guidance issued by the Secretary of State. The guidance in question is the School Organisation guidance issued in April 2016.

The following bodies and individuals were consulted:

- Parents/carers of pupils at South Sefton College;
- Staff of South Sefton College,
- Governors of South Sefton College,
- Pupils at the college;
- Archdiocese and CE Diocese;
- Directors of neighbouring local authorities (Liverpool, Lancashire and Knowsley)
- Trade union representatives,
- Local MP,
- Ward Councillors,
- General letter to all Head teachers of Sefton schools,
- General consultation invite on Sefton Council's website

1.3 The consultation process was discussed at the Consultation and Engagement panel. A copy of the consultation leaflet is attached to this report for information at Appendix A. The consultation process enabled all stakeholders to express their views and also consisted of meetings with staff, governors and families, and provided the opportunity for discussion and written representation. A joint consultation was carried out with Hugh Baird College as they are also required to consult on the merger process.

1.4 The consultation period ended on 5th April 2017.

## 2. **Rationale for the merger**

2.1 The Governing Bodies of Hugh Baird College and South Sefton College are proposing to merge and form an exciting new partnership. By working



together they can provide a broad range of high quality post 16 education provision for South Sefton and surrounding areas. The decision of the two Colleges to propose a merger is based on a strategy to offer the very best post 16 education for the South Sefton area

- 2.2 Mergers are now being widely encouraged within the Further Education sector, therefore the proposal is entirely consistent with the Government's agenda. This proposal has been produced following a significant amount of proactive work undertaken by each College prior to the Government's official area review. Two years ago an independent report was commissioned by the Colleges to identify how they could further co-operate to best serve the local area. This report informed the Liverpool City Region Area Review.
- 2.3 Uniting Hugh Baird College and South Sefton College through a merger is the best way to secure the Colleges' distinctive offers. It will also create a secure and sustainable financial base for the vital continued investment in the modern facilities and accommodation that staff, students and employers expect.
- 2.4 The merger will ensure a broad curriculum offer for school-leavers with high quality 'A' level and vocational provision for South Sefton. The merger will ensure that all school leavers in South Sefton and the surrounding area can be guaranteed a place in a specialist centre on a course that is right for them and their career ambitions.
- 2.5 There has been a decline in the numbers of 16-18 students studying at the two colleges, due to a continuing demographic decline and the increase in numbers of advanced level students leaving the area to study elsewhere. The merged college intends to reverse this trend and grow the numbers of 16-18 students through providing a high quality well-resourced local sixth form offer, enabling students to stay closer to home and achieve their potential and ambition.
- 2.6 Following the merger, South Sefton College will continue to operate as a provider of Advanced level programmes, with the opportunity to expand this provision. More detail is provided in the attached consultation pack at Appendix A.

### **3.0 Outcome of the Consultation**

3.1 The following is a synopsis of the consultation process:

#### **3.2 Consultation meeting with staff held on 13th March 2017**

The staff meeting was attended by around 45 staff. Also present were trade union representatives from both teaching and non-teaching unions as well as Local Authority representatives and Hugh Baird. Staff understood the position the college was in and were generally concerned about securing a sustainable future for the college and themselves. There was a lot of discussion about TUPE and how the merger would be undertaken.

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## 3.3 **Consultation meeting with Parents, Carers and Pupils held on 13th March 2017**

The College sent out a detailed information pack to students and families and facilitated opportunities for students to ask questions in college if they had any concerns or issues. Consequently the meeting was attended by only three parents. The meeting was led by College Leaders and attended by Hugh Baird and the local authority. The main issue parents wanted assurance on was that the merger would not impact on their children who were in their first year at the college.

## 3.4 **During the consultation period comments were also invited via an internet web page set up by Hugh Baird College**

Eight comments were received including two from Hugh Baird staff, two from parents, two from local residents and one was anonymous. Three were in favour of the merger, three were against the merger and two were unsure.

Parents were concerned about staff turnover, lack of full time teachers at Hugh Baird and the disruption to their child's education. They wanted reassurance that the current range of A Levels would remain on offer (if not increased) and that A Levels would continue to be delivered at the South Sefton site with no requirement for students to transfer between sites. They also asked about the support available to help students with the transition. Another questioned whether the local authority had considered re-opening the school sixth forms in the area and asked why parents were not given the information about the proposed merger prior to enrolment at the start of September.

Staff raised issues regarding integration and terms and conditions...

There were two comments about using the merger as an opportunity for establishing a broad curriculum offer so students can take a combination of academic and vocational courses. The merger was seen as an "exciting opportunity to establish an outstanding organisation which serves all young people in the area and can also offer educational and skills training for the wider community".

A request was made for clear plans and processes and good communication during the merger.

## 3.5 **During the consultation period comments were invited via an internet web page on the Sefton Council website.**

The local authority established a dedicated webpage which enabled parents, carers, pupils, staff, governors, councillors and residents to view background information about the proposal to merge South Sefton and Hugh Baird Colleges. The Local Authority received only one comment form as follows:

One comment from a parent was received. They were concerned about the effect of the merger on their child's A- Level course and exam success as they would be half way through their course when the merger takes place.

This concern related to the possibility of changes to staff roles or terms and conditions as a result of the merger which could cause them to leave the college and the disruption this would cause to the students.

### 3.6 **Other consultees**

UNISON has requested that a condition is attached to the merger that Hugh Baird College do not make any compulsory redundancies for a period of two years after the date of transfer. Hugh Baird has stated that this is not practical as the staff required are linked to student numbers which may change.

## 4. **Options and Financial Position**

4.1 South Sefton College is struggling financially due to the drop in the number of students attending the College and although it has put a significant amount of work into reducing cost over the last three years the College had a financial deficit of £280,055 at the end of the 2016/17 financial year. Based on the ongoing costs of running the College and projected students numbers the College is facing a deficit position again in 2017/18, with this likely to continue into future years. These costs have to be met by the local authority.

4.2 Two options were identified going forward, closure of the College or merger with another FE institution. The preferred option was a merger of the College with Hugh Baird and Cabinet were aware that the Council would be asked to provide some financial support to facilitate the merger as the College would be running a deficit for the first few years. At the time of agreeing to consult, Cabinet were not aware of the details of this financial support and Hugh Baird had not undertaken their due diligence, Members, therefore, will need consider the “ask” from Hugh Baird against the alternative option of closure if the merger could not proceed.

4.3 These options are set out in more detail below.

### 4.4 **Option A – discontinuance of South Sefton College to facilitate a merger with Hugh Baird College**

4.4.1 This option is in line with the Liverpool City Region Area based review of post 16 education and training institutions which came up with recommendations for creating stronger, more sustainable institutions and an offer that meets the area’s educational and economic needs.

4.4.2 The proposal for Sefton is that the four FE institutions; Hugh Baird, KGV, Southport College and South Sefton College merge to form a single Sefton College that would be stronger, more sustainable and provide an offer that meets the educational needs of young people in Sefton and the economic needs of the area. This is in keeping with the Sefton 2030 vision. The colleges have proposed merging in two tranches: KGV and Southport College merging and Hugh Baird and South Sefton Colleges merging by September 2017, with these north/south colleges then merging to form the Sefton College in September 2018.

4.4.3 The merger would minimise impact on staff as TUPE would apply.

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4.4.4 Hugh Baird have stated that they would invest in improving the curriculum offer for students and provide a free bus service to improve access to the College which will make it more attractive and increase student numbers over the coming years.

4.4.5 The offer for students would be enhanced.

## 4.4.6 Financial Implications of the proposal

In order to facilitate this proposal Hugh Baird has identified the transitional costs that would be incurred over an initial 3 year period. These include funding of the existing deficit, costs associated with a review of the workforce and potential future year's deficits (2017/18 to 2019/20). This initial estimate is shown below

2016/17 Deficit b/fwd	£280,000
Estimated future years funding shortfall 2017/8 to 2019/20	£1,800,000 (maximum)
Transitional costs for leadership and pension deficit	£46,000
Maximum total cost to the Council	£2,126,000

These sums are based on a business plan containing estimated student numbers which will be confirmed as part of the final negotiations and maybe the subject of revision.

4.4.7 In order to support the delivery of the agreed educational outcomes, during this 3 year period Hugh Baird will invest in improvements and develop new strategies in order to attract additional students. It is anticipated that this will make the College a viable ongoing proposition from 2020 onwards. In addition, Hugh Baird have indicated that they will invest around £450,000 in a range of other activities eg free bus service as well as IT and other improvements that will support the proposal.

4.4.8 If the Council agree to this proposal then a financial deficit repayment plan would be need to be agreed at the point of transfer. This would need to state the maximum support the Council would be required to provide in each of the three academic years in order to protect the Council against any further financial risk with this venture and would be paid retrospectively. If the financial position of the College improved against the agreed deficit position during this timescale then both parties would agree to a revision of the financial support from the Council.

4.4.9 On dissolution of the School the property and assets automatically transfer back to the Council by operation of law. The Council's Asset Disposal Policy informs the process for disposal and in this instance the transfer of the Asset by way of a Lease and Commercial Transfer Agreement will mirror the

procedure used for Academy Schools. The Council has an obligation under Section 123 of the Local Government Act 1972 to get the best consideration reasonably achievable for its assets. To satisfy the legislation for the Transfer an independent valuation will be required. If the valuation of the Asset exceeds £2m the Council will require the Secretary of State's consent to disposal. The Council can use General Disposal Consent 2003 if the undervalue is less than £2m and the disposal furthers the social economic and environmental wellbeing of the Borough.

## **4.5 Option B – closure of South Sefton College because it is no longer viable as a standalone setting.**

4.5.1 If the merger does not take place then it will be necessary to progress with the closure given the financial position of South Sefton College as it is not viable as a standalone setting.

4.5.2 The implications of closure are that staff will be made redundant and students would need to move to other colleges.

4.5.3 There may be capacity issues in local school sixth forms and students may need to travel to KGV or into Liverpool to access a suitable A-level course.

4.5.4 If closure were to happen then it is suggested it would need to be from August 2018 at to allow time for students to make alternative arrangements and minimise the impact on their education.

4.5.5 The building, which is owned by the College, would revert to the Council and be mothballed pending a decision on its' future.

### **4.5.6 Financial Implications of the proposal**

If the Council agrees to the closure of the College the earliest that this could happen would be 31<sup>st</sup> August 2018. Based on current student numbers and ongoing running costs of the College the financial deficit at this point is estimated to be approximately £1.4m. There would also be the costs associated with termination of staffing, mothballing costs of the building and possibly transitional support for students who would need to be placed in other educational establishments to complete their courses. A summary of the costs is shown below:

Write off deficit at point of closure	£1,416,000
Redundancy costs	£284,000
Transitional support for transferring students to other settings	£200,000
Finalising of contractual leases etc. and ongoing building security/mothballing over a 5 year period	£150,000
<b>Total cost to the Council</b>	<b>£2,050,000</b>

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4.5.7 It can be seen that the cost of the potential closure of the College would be approximately £2.050m, The additional cost of the merger option is therefore approximately £76,000 whilst supporting the key educational and community benefits in addition those offered to students and staff.

## **5. Financing of the options available**

5.1 It can be seen from the previous analysis that both options are estimated to cost the council around £2.1m (these costs maybe the subject of revision as negotiations progress)

5.2 The Council currently holds a reserve specifically to support the costs associated with the closure or transfer of schools, where the costs of deficits fall due to the local authority. The balance within this reserve is currently £1.481m and this will be used to meet the costs of this merger. Based upon the initial financial analysis undertaken a residual balance of funding would be required of £0.645m and this will be met from the council's earmarked reserves.

## **6. Next Steps**

6.1 Cabinet need to consider the options set out above and determines the appropriate way forward.

6.2 The Council then need to publish a statutory proposal as detailed in section 4 below and then make a final decision where any representations to the statutory notice can be considered.

## **7. Statutory Notice**

7.1 A copy of the statutory notice and detailed proposal are attached to this report at Annex B. This draft is based on the recommendation that the merger option will progress. If Cabinet decide on the closure option then the statutory notice will be changed to reflect this.

7.2 Following publication of this notice in the Champion there will be a 4 week statutory period for representations to be made. The notice will also be posted at the College where members of the public can view it. Any representations will be reported to Cabinet in July for a final decision to be made.

Appendix A – Consultation Document

Hugh Baird  
COLLEGE



# MERGER PROPOSAL CONSULTATION

STAGE 1 CONSULTATION PERIOD  
27TH FEBRUARY TO 5TH APRIL 2017



# Agenda Item 7

Hugh Baird  
COLLEGE



## A VISION FOR THE FUTURE

To provide outstanding Further Education in South Sefton through the merger of Hugh Baird College and South Sefton College.

The Governing Bodies of Hugh Baird College and South Sefton College are proposing to merge and form an exciting new partnership.

By working together we can provide a broad range of high quality post 16 education provision for South Sefton and surrounding areas. We would like your views.

### INTRODUCTION

**This document sets out the background to the proposed merger of Hugh Baird College and South Sefton College. It describes the rationale for the merger and the benefits and opportunities for learners, employers and the wider community.**

The decision of the two Colleges to propose a merger is based on a strategy to offer the very best post 16 education for the South Sefton area.

Both Hugh Baird College and South Sefton College have a distinctive offer. The proposed merger keeps the two existing campuses and builds on the strengths of the two institutions to ensure the best quality provision.

The merger will ensure a broad curriculum offer for school-leavers with high quality A Level and vocational provision for South Sefton. The merger will also ensure that all school leavers in South Sefton and the surrounding area can be guaranteed a place in a specialist centre on a course that is right for them and their career ambitions.

We see this as a very positive move which will create a stronger, financially resilient modern College and allow for development and investment in both existing sites.

The Colleges are committed to offering outstanding post 16 education and will be working together to realise that vision.

Two years ago, an independent report was commissioned by the Colleges to identify how they could further co-operate to best serve the local area. This report informed the Liverpool City Region Area Review.





## BACKGROUND

### The rationale behind the national programme of Government Area Reviews is to:

- Provide clear, high quality professional and technical routes to employment, alongside robust academic routes, which allow individuals to progress to high level skills valued by employers.
- Expand the Apprenticeship programme.
- Be more responsive to local employer needs and economic priorities, for instance through local commissioning of adult provision, which will help give the sector the agility to meet changing skills requirements in the years ahead.
- Improve the nation's productivity.

These objectives can only be delivered by strong institutions, which have the high status and specialism required to deliver credible routes to employment, either directly or via further study.

Mergers are now being widely encouraged within the Further Education sector, therefore the proposal contained in this document is entirely consistent with the Government's agenda. This proposal has been produced following a significant amount of proactive work undertaken by each College prior to, and during, the Government's official area review. Uniting Hugh Baird College and South Sefton College through a merger is the best way to secure the Colleges' distinctive offers. It will also create a secure and sustainable financial base vital for the continued investment in the modern facilities and accommodation that staff, students and employers expect.

## THE PROPOSAL

### We believe the time is right for the two colleges to merge to provide a strong local, post 16 education offer.

There has been a decline in the numbers of 16-18 students studying in Sefton, due to a continuing demographic decline and the increase in numbers of advanced level students leaving the area to study elsewhere. The merged college intends to reverse this trend and grow the numbers of 16-18 students through providing a high quality well-resourced local sixth form offer, enabling students to stay closer to home and achieve their potential and ambition.

Because South Sefton College is constituted as a 'school' rather than an further education college, the statutory process to be followed to make the merger happen is to 'discontinue' South Sefton College as a school.

If the merger did not happen then South Sefton College would not viable as a standalone institution and, since it could not be subsidised by the Local Authority, would be closed.

Following the merger, South Sefton College will continue to operate as a provider of advanced level programmes, with the opportunity to expand this provision.

Hugh Baird  
COLLEGE



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## THE COLLEGES INVOLVED



### HUGH BAIRD COLLEGE

**Hugh Baird College is a general further education (GFE) college situated in Bootle in the south of the borough of Sefton.**

The College is one of the largest providers of education and training in the area, delivering more than 400 courses to close to 5,000 students. Hugh Baird College offers courses that include entry level to level 3 vocational qualifications, apprenticeships, foundation degrees and full honours degrees. The College is also one of a small number in the UK to have a 14-16 College which enables those students with clear career goals to leave school and start working towards these on a full time basis from the age of 14.

In recent years, the College has worked closely with the Liverpool City Region Local Enterprise Partnership (LEP) and employers in order to develop a demand led curriculum offer that ensures students have the best opportunity to progress into employment or further study.

**In its most recent Ofsted inspection (February 2015), the College was graded overall as 'Good'.**



### SOUTH SEFTON COLLEGE

**South Sefton College was established in 2009 in partnership with Sefton Local Authority and seven local secondary schools following a strategic area review by Ofsted in order to secure more opportunities for high quality academic level 3 provision in the area.**

South Sefton College will continue to be a centre of educational excellence offering a wide range of advanced level courses with a broad variety of enrichment opportunities.

The College offers a strong and supportive pastoral ethos and the highest quality additional learning support to ensure all our students fulfil their potential irrespective of ability or circumstances.

**In its most recent Ofsted inspection (November 2016), the College was graded overall as 'Requires Improvement'.**



## THE BENEFITS A MERGER WILL BRING

- a) We will offer an attractive and competitive post 16 offer for South Sefton and the surrounding area.
- b) We will develop and invest in both existing College sites as distinctive centres of excellence.
- c) We will offer students clear progression opportunities.
- d) We want to be recognised locally as the first choice for higher level academic, vocational and professional courses.
- e) We want employers to see our College as the natural partner for growth and success through the supply of highly skilled people.
- f) We want to achieve an Ofsted Outstanding rating across all our provision.
- g) We want our community to be proud of its College.

## THE RATIONALE - THE MERGED COLLEGE WOULD BE BETTER ABLE TO:

1. Offer an extensive range of professional, vocational and A Level courses across the two campuses.
2. Allow for the development and investment in first class facilities and centres of excellence in both existing College sites.
3. Build on the strengths and the distinctive ethos of the two institutions with Hugh Baird College leading in professional, technical and vocational courses and South Sefton College specialising in A Level subjects.
4. Work closely with employers to develop the employability of students, grow apprenticeships and better meet their recruitment and training needs.
5. Increase the numbers of 16-18 students across both colleges by strengthening the advanced level offer.
6. Continue to expand locally delivered higher education and degree opportunities through the development of the University Centre.
7. Support the continued quality improvements towards achieving an outstanding Ofsted Inspection.
8. Create a financially stable and sustainable college.

WE SEE THIS AS A CRUCIAL FIRST STEP TOWARDS ARRIVING AT A COHESIVE SEFTON WIDE STRUCTURE FOR FURTHER AND HIGHER EDUCATION.

Hugh Baird  
COLLEGE



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## FREQUENTLY ASKED QUESTIONS

Hugh Baird  
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### HOW WILL THE MERGER AFFECT CURRENT STUDENTS?

**All current students will be able to complete their course of study. The merger is designed to grow provision across both sites.**

### WOULD STUDENTS BE EXPECTED TO TRAVEL BETWEEN THE TWO MAIN CAMPUSES?

**No, it is intended students would be based at one of the campuses for their main programme of study. There may be some opportunities for students to join together to participate in events, sporting or other enrichment activities.**

### WHAT WILL HAPPEN TO THE COLLEGE SITES AFTER THE MERGER?

**The new College will maintain and develop the two existing College campuses. The combined College will continue to invest in improving the facilities and accommodation across both campuses.**

### WHAT WOULD THE NEW COLLEGE BE CALLED?

**There is no plan to introduce a new college name. We believe the Hugh Baird College and South Sefton College names represent their distinctive provision and this will be retained.**

### WHEN IS THE MERGER EXPECTED TO TAKE PLACE?

**It is planned that the merger will be completed before the end of the current academic year and the new College will therefore be in place by August 2017.**

### HOW CAN I EXPRESS MY VIEWS?

**You can complete the questionnaire overleaf and return it to us.**

## STATUTORY PROCESS

**In order to facilitate the merger proposal the local authority (as the decision maker under the relevant legislation) has to follow the statutory process set out below:**

### STAGE 1

#### CONSULTATION / 27TH FEBRUARY 2017 TO 5TH APRIL 2017

This is the start of the process when the Local Authority (decision maker) provides information about what is being proposed and gathers the views of interested parties to help them develop the proposals. This period usually lasts for a minimum of six weeks.

### STAGE 2

#### PUBLICATION / 19TH APRIL 2017

A legal notice is published in the local paper (usually the Champion) and on the Council website which sets out brief details of the proposal for discontinuance to support the merger and where more information can be found. It also gives details of where objections and comments can be sent and the closing date for these. It marks the start of the representation period or formal consultation.

### STAGE 3

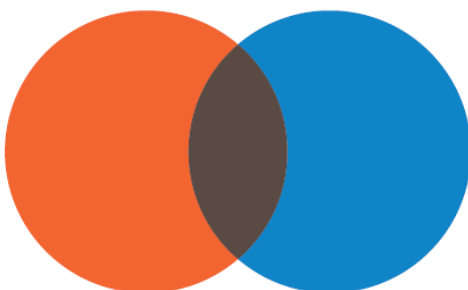
#### REPRESENTATION / 19TH APRIL 2017 TO 17TH MAY 2017

This is a four week period from the date the notice is published to allow interested parties the final opportunity to send comments or objections to be taken into consideration by the decision maker. It is classed as the formal part of the consultation process.

### STAGE 4

#### DECISION / CABINET TO MAKE FINAL DECISION - 22ND JUNE 2017

All the comments and objections gathered during the representation period are provided to the decision maker to enable them to make the final decision to agree the proposal or not.



Hugh Baird  
COLLEGE



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## WE WANT YOUR VIEWS

Hugh Baird COLLEGE



The formal consultation will be held between 27th February and 5th April 2017. During this period you can let us know your views on the proposed merger.

1. Do you agree that by merging the two colleges we will be better able to meet the needs of our students, employers and the community?

Yes  No  Not sure

2. Are there any matters or issues you would particularly like to see addressed through the merger?

3. How might you or your organisation support this merger?

4. Do you have any other comments you would like us to take into consideration?

Your name

Organisation (if applicable)

Your address

Please indicate in what capacity you are responding:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Hugh Baird College Student      | <input type="checkbox"/> South Sefton College Staff Member | <input type="checkbox"/> HE Institution               | <input type="checkbox"/> Union Representative                 |
| <input type="checkbox"/> South Sefton College Student    | <input type="checkbox"/> School                            | <input type="checkbox"/> Funding or Government Agency | <input type="checkbox"/> Another College or Training Provider |
| <input type="checkbox"/> Hugh Baird College Staff Member | <input type="checkbox"/> Local resident                    | <input type="checkbox"/> Employer /Local Business     |   |
| <input type="checkbox"/> Other (please specify) _____    |  |   |   |

Please complete using the online survey at [www.hughbaird.ac.uk/merger](http://www.hughbaird.ac.uk/merger) or you can return the form with your comments to Dr. Frank McCann, Principal, South Sefton Sixth Form College, Sterrix Lane, Litherland, Liverpool, L30 2DB or Mrs Anne-Marie Nixon, Director of Governance at Hugh Baird College, Balliol Road, Bootle, Merseyside, L20 7EW, or to the School Organisation Team, Schools Regulatory Services, Town Hall, Oriel Road, Bootle, L20 7AE.

**Thank you for taking the time to read this and respond.**

## Appendix B – Draft Statutory Notice and Proposal

### Notice

#### **South Sefton College**

Notice is given in accordance with section 15(1) of the Education and Inspections Act 2006 that Sefton Council intends to discontinue South Sefton College, Sterrix Lane, Litherland L30 2DB from 31<sup>st</sup> July 2017.

This is being proposed in order to facilitate a merger between South Sefton College and Hugh Baird College which are part of a wider review of post 16 training and education institutions in the area.

The proposal for Sefton is that the four FE institutions: Hugh Baird College, KGV, Southport College and South Sefton College merge to form a single Sefton College that would be stronger, more sustainable and provide an offer that meets the educational needs of young people in Sefton and the economic needs of the area.

The colleges have proposed merging in two tranches: KGV and Southport College merging and Hugh Baird and South Sefton Colleges merging by September 2017, with the full merger taking place by September 2018.

The only way of merging South Sefton College, which is constituted as a school, and Hugh Baird College is for South Sefton College to be discontinued (following the statutory school closure process which the local authority have to determine) and then for Hugh Baird to expand its post 16 provision by providing an A-Level offer from the site. If the merger does not take place it will be necessary to progress with the discontinuance given the financial position of South Sefton College as it is not viable as a standalone setting.

This Notice is an extract from the complete proposal. Copies of the complete proposal can be obtained from: School Organisation and Capital Programme Team, Sefton Council, Town Hall, Oriol Road, Bootle L20 7AE. Telephone 0151 934 3427 or at [www.sefton.gov.uk/](http://www.sefton.gov.uk/)

Within four weeks from the date of publication of this proposal, any person may object to or make comments on the proposal by sending them to School Organisation and Capital Programme Team, Sefton Council, Town Hall, Oriol Road, Bootle L20 7AE or by emailing: [school.organisation@sefton.gov.uk](mailto:school.organisation@sefton.gov.uk)

Signed: M Carney, Chief Executive and Authorised Officer of Sefton Metropolitan Borough Council

Publication Date:

# Agenda Item 7

Complete Proposal

## **South Sefton College – Proposal to merge with Hugh Baird College**

### **Introduction**

Sefton Council is proposing to discontinue South Sefton College on 31<sup>st</sup> July 2017 in order to facilitate the merger with Hugh Baird College.

### **Local Authority contact details**

The proposal to discontinue South Sefton College is being published by Sefton Council. Contact details: School Organisation & Capital Programme Team, Sefton Council, Town Hall, Oriel Road, Bootle L20 7AE. Email: [school.organisation@sefton.gov.uk](mailto:school.organisation@sefton.gov.uk)

### **School**

South Sefton College, Sterrix Lane, Litherland, L30 2DB.

### **Implementation**

It is proposed that the college be discontinued on 31<sup>st</sup> July 2017.

### **Reason for closure**

This is being proposed in order to facilitate a merger between South Sefton College and Hugh Baird College which are part of a wider review of post 16 training and education institutions in the area.

The proposal for Sefton is that the four FE institutions: Hugh Baird College, KGV, Southport College and South Sefton College merge to form a single Sefton College that would be stronger, more sustainable and provide an offer that meets the educational needs of young people in Sefton and the economic needs of the area.

The colleges have proposed merging in two tranches: KGV and Southport College merging and Hugh Baird and South Sefton Colleges merging by September 2017, with the full merger taking place by September 2018.

Legally the only way of merging South Sefton College, which is constituted as a foundation school, and Hugh Baird College is for South Sefton College to be discontinued (following the statutory school closure process which the local authority have to determine) and then for Hugh Baird to expand its post 16 provision by providing an A-Level offer from the site. If the merger does not take place it will be necessary to progress with the discontinuance given the financial position of South Sefton College as it is not viable as a standalone setting.

### **Pupil numbers and admissions**

South Sefton College provides up to 617 places for sixth form pupils aged 16 to 19.

Pupils on roll as at January 2017 (School Census return)



Y12	Y13	Total
176	182	358

## **Consultation**

The consultation started on 27<sup>th</sup> February 2017 and ended on 5<sup>th</sup> April 2017. The following parties were consulted by letter:

Parents and Pupils

Staff of South Sefton College

Governors of South Sefton College

All Sefton schools

Peter Dowd, MP

Ward Councillors for Ford

Trade Unions

Neighbouring local authorities (Liverpool, Lancashire, Knowsley)

Archdiocese

CE Diocese

Consultation meetings for staff, governors, parents and pupils took place on 13<sup>th</sup> March 2017

During the consultation period two replies were received by the local authority from a trade union and another from a parent of a pupil currently attending the college in Y12.

Eight replies were received by Hugh Baird College: three from staff, two from parents, two from local residents and one was anonymous

## **Displaced pupils**

All current students will be able to complete their course of study. The merger is designed to grow provision across both sites. There has been a decline in the numbers of 16-18 students studying at the two colleges, due to a continuing demographic decline and the increase in numbers of advanced level students leaving the area to study elsewhere. The merged college intends to reverse this trend and grow the numbers of 16-18 students through providing a high quality well-resourced local sixth form offer, enabling students to stay closer to home and achieve their potential and ambition. Following the merger, South Sefton College will continue to operate as a provider of Advanced level programmes, with the opportunity to expand this provision.

# Agenda Item 7

## **Impact on the community**

The merger of the colleges should have a positive impact on the community as they will be able to offer an extensive range of professional, vocational and A-level courses across the two campuses which will improve opportunities for students in the area. It will build on the strengths of the two institutions with Hugh Baird College leading in professional, technical and vocational courses and South Sefton College specialising in in A Level subjects. This should lead to increased numbers of 16 to 18 students across both colleges which will enable further investment and development of facilities for students.

## **Sixth form provision**

See above. The merger will ensure that sixth form provision is maintained in the area.

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<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	25 <sup>th</sup> May 2017
<b>Subject:</b>	Land at Formby	<b>Wards Affected:</b>	Harington, Ravenmeols
<b>Report of:</b>	Executive Director		
<b>Is this a Key Decision?</b>	Yes	<b>Is it included in the Forward Plan?</b>	Yes
<b>Exempt/Confidential</b>	No		

---

### Purpose/Summary

To seek approval to transfer land at Formby to the National Trust.

### Recommendation(s)

1. To note the outcome of the consultation on the proposed disposal of the land at Ravenmeols and Lifeboat Road, Formby.
2. Subject to paragraph 3 below that the Head of Corporate Support together with the Head of Regulation and Compliance be authorised to negotiate the terms of disposal and the Head of Regulation and Compliance be authorised to execute the necessary legal documentation to transfer the land to the National Trust, in consultation with the Cabinet Member.
3. To note that an independent valuation of the land is expected shortly and the outcome will be reported to the Cabinet Member – Regulatory, Compliance and Corporate Services who has authority to refer the matter back to Cabinet for further consideration should the valuation materially affect the transfer.

### How does the decision contribute to the Council’s Corporate Objectives?

	<b><u>Corporate Objective</u></b>	<b><u>Positive Impact</u></b>	<b><u>Neutral Impact</u></b>	<b><u>Negative Impact</u></b>
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		√	

# Agenda Item 8

	Services and Strengthening Local Democracy			
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## Reasons for the Recommendation:

The land at Formby is identified as one of number of coastal 'Destination Gateways' whose purpose is to strengthen the visitor economy by providing access to local communities and visitors, high quality amenities and preservation of the ecology of the natural environment in favourable condition. The Council has negotiated an opportunity with National Trust that would see a very significant financial investment in visitor infrastructure at Formby by National Trust that would create a direct benefit to the visitor economy and to make a tangible contribution to of the outcomes of Vision 2030.

The Cabinet Member for Locality Services has declared the land at Formby as surplus to operational requirements and the asset is included in the Asset Disposal Programme.

## Alternative Options Considered and Rejected:

Alternative options include:

- Land remains in Council ownership – it is unlikely that that the Council would ever be able to match the scale of investment proposed by National Trust and in addition would also struggle to maintain and augment the current facilities at Formby Lifeboat Road and Ravenmeolls, whereas National Trust would develop sympathetically and appropriately.
- Council leases the land to National Trust – National Trust would not make this scale of investment unless the land was in the ownership of the Trust.
- Council and National Trust enter into a joint Special Purpose Vehicle – National Trust would not accept this proposal as experience of partnerships elsewhere has led to a number of compromises that have denuded the brand value of the Trust and created operational challenges.
- Disposal on the open market for best consideration – the land is graded as low grade agricultural land in the green belt. It was considered that no other party had the financial resource to make the same scale of investment, nor owned land adjacent to the land owned by the Council, to create a whole site of scale, that warranted investment in visitor amenities and could be promoted nationally. In addition no other organisation could declare the land inalienable, to the extent that in the Trust's ownership, it could not be sold and would be protected in perpetuity for generations to come. In addition, the core purpose of the Trust - access, conservation and community engagement aligns very strongly with the core purpose of the Council and Vision 2030 –By transferring the land from the Council there will be considerably greater opportunities for the future improvement and management of Formby Point by the National Trust.

## What will it cost and how will it be financed?

### (A) Revenue Costs

There are revenue implications to this disposal – the Council will lose variable annual income through car parking fees and one concession of an average of £68,000 per annum

### (B) Capital Costs

There is no capital cost associated with this report.

## Implications:

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

<b>Financial</b> Loss of variable annual income of an average of £68,000 pa. This loss of income will be contained within existing budgets
<b>Legal</b> The contract for disposal to National Trust will ensure through restriction to title, that if National Trust subsequently do not make the investment in visitor infrastructure (confirmed through National Board of the National Trust minute attached to the Agreement) within a period of 5 years, the Council has the right to purchase back the land on the same terms of the disposal. Independent legal advice confirms under the proposed terms of the Agreement, state aid will not apply, procurement is not required, nor is disposal for best consideration on the open market.
<b>Human Resources</b> The circumstances arising under this Agreement will not constitute a relevant transfer for the purposes of TUPE. The disposal of land has no associated business transfer and the Council warrants that it has no employees or contractors whose principal duties or services are discharged solely or mainly upon the Property. The requirement for resources from the Coast and Countryside team will reduce as a consequence of this transaction, savings already reflected in the MTFP.
<b>Equality</b> 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 of the Proposals on Service Delivery:

There will be no impact on service delivery, beyond a reduction in resources to manage this location.

## What consultations have taken place on the proposals and when?

A notice of Intent to Dispose of an Open Space was posted on 8<sup>th</sup> March 2017 and on the same day, the Council commenced a joint communications programme with National Trust to inform the public of the possibility and desire to make this Agreement. A number of open sessions for the public were held in order to facilitate open question and answer discussion with both parties. The Council received an overwhelming response on favour of this proposal.

# Agenda Item 8

## **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting.

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**Contact Officer:** David McCullough  
**Tel:** 0151 934 2008  
**Email:** [david.mccullough@sefton.gov.uk](mailto:david.mccullough@sefton.gov.uk)

## **Background Papers:**

Consultation Responses

## 1. Background

1.1 The coastal land at Lifeboat Road and Ravenmeols, Formby was acquired by the Council in 1995. The land is bordered by Wicks Lane to the north, Range Lane to the south, St Lukes Church Road to the east and mean high water to the west – it is made up predominately of open dune land, pinewoods and the shore to the mean high water mark. The area of land amounts to some 204 Hectares. The Council purchased the land because of its importance for nature conservation and open coastal access. It was purchased with financial support from Natural England, the then Countryside Commission and the European 'Life' Nature Fund. The process of freeing Sefton Councils title of any EC funding agreement title restriction has been completed and this has been confirmed by the Land Registry.

1.2 The land at Formby is part of the Sefton Coast Site of Special Scientific Interest (SSSI), Special Area of Conservation (SAC), Special Protection Area (SPA) and Ramsar Site.

Alongside these designations, the recently adopted Local Plan for Sefton identifies a number of designations and associated policies across the coastal area, including Green Belt (MN7), Nature Sites of Local, National and International Importance (NH2), Coastal Change Management Area (NH4), Countryside Recreation Area (NH5), License Area for Onshore Hydrocarbon Extraction (NH8), Strategic Paths (EQ9) and a number of other site or development specific policies.

1.3 The recently adopted Local Plan for Sefton identifies a number of designations and associated policies across the coastal area, including Green Belt (MN7), Nature Sites of Local, National and International Importance (NH2), Coastal Change Management Area (NH4), Countryside Recreation Area (NH5), License Area for Onshore Hydrocarbon Extraction (NH8), Strategic Paths (EQ9) and a number of other site or development specific policies.

1.4 The land at Formby one of the main visitor destinations on the Sefton Coast and forms part of the coast known as Formby Point. The main landowners at Formby Point are Sefton Council and the National Trust.

1.5 Considerable investment is required to provide improved basic facilities at Formby. Formby Point is one of a number of 'Coastal Destination Gateways' along the coast including Crosby Coastal Park, Hall Road, Ainsdale on Sea, Southport and Marshside RSPB Nature Reserve.

1.6 The land in question does have a variable revenue income based on car parking fees and an Ice Cream Licence of approximately £68,000 and Cabinet is made aware that the Council will have to consider how it deals with this short-fall in income if it agrees to the transfer. However, this should be considered against the significant benefit for the Borough through the investment the National Trust is proposing.

1.7 Cabinet is aware of the problems relating to car parking and coastal erosion across the whole of Formby Point, including both the National Trust Property and Council owned land. The Local Plan and Sefton Coast Plan will support this cross-boundary approach to dealing with issues relating to erosion, site based issues, including improved car parking and improved visitor infrastructure.

# Agenda Item 8

- 1.8 The National Trust would, in all cases, demand and receive, an endowment for future management of the asset from the transferring organisation, but in this case the Trust has identified monies from within its own organisation, due to the very high conservation value of this location.
- 1.9 Sefton Council and National Trust have jointly participated in many workshops and meetings over the past year, to determine the commonality of organisational purpose and desired outcomes. This proposed acquisition reflects a common desire to unite land at Formby point as a visitor destination and secure the long-term protection of a site of very high conservation value. The transactional value will reflect an investment by the Council, that leverages many times, the value of that investment through this Agreement for the broader benefit of the community. In order to satisfy the community as to the merits of this Agreement, a number of additional outcomes will be included in the Agreement:
- A Conservation Management Plan
  - A Community Involvement Plan
  - A Learning Plan
  - A Marketing Plan

## **2. Sefton 2030 Vision and Core Purpose**

- 2.1 Sefton Council led on the development of a new and exciting vision for the future of the Borough through 'Imagining Sefton 2030'.
- 2.2 The Council and partners engaged the public, local businesses and potential investors to develop a Vision Outcomes Framework which will guide long-term planning; helping to stimulate growth, prosperity, set new expectation levels and to help focus on what is important for Sefton.
- 2.3 It is recognised that Sefton Council will directly deliver fewer services, but will act as a broker and commissioner of services which meet the defined needs of communities, are person centred or localised where possible. The Council will deliver services which can't be duplicated elsewhere or where the Council can add value.
- 2.4 In considering the whole of the Borough and other considerable call on resources in respect of delivering the Council's 'Framework for Change' there is a need to consider opportunities to assist in regeneration through investment to improve the coastal offer and in particular the 'Coastal Gateways'; at the same time recognising that the Council won't necessarily be the organization who should manage these key sites in the long-term. In considering the long-term regeneration of Formby Point as a key 'Destination Gateway on the Coast'; including both the Council land at Lifeboat Road & Ravenmeols and the National Trust property at Freshfield, the Council entered into discussions with the National Trust.



## 3. Process

- 3.1 The Council's Asset Disposal Policy required a prior Cabinet Member decision, in this case, the Cabinet Member for Locality Services, to declare the asset (coastal land at Lifeboat Road Recreation Area and Ravenmeols, Formby) surplus to operational requirements. The Cabinet Member, in declaring the land surplus to operational requirements, agreed that the responsibility for the future of the land be transferred to the Cabinet Member for Regulatory, Compliance and Corporate Services and that the land to be managed under the Council's Asset Management Strategy.
- 3.2 The proposed transfer was reported to the Cabinet Member for Regulatory, Compliance and Corporate Services, who is responsible for the the Council's Asset Management Strategy agreed, to place the asset in the Asset Disposal Programme.
- 3.3 A public notice (Notice of considering disposal of area of open space in respect of Section 123 (2A) of the Local Government Act 1972 (As Amended)) relating to the proposed disposal of this open space to the north and south of Lifeboat Road, Formby, was published by the Council on the 8th and 15th of March 2017. The closing date for objections or representations to the proposal was 22 March 2017. Response to the public notice was high in this regard, with the Council receiving a petition with 69 in favour of the transfer and 7 written responses with 4 not in favour.
- 3.4 On 8th March 2017, as part of an agreed communications plan, the Council and the National Trust announced that positive conversations about the future care of coastal land on the coast at Formby relating to the transfer of land at Lifeboat Road and Ravenmeols from Sefton Council ownership to the National Trust were taking place.

These discussions identified that if the Council was to agree to the transfer, it would result in 204 hectares of coastal dunes and woodland and beach become part of the National Trust landholdings at Formby. As part of the informal consultation process and to raise awareness of the formal Public Notice process there were also numerous invitations for Ward Councillors to contact representatives from both the Council and National Trust, to be briefed on the proposal and a joint public drop-in day took place on the 18 March 2017.

- 3.5 The Trust will grant the Council a non-development transfer-back option (which cannot be exercised until effective after a period of 5 years), to be registered against National Trust's title and protected by a title restriction, simultaneously with its acquisition of the Property. When National Trust achieve Gate 2 of the Formby Point Project, the Council will release the option and the title restriction.
- 3.6 For the purposes of this agreement and for the avoidance of doubt the trigger for the council releasing the non-development transfer back title restriction is defined as: The National Trust has obtained Gate 2 approval for the Formby Point Project from its own Project Implementation Board (PiB), by undertaking the activities set out under 'Gate 2' in the Glossary.

# Agenda Item 8

Gate 2 Approval will be evidenced through the appropriate minute of National Trust PiB.

If the Trust obtains Gate 2 approval for the Formby Point Project within the 5 year period the Council will release the option and title restriction at that point.

If the Council needs to exercise the option, the land will be transferred back to the Council on the same basis on which the land was acquired by the Trust ie The Chorley Formula.

3.7 The Agreement will also include the investment that National Trust will make across the whole site (the sum of which is confirmed through the minute of the National Board of National Trust). Without this investment, the Council would not likely be considering the proposed transfer on these terms.

3.8 Upon release of the non-development transfer back title restriction, National Trust will review the merit and threat analysis with the intention of recommending to the National Trust Board of Trustees that the said property should be declared "inalienable" i.e. cannot be sold on at any point by the National Trust, thus protecting this site for generations to come.

Both parties acknowledge that the NT can give no formal undertaking in this regard as the decision to declare inalienable is irreversible and can only be made by NT Trustees based on the situation at the time.

3.9 Gate 2 is defined as:

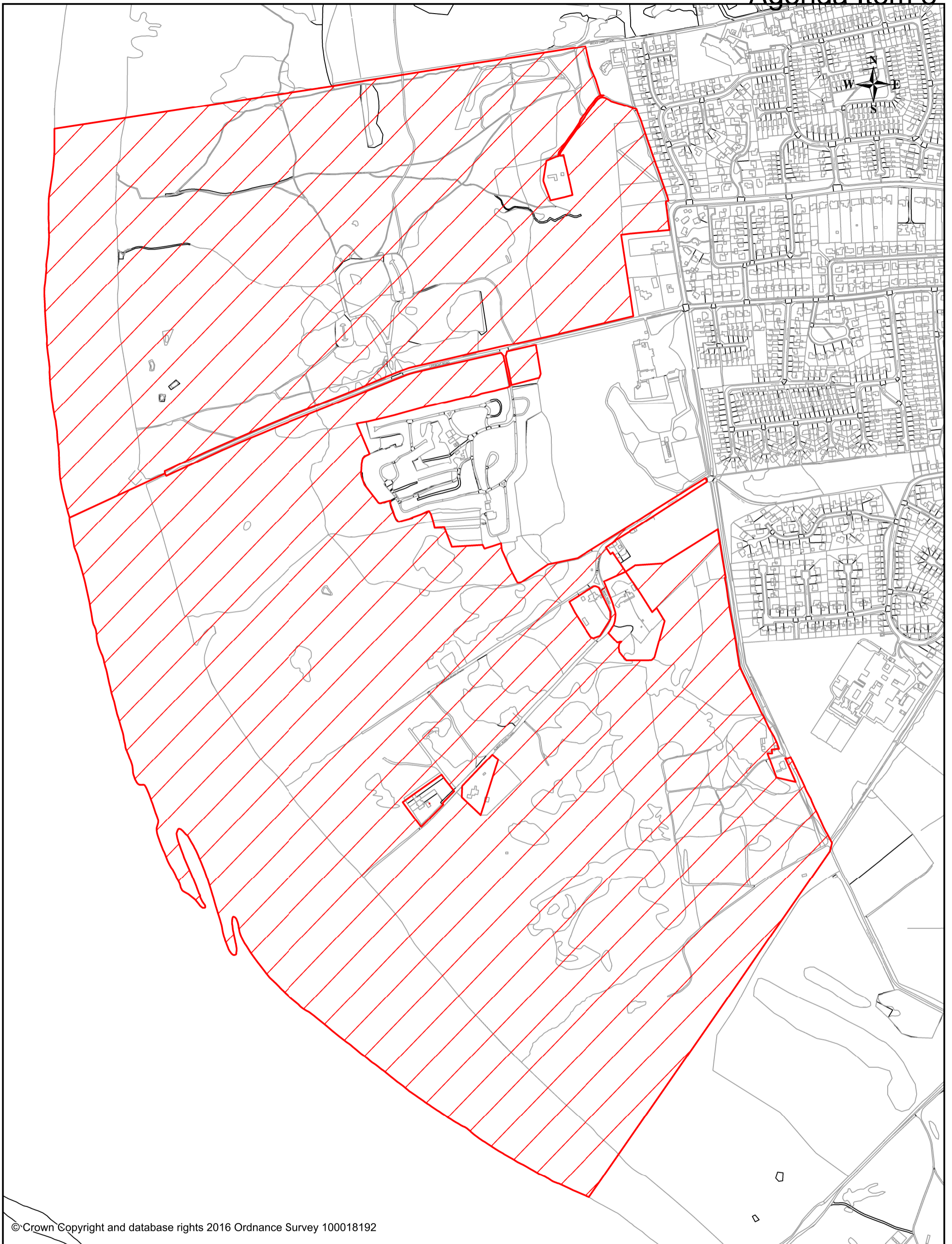
- The Project team is in place
- Detailed project plans and specifications are in place
- Statutory Permissions have been sought and approvals obtained
- There is a procurement strategy in place
- External funding applications (if necessary) are underway
- There is a final estimate for the project in place (cost / time / scope)
- The Project Management Plan has been signed off by NT governance
- Project Implementation request has been approved
- NT funds have been released
- A Conservation Management Plan is in place
- A Community Involvement Plan is in place
- A Learning Plan is in place
- A Marketing Plan is in place

- 3.10 In developing these plans, NT would undertake extensive consultation with key stakeholders including the Council during their development of the proposals. In particular, the Trust will focus on both the character of the place that matters most to residents and visitors (i.e. what is distinctive that really matters to them) and the spirit of the place (i.e. how does it make them feel, or how do they want to feel when they engage with the whole site location at Formby).
- 3.11 This acquisition made by National Trust will be one of the largest acquisitions the Trust makes in 2017 and will be a flag-ship location, promoted nationally by the Trust, encouraging more visitors, from further afield to visit Sefton.
- 3.12 Investment in new visitor infrastructure at Formby will directly and indirectly create new jobs within the locality.
- 3.13 The Council will work with the Trust to ensure that the development provides sufficiency of car parking and adequate signage from both the highway and within Formby to the site itself, but also to Formby village to drive spend within the local economy.

## **4.0 Valuation**

- 4.1 Cabinet should note that an independent valuation of the land is expected shortly and the outcome will be reported to the Cabinet Member – Regulatory, Compliance and Corporate Services who has authority to refer the matter back to Cabinet for further consideration should the valuation adversely affect the transfer.

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# Agenda Item 9

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<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	25 May 2017
<b>Subject:</b>	Appointments to Outside Bodies 2017/18	<b>Wards Affected:</b>	(All Wards);
<b>Report of:</b>	Head of Regulation and Compliance		
<b>Is this a Key Decision?</b>	Yes	<b>Is it included in the Forward Plan?</b>	Yes
<b>Exempt/Confidential</b>	No		

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## Purpose/Summary

To consider the appointment of the Council's representatives to serve on the Outside Bodies as set out in the attached appendices for 2017/18 or for periods longer than one year.

The appendices show the proposed appointments for 2017/18 following nominations submitted by the Political Groups on the Council.

## Recommendation(s)

The Cabinet is requested to:

1. approve the proposed representation on the various Outside Bodies set out in Appendix 1 for a twelve month period expiring in May 2018; and
2. approve the proposed representation on the Outside Bodies set out in Appendix 2 for the term of office indicated

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

	<b><u>Corporate Objective</u></b>	<b><u>Positive Impact</u></b>	<b><u>Neutral Impact</u></b>	<b><u>Negative Impact</u></b>
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	√		

# Agenda Item 9

8	Improving the Quality of Council Services and Strengthening Local Democracy	√		
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## Reasons for the Recommendation:

The Cabinet has delegated powers set out in Chapter 5, Paragraph 41 of the Constitution to appoint the Council's representatives to serve on Outside Bodies.

## Alternative Options Considered and Rejected:

None

## What will it cost and how will it be financed?

### (A) Revenue Costs

None arising from this report. The Council pays annual membership subscriptions to a number of the bodies from existing budgetary provision and the annual levy to the North Western Inshore Fisheries and Conservation Authority.

### (B) Capital Costs

None

## Implications:

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

<b>Financial</b>	
<b>Legal</b> Paragraph 41 of Chapter 5 in the Constitution gives the Cabinet delegated powers to make appointments to Outside Bodies, appropriate.	
<b>Human Resources</b>	
<b>Equality</b>	
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 of the Proposals on Service Delivery:

The appointment of Council representatives on to the Outside Bodies will ensure that the interests of residents of Sefton are taken into account by each Body.



## **What consultations have taken place on the proposals and when?**

The Head of Corporate Resources (FD 4634/17) has been consulted and notes the report indicates no new direct financial implications for the Council.

The Head of Regulation and Compliance (LD 3917/17) has been consulted and comments have been incorporated into the report

## **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

**Contact Officer:** Steve Pearce

**Tel:** 0151 934 2046

**Email:** [steve.pearce@sefton.gov.uk](mailto:steve.pearce@sefton.gov.uk)

## **Background Papers:**

There are no background papers available for inspection

## **Appendices:**

Appendix A – Proposed appointments for 12 month period expiring in May 2018

Appendix B – Proposed appointments for a period of over one year.

# Agenda Item 9

## 1. Introduction

- 1.1 The Cabinet has delegated authority in the Council Constitution to appoint Council representatives to serve on Outside Bodies. The majority of the appointments are reviewed on an annual basis and the proposed representation for 2017/18 is set out in **Appendix 1** to this report. The Cabinet is requested to appoint representatives to serve on the bodies set out in the Appendix for the next twelve month period expiring in May 2018.
- 1.2 A small number of appointments are for a period of over one year. These are for charitable bodies and governing bodies. The proposed representation on these bodies is set out in **Appendix 2** to this report. The Cabinet is requested to appoint those representatives whose current term of office on the appropriate body expires in 2017, as highlighted in bold type.
- 1.3 A high number of the places on Outside Bodies are historically allocated to the most appropriate Cabinet Member and the remainder are allocated dependent on the number of places available, to the most appropriate Local Councillor(s). The details of the links to Cabinet Portfolios are set out in the two appendices.
- 1.4 The annual appointments to the Merseyside Joint Authority Bodies and the Sefton Partnership Bodies for 2017/18 will be agreed at the Adjourned Annual Council Meeting to be held on 16 May 2017.

## 2. Local Government Association General Assembly

- 2.1 Councillor Maher has attended meetings of the Local Government Association General Assembly during the last five years and it is proposed in Appendix A to this report that he should continue to be the Council's representative for 2017/18 and be authorised to use the allocated 5 votes on behalf of the Council.

## 3. Joint Health Scrutiny Committees

- 3.1 The Overview and Scrutiny Committee (Health and Social Care) at its meeting on 6 May 2014 and the Council at its meeting on 3 June 2014 approved a protocol which had been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. The protocol allows for the scrutiny of substantial developments and variations of the health service; and discretionary scrutiny of local health services.
- 3.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority has its own local arrangements in place for carrying out health scrutiny activity individually.
- 3.3 All relevant NHS bodies and providers of NHS-funded services are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service. Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.

- 3.4 Should that occur a joint committee would be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:
- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members; and
  - where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.
- 3.5 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested in the protocol that constituent authorities should arrange for delegated decision making arrangements to be put in place to deal with such nominations at the earliest opportunity and in making their nominations, each participating authority is asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process.
- 3.6 At the present time, one Joint Health Scrutiny Committee will need to be appointed for 2017/18, comprising of representatives of Knowsley, Liverpool and Sefton Councils, to consider the Review of Orthopaedic Services proposed by the Healthy Liverpool Programme

#### **4. Officer Representation on Bodies**

- 4.1 The Cabinet is requested to note that the Chief Executive represents the Council on the Southport Business Improvement District Board, One Vision Housing Shareholders Meetings and Sefton New Directions meetings, as set out in Appendix A.

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**APPOINTMENTS TO OUTSIDE BODIES APPROVED BY THE CABINET**

**ANNUAL APPOINTMENTS TO EXPIRE IN MAY 2018**

<u>ORGANISATION</u>	<u>CABINET PORTFOLIO</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>
British Destinations	Regeneration and Skills	1	Cabinet Member – Regeneration and Skills (Councillor Atkinson) or nominee
Committee in Common - Healthy Living Programme	Health and Wellbeing	1	Cabinet Member – Health and Wellbeing (Cllr. Moncur)
Formby Pool Trust – Board	Health and Wellbeing	2	Councillor Page and Head of Locality Services – Provision (Andrew Walker)
Joint Health Scrutiny Committee (where 3 or less local authorities request the scrutiny of a substantial variation to a service)	Health and Wellbeing	3	Chair (Councillor Page) and Vice Chair (Councillor Dams) of the O & S Committee (Adult Social Care) and one Lib Dem Member (Councillor Dawson) (Lab 2/Lib Dem 1)
Joint Health Scrutiny Committee (where 4 or more local authorities request the scrutiny of a substantial variation to a service)	Health and Wellbeing	2	Chair (Councillor Page) and Vice Chair (Councillor Dams) of the O & S Committee (Adult Social Care)

<u>ORGANISATION</u>	<u>CABINET PORTFOLIO</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>	
Liverpool City Region Child Poverty and Life Chances Commission	Children, Schools and Safeguarding	1	Cabinet Member – Children, Schools and Safeguarding (Councillor John Joseph Kelly)	
Liverpool City Region Employment and Skills Board	Regeneration and Skills	1	Cabinet Member – Regeneration and Skills (Councillor Atkinson)	
Liverpool City Region Housing and Spatial Planning Board	Communities and Housing	1	Cabinet Member – Communities and Housing (Councillor Hardy) (Substitute: Cabinet Member - Planning and Building Control – Councillor Veidman)	
Liverpool City Region Local Enterprise Partnership Board	Leader of the Council	1	Leader of the Council (Councillor Maher)	
Liverpool John Lennon Airport Consultative Committee	Regeneration and Skills	1	Councillor Roche (Substitute: Councillor Dams)	
Local Government Association General Assembly	Regulatory, Compliance and Corporate Services	1	Leader of the Council (Councillor Maher ) 5 votes	
Local Solutions	Communities and Housing	1	Councillor Roche	
Mersey Forest Steering Group	Regeneration and Skills	1	Councillor Roche	
Mersey Port Health Committee	Regulatory, Compliance and Corporate Services	6	<u>Member</u> Councillor Burns Councillor John Kelly Councillor Page Councillor Roche Councillor Weavers Councillor Bill Welsh (Lab 4/Lib Dem 2)	<u>Substitute</u> Councillor Linda Cluskey Councillor Brenda O’Brien Councillor Anne Thompson Councillor Robinson Councillor Jo Barton Councillor Lynne Thompson

<u>ORGANISATION</u>	<u>CABINET PORTFOLIO</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>
Merseyside Community Safety Partnership	Communities and Housing	1	Cabinet Member – Communities and Housing (Councillor Hardy) and the Head of Communities (Andrea Watts)
Merseyside Pension Fund Pensions Committee	Regulatory, Compliance and Corporate Services	1	Cabinet Member - Regulatory, Compliance and Corporate Services (Councillor Lappin) or nominee
Merseyside Playing Fields Association	Health and Wellbeing	1	Councillor Cummins (Substitute: Councillor Moncur)
North West Older Peoples Network	Adult Social Care	1	Cabinet Member – Adult Social Care (Councillor Cummins)
North West Local Authorities' Organisation	Regulatory, Compliance and Corporate Services	1	Cabinet Member – Regulatory, Compliance and Corporate Services (Councillor Lappin) (Substitute: Councillor Moncur)
PATROL (Parking and Traffic Regulations Outside London) Adjudication Joint Committee	Locality Services	1	Cabinet Member - Locality Services (Councillor Fairclough) (Substitute: Councillor Veidman)
			<b>(NB - Nominated Member <u>and</u> substitutes must be Cabinet Members)</b>
Sefton Coast Partnership Board	Locality Services	3	Cabinet Member – Locality Services (Councillor Fairclough) and Councillors Booth and Dutton
Sefton Council for Voluntary Service	Communities and Housing	3	Councillors Grace, Pullin and Robinson
Sefton Cycling Forum	Locality Services	2	Councillors John Joseph Kelly and Weavers

Sefton Education Business Partnership	Children, Schools and Safeguarding	3	Cabinet Member - Children, Schools and Safeguarding (Councillor John Joseph Kelly) and Councillors Keith and Moncur
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<u>ORGANISATION</u>	<u>CABINET PORTFOLIO</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>
Sefton New Directions Limited Board	Adult Social Care	3	Councillors Brennan and John Joseph Kelly and Chief Executive (Margaret Carney)
Sefton Sports Council	Health and Wellbeing	3	Cabinet Member - Health and Wellbeing (Councillor Moncur), and Councillors Cummins and Weavers
Southport Pier Trust	Regeneration and Skills	3	Councillors Bliss, Byrom and Hands
Standing Advisory Committee for Religious Education (SACRE)	Children, Schools and Safeguarding	3	Councillors Grace, Keith and Pitt
Transcennine Trail Members Steering Group	Locality Services	2	Cabinet Member - Locality Services (Councillor Fairclough) and Cabinet Member –Planning and Building Control (Councillor Veidman) or their nominees

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OFFICER APPOINTMENTS

One Vision Housing Shareholders Meetings	Communities and Housing	1	Chief Executive (Margaret Carney)
Southport Business Improvement District Board	Regeneration and Skills	1	Chief Executive (Margaret Carney)



**APPOINTMENTS TO OUTSIDE BODIES APPROVED BY THE CABINET**

**APPOINTMENTS FOR A PERIOD OF OVER ONE YEAR**

<u>ORGANISATION</u>	<u>CABINET PORTFOLIO</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>	<u>TERM OF OFFICE EXPIRES</u>
Canal and River Trust – North West Waterway Partnership	Regeneration and Skills	1	Councillor Lappin	15.3.2019 (3 year appointment)
Merseyside Strategic Flood and Coastal Risk Management Partnership	Locality Services	1	<b>Councillor McKinley (Deputy representative – Councillor Atkinson)</b>	<b>31.5.2021 (4 year appointment)</b>
North West Reserve Forces and Veterans Association	Communities and Housing	1	<b>Councillor Byrom</b>	<b>31.5.2020 (3 year appointment)</b>
North Western Inshore Fisheries and Conservation Authority	Locality Services	2	Councillor Owens or nominee and Coast and Countryside Services Manager (David McAleavy)	31.5.2019 (4 year appointment)
South Sefton Development Trust (Regenerus)	Regeneration and Skills	1	Councillor Fairclough	30.5.2018 (3 year appointment)
<u>CHARITIES</u>				
Ashton Memorial Fund, Formby	Communities and Housing	1	Councillor Page	31.5.2019 (4 year appointment)
Consolidated Charities of Thomas Brown and Marsh Dole (Formby)	Communities and Housing	2	Councillor Pitt Councillor Webster	26.6.2020 26.6.2018 (4 year appointment)

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Halsall Educational Foundation	Children, Schools and Safeguarding	1	Councillor Grace	31.5.2020 (2 year appointment)
<u>NHS FOUNDATION TRUST GOVERNING BODIES</u>				
Aintree University Hospital NHS Foundation Trust - Council of Governors	Health and Wellbeing	1	Councillor Cummins	31.5.2018 (3 year appointment)
Liverpool Women's NHS Foundation Trust - Council of Governors	Health and Wellbeing	1	<b>Councillor Linda Cluskey</b>	<b>31.9.2020</b> <b>(3 year appointment)</b>
Mersey Care NHS Foundation Trust – Council of Governors	Health and Wellbeing	1	Councillor Webster	1.5.2019 (3 year appointment)
North West Boroughs Healthcare NHS Foundation Trust - Council of Governors	Health and Wellbeing	1	Councillor John Joseph Kelly	31.5.2020 (3 year appointment)
Southport and Ormskirk Hospital NHS Trust - Shadow Council of Governors	Health and Wellbeing	1	Councillor John Joseph Kelly	31.9.2020 (3 year appointment)
<u>SCHOOL GOVERNING BODIES</u>				
Clarence High School, Formby	Children, Schools and Safeguarding	1	<b>Councillor Thomas</b>	31.5.2019 (3 year appointment)
Peterhouse School, Southport	Children, Schools and Safeguarding	1	Councillor Hands	31.7.2019 (3 year appointment)

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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