

MEETING: HEALTH AND WELLBEING BOARD

DATE: 14th June 2017

TIME: 2.00 pm

VENUE: Town Hall, Bootle

**Member**

Councillor  
Cllr Ian Moncur (Chair)  
Cllr Paul Cummins  
Cllr John Joseph Kelly  
Matthew Ashton  
Dr. Rob Caudwell  
Dwayne Johnson  
Maureen Kelly  
Dr Andrew Mimmagh  
Fiona Taylor  
Steve Warburton  
Angela White  
Andrew Booth  
Lorraine Webb  
Richard Freeman

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

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

# **A G E N D A**

**1. Apologies for Absence**

**2. Declarations of Interest**

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

**3. Minutes of Previous Meeting**

(Pages 5 - 10)

Minutes of the Meeting held on 15 March 2017.

**4. Public Health Annual Report**

(Pages 11 -  
16)

Report of the Director of Public Health

**5. Special Educational Needs and Disability Service**

To receive a verbal update from the Director of Social Care and Health.

**6. Regionalisation of Adoption in Merseyside**

(Pages 17 -  
26)

Report of the Director of Social Care and Health

**7. Suicide Audit**

(Pages 27 -  
32)

Report of the Head of Health and Wellbeing

**8. Community Equipment Store Review**

To receive a presentation of the Director of Social Care and Health

**9. CCG update of Primary Care Medical Services**

To receive a presentation from the Chief Officer of the Southport and Formby and South Sefton Clinical Commissioning Group.

**10. Adult Forum**

Verbal update from the Chair of the Adult Forum, Councillor Cummins

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

## **HEALTH AND WELLBEING BOARD**

### **MEETING HELD AT THE TOWN HALL, BOOTLE ON 15 MARCH 2017**

**PRESENT:** Councillor Moncur (in the Chair)

Councillors Cummins, John Joseph Kelly,  
Dr. Rob Caudwell, Dwayne Johnson, Maureen Kelly,  
Dr Andrew Mimmagh, Fiona Taylor and  
Angela White.

#### **34. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Matthew Ashton, Richard Freeman, Steve Warburton, Andrew Booth and Lorraine Webb.

#### **35. DECLARATIONS OF INTEREST**

No declarations of any disclosable pecuniary interest were received.

#### **36. MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the Minutes of the meeting held on 14 December 2016, be confirmed as a correct record.

#### **37. SPECIAL EDUCATIONAL NEEDS AND DISABILITY SERVICES - JOINT INSPECTION**

The Board considered the report of the Director of Social Care and Health in relation to the recent joint inspection of the Special Educational Needs and Disability Service undertaken by Ofsted and the Care Quality Commission.

The Director of Social Care and Health reported that from 21 November to 25 November 2016, Ofsted and the Care Quality Commission had undertaken a joint inspection of the local area of Sefton to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act.

It was further reported that the inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance in the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local

# Agenda Item 3

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area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

The Director of Social Care and Health reported that Her Majesty's Chief Inspector (HMCI) had determined that a Written Statement of Action was required because of significant areas of weakness in local area's practice. It was also reported that HMIC had also determined that the local authority and the areas clinical commissioning groups (CCGs) were responsible for submitting the written statement to Ofsted.

The Director of Social Care and Health reported that a comprehensive improvement plan was in the process of being developed and would be sent to Ofsted and the Care Quality Commission.

RESOLVED: That:

- (1) the outcome of the inspection of the services provided for children with special educational needs and disabilities, be noted;
- (2) the draft written statement, as detailed in the report be noted; and
- (3) delegated authority be granted to the Director of Social Care and Health and the Chief Officer for South Sefton and Southport and Formby Clinical Commissioning Groups, to sign off the final improvement plan.

## **38. KEEPING CHILDREN AND YOUNG PEOPLE OUT OF CARE**

The Board considered the report of the Director of Social Care and Health in relation to safeguarding and the process undertaken in an attempt to keep children and young people out of care.

The Director of Social Care and Health reported that the number of children and young people identified as being in need of safeguarding, on the edge of care, becoming Children in Need and Looked After Children, requiring care plans or family support and/or Local Authority interventions was increasing.

The Director of Social Care and Health referred to some potential joint working across Liverpool City Region in an attempt to, where appropriate, keep children and young people out of care.

Members of the Board requested that the overall estimated costs of Looked After Children for the other 5 Local Authorities within the Liverpool City Region be circulated to all Members of the Board when available.

RESOLVED:

That the report be noted.

## **39. PROGRAMME OF COLLABORATIVE WORK**

The Board considered a report of the Director of Social Care and Health in relation to a programme of collaborative work across Knowsley, Liverpool and Sefton.

It was reported that following endorsement of the Liverpool City Region (LCR) Devolution Agreement in June 2015, health and social care leaders across the region had been exploring the potential for greater collaboration of health and social care.

It was reported that Directors of Adult Social Services across the LCR had developed a programme of work that could help to minimise the impact of demographic and fiscal pressures, as detailed in the report

It was further reported that the development and implementation of a programme of priorities would contribute toward the ambitions of the LCR in progressing integration of health and care service provision in line with the Health and Social Care Act 2012 in improving the health and wellbeing of the local population and reducing health inequalities. It was reported that the work would also complement existing work streams focused on integration and co-ordination of service delivery.

Members of the Board suggested that Governance arrangements should be in place and requested that a further report be submitted to a future meeting of the Board to include Governance proposals.

RESOLVED: That:

- (1) the Board notes and endorses the proposed programme for service and system redesign against the six priorities of the Liverpool City Region Adult Social Care Case for Change Delivery Plan, as set out in the report; and
- (2) progress reports in relation to the development and implementation of the programme be submitted to the Board and where appropriate referred to the Cabinet for decision.

## **40. SECTION 75 PARTNERSHIP AGREEMENT (POOLED BUDGET)**

The Board considered the report of the Director of Social Care and Health in respect of the proposal for the Council to enter into a new partnership 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.

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RESOLVED: That:

- (1) the work to progress work towards a new Section 75 Agreement be noted; and
- (2) the submission of the final Section 75 Agreement to the Cabinet and South Sefton and Southport and Formby Clinical Commissioning Groups Governing Bodies, once the Department for Health publishes its guidance on the Better Care Fund, be noted.

## **41. WELFARE REFORM AND ANTI-POVERTY UPDATE**

The Board considered the report of the Head of Health and Wellbeing in relation to work that had been progressed to address the pressures felt by low income households in Sefton as a result of the Governments Welfare Reform programme.

RESOLVED: That:

- (1) the partnership approach established to address poverty and mitigate the impacts of welfare reform, be noted;
- (2) the transfer of responsibility from the Executive Director to the Head of Health and Wellbeing in relation to Welfare Reform, be noted;
- (3) the future direction and the next steps of the Welfare Reform programme be noted: and
- (4) Welfare Reform and Anti-Poverty be considered as an item for the Informal Board.

## **42. ACTIVE SEFTON - FEEDBACK FROM INFORMAL HEALTH AND WELLBEING BOARD SESSION**

The Board considered a verbal update from the Integrated Health and Social Care Manager in relation to the recent activities of the Informal Health and Wellbeing Board in relation to Active Sefton.

It was reported that the Informal Health and Wellbeing Board consisted of wider multi-agency partnership membership than that of the Health and Wellbeing Board.

It was further reported that the Informal Board received presentations in relation to:

- The Atkinson and the issues in relation to equalities, accessibility and disability.
- The accessibility of the Coast and linking Coastal environment with Health and Wellbeing.
- Access to Libraries
- Dementia Friendly/Awareness

A Member of the Board suggested that future Informal Board Meetings could be utilised to investigate live issues, working in partnership to agree a solution rather than receiving presentations on themes that were already being progressed.

RESOLVED:

That the Health and Wellbeing Board note the verbal update in relation to the Informal Health and Wellbeing Board Meeting regarding Active Sefton.

#### **43. ADULT FORUM UPDATE**

The Chair of the Adult Forum, Councillor Cummins updated the Board on the recent activities of the Adult Forum in relation to; the progress made regarding integration across the region in relation to social care and housing, the integrated wellness service, older people with mental health issues and dementia and personalisation.

RESOLVED:

That the Chair of the Adult Forum, Councillor Cummins, be thanked for his verbal update in relation to the recent activities of the Adult Forum.

#### **44. DATES OF MEETINGS 2017/18**

The Health and Wellbeing Board were advised that the Cabinet had approved the following dates and times for meetings of the Board in the 2017/18 Municipal Year to be held at 2.00 pm in the Town Hall, Bootle:-

- 14 June 2017
- 4 October 2017
- 13 December 2017
- 7 March 2018

RESOLVED:

That the dates of meeting in the forthcoming Municipal Year 2017/18 of the Health and Wellbeing Board, be noted.

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**Report to:** Health and Wellbeing Board

**Date of Meeting:** 14 June 2017

**Subject:** Public Health Annual Report 2016

**Wards Affected:** All Wards

**Report of:** Director of Public Health

**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.

## Recommendations

- 1) The Health and Wellbeing Board is asked to receive the report.
- 2) Note that the report has been presented to Council.

## 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	<b>x</b>		
8	Improving the Quality of Council Services and Strengthening Local Democracy	<b>x</b>		

# Agenda Item 4

## 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 Chief Finance Officer (FD 464317) and the Head of Regulation and Compliance (LD 3929/17) have been consulted and any comments have been incorporated into the report.

## Implementation Date for the Decision

Immediately following the Committee/Council/meeting.

**Contact Officer:** Charlotte Smith

**Tel:** 0151 934 3901

**Email:** charlotte.smith@sefton.gov.uk

**Background Papers:** The following papers are available for inspection on the Council website via this link: <https://indd.adobe.com/view/723383e4-2e7b-4f10-80f4-fdad1b5e05b8>

## 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.

This report has been presented to Cabinet.

## 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

# Agenda Item 4

## **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 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.

## **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.

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**Report to:** Health and Wellbeing Board      **Date of Meeting:** 14 June 2017

**Subject:** Regionalisation of Adoption in Merseyside      **Wards Affected:** All Wards

**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 provide this Board 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.

## Recommendations

1. Note 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. Note 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		x	

# Agenda Item 6

	Services and Strengthening Local 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 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 has been consulted and comments have been incorporated into the report. (FD 4649/17)

The Head of Regulation and Compliance has been consulted and has no comments on the report. (LD 3933/17)

Informal consultation has been ongoing with all staff who 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**

Following the expiry of the "call-in" period for the Minutes of the meeting

**Contact Officer:** Dwayne Johnson  
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## **Background Papers:**

None

# Agenda Item 6

## **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**

### **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.

## **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.

## **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

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.

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## **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.

## **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.

## **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 work stream representatives will begin with staff in April 2017. The HR work stream 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 work stream is 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 work stream 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.

## **7. Financial Implications**

The Finance work stream 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 finance work stream 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.

## **8. I.T Issues**

There are a number of key issues that the IT work stream 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.

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- 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.

## **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.

## **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 work stream 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.

## **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

**Report to:** Health and Wellbeing Board

**Date of Meeting:** 14 June 2017

**Subject:** Sefton Suicide Audit  
**Report of:** Director of Public Health

**Wards Affected:** All Wards

**Is this a Key Decision?** No

**Is it included in the Forward Plan?** No

**Exempt/Confidential** No

## Purpose/Summary

The purpose of this report is to share key findings from for the Sefton Suicide Audit 2015.

## Recommendation

Members of the Board are recommended to:

- 1) Consider the report and endorse the Suicide Reduction Plan for 2017/18.

## 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 Democracy	X		

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**Alternative Options Considered and Rejected:** Not applicable

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

**(A) Revenue Costs** - There are no financial implications arising from this report.

**(B) Capital Costs** - See above.

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

<b>Financial</b> - There are no financial implications.		
<b>Legal</b> - There are no legal implications.		
<b>Human Resources</b> – There are no human resources issues		
<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 service delivery.

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

As outlined within the report consultation has been carried out via the Reduction Partnership regarding the best approaches and the potential for collaborative working, this has seen the size of the group grow to cover more areas of the Sefton community.

The Head of Corporate Finance and ICT has been consulted and has no comment on the report as there are no direct financial implications resulting from the report. (FD 4653)

The Head of Regulation and Compliance has been consulted and has no comments on the report. (LD 3937/17)

**Implementation Date for the Decision**

Immediately following the Committee/Council/meeting.

**Contact Officer:** Steve Gowland

**Tel:** 0151 934 3070

**Email:** [steve.gowland@sefton.gov.uk](mailto:steve.gowland@sefton.gov.uk)

**Background Papers:**

None

## 1. Introduction

Suicide is a major public health issue for Sefton and a leading cause of years of life lost. In 2015, there were 25 deaths due to suicide or undetermined injury in Sefton. The standardised rate for deaths from suicide and undetermined injuries has doubled from a low of 6.4 per 100,000 in 2007-09 to 12.6 per 100,000 for 2013-15.

This report updates intelligence on suicide in Sefton. Data published nationally by the Office for National Statistics (ONS) and data collected from Southport Coroner's Office has been analysed. The audit covers suicides and likely suicides where an inquest was held between December 2014 and April 2016. It has been completed in accordance with guidance developed by the Cheshire and Merseyside Suicide Reduction Network.

The findings of this report are being used by the Sefton Suicide Prevention Group to plan local suicide prevention work. Data from the audit has also been made available to the Cheshire and Merseyside Suicide Reduction Network for inclusion in the Joint Cheshire Merseyside Suicide Audit Report. This work will inform a Cheshire and Merseyside wide response to increasing suicide rates.

## 2. Key Findings

- The case files of 23 suspected suicides were retrieved for investigation.
- Over three quarters of cases were amongst men.
- The most common age group amongst cases was between 45 and 64 years of age (39%), followed by the 25 to 44 year old age group (30%).
- Where ethnicity was recorded, the vast majority of suicides were people who identified as White British.
- The most common marital status was single (43%) followed by divorced or separated (39%). Sixty-five percent of individuals were living alone at the time of their death.
- Where employment status was known, the majority of individuals were employed or retired (71%).
- Hanging or strangulation was the most common suicide method amongst men whereas self-poisoning was most common amongst women.
- The majority of suicides were carried out at the person's home.
- All the deaths reviewed received a coroner's verdict of suicide and in almost half a suicide note was present.
- There was a history of alcohol misuse in almost half the cases and alcohol was reported to have been consumed around the time of the suicide in a quarter of cases.
- Relationship breakdown was a common antecedent to the suicide.
- Over half of people included in the audit had at least one physical health problem.

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- Mental health problems (most commonly depression) were mentioned in three quarters of case reports and five individuals had received a mental health diagnosis. A third of individuals had previously attempted suicide.
- In the month prior to suicide two fifths of people in the audit had been in contact with their GP and one fifth in contact with mental health services.

### 3. Limitations

The following limitations need to be considered when contemplating the findings of this report.

Firstly, Coroners only hold inquests for deaths that occur in their particular area. Therefore, coroner reports of Sefton residents who completed suicide outside of Sefton are not available from the Southport Coroner's Office and are not included in the scope of this audit. Conversely there will be deaths of non-Sefton residents included in the audit as they completed suicide within the Sefton area.

Another caveat is that the data available from coroner reports varies from case to case. The Coroner ascertains the circumstances around a death but may not include all this information in the final report. This is most apparent in deaths where a suicide note was found and no post-mortem was carried out. Some files contained comprehensive details regarding an individuals' medical history whereas information was sparse for others. There was also limited information relating previous contact with health care professionals or whether a Significant Event Audit (SEA) has been conducted at primary care for several cases.

This audit reviews cases of suspected suicide based on the date of inquest whereas the previous Sefton Suicide Audit (2014) collated cases according to date of death. Due to this methodological difference the findings of the two audits have not been compared in this report. Going forward the Sefton Suicide Audit will continue to use the inclusion criteria outlined in this report including selection of cases based on inquest date.

### 4. Sefton Suicide Reduction Group

Health & Wellbeing Boards are tasked with overseeing suicide reduction, with public health acting as the lead and co-ordinator for the borough. Reducing the local suicide rate is an indicator within the Public Health Outcomes Framework.

Key partners in delivery of this action plan (see Appendix A) are: Sefton Council departments: Public Health, Safeguarding, Social Care, Neighbourhoods, Learning & Development, and Schools. Southport & Formby CCG, South Sefton CCG, Mersey Care NHS Trust, Merseyside Police, Probation Service, Sefton CVS, SOBS, CALM, and Samaritans.

The Sefton Suicide Reduction Partnership has been established and its membership has increased to cover specific identified communities within Sefton including veterans, travellers and migrant communities. Collaborative working has already begun with plans for joint training and information sharing. This includes direct training for Police staff based in Sefton neighbourhoods regarding how to deal with any situation of attempted suicide, this will be extended to include response and custody staff by the autumn.

Greater knowledge and promotion of local support services will be vital in helping residents into support and help much sooner. This is supported by the roll out of Making Every Contact Count training within the Council and the community, the aim being to

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train 1000 people by the end of this year. The 2016 Suicide Audit will take place in August and the finding reported to the Board in due course.

1) Sefton Suicide Reduction Action Plan

## A) Sefton Suicide Reduction Action Plan

	Approach	Area for action	Target/ focus of activity	Actions	Who	When
1	Prevention	Wellbeing Promotion	<ul style="list-style-type: none"> <li>Commission multi-agency interventions to promote mental wellbeing across the life course</li> <li>Training in wellbeing promotion</li> <li>Promotion of local available services</li> </ul>	<ul style="list-style-type: none"> <li>a) Implement wellbeing interventions in MH Strategy</li> <li>b) Roll out of the Youth Connect 5 programme</li> <li>c) Co-ordinated promotion of local services both commissioned and community based</li> <li>d) Improve links to Sefton Sports Council and its members</li> </ul>	All	Throughout 2017
2	Prevention and Intervention	Reduce the risk of suicide in high-risk groups	<ul style="list-style-type: none"> <li>Young and middle-aged men</li> <li>People in the care of mental health services</li> <li>People with a history of self-harm</li> <li>People in contact with the criminal justice system</li> </ul>	Objective 2 & 3 share cross-cutting actions:	All	Throughout 2017
3	Prevention and Intervention	Tailor approaches to improve mental health in specific groups	<ul style="list-style-type: none"> <li>Children and young people; looked after children, care leavers and those in the Youth Justice System</li> <li>Survivors of abuse or violence, Veterans</li> <li>People living with long-term physical health conditions, untreated depression.</li> <li>People who misuse drugs and alcohol.</li> <li>Those vulnerable due to social and economic conditions</li> <li>Lesbian, gay, bisexual and transgender people. BME groups and asylum seekers</li> </ul>	<ul style="list-style-type: none"> <li>a) Suicide awareness &amp; skills training for health professionals, key workers and members of the community</li> <li>b) Multi-agency prevention activity – engagement days, service promotion, etc</li> <li>c) Community activity, innovative means of engaging with the target groups</li> <li>d) Mental wellbeing activity, supporting individual and community</li> <li>e) Effective treatment, implementing the Perfect Depression Care Model</li> </ul>		
4	Prevention	Build on the existing research evidence and data sources on suicide and suicide prevention	<ul style="list-style-type: none"> <li>Ensure that local data on suicide is collected from key information sources.</li> <li>Expand and improve the systematic collection of and access to data on suicides.</li> <li>Monitor progress against the objectives of the national suicide prevention strategy</li> </ul>	<ul style="list-style-type: none"> <li>a) Ensure continuity of suicide audit and shared reporting with the Suicide Reduction Network to provide a Joint Audit Report for Cheshire Merseyside.</li> <li>b) Implement 'real time' surveillance in Sefton in 2017.</li> </ul>		
5	Intervention	Reduce access to the means of suicide	<ul style="list-style-type: none"> <li>Hanging &amp; strangulation</li> <li>Self-poisoning</li> <li>Hot-spots</li> <li>Rail networks</li> </ul>	<ul style="list-style-type: none"> <li>a) Risk assessments and preventative actions in clinical and custody settings</li> <li>b) Promote safe prescribing</li> <li>c) Implement rail prevention plan</li> <li>d) Monitor new methods</li> </ul>	All	Throughout 2017
6	Support	Provide better information and support to those bereaved or affected by suicide	<ul style="list-style-type: none"> <li>Provide effective and timely support for families bereaved or affected by suicide</li> <li>Have an effective local response to the aftermath of suicide</li> <li>Provide information &amp; support to those concerned about others</li> </ul>	<ul style="list-style-type: none"> <li>a) Information is shared on local bereavement support services</li> <li>b) Confirm local support response available to bereaved families – explore potential to expand?</li> </ul>	All	Throughout 2017
7	Support	Support the media in delivering sensitive approaches to suicide and suicidal behaviour	<ul style="list-style-type: none"> <li>Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media</li> </ul>	<ul style="list-style-type: none"> <li>a) Promote the Samaritans Media Guidelines</li> <li>b) Work with local media to provide information and sources of support when reporting on suicides</li> <li>c) Promote World Suicide Prevention Day on September 10th</li> </ul>	All	Throughout 2017