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Sefton Council 

MEETING: OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

DATE: 21st June 2017

TIME: 6.30 pm

VENUE: Birkdale Room, Town Hall, Southport

Member

Cllr Paula Murphy (Chair)
Cllr Clare Louise Carragher (Vice-Chair)
Cllr Maria Bennett
Cllr Susan Bradshaw
Cllr Richard Hands
Cllr Pat Keith
Cllr Brenda O'Brien
Cllr Michael Pitt
Cllr Paula Spencer
Cllr Veronica Webster
Mrs S Cain
Stuart Harrison
Libby Kitt
Father Des Seddon
Mrs C. Palmer

Substitute

Cllr Michael O'Brien
Cllr Carla Thomas
Cllr Matt Gannon
Cllr Catie Page
Cllr John Dodd
Cllr Mike Booth
Cllr Anthony Carr
Cllr Terry Jones
Cllr John Kelly
Cllr Robert Brennan

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 the Previous Meeting (Pages 3 - 10)

Minutes of the meetings held on 21 March 2017 and 4 April 2017.

4. Public Health Annual Report (Pages 11 - 42)

Report of the Director of Public Health

5. CSC Improvement Plan Update and Scorecard (Pages 43 - 54)

Report of the Head Children's Social Care

6. SEND Inspection - Statement of Action (Pages 55 - 58)

7. School Organisation and School Places (Pages 59 - 74)

8. Cabinet Member Report (Pages 75 - 80)

Report of the Head of Regulation and Compliance

9. Work Programme - Key Decision Forward Plan (Pages 81 - 96)

Report of the Head of Regulation and Compliance

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

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

MEETING HELD AT THE COMMITTEE ROOM, TOWN HALL, BOOTLE ON TUESDAY 21ST MARCH, 2017

PRESENT: Councillor Murphy (in the Chair)
Councillors Carragher, Hands, Keith, Brenda O'Brien, Pitt, Spencer and Webster.

Overview
& Scrutiny



ALSO PRESENT: Councillor J. J. Kelly - Cabinet Member for Children's Services and Safeguarding; and Councillor Maher – Leader of the Council.

42. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bennett and Bradshaw and Ms. Libby Kitt.

43. DECLARATIONS OF INTEREST

No declarations of disclosable pecuniary interests were received.

44. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 31 January 2017 be confirmed as a correct record.

45. NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET) WORKING GROUP - IMPLEMENTATION OF RECOMMENDATIONS

RESOLVED:

That the report be deferred to the next ordinary meeting of the Committee.

46. BREASTFEEDING IN SEFTON

The Committee received a presentation and report from the Head of Health and Wellbeing in relation to the breastfeeding practice in Sefton that included the interventions and services in place which support and promote breastfeeding.

The report detailed some of the determinants of breastfeeding; evidence based interventions to improve breastfeeding practice; progress in Sefton and the next steps in raising awareness of the benefits to breastfeeding.

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OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 21ST MARCH, 2017

Members of the Committee raised the following observations:

- That consistent support for Mothers and their families should be provided by the appropriate professional's throughout pregnancy and in the months/years after.
- That the benefits of breastfeeding should be promoted to the wider community to eliminate any negative views that may be associated with it.
- Employers should encourage breastfeeding to those employees who are returning to work after maternity leave, by providing a suitable breastfeeding room and fridge in order that they may express their milk.

RESOLVED: That:

- (1) the value of the UNICEF Baby Friendly Initiative be noted;
- (2) the efforts of partners who champion breastfeeding be supported;
- (3) the UNICEF Baby Friendly Initiative through wider Community participation such as employers, shops and cafes in promoting a positive breastfeeding environment, be supported; and
- (4) the requirement of all partners, commissioners and providers, to be held accountable against NICE guidelines, be noted.

47. UPDATE ON SCHOOL PERFORMANCE

The Committee considered the report of the Head of Schools and Families in relation to School Performance in Sefton as requested by the Overview and Scrutiny Committee (Children's Services and Safeguarding) at its meeting held on 31 January 2017, Minute No. 39, Chief HMI's Annual Report.

It was reported that the report was an initial analysis of all the available data that informs the local authority's ongoing monitoring of the performance of Sefton schools. The evaluations within the report were based on the 2016 performance data that was available at the time of writing the report and so were estimates and invalidated. The report also detailed Sefton's results compared with the national average, the Merseyside average and that of Sefton's statistical neighbours.

It was reported that significant changes had taken place with the introduction of new measures and the way outcomes were measured and it was further reported that those changes had made it challenging to compare like with like in school performance, in previous years.

The Head of Schools and Families reported that whilst most of Sefton's Primary Schools were either good or excellent, Sefton's secondary Schools were not performing as well.

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The Head of Schools and Families acknowledged that whilst challenging schools to raise achievement for all pupils continued to be a focus for the Local Authority it was difficult to compare the former Ofsted framework statistics of school performance with the new Ofsted framework.

Members of the Committee raised concerns regarding the reasons why school pupils upon leaving primary school were attaining well and at secondary school the attainment level of the same pupils deteriorate. Members requested that the Head of Schools and Families investigate the possible reasons why secondary schools in Sefton were not performing as well as they should be, looking at factors such as pupil and teacher absenteeism, the level of consistency of the same class room teacher, the correlation of low attainment to deprivation and those who receive free school meals.

A Member of the Committee referred to the Education system in Newcastle and more specifically the process of students leaving primary school to move onto middle school before then entering high schools at the beginning of GCSE study. It was suggested that the change in classroom culture from primary school culture to secondary school culture could be too daunting for some students and a middle school to ease students from primary school could be beneficial.

RESOLVED: That:

- (1) the report be noted; and
- (2) the Head of Schools and Families be requested to submit a report to a future meeting of the Committee identifying the possible reasons why secondary schools and their students are not attaining as well as they could be.

48. CABINET MEMBER REPORT

The Committee considered the report of the Head of Regulation and Compliance in relation to the most recent report of the Cabinet Member - Children, Schools and Safeguarding for the March 2017 period. The report included details of National Funding Formula for Schools, Academisation, South Sefton College and SEND Inspection.

RESOLVED:

That the Cabinet Member update report be noted.

49. KEY DECISION FORWARD PLAN - 1 APRIL - 31 JULY 2017

The Committee considered the report of the Head of Regulation and Compliance in relation to the Committee's programme of work. A number of Key Decisions within the latest Key Decision Forward Plan fell under the remit of this Committee and Members were reminded of their right to pre-scrutinise such items.

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The Senior Democratic Services Officer, Mrs Ruth Harrison, referred Members to Appendix B to the report, which detailed the programme of work for the Committee for the Municipal Year 2016/17. It was reported that whilst the majority of work within the work programme had been completed there were some outstanding reports that would be carried forward to the new Municipal Year 2017/18.

RESOLVED: That

- (1) the Committee notes items for pre-scrutiny from the Key Decision Forward Plan for period 1 April to 31 July 2017;
- (2) the Committee notes the progress of the Children and Adolescent Mental Health Working Group; and
- (3) the programme of work for 2016/17, as set out in Appendix B to the report, be noted and agreed as completed subject to the following reports being carried forward to the work programme of the Committee for the new Municipal Year 2017/18:-
 - Not in Education, Employment or Training Working Group – Implementation of Recommendations;
 - School Organisation and School Places;
 - Public Health Annual Report;
 - Secondary School Performance; and
 - Children and Adolescent Mental Health Working Group – Final Report.

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

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

SPECIAL MEETING HELD AT THE TOWN HALL BOOTLE
ON TUESDAY 4TH APRIL, 2017

PRESENT: Councillor Murphy (in the Chair)

Councillors Bradshaw, Brenda O'Brien, Pitt,
Spencer, Thomas, Mrs Sandra Cain, Ms Libby Kitt
and Mrs C. Palmer.

Overview
& Scrutiny



50. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bennett, Carragher, Hands, Keith, Webster and Substitute Members Councillors Brennan and Dodd.

Apologies for absence were also received from Co-opted Members, Stuart Harrison and Father Des Seddon.

51. DECLARATIONS OF INTEREST

No declarations of disclosable pecuniary interests were received.

52. SPECIAL EDUCATIONAL NEEDS AND DISABILITY INSPECTION AND DRAFT STATEMENT OF ACTION

The Committee considered the report of the Head of Schools and Families in relation to the recent joint inspection undertaken by Ofsted and the Care Quality Commission of the Special Educational Needs and Disability Service.

The Overview and Scrutiny Committee (Children's Services and Safeguarding) at its meeting held on 31 January 2017 received a verbal update in relation to the inspection. The Committee requested that a Special Meeting of the Committee be arranged in order that the Committee could scrutinise the draft written statement of action addressing the five key areas of concern arising from the findings of the joint inspection.

The purpose of the report was to share with the Overview and Scrutiny Committee the methodology and objectives in the written statement of action in order that members had an opportunity to scrutinise the draft written statement of action before it was finalised and submitted to Ofsted and the Care Quality Commission.

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The Head of Schools and Families presented the written statement of action and emphasised that the statement of action had been developed to address the following five areas of concern that had been raised by Ofsted:

- Action 1 – the poor progress made from starting points by pupils with a statement of special educational needs or an Education Health and Care Plans at key stages 2 and 4.
- Action 2 – the poor operational oversight of the Designated Clinical Officer across health services in supporting children and young people who have special educational needs and/or disabilities and their families.
- Action 3 – the lack of awareness and understanding of health professionals in terms of their responsibilities and contribution to Education Health and Care Plans.
- Action 4 – the weakness of co-production with parents, and more generally in communications with parents.
- Action 5 – the weakness of joint commissioning in ensuring that there are adequate services to meet local demand.

The Head of Schools and families reported that in producing the statement there had been engagement with representatives from the Health and Wellbeing Board, SEND Strategic Group and the Local Authority Improvement Board. It was also reported that there had also been discussion at the Sefton Schools Summit and as part of the Local Authorities “annual conversation” with Ofsted.

Members raised the following concerns, observations and questions:

- That the Statement of Action (draft version 11) was comprehensive. However it was suggested that all 5 Actions required specific targets and outcomes in relation to addressing the areas of concern.
Response: The Statement of Action will be amended to include further detailed information in relation to specific targets for each of the Actions.
- Concerns regarding funding being the key driver by schools for a Child with Special Educational Needs and Disability.
Response: Schools are required to pay the first £6000 for each Child that requires SEND support.
- That the Data referred to in the Statement of Actions (A1.1), included data from all Schools and not only Special Schools in the Borough. Response: All Schools had been visited in order that an accurate recording of the whole SEND population across the Borough was reflected in the Statement of Action.
- Is there reluctance from some parents accepting that their Child could have Special Educational Needs?
Response: Gaps in parents acknowledging that their Child could have Special Educational Needs had been highlighted and in those cases can lead to delays in a Child receiving a statement.

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- How do you ensure that Children are not stifled by prejudice and that all Teachers are following a mutual view point?
Response: Teachers contribute to the Education Health and Care Plan of a student, it's a collaborative piece of work which should eliminate prejudice and ensure that a common view is agreed.
- Concerns regarding the timescales allocated to actions and that an action within the Statement of Actions with a target deadline date had lapsed, the general feeling was that realistic targets should be assigned to actions as this could cause frustration and a lack of trust from Parents.
Response: All deadlines will be reviewed to ensure that realistic targets feature in the revised Statement of Action before being submitted to OFSTED and the Care Quality Commission.
- Concerns regarding the specific pathway for those Children with Autism, it was felt that the Autism Pathway should be specifically referred to within the Statement of Action.
Response: That the Statement of Action would be amended to highlight the Autistic Pathway specifically.
- Early Identification and Intervention was absolutely necessary in ensuring that each individual achieves to their full potential.

The Director of Social Care and Health in consultation with the Head of Schools and Families undertook to amend the draft Statement of Action (version 11) to include key points raised, as above.

RESOLVED: That:

- (1) the findings from the Joint Ofsted and Care Quality Commission Inspection in relation to the Special Educational Needs and Disability Service, be noted; and
- (2) the draft Statement of Action (version 11) be noted and officers be requested to include the key points highlighted above and specific outcomes in relation to addressing the areas of concern relating to the 5 Actions referred to in the Statement of Action.

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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
14th June 2017
21st June 2017
27th 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:

Financial	
Legal Section 73B (5) and (6) of the National Health Service 2006 Act, inserted by section 31 of the Health and Social Care Act 2012, provides that the Director of Public Health must produce an annual report and the local authority must publish the report	
Human Resources	
Equality	
1. No Equality Implication	<input 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

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

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

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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.

Councillor Ian Moncur
Cabinet Member for Health and Wellbeing
Sefton Council

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

Introduction

What are the wider determinants of health?

The places where we live and work are influenced by a wide range of social, economic and environmental factors which in turn have a big impact on our health and wellbeing. These factors are sometimes called the wider determinants of health or ‘the causes of the causes’ of health. Some of the main wider determinants of health are illustrated in Figure 1.

These factors influence how we live our lives and how healthy we are. For example, our experience in early life and level of education has a huge impact on our job opportunities, income and wellbeing in later life. Positive relationships with family and friends mean we have social networks that can support us and reduce the chances of us becoming socially isolated.

Ideally we would live in a world which allows healthy choices to be easy; for example, good jobs are plentiful and housing is affordable for everyone. However, in some areas of the UK, and some areas within Sefton, there is an unequal distribution of income, resources and opportunities.

For some this makes healthier choices harder, resulting in more ill health in some areas of the borough. For example, we know that people do less physical activity when they live in areas which have little or no greenspace. Equally, areas with high amounts of outlets selling unhealthy food tend to have higher levels of obesity. Instead of working to reduce inequalities in health, this can have the opposite effect, making the gap between those with the best and worst health in the borough much wider.

Tackling the wider determinants of health is increasingly considered to be a key focus for public health activity. Work to improve the



Source: Adapted from Dahlgren and Whitehead, 1991

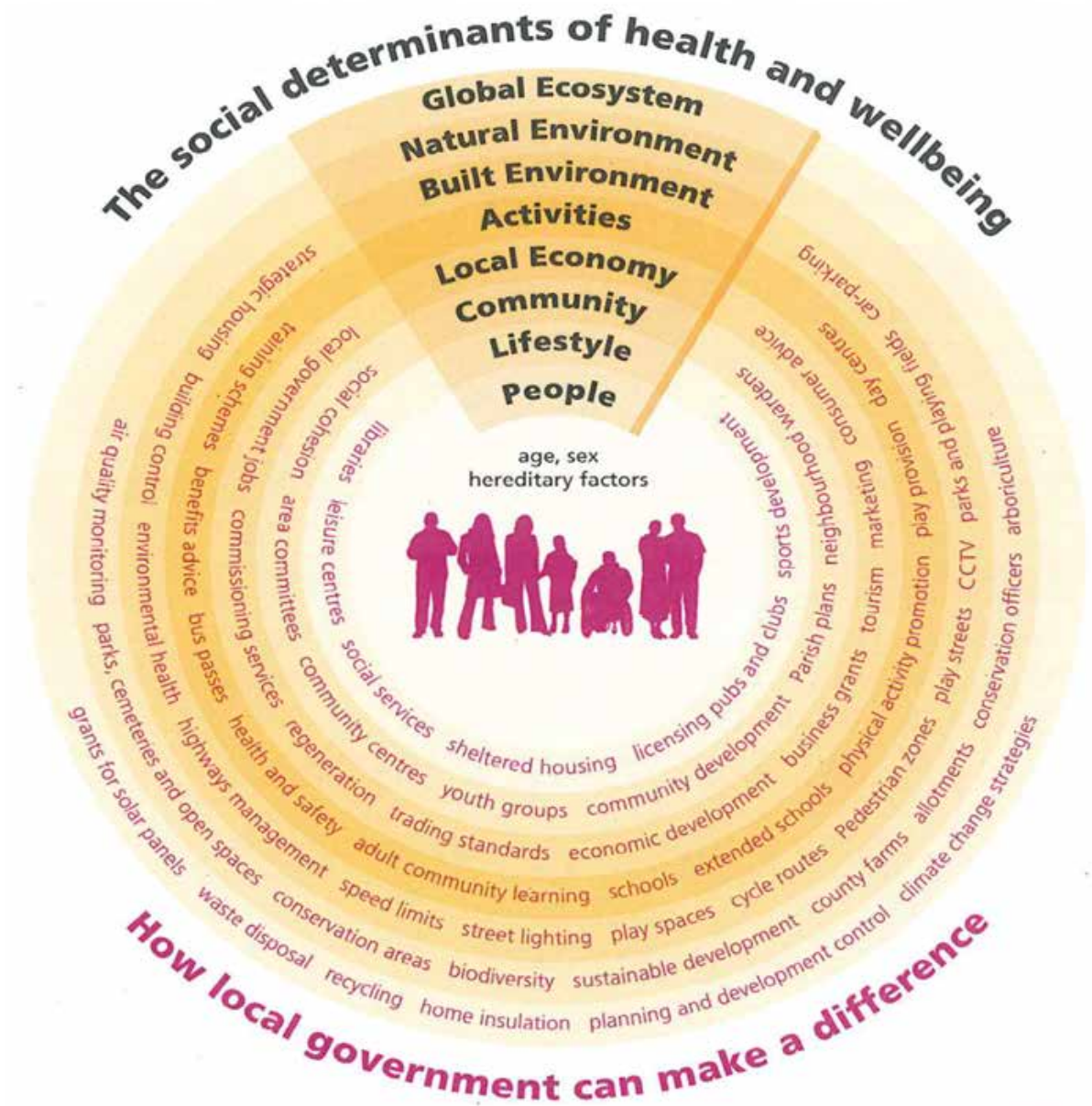
‘causes of the causes’, increases the opportunity for everyone to be as healthy as possible and ill health can be prevented before it occurs.

Responsibility for Public Health moved to the Local Authority in April 2013. This has been important in identifying opportunities to improve the wider determinants of health, by aligning policy and the everyday work of council officers responsible for shaping local environments.

The range of this work is illustrated in Figure 2.

Equally, there are many other local organisations including Clinical Commissioning Groups and those working within the community, voluntary and faith sector, whose everyday work aims to achieve the best possible health and wellbeing for Sefton residents.

Figure 2: How council activities influence health and wellbeing



Source: IDeA, 2010

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.

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.

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

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 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



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**

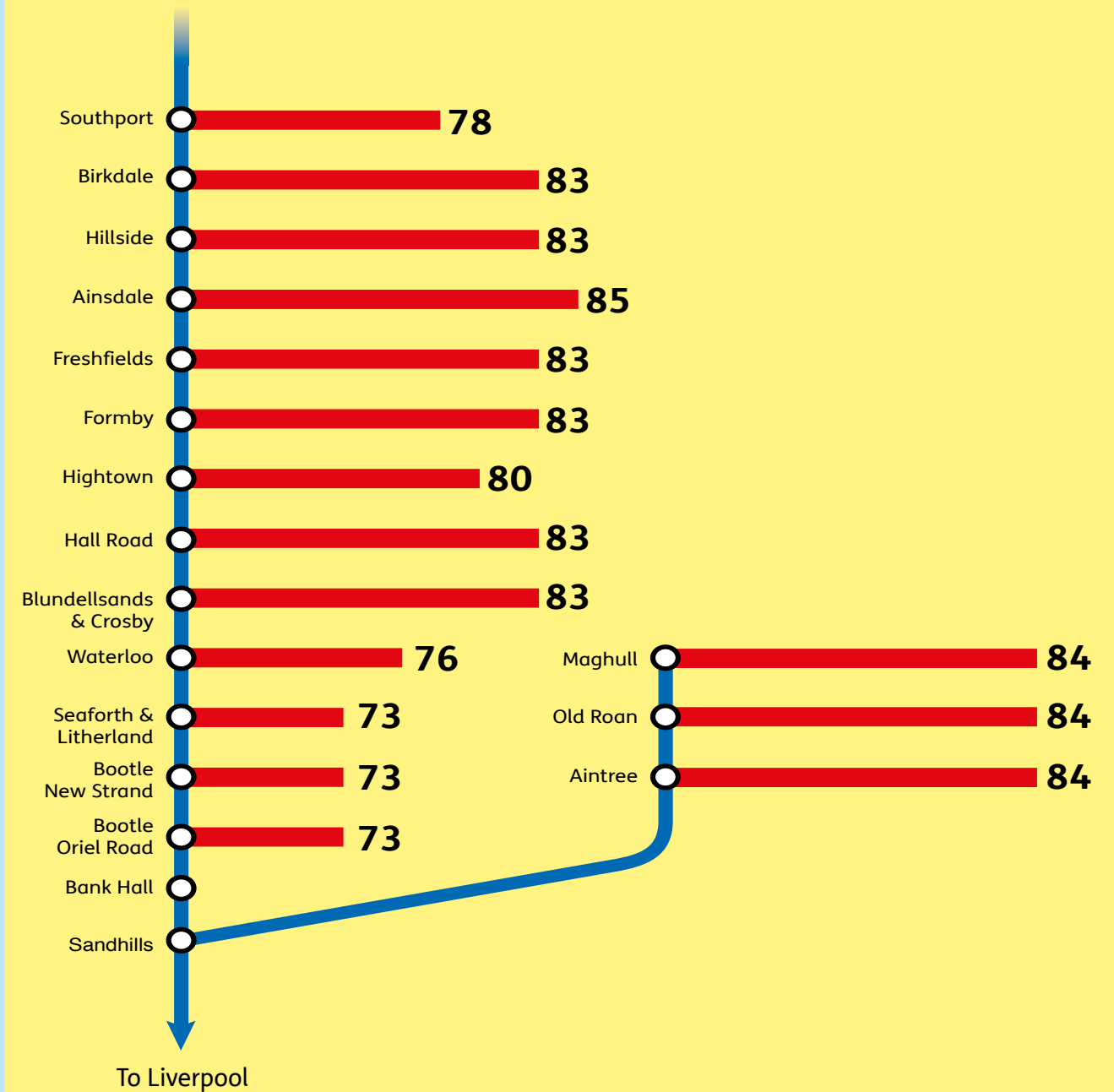
Rimrose Valley, Forest School

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

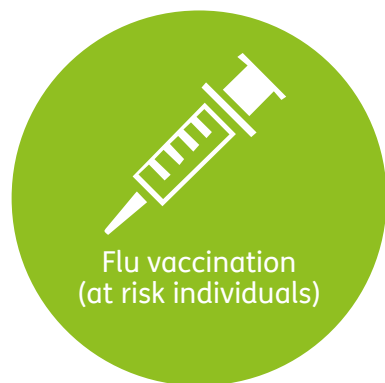


Life Expectancy in Sefton

River
 Mersey



Health & Wellbeing Indicators in Sefton 2016

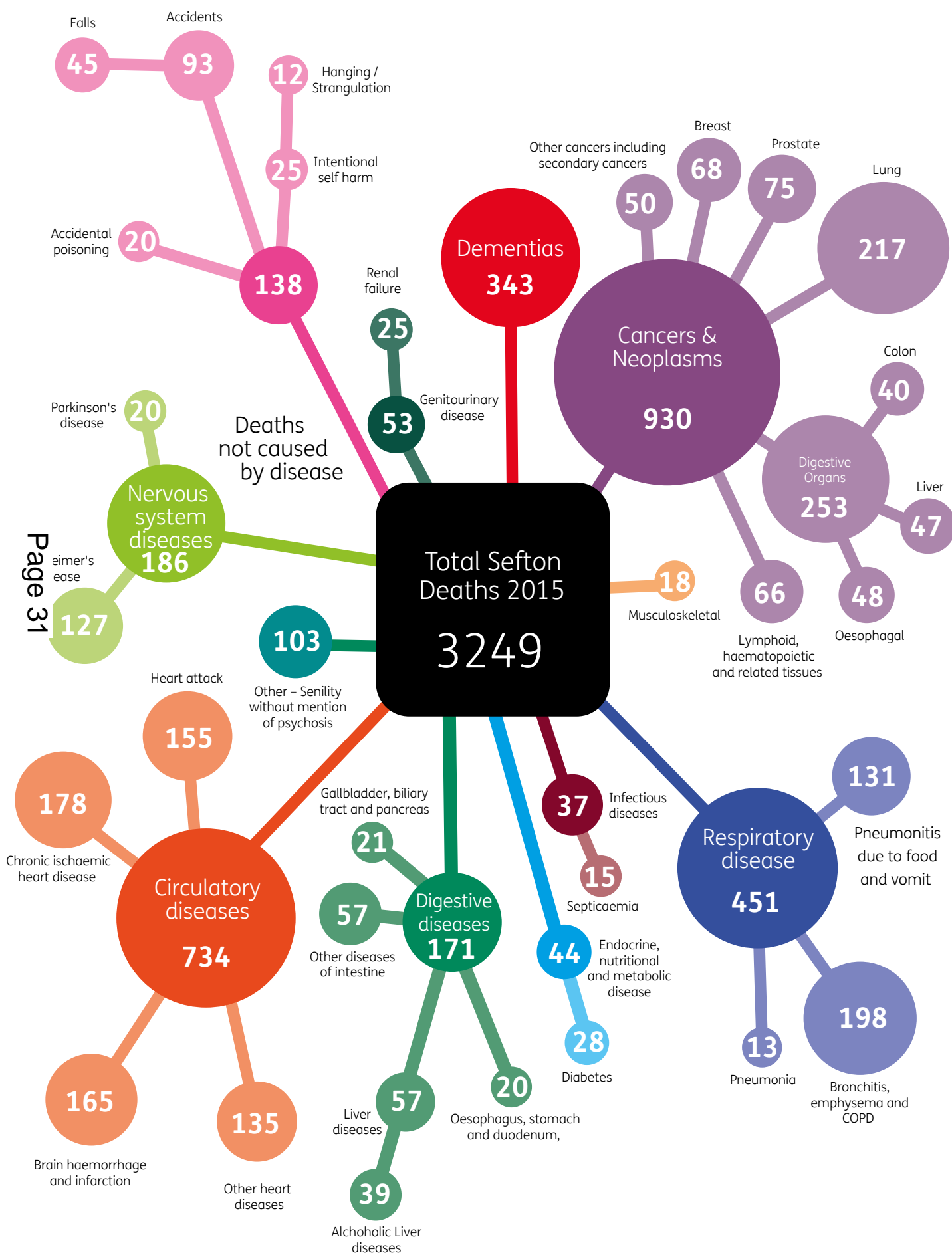


Key

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.

Ecostars:

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

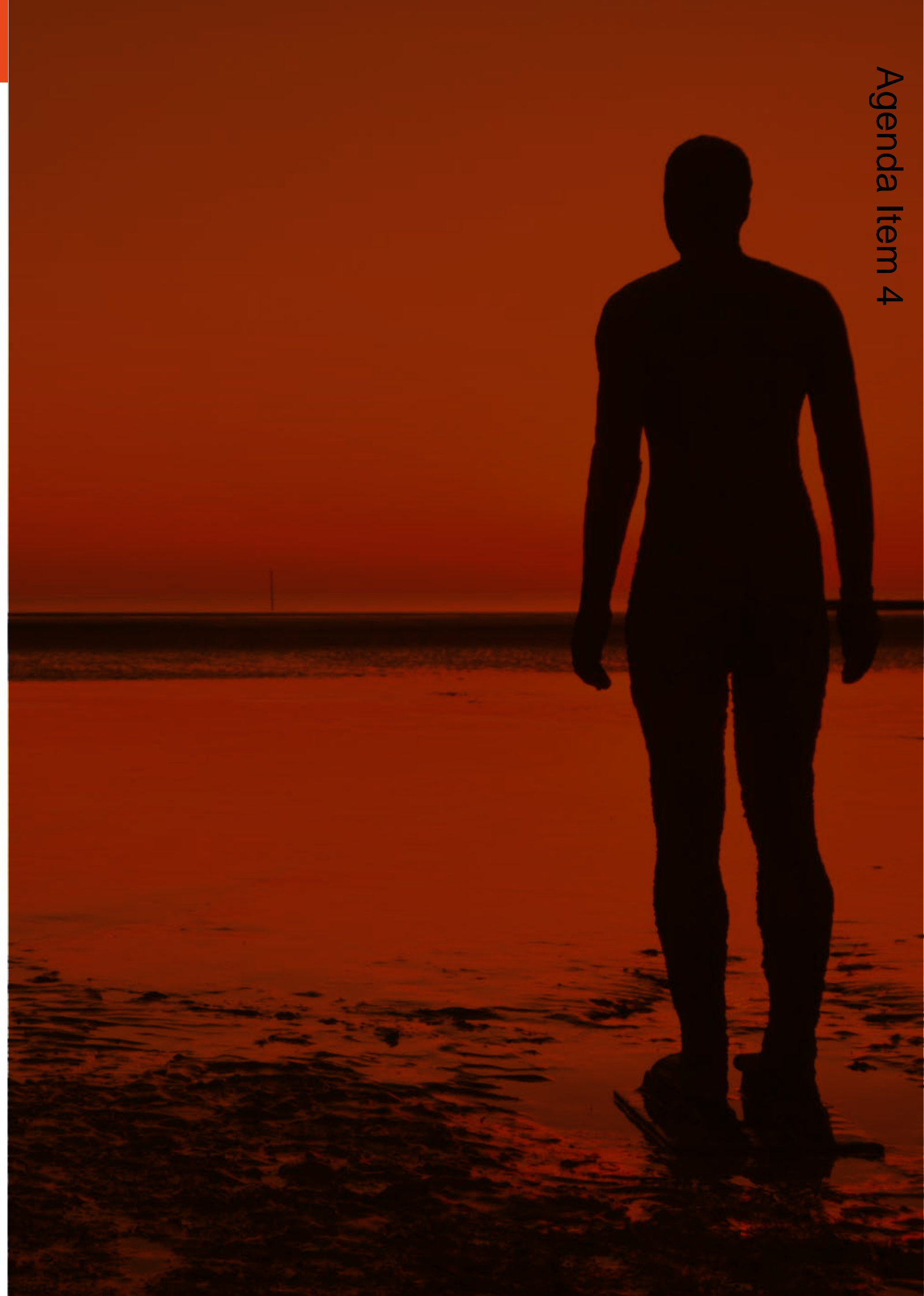
This recommendation is part of a wider organisational cultural change within Sefton Council and partner organisations, which is illustrated by the new Sefton 2030 Vision set out in the introduction to this report.

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.

References

1. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008 http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
2. Institute of Health Equity (2010) 'The Marmot Review: Fair Lives, Fair Society', www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review
3. Improvement and Development Agency (2010) 'The Social Determinants of Health and the Role of Local Government'
4. Kings Fund (2013) 'Improving the public's health - A resource for local authorities', www.kingsfund.org.uk/publications/improving-publics-health
5. Public Health England and Institute of Health Equity (2014) 'Local action on health inequalities - A series of evidence papers'
6. University of Liverpool and CLES (2014) 'Due North - Report of the Inquiry on Health Equity for the North'
7. Sefton Council (2016) Imagine Sefton 2030 Vision Consultation Report www.imagine-sefton2030.co.uk/wp-content/uploads/2016/09/Vision-2030-Annex-B.pdf
8. Giesinger et al (2013) Association of socioeconomic position with smoking and morality: the contribution of early life circumstances in the 1946 birth cohort: Journal of Epidemiology and Community Health
9. Sefton Council (2014) Public Health Annual Report: Nurturing the Hearts and Minds of Children
10. <http://modgov.sefton.gov.uk/moderngov/documents/s61057/Public%20Health%20Annual%20Report%202014.pdf>
11. Health in Sefton 5 year strategy for improvement- 2014 – 2019, from <http://www.southportandformbyccg.nhs.uk/media/1206/5-year-strategy-summary-september-2014.pdf>
12. Public Health England and Institute of Health Equity (2014) 'Local action on health inequalities: Good quality parenting programmes and the home school transition', www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers
13. Public Health England and Institute of Health Equity (2014) Local action on health inequalities: Building children and young people's resilience in schools https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355766/Review2_Resilience_in_schools_health_inequalities.pdf
14. Public Health England and Institute of Health Equity (2014) Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEETs_health_inequalities.pdf
15. Public Health England and Institute of Health Equity (2014) Local action on health inequalities: Increasing employment opportunities and improving workplace health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356064/Review5_Employment_health_inequalities.pdf

16. Department of Health (2012) 'Let's get moving': Commissioning Guidance - A physical activity care pathway
17. Liverpool City Region Combined Authority (2015) A Transport Plan for Growth <http://www.merseytravel.gov.uk/about-us/local-transport-delivery/Documents/8375%20Plan%20for%20growth%20WEB%20FINAL.pdf>
18. CIEH and BRE (2008) Good Housing Leads To Good Health: A toolkit for environmental health practitioners
19. Public Health England and Institute of Health Equity (September 2014) 'Local action on health inequalities: Fuel poverty and cold home-related health problems', www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers
20. Public Health England and Institute of Health Equity (September 2014) 'Local action on health inequalities: Improving access to greenspace', www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers
21. Sefton Council (2015) Public Health Annual Report: Good Health in Tough Times <http://modgov.sefton.gov.uk/moderngov/documents/s64811/Public%20Health%20Report%202015.pdf>
22. Public Health Outcomes Framework - <http://www.phoutcomes.info>
23. Randeep Ramesh (2013) 'High-stakes gambling machines 'suck money from poorest communities', www.guardian.co.uk/uk/2013/jan/04/fixed-odds-betting-terminals-poorest-communities?INTCMP=SRCH
24. LPHO (2014) Fixed Odds Betting Terminal Use and Problem Gambling across the Liverpool City Region, [www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/Problem gambling and FOBT use,across,the,Liverpool,City,Region.pdf](http://www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/Problem%20gambling%20and%20FOBT%20use,across,the,Liverpool,City,Region.pdf)
25. Drinkwise (2012) The cost of alcohol to the North West economy, <http://drinkwisenorthwest.org/wp-content/uploads/2012/05/The-Cost-of-Alcohol-to-the-North-West-Economy-Part-A.pdf>
26. ONS (2015) Measuring National Well-being: Personal Well-being in the UK, 2014 to 2015, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuring-nationalwellbeing/2015-09-23>
27. Institute of Alcohol Studies (2016) The Economic Impact of Alcohol, <http://www.ias.org.uk/uploads/pdf/Factsheets/FS%20economic%20impacts%20042016%20webres.pdf>
28. IPPR (2016) Cards on the table: The cost to government associated with people who are problem gamblers in Britain, <http://www.ippr.org/publications/cards-on-the-table>
29. RCPCH and RCP (2016) Every breath we take: the lifelong impact of air pollution.
30. Sefton's Council (2017) Sefton's Local Plan, <https://www.sefton.gov.uk/localplan>

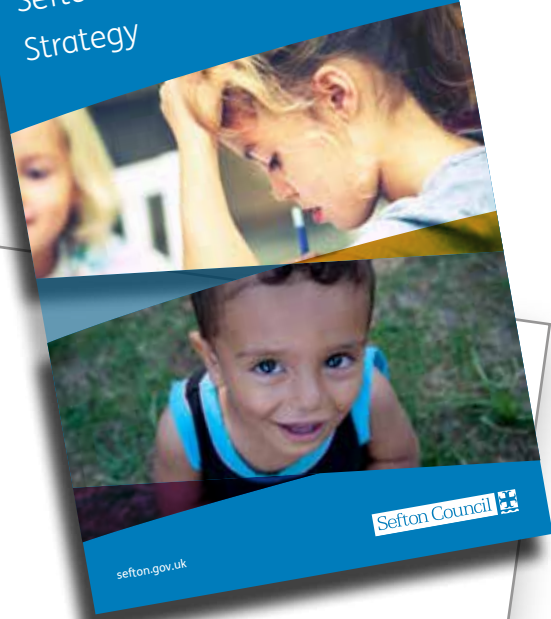




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Sefton's Corporate Parenting Strategy



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"

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Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	Wednesday 21 June 2017
Subject:	CSC Improvement Plan Update and Scorecard		
Report of:	Director of Social Care and Health	Wards Affected:	(All Wards);
Portfolio:			
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

In April 2016, an Inspection took place of services of need of help and protection, children looked after and care leavers; the report was published on 27th June 2016.

The inspection concluded that Children's services in Sefton require improvement to be good and this was across all areas and made 11 recommendations. Sefton Local Authority was required to develop an Improvement Plan that addressed all 11 recommendations and this was submitted to Ofsted and the DfE in October 2016. These Improvement Plans have been shared previously with Overview and Scrutiny Committee.

The Plan identified three key objectives:

1. Ensure frontline practice is consistently good, effective and focussed on timely, measureable outcomes for children
2. To improve management oversight at all levels to ensure effective services for children and young people receive good quality supervision
3. Ensure that frontline services are sufficiently resourced and the workforce appropriately skilled to enable high quality work to be undertaken with children and young people.

This report is a summary of the progress in relation to the action plan for 2016 /17 and should be considered alongside the Improvement scorecard data.

Recommendation(s):

- (1) That Overview and scrutiny committee receive Bi – annual progress reports and score card update.
- (2) That Overview and scrutiny committee receive the refreshed version of the Children's Social care Improvement Plan at the September 17 meeting.

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Reasons for the Recommendation(s):

Overview and scrutiny committee have an important role in receiving and scrutinising performance data in relation to Children's Social care.

Alternative Options Considered and Rejected: (including any Risk Implications)

N/A

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue costs arising as a direct result of this report which is provided for information.

(B) Capital Costs

N/A

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
Legal Implications:
Equality Implications: There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Children's Social Care have a statutory duty to protect the most vulnerable
Facilitate confident and resilient communities: Children's social care work with children and their families to improve outcomes for children.
Commission, broker and provide core services: Children's Social care works in partnership with a range of organisations to ensure vulnerable children are safeguarded.
Place – leadership and influencer

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The scrutiny of Children’s Social Care performance supports the aspiration for all services for children to be good or better.
Drivers of change and reform: There has been significant focus on driving up standards of practice and linking and aligning resources with the Framework for Change
Facilitate sustainable economic prosperity: Improving outcomes for our most vulnerable children will support them to have aspirations and obtain economic independence.
Greater income for social investment: N/A
Cleaner Greener N/A

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD 4685/17.) and Head of Regulation and Compliance (LD.3969/17) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

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Appendices:

The following appendices are attached to this report:

Children’s Social Care Improvement performance scorecard

Background Papers:

Ofsted Inspection report

<https://reports.ofsted.gov.uk/local-authorities/sefton>

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1. Introduction/Background

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2. Summary of progress

2.1 Ensure frontline practice is consistently good, effective and focussed on timely measureable outcomes for children.

There has been an overall increase in the rate of referrals (137 more than in 2015/16). Re-referral rates have also increased to 21.6% and are being closely monitored whilst this does go hand in hand in with an increase in referral closures which suggests that cases are being closed more efficiently, this is an indicator that the intervention did not result in sustained improvement resulting in re-referral.

Assessment timeliness remains a strong focus, 72% of assessments were completed within 45 days and this needs to improve. However it should also be noted that the number of assessments completed did rise significantly from 2536 in 2015/16 to 3248 in 2016/18 and timeliness performance was maintained despite this increase. Positively there has been a 25% increase in the number of

Looked After Children who have had an assessment completed in the past twelve months.

Despite an increase in the number of children starting to be looked after there has been an overall decrease in the number of Looked After Children to 453 March 2017. This is an indication that children are appropriately exiting care, 49 placed with parents were discharged during the year. 11 new placed with parents were ordered by the courts compared to 35 the previous year.

Initial Health Assessments and Review Health Assessments continue to be a focus for improvement. Health providers, the Clinical Commissioning Group and the Local authority continue to work closely on this issue. Notifications from the Local authority have improved, recent reconfiguration of clinic scheduling was hoped to alleviate some of the issues but it would appear that this will take time to evidence. A recent Initial Health Assessment workshop was facilitated by the CCG to consider the current pathway.

There has been a decrease in the number of children on Child Protection plans and an increase in repeat child protection plans. This is being closely monitored and has been raised at the Local Safeguarding Children's Board with appropriate challenge to the partnership. Evaluation has raised concerns about the number of plans ending at 3 and 6 months and a 'rule of optimism' by the partnership in relation to domestic violence which then leads to a second Child Protection Plan as sustained improvement for the child and family has not been achieved.

The service undertakes comprehensive quarterly quality audits of practice and these are reported to the Children and Young People Continuous Improvement Board. The audits have identified:

What is going well

- Risk tends to be responded to well when it is high and there are immediate child protection concerns
- Evidence that in most instances appropriate multiagency procedures are followed, information is shared and swift action is taken to protect the child or young person from harm
- Good examples of direct work provided
- Evidence of multi-agency working which was impacting on children's outcomes
- Good quality placements that were meeting children and young people's needs and keeping them safe
- Evidence of compliance with pathways and procedures that reduced risk of harm for example CSE and Missing

Where we need to improve

- Quality of recording - it was difficult for auditors to assess if there had been improvements due to incomplete or out of date assessments, gaps in reviews and lack of evidence that the child's lived experience is understood – Early Help and CIN level
- Analysis of historical risks as part of assessment

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- Professional Curiosity - better triangulation of information available already on the child's record with parents view and understanding of the child's lived experience
- Improve outcomes by addressing root causes of family dysfunction to encourage long term sustainable change
- Child's daily lived experience – needs to be captured regularly in assessments, visits and through direct work – recorded and used to assess if the help provided is improving outcomes for the child.

2.2 To improve management oversight at all levels to ensure effective services for children and young people and that frontline staff receive good quality supervision

Supervision audits have been carried out which do show some improvement in the frequency of supervision but there is still much to do to ensure that social workers consistently receive good quality supervision. Supervision needs to be more reflective with greater emphasis on discussing organisational performance.

An annual supervision survey has also been completed, 55 of 79 respondents reported that in terms of being beneficial to them supervision was good or very good.

"An opportunity to reflect on cases in a quiet environment and support with self-development"

"I benefit greatly from supervision, not only for my own wellbeing but on the direction of my caseload".

Yes I have found all my supervision very helpful and useful because they have been constructive. I use it for support and advice, I also use it for clarity and above all it helps me with my confidence as I can discuss challenging cases with my manager and get advice on how to progress my cases. I also see it helpful as the feedbacks helps me to reflect on my practice. It is a working tool".

“Helps me think about practice and challenges me to address my backlogs, taking responsibility for my own practice. Provides an opportunity for me to reflect on my own practice”

All managers and lead practitioners have been on a development programme; this was a modular approach and included some external delivery. This is in recognition of the critical role these managers play in driving improvement. Feedback has been positive in relation to this training and we would expect to see the impact in future supervision and practice quality audits.

Performance scorecards have been reviewed and refreshed, these include a Children’s Social Care scorecard and a team level scorecard which are considered at a Performance Management meeting, chaired by Head of Service and attended by service and team managers. At these meetings we are able to drill down into individual performance and Team Managers recognise that data is a very useful tool in driving up the quality of practice.

The Quality Assurance Manager also meets with Team managers prior to the performance meeting to support them in understanding what the data is telling them and importantly, what it means for children. This has generated some healthy debate and greater understanding of the importance of timeliness, good quality assessments and plans in improving outcomes for children.

In May we held our first focus on practice week. This involved senior managers auditing alongside social workers, observed practice and included Lead Cabinet member, Chief Executive and the Director of Social Care and Health. Thank you post cards were designed by some of our looked after children and social workers really appreciated these. The findings from this week are currently being collated.

2.3 Ensure that frontline services are sufficiently resourced and the workforce appropriately skilled to enable high quality work to be undertaken with children and young people.

Children’s Social has consulted on a new structure to support further improvement. The principles of the new structure are in response to what Ofsted told us:

- Children experience too many changes of social workers at important transition points.
- Caseloads are too high in some areas, (assessment, Corporate Parenting and IRO’s)
- Management Oversight and supervision needs to improve.

A report on the new structure will be considered by the Lead Member for Corporate Resources on 12th June 2017 and if agreed will see an increase in the

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number of IRO's to ensure their caseloads are in line with national standards, an increase in social workers and managers in the corporate parenting services and an increase in Personal Advisors to support care leavers. The structure will also incorporate the Community Adolescent service who will continue to support children on the edge of care to remain within their families when this is safe and appropriate.

The structure will further support the improvements that are being made, supporting a greater focus on driving up the quality of social work practice allowing both IRO's and social workers to spend more time with children and young people. Positively whilst still too high, caseloads have reduced during the year the highest case load has reduced from 40 to 36 and IRO case load from a peak of 97.2 to 86.

We are also working hard to develop a positive culture in the service; we have introduced practice standards that clearly outline what good practice looks like across all services. Policies and procedure have been reviewed and refreshed and practice guidance and seven minute briefings are available to support staff in their work in specific areas.

Quarterly Practice and Performance Workshops have been introduced for all staff, these are an opportunity to engage with frontline staff, understand the barriers to improvement, share good practice and ultimately improve outcomes for children. A Practice Champions group has been established to ensure that frontline staff can influence change and improve practice.

2.4 Conclusions and next Steps

There is evidence of improvement across a number of areas however there remains much to do. The actions identified in the Ofsted Improvement plan have been completed but there now needs to be a period of 'bedding – in' change and sustained improvement and this will be supported as we move to the new structure and caseloads become more manageable.

The Improvement plan is being reviewed and refreshed with a greater emphasis on impact and outcomes and this will be shared with the committee.

Quality of Practice and Supervision Audits will continue to ensure we focus on quality as well as data. The focus will remain on supporting our workers and the partnership to understand the child's lived experience.

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Children's Services CYIPG Scorecard - March 2017

IAP Ref	Measure	NW Av*	National Av**	RI	Good	Outstanding	Year End Target	Baseline	Qu 2 16-17	Qu 3 18	Qu 4 19	16-17	Year End	Change %	Comments
1.1	Rate of referrals to Children's Social Care per 10,000 population (12 month rolling period)	583.6	532.2	Below regional average				488.9	534	530	517.0	517.0	5.7	Referrals have risen per 10,000 population year on year but not significantly between years, this rate represents 2611 referrals in 15-16 compared to 2748 in 16-17	
1.2	Percentage of those referrals that were re-referrals (rolling 12 month period)	21.9	22.3	20-25	19-15	<14	16	17.6	21.0	20.0	21.6	21.6	4.0	Re-referrals have increased by 4 percentage points on the previous year. This rise has gone hand in hand with an increase in referral closures (which suggests that in part this rate may have risen because Sefton are more efficient at closing down cases than in previous years so when the case is re-referred it previously did not count as a re-referral as it was still open)	
1.3	Percentage of children and young people seen within 10 days of the children and family assessment start date (rolling 3 months)			65-75	75-84	85+	85	61	63	65	65.6	61	0.0		
1.4	Percentage of assessments completed within 15 days			30-39	40-49	50-100	40	17	17	15	20.1	17	0.0		
1.5	Percentage of assessments completed within 35 days			65-74	75-80	85+	75	41	42	42	50.6	44	3.0	There wasn't any significant change in the proportion of assessments completed within timescales between years although its worth noting that the number of assessments completed has risen significantly from 2536 in 15-16 to 3248 in 16-17. Despite this 28% increase in assessments, timeliness was not impacted negatively but it remains a focus for improvement in 2017-18.	
1.6	Percentage of assessments completed within 45 days			75-80	81-89	90+	81	73	69	71	72.5	72	-1.0		
1.7	Percentage of assessments audited that meet or exceed good (audit measure)			50-60	61-80	81+	61	36	23	21.0	30.0	NA			
1.8	The proportion of Children Looked After (CLA) who have been looked after for over 12 months who have had an assessment completed within the latest 12 month period			50-60	61-80	81+	61	19	29	36	44	44	25.0	There has been a 25% increase in the number of assessments completed for Looked After Children in the year in line with new practice standards that insist LAC must have an up to date assessment of need and or updated assessment following a significant event.	
2.1	Percentage of supervisions that met the practice standard for frequency (audit measure)			70-79	80-89	90-100	70	60		60	71.0	NA			
2.2	Percentage of supervisions that met the practice standard of good quality and reflective (audit measure)			70-79	80-89	90-100	70	50		50	57.0	NA			
2.3	Percentage of staff report that supervision is beneficial to them with supervision from the annual survey			70-79	80-89	90-100	70	57			69.0	NA		There were 79 respondents to the staff supervision survey in comparison to 49 last year, of which 55 reported that in terms of being beneficial to them supervision was good or very good.	
2.4	Percentage of cases that meet good for Decision Making (audit measure)			65-79	76-89	90-100	65	39	26	16	33.0	NA			
2.7	The proportion of all CLA 5 and over who participate in the annual pledge survey			25-33	34-66	67-100	25	21		26		NA			
2.9	The percentage of cases closed in Early Help because we have not engaged the family (rolling 12 months)			25-21	20-16	<15	20	21.3	26	34	16.5	25.4	4.1	There has been a slight increase in Early Help Episodes that ended because the service was unable to engage the family	
3.1	Percentage of plans meet or exceed good across all service areas (audit measure)			65-79	80-89	90-100	65	20	13	18.0	20.0	NA			
3.2	Percentage of children and young people with an up to date plan in line with practice standards CIN * excluding CWD			65-79	80-89	90-100	80		62	76	87.3	NA		This can only be measured at the point in time but quarterly monitoring demonstrates improvement through the year.	
3.3	Percentage of children and young people with an up to date plan in line with practice standards CP			65-79	80-89	90-100	80		79	99	84.0	NA		This can only be measured at the point in time but quarterly monitoring demonstrates despite fluctuation levels have remained satisfactory.	
3.5	Rate of children subject to a child protection plan per 10,000 population	55.2	43.1	45-50	40-44	<40	44	47	47	42	43.9	43.9	-3.1	CP numbers remain below the NW average and reduced year on year. Sefton is one of the few areas regionally where CP numbers have not grown and rate per 10,000 pop has decreased by 3 percentage points year on year.	
3.6	Percentage of children and young people subject to a child protection plan for a second or subsequent time (rolling 12 month period)	17.6	17.9	25-20	19-16	<15	19	20.7	20.1	22.0	21.5	21.5	0.8	Sefton has higher than regional average rates of CP repeat plans and despite deep dive audits to understand the issues we have failed to impact this performance in 16-17. However audit and S47 data tells us that when cases are escalated it is done appropriately. Rate are up by 0.8% year on year.	
4.1	Percentage of statutory CLA visits completed within timescale increases			70-84	85-94	95-100	85	67	81	89	87.6	NA		CLA stat visit can only be reported at a point in time but quarterly monitoring demonstrates considerable level of improvement from the baseline.	
4.2	Percentage of statutory CP visits completed within timescale increases			70-84	85-94	95-100	85	89	95	96	93.0	NA		CP stat visit can only be reported at a point in time but quarterly monitoring demonstrates improvement from baseline and a high level through the year.	
4.3	Percentage of quarterly deep dive that meet good for quality of recording (audit measure)			70-84	85-94	95-100	85			13	57.0	NA		Quality audit demonstrates that whilst there has been improvement in visits being recorded timely and there is some improvement in quality of recording there is still work to do with practitioners on quality of recording.	
4.4	Percentage of quarterly deep dive visits that meet good for timeliness (audit measure)			70-85	85-95	95-100	85			63	92.8	NA			
4.5	Percentage of CP review outcome forms completed by IRO that report that the child has been seen within timescales in accordance with the plan	94.5	93.7	70-85	85-95	95-100	86	99.4						Reported annually via Child in Need return	
5.1	Percentage of audits that score good or exceed good for diversity (audit measure)			65-79	80-89	90-100	80	47	35	36.8	53.3	NA			
6.1	Number of notifications of cases of suspected private fostering (cumulative)			Increase				3	1	3	5	5	66.7	Numbers were up slightly on the baseline but this area still requires a focus in 2017-2018.	
6.2	Number of open private fostering cases at the end of the quarter			Increase				1	1	0	1	NA	NA		
6.3	Percentage of visits and initial assessment in suspected private fostering cases undertaken within 7 days			60-69	70-79	80	70		100%	50%	50%	60%		60% (3 of the 5) PF assessments were undertaken within 7 days of the referral.	
7.2	Percentage of 16 and 17 year olds who presented as homeless who progressed to referral						4					19	375.0	Increase shows better compliance in line with young homeless protocol, of these 3 have become looked after. Numbers being progressed to assessment have more than trebled.	
7.3	Percentage of cases judged as meet or exceed good for risk (audit measure)			65-79	80-89	90-100	80	52	23	16.0	50.0	NA			
7.4	Percentage of cases judged to meet good or exceed good for quality of placement (audit measure)			65-79	80-89	90-100	80	65	36	47.0	53.3	NA			
7.5	Percentage of children looked after per 10,000 population	82	60	85-90	80-84	<80	84	87	86.4	85.0	85.4	85.4	-1.6	There has been reduction in the number of children looked after year on year despite an increase in starts between years. This is as a consequence of more LAC ceasing than the previous year due to good reductions in placed with parents cohort and LAC turning 18.	
8.1	Proportion of children and young people looked after with 3 or more placements in a 12 month period		10%	8-15	7-5	<5	7	10	10.8	9.0	11.8	11.8	1.8	Placement moves have increased across the North West and is currently being looked at on a regional level although in Sefton initial thoughts are that it may be linked to a higher number of 16 and 17 years olds coming into care in the year. 22 in 16-17 compared to 9 in 15-16.	
8.4	Proportion of children placed on a full care order at home with parents		5%	16-25	6-15	0-5	15	20	21.6	20.0	14.3	14.0	-6.0	There has been a 6% point decrease in the number of children placed with parents on a full care order at home at 31st March between years.	
8.5	Percentage of statutory visits for children placed at home with parents completed in timescales			60-79	80-94	95-100	80	60	100	73.0	87.4	NA		Children Looked After statutory visit can only be reported a point in time but quarterly monitoring demonstrates considerable level of improvement from the baseline.	
9.1	Average number of practice alerts raised across all IRO's (rolling 3 month period)			65-79	80-94	95-100	80	33	0	0	33.0	NA			
9.2	Percentage of cases that meet good for review in audit (audit measure)			Increase				11	11	17.4	17.8			Quarterly monitoring shows an increase through the year	
9.3	Percentage of cases that meet or exceed good for impact in audit (audit measure)			65-79	80-89	90-100	65	43	18	44.0	50.0	NA			
9.4	Percentage of Initial Health Assessment's completed (rolling 12 month period)			65-79	80-89	90-100	80	57	64	61	62.4	62.4	5.4	Performance for Initial Health Assessment's has risen 5 percentage points year on year but remains below target and timeliness has decreased. Annual Health Checks has decreased year on year. Health are receiving alerts but have reported issues with recording and for organising for those children placed out of borough.	
9.5	Percentage of Children Looked After (for 12 months or more) with a health check completed within 12 months			65-79	80-89	90-100	80	77	62.6	56	72.3	72.3	-4.7		
9.6	Reduction in highest caseloads			35-26	25-20	19-10	25	40	40	40	36.0	NA		Caseloads have slowly been reducing throughout the year but are still not at desired levels.	
9.7	Reduction in IRO caseload			71-89	50-70	<50	90	90	97.2	90.5	86.0	NA		Caseloads have slowly been reducing throughout the year but are still not at desired levels.	
10.1	Number of children waiting to be placed for adoption			Decrease				20	18	20	26	NA	30.0	At 31st March between years the number of children waiting to be placed for adoption had increased by 30%	
10.2	Number of children placed for adoption			Increase				7	3	6	6	NA	-14.3		
10.3	No of children adopted (cumulative)			Increase				11	7	8	10	10		There were 10 children adoption in comparison to 11 in the previous year.	
10.5	Number of adoption disruptions (rolling YTD)			Reduction				3	1	1	1	1		There has only been 1 adoption disruption reported in the last year in comparison to 3 the year before.	
11.1	Percentage of care leavers living in suitable accommodation (19-21)	85	83	80-89	90-94	95-100	90	90	74	89	92.7	92.7	2.7	There had been a slight increase in the number of 19-21 year old care leavers recorded as in suitable accommodation.	
11.2	Number of care leavers being accommodated in emergency accommodation			Reduction				2	3	5	1	9	350.0	The number of care leavers being accommodated in emergency accommodation has increased three fold year on year	
11.3	Percentage of audit cases that score good for young people being prepared for independence (audit measure)			65-79	80-89	90-100	80	43	33	50	58.8	NA			
11.4	Percentage of Care Leavers who are in Education, Training or Employment (19-21)	48	49	60-74	75-89	90+	75	54	40	40	45.1	45.1	-8.9	There has been a reduction in the proportion of care leavers in training education or employment.	

* Completed from RIG updated quarterly / 903 or CIN Census March 2016
 ** Completed from 903 or CIN Census as at March 2016

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Report Template

Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	Wednesday 21 June 2017
Subject:	SEND Inspection - Statement of Action		
Report of:	Head of Schools and Families	Wards Affected:	(All Wards);
Portfolio:			
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The Head of Schools and Families was requested to submit a report to this Committee on the SEND Inspection final Statement of Action which has been submitted to Ofsted.

Recommendation(s):

(1) That the Committee notes the report and the response from Ofsted.

Reasons for the Recommendation:

The Head of Schools and Families was requested to submit a report to this Committee on SEND Inspection Statement of Action.

What will it cost and how will it be financed?

(A) Revenue Costs N/A

(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:

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Resource Implications (Financial, IT, Staffing and Assets):
Legal Implications: Academies are independent of local authority control.
Equality Implications: There are no equality implications

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
Facilitate confident and resilient communities:
Commission, broker and provide core services:
Place – leadership and influencer:
Drivers of change and reform:
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

The Head of Corporate Resources has been consulted and has no comments to make on this report as there are no financial consequences as a result of it. (FD 4687/17)

The Head of Regulation and Compliance has been consulted and has no comment on the report (LD 3971/17)

Are there any other options available for consideration? N/A

Implementation Date for the Decision: Immediately following the Committee meeting.

Background Papers: None

Contact Officer:	Mike McSorley
Telephone Number:	Tel: 0151 934 3428
Email Address:	mike.mcsorley@sefton.gov.uk

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1. Introduction/Background

1. 1.1 Introduction

1.1 At a special meeting on 4 April 2017 Overview and Scrutiny (Children's Services and Safeguarding) considered the draft statement of action in response to the Local Area SEND Inspection carried out in November 2016. Members requested a copy of the final statement of action to be presented to this Committee for information.

2. SEND Inspection

2.1 The SEND inspection is an inspection of a local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.

2.2 The inspection is undertaken jointly by Ofsted and the CQC and inspectors are required to examine the local areas' effectiveness in:

- The identification of CYP with SEND
- Meeting the needs of CYP with SEND
- Improving outcomes for CYP with SEND

2.3 The inspection lasts 5 days and includes education services, schools, health services and social care services in respect of this group of young people. There is no 'judgement' at the end of the inspection but the local area receives a letter which details a range of 'Strengths' and 'Areas for development'.

2.4 In Sefton's case we were also required to submit a written 'statement of action' on 5 areas of concern by 18th April 2017. The 5 areas of concern are:

Action 1 - the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stages 2 and 4.

Action 2 - the poor operational oversight of the DCO across health services in supporting children and young people who have special educational needs and/or disabilities and their families.

Action 3 - the lack of awareness and understanding of health professionals in terms of their responsibilities and contribution to EHCPs.

Action 4 - the weakness of co-production with parents, and more generally in communications with parents.

Action 5 - the weakness of joint commissioning in ensuring that there are adequate services to meet local demand.

2.5 The statement of action submitted to Ofsted jointly by the CCGs and the local authority, addresses the five areas identified above and is attached to this report for information.

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Dwayne Johnson
Director of Social Care & Health
(DASS/DCS)
Merton House
Stanley Road
Bootle
Merseyside
L20 3JA

correspondencenorthwest@ofsted.gov.uk

Date: 18th April 2017
Our Ref:
Your Ref:

Contact Name:
Contact Number: 0151 934 3333
Email: dwayne.johnson@sefton.gov.uk

Dear Sir/Madam,

Sefton Local Area: SEND Inspection written statement of action

Please find attached the written statement of action which the local area has been asked to submit following the local area SEND inspection in Sefton.

The statement is submitted jointly on behalf of the local area by the CCGs and Sefton Council. The statement has been produced by a working group which included parents, schools, Health, CCGs, Public Health, the voluntary sector and social care, and quality assured by the SEN Strategic Group and the CCG Quality Committee. The statement has also been scrutinised by the local authority's Children's Overview and Scrutiny Committee and their comments have been incorporated into the final version.

Following an initial meeting with DfE and NHS England a senior Officer from the CCG and I met with Hazel Richards from NHS England with dial in from Stuart Miller and Andre Imich from the DfE for a positive but challenging meeting and their supportive comments and thoughts have been taken on board in developing the statement. Drafts of the statement have been shared with regional links in DfE and NHS England and their comments have been included in the final version.

I understand that following the receipt of the statement, Ofsted and the Care Quality Commission will review the content and provide a response to you within 10 working days, however, I would be grateful if you could acknowledge receipt of the attached statement of action.

If you have any queries please do not hesitate to contact me.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Dwayne Johnson', with a horizontal line extending to the right.

Dwayne Johnson
Director Social Care and Health

www.sefton.gov.uk

Report Template

Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	Wednesday 21 June 2017
Subject:	School Organisation and School Places		
Report of:	Head of Schools and Families	Wards Affected:	(All Wards);
Portfolio:			
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The Head of Schools and Families was requested to submit an annual report to this Committee on school organisation and school places. This is a work item on the committee's annual Work Programme.

Recommendation(s):

- 1) That the Committee notes the information in the report

Reasons for the Recommendation(s):

The Head of Schools and Families was requested to submit an annual report to this Committee on school organisation.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not Applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

Schools are funded through the Dedicated Schools Grant (DSG) which is linked through formula funding directly to the number of pupils a school can attract. Declining numbers in the secondary phase across pockets of the Borough are causing concern for the financial viability of a number of secondary schools. This is compounded with increasing competition between secondary schools for pupils

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across the Borough and with FE Colleges. As a result, numbers in some areas may continue to decline and the over capacity of places to pupils across the secondary sector gives some cause for concern.

The DSG funding allocation per pupil has not increased since 2010 and some schools are finding it increasingly difficult to balance their budgets. This will be exacerbated by the proposed changes to the national funding formula. If a school has to close because it is no longer financially viable, then the closure costs and any financial deficit becomes the responsibility of the Council. It is imperative that officers are continually working with schools and other stakeholders to ensure that schools are viable and mitigate any financial risk to the Council.

Pupil numbers in the Primary sector generally seem to be increasing in most areas and these numbers will eventually move through into the secondary sector. School Place planning is essential to ensure future provision of education where it is most needed.

(B) Capital Costs

Not applicable.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): Not applicable
Legal Implications: School reorganisations are covered by statutory processes and the Local Authority has statutory duties in terms of ensuring sufficiency and quality of school places
Equality Implications: There are no equality implications

Contribution to the Council's Core Purpose:

(Please give a brief description of how the proposals set out in the report contribute towards the following Council's Core Purpose. Insert 'not applicable' where required and remove this text)

Protect the most vulnerable:
Facilitate confident and resilient communities:
Commission, broker and provide core services:
Place – leadership and influencer:

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Drivers of change and reform:
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD 4686/17) and Head of Regulation and Compliance (LD.3970/17) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Mike McSorley, Head of Schools and Families
Telephone Number:	0151 934 3428
Email Address:	mike.mcsorley@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

Area graphs for primary and secondary.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

- 1.1 The Committee has requested an annual report on school organisation and pupil places based on the annual School Capacity (SCAP) return to the Department for

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Education. The figures in this report are based on the 2016 SCAP return and the School Census in January 2016 and 2017.

1.2 Previously the Committee has been made aware of the changing landscape of education provision and considered a range of factors and issues which impact on school organisation summarised below:

- **Government Policy** – a market led model, more autonomy for schools, and choice of different types of provision for parents.
- **LA Statutory Duties** – to ensure sufficiency of school places and to intervene in the case of failing schools (DSG funded schools only). The LA also needs to support our most deprived communities and provide the right balance of provision to meet local needs.
- **Government's vision for LAs** – to provide a 'strong strategic role as champions for parents, families and vulnerable pupils', and to promote educational excellence by ensuring a good supply of high quality school places...'
- **Factors affecting Pupil Place Planning** – planning for future pupil numbers the local factors influencing the availability of places are school capacity, school popularity, school viability, birth projections and the delay in receiving these, local population mix, future housing yield, demographics and migration. All these factors can be uncertain. Another factor which is affecting the LA's ability to plan places is changes in planned admission numbers at schools no longer maintained by the LA, sometimes at short notice.
- **Education reform** – has resulted in FE colleges being able to provide 14-16 education from September 2013. Increased autonomy and variety in the schools system has reduced LA influence and control over school organisation.
- **School funding reform** – the changes to the national funding formula will have a major impact on schools in Sefton with many schools having budgets significantly reduced. Capital funding for schools has also been reduced and this includes school maintenance as well as creating additional places.
- **Demographic Issues** – Members will be aware of the Council's Local Plan and the options for new housing within the Borough. The DFE will not allow local authorities to factor housing developments in to their pupil projections until planning permission has been granted.
- **Planning Areas** – Sefton's planning areas for school organisation are based on geographical and ward boundaries. Over the last few years a number of secondary schools in the South Sefton area have closed including Bootle High, St George of England High, St Wilfrid's High and more recently St Ambrose Barlow High School. This means that there are now only three schools in the Bootle planning area and one in the Litherland area. As a result of the secondary school closures some of the feeder primary schools have been reorganised, for example Savio Salesian College is in Bootle planning area but has a feeder primary in Litherland planning area. Litherland High has three feeder primaries in Bootle planning area. The DFE has agreed that starting with the 2017 SCAP return

which will be submitted in July/August 2017 we will amalgamate the secondary planning areas for Bootle and Litherland which will be known as the Bootle and Litherland secondary planning area. This will be mirrored by a Bootle and Litherland primary planning area. This will align the planning areas more closely with Sefton's Admissions areas.

2. Primary Sector – Pupil Places and Numbers

2.1 The total number of pupils in Sefton Primary Schools in January 2016 was 20,331 against a total number of places available of 22,174. In January 2017 there were 22,039 places and 20,620 pupils on roll and the demand is predicted to increase to 21,032 by 2021/22. Annex A gives details for each area of the borough. In January 2016 there were 3,185 Reception places in Sefton with 3,067 pupils on roll. In January 2017 there were 3,215 places in Reception and 2,974 pupils on roll.

2.2 There are variations in the different parts of the Borough and Annex A gives details for each area. A summary of each area is as follows:

- Bootle
Pupil numbers are projected to increase over the next five years. In Bootle North (Netherton) places are predicted to be full towards the end of the five year period.
- Litherland
Pupil numbers are projected to increase slightly over the next five years.
- Crosby
Pupil numbers are projected to continue to increase in parts of the Crosby area. Places have already been added at Great Crosby Primary School.
- Formby
Current projections indicate that primary numbers will decline over the next few years but these figures do not take into account additional houses which are likely to be built in the area as the DFE will not allow local authorities to build this into the projections until the projects have planning permission.
- Maghull and Aintree
Projections indicate that pupil numbers will increase over the next five years. At the same time the number of places will decrease as two schools in this area have reduced their planned admission numbers due to lack of demand for places. This will be kept under review.
- Southport
Pupil numbers continue to increase in this area until 2020/21 when the projections begin to stabilise. Additional places have been added in the central Southport area at Kew Woods Primary, Birkdale Primary, and Linaker Primary and are currently being added at Norwood Primary in order to meet demand in the area.

3. Secondary Sector – Pupil Places and Numbers

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3.1 In January 2016 the total number of secondary places in Years 7 to 11 was 17,409 with 14,566 on roll in those year groups. There were also 2,427 on roll in Years 12 and 13. In January 2017 there were 16,735 places with 14,295 on roll in Years 7 to 11 and 2,333 on roll in Years 12 and 13. FE Colleges are not included as their provision does not form part of the School Census or the School Capacity Collection (SCAP). There are variations in different parts of the Borough and Annex A gives details for each area of the Borough and a summary of each area for pupils in Years 7 to 11 is as follows:

- Bootle
Pupil numbers have reduced in recent years. Projections indicate that numbers will continue to drop over the next few years and then start to increase from 2020/21 as larger year groups move through from the primary sector. With the closure of St Ambrose Barlow Catholic High secondary places in the area have reduced.
- Litherland
Pupil numbers are projected to decline and then stabilise over the next five years as larger year groups move through from the primary sector.
- Crosby
Pupil numbers are expected to continue to rise over the next five years. Action may need to be taken to ensure sufficiency of secondary school places in this area given the anticipated numbers expected from the primary sector.
- Formby
Pupil numbers are projected to continue to rise and then start to decline due to the declining numbers coming through from the primary sector. However, as previously mentioned these figures do not take into account any future housing developments and there is also a high possibility that Formby schools will attract more pupils from surrounding areas.
- Maghull and Aintree
Pupil numbers are expected to remain stable and then start to decline. However, there are some large developments proposed in the Local Plan for this area which have not been included in the projections as they don't have planning permission.
- Southport
Pupil numbers are projected to increase slightly as the primary population start to feed through in to the secondary sector.

4. Capital Projects

- 4.1 Sefton Council did not receive any Basic Need allocation for 2017/18 and 2018/19 as the pupil projections submitted to the DFE via the School Capacity collection (SCAP) in 2014 and 2015 did not demonstrate enough growth. However, based on the 2016 SCAP return Sefton will receive an allocation of £2,876,486 in 2019/20.

5. Summary

- 5.1 Managing pupil places is a complex matter and Members can see from the issues raised in the report the range and variety of factors which needs to be considered.
- 5.2 The demand for school places is reviewed annually and proposals developed to meet local pressure points as they arise.

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ANNEX A

A. Primary Planning Areas

Bootle North

The Grange Primary
Netherton Moss Primary
St Oswald's CE Primary
Holy Spirit Catholic Primary
Our Lady of Walsingham Catholic Primary
St Benedict's Catholic Primary

Bootle South

Bedford Primary
Linacre Primary
Springwell Park Primary
Thomas Gray Primary
Christ Church CE Primary
All Saint's Catholic Primary
St Monica's Catholic Primary
St Robert Bellarmine Catholic Primary

Litherland

Hatton Hill Primary
Lander Road Primary
Litherland Moss Primary
St Philip's CE Primary
English Martyr's Catholic Primary
Our Lady Queen of Peace Catholic Primary
Our Lady Star of the Sea Catholic Primary
St Elizabeth's Catholic Primary

Crosby

Forefield Infant
Forefield Junior
Valewood Primary
Waterloo Primary
Rimrose Hope CE Primary
St John's CE Primary
St Luke's Halsall CE Primary
St Nicholas CE Primary
Great Crosby Catholic Primary
St Edmund's and St Thomas's Catholic Primary
St Mary's Catholic Primary
St William of York Catholic Primary
Ursuline Catholic Primary

Formby

Freshfield Primary
Redgate Primary
Woodlands Primary
St Luke's CE Primary
Trinity St Peter's CE Primary
Our Lady of Compassion Catholic Primary
St Jerome's Catholic Primary

Maghull & Aintree

Aintree Davenhill Primary
Green Park Primary
Hudson Primary
Lydiate Primary
Melling Primary
Northway Primary
Summerhill Primary
St Andrew's CE Primary
St Thomas CE Primary
Holy Rosary Catholic Primary
St George's Catholic Primary
St Gregory's Catholic Primary
St John Bosco Catholic Primary

Southport

Birkdale Primary
Churchtown Primary
Farnborough Road Infant
Farnborough Road Junior
Kew Woods Primary
Kings Meadow Primary
Larkfield Primary
Linaker Primary
Marshside Primary
Norwood Primary
Shoreside Primary
Ainsdale St John's CE Primary
Bishop David Sheppard CE Primary
Holy Trinity CE Primary
St John's CE Primary
St Philip's CE Primary
Holy Family Catholic Primary
Our Lady of Lourdes Catholic Primary
St Patrick's Catholic Primary
St Teresa's Catholic Primary

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B Secondary Planning Areas

Bootle

Hillside High (academy)
The Hawthorne's Free School
Savio Salesian College

Litherland

Litherland High (academy)

Crosby

Chesterfield High (academy)
St Michael's CE High (academy)
Holy Family Catholic High
Sacred Heart Catholic High

Formby

Formby High (academy)
Range High (academy)

Maghull and Aintree

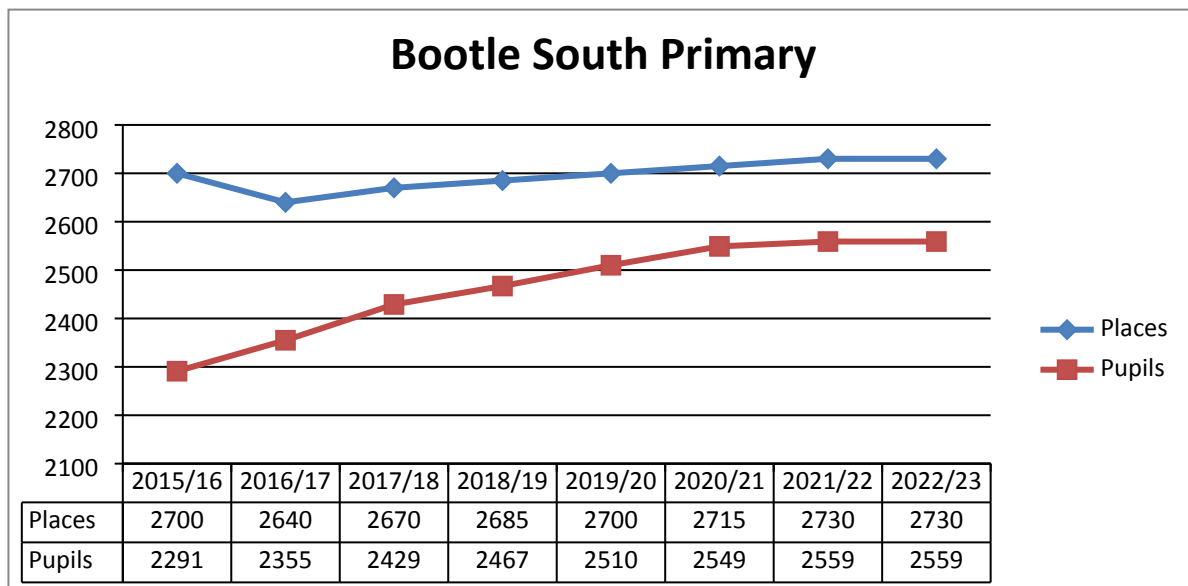
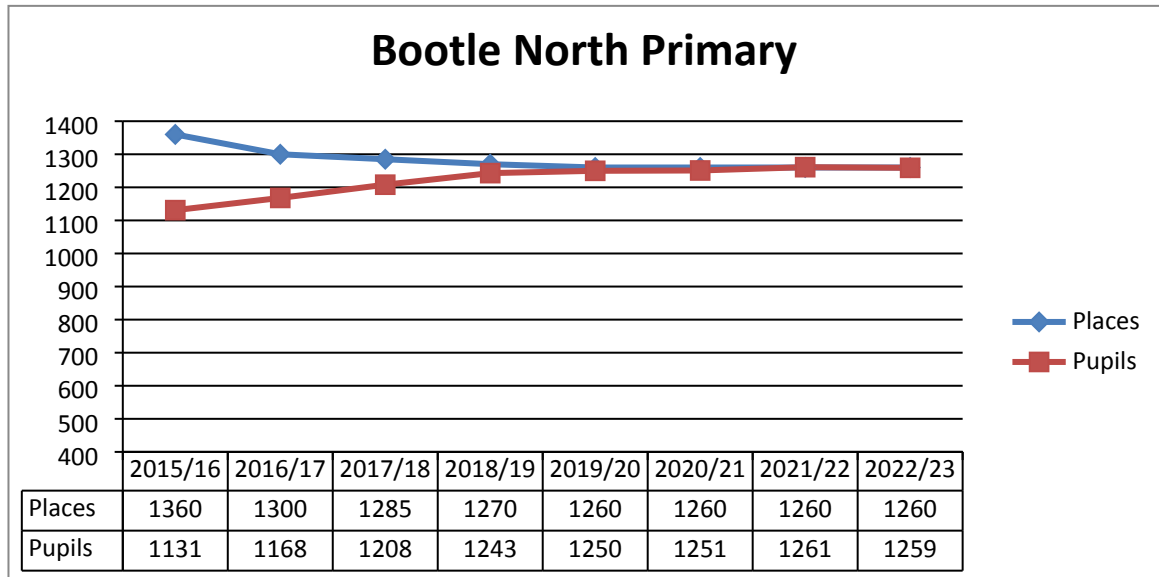
Deyes High (academy)
Maghull High (academy)
Maricourt Catholic High

Southport

Birkdale High (academy)
Greenbank High (academy)
Meols Cop High
Stanley High
Christ the King Catholic High

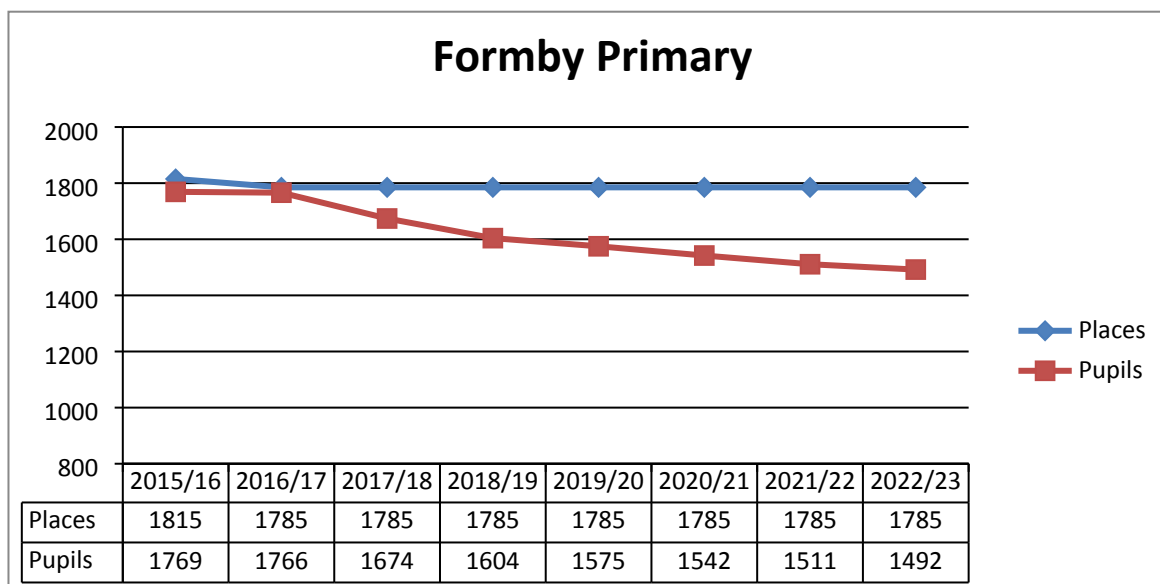
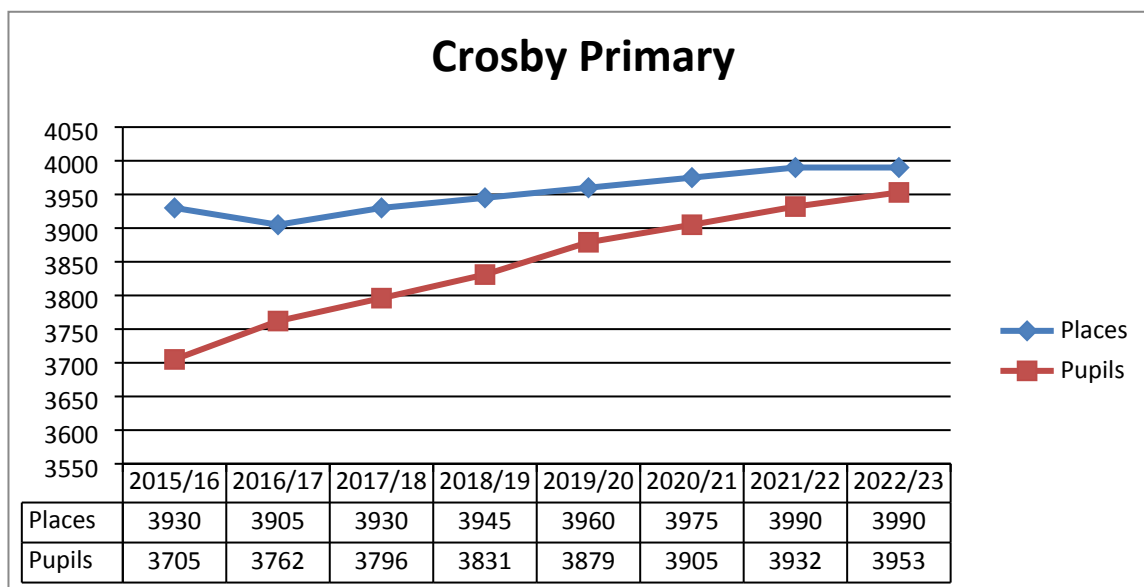
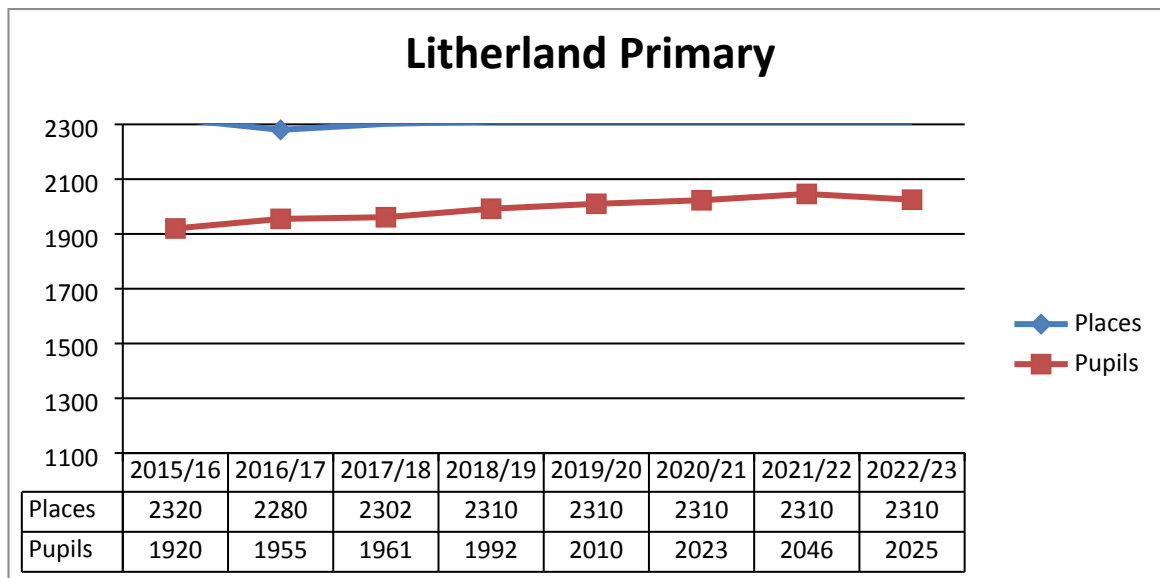
C Primary Schools – Pupil Places and Pupil Numbers

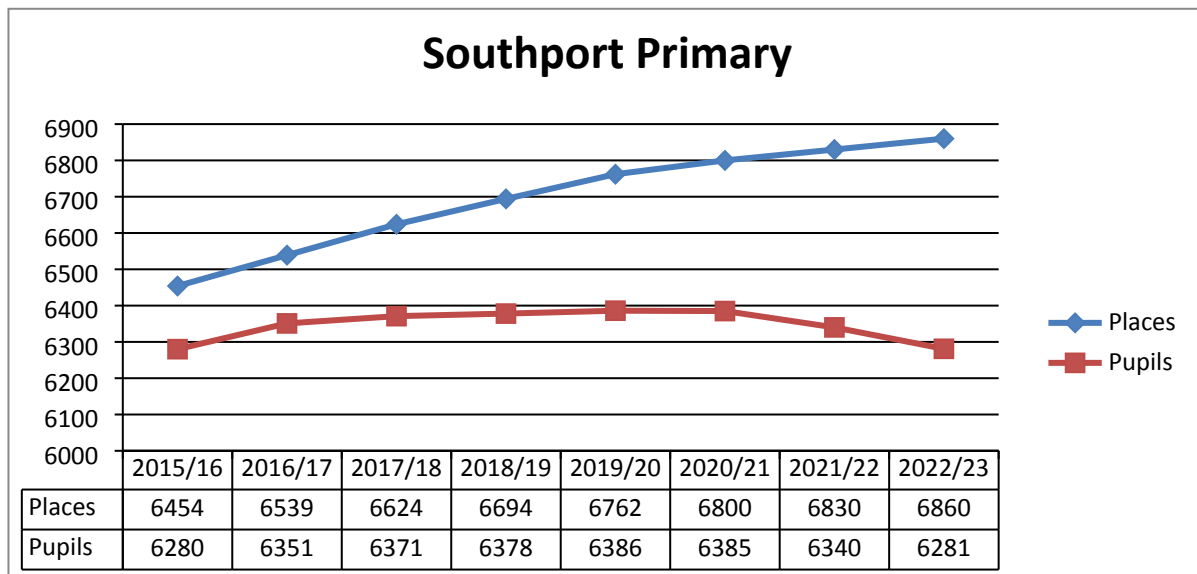
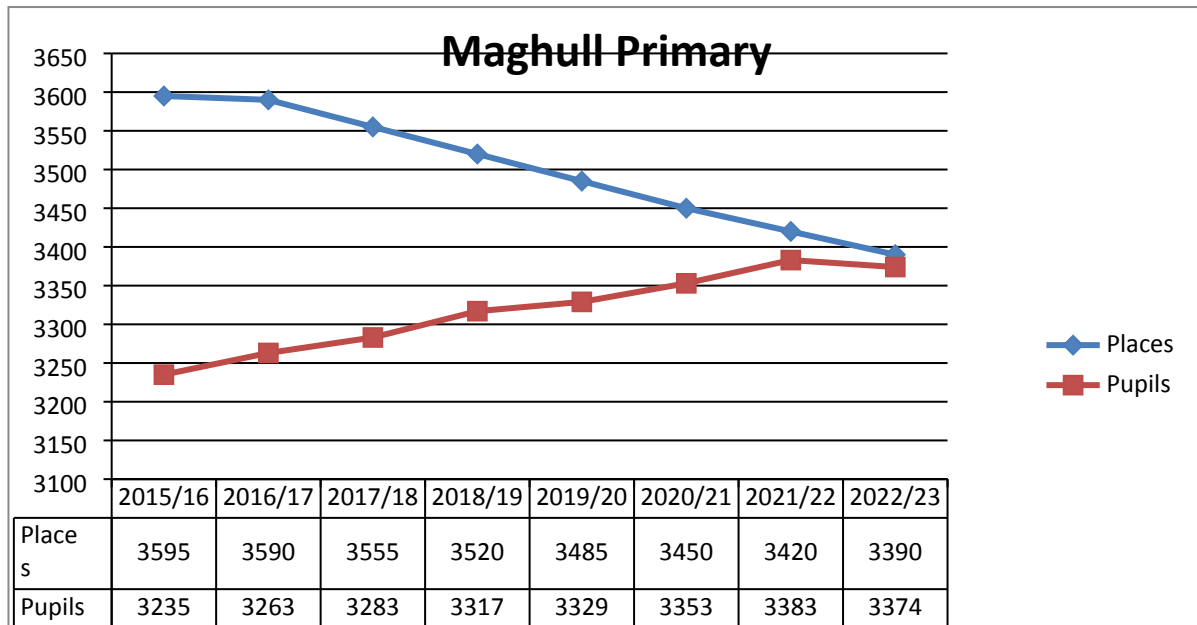
Figures for 2015/16 and 2016/17 are actuals as at January. The other figures are projections.



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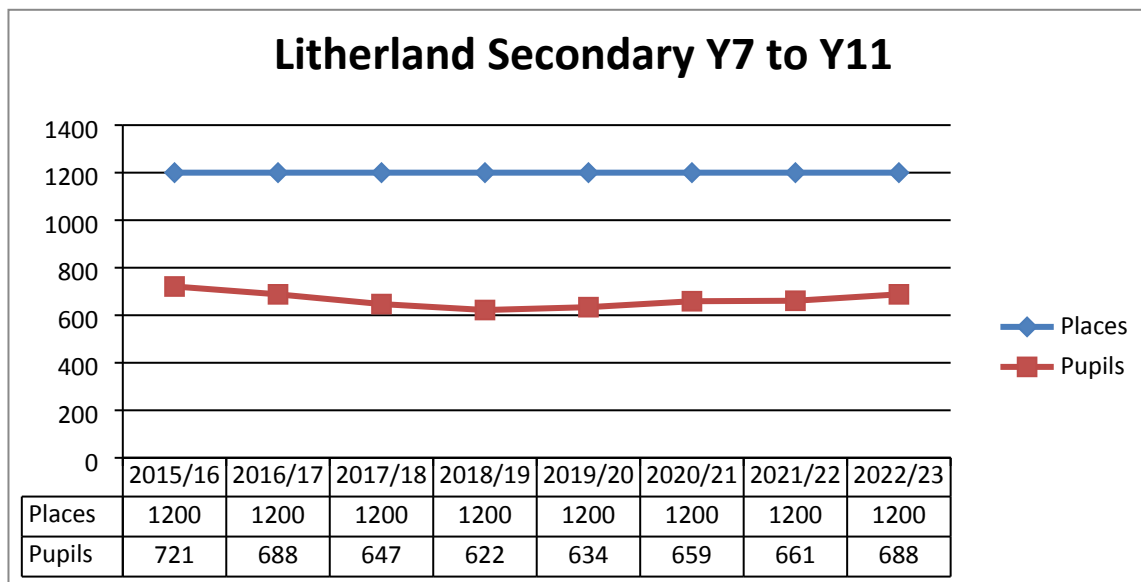
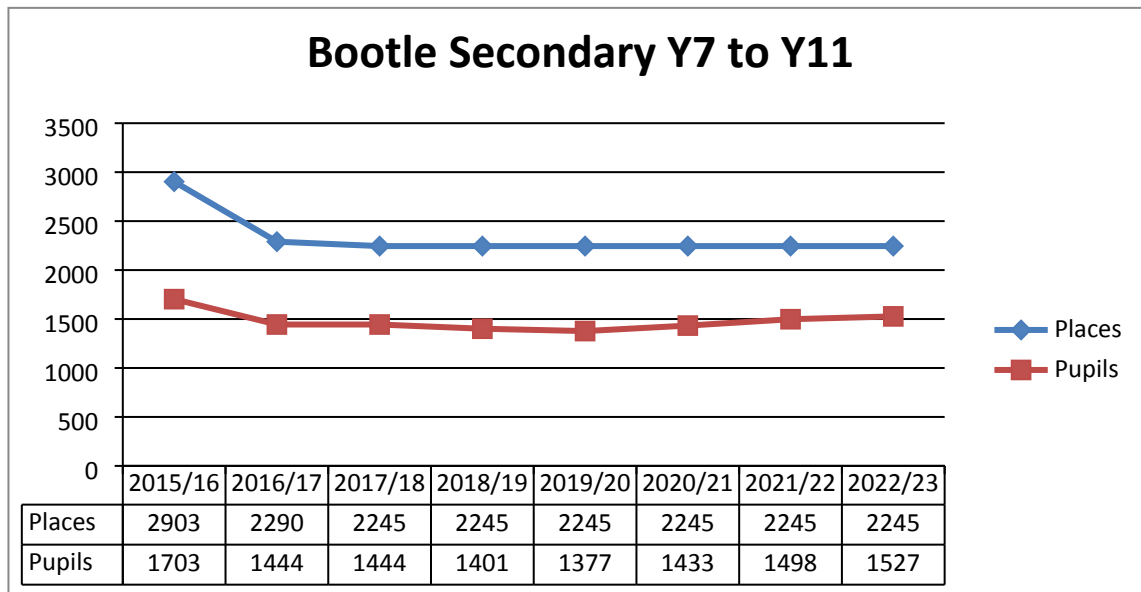


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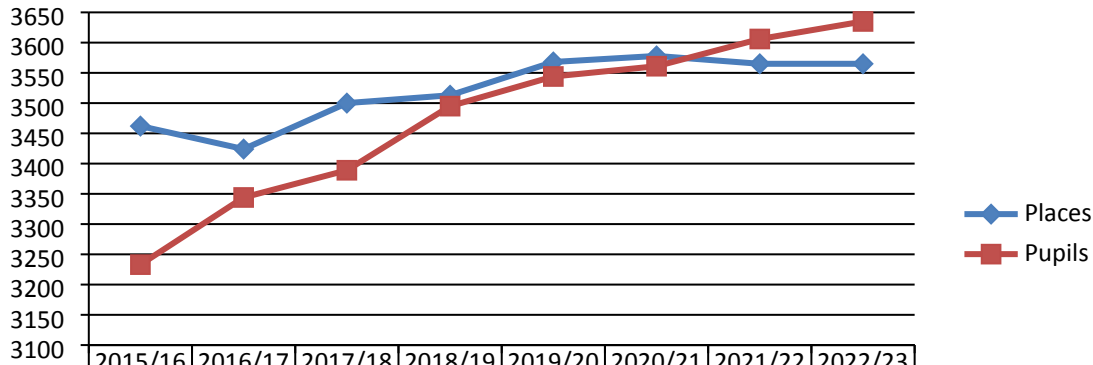
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D Secondary Schools – Pupil Places and Pupil Numbers (Years 7 to 11)

Figures for 2015/16 and 2016/17 are actuals as at January. The other figures are projections.

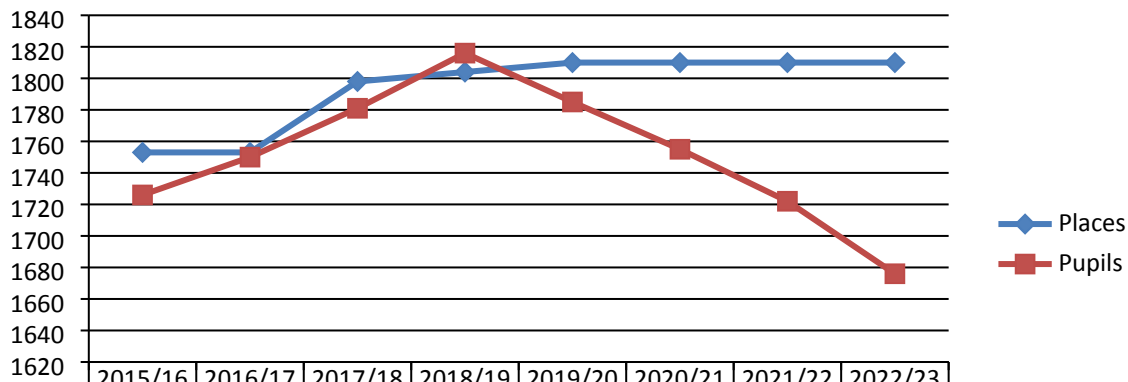


Crosby Secondary Y7 to Y11



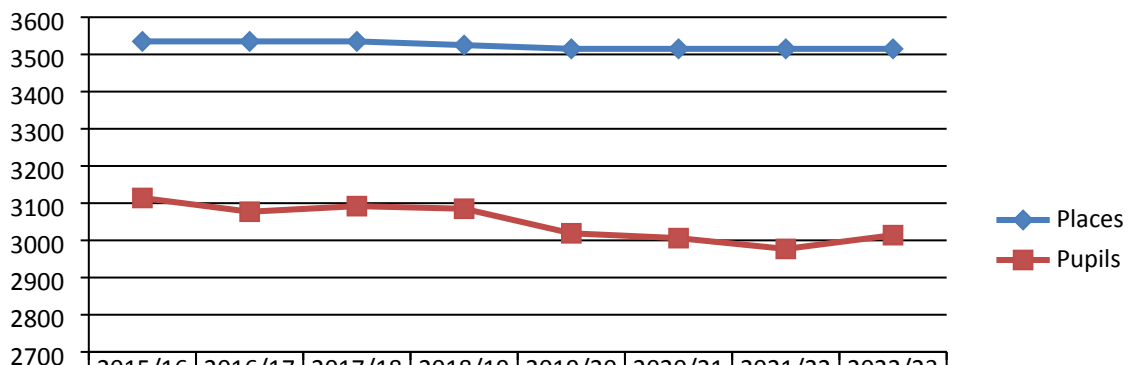
Places	3462	3424	3500	3513	3568	3578	3565	3565
Pupils	3233	3344	3389	3495	3544	3561	3606	3635

Formby Secondary Y7 to Y11



Places	1753	1753	1798	1804	1810	1810	1810	1810
Pupils	1726	1750	1781	1816	1785	1755	1722	1676

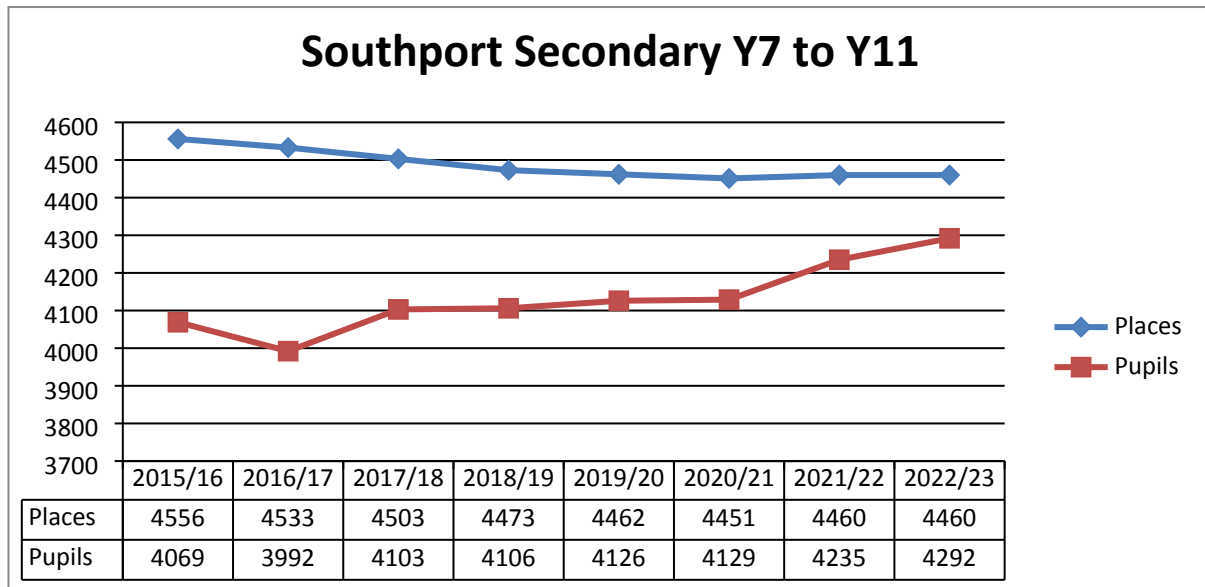
Maghull Secondary Y7 to Y11



Places	3535	3535	3535	3525	3515	3515	3515	3515
Pupils	3114	3077	3092	3085	3019	3006	2977	3014

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Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	21 June 2017
Subject:	Cabinet Member Report – May 2017		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Children's Services and Safeguarding		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To submit the Cabinet Member - Children's Services and Safeguarding report relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Member - Children's Services and Safeguarding report relating to the remit of the Overview and Scrutiny Committee be noted.

Reasons for the Recommendation:

In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

Alternative Options Considered and Rejected:

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

What will it cost and how will it be financed?

Any financial implications associated with the Cabinet Member report which are referred to in this update are contained within the respective reports.

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

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Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
Legal Implications:
Equality Implications: There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. The Cabinet Member update provides information on activity within Councillor John Joseph Kelly's portfolio during a previous two month period. Any reports relevant to his portfolio considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council's Core Purpose.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener: As above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Cabinet Member Update Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update report will be included in those reports as appropriate

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Ruth Harrison
Telephone Number:	0151 934 2042
Email Address:	ruth.harrison@sefton.gov.uk

Appendices:

The following appendix is attached to this report:

Cabinet Member - (Children's Services and Safeguarding) update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, is the most recent Cabinet Member report for the Children's Services and Safeguarding portfolio.

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CABINET MEMBER UPDATE REPORT		
Overview and Scrutiny Committee (Children’s Services and Safeguarding) - 20 th June 2017		
Councillor	Portfolio	Period of Report
John Joseph Kelly	Cabinet Member for Children’s Services and Safeguarding	May 2017

Academisation

Officers asked community school for their views on future governance arrangements following a discussion with Cabinet last year. 85% of schools who responded said they wished to remain as community schools and did not want to become academies.

Schools are working with the Council to develop a system of school improvement involving the local authority, partners such as the Diocese and Arch-diocese and teaching schools.

South Sefton College

Cabinet considered the outcome of the consultation on the merger of South Sefton College and Hugh Baird and agreed to the proposals. The statutory notice will now be published and consultation undertaken with staff in the College regarding the transfer to Hugh Baird.

The final decision following any representations to the notice will be taken by Cabinet in July.

SEND Inspection

The Council’s statement of action which was required following the SEND inspection was submitted to Ofsted within the required timescale. Ofsted have written to the DCS to explain that they will not be able to let us know whether this is an appropriate plan until after the general election.

In the meantime officers are working on delivering against the actions in the plan.

Children’s Social Care Restructure Update

Formal consultation with staff and trade unions closed on 5th May 2017. Some amendments to the structure have been made following feedback and these have been shared with staff and joint trade unions. A report has been prepared for the Lead Member Corporate Resources and it is anticipated that the structure will be agreed 12th June 2017.

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Agenda Item 9

Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	21 June 2017
Subject:	Work Programme 2017/18, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Children's Services and Safeguarding		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To seek the views of the Committee on the draft Work Programme for 2017/18, identify potential topics for scrutiny reviews to be undertaken by a Working Group(s) appointed by the Committee and identify any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

Recommendation:

That:-

- (1) the Work Programme for 2017/18, as set out in Appendix 1 to the report, be considered, along with any additional items to be included and thereon be agreed;
- (2) the Committee considers any potential scrutiny review topics, prioritise the order in which they start; establish the Working Group(s) for each topic; appoint at least 3 Members of the Committee to each Working Group; and acknowledges that the CAMHS Working Group is still ongoing; and
- (3) the Committee considers items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix 3 to the report, which fall under the remit of the Committee and any agreed items be included in the work programme referred to in (1) above.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2017/18 and identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny 'adds value' to the Council.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

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Alternative Options Considered and Rejected: (including any Risk Implications)

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme and identify scrutiny review topics.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None
Legal Implications: None
Equality Implications: There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report but reference in the Work Programme to various reports could impact on the Council's Core Purposes in which case they will be referred to in the report when submitted.
Facilitate confident and resilient communities: As Above
Commission, broker and provide core services: As Above
Place – leadership and influencer: As Above
Drivers of change and reform: As Above
Facilitate sustainable economic prosperity: As Above
Greater income for social investment: As Above
Cleaner Greener: As Above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Work Programme Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the Work Programme report will be included in those reports as appropriate

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Ruth Harrison
Telephone Number:	0151 934 2042
Email Address:	ruth.harrison@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Overview and Scrutiny Committee Work Programme for 2017/18
- Criteria Checklist For Selecting Topics For Review
- Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2017/18

- 1.1 The proposed Work Programme of items to be submitted to the Committee for consideration during the Municipal Year 2017/18 is set out in **Appendix 1** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2017/18 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2017/18 and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPICS 2017/18

- 2.1 It is usual practise for the Committee to appoint a Working Group(s) to undertake a scrutiny review of services during the Municipal Year.
- 2.2 A criteria checklist for selecting and rejecting potential topics to review is attached at **Appendix 2**, to assist the Committee in selecting topics and appointing Working Group(s) for the Municipal Year.
- 2.3 The Committee acknowledge that it has one Working Group outstanding in relation to the Children and Adolescent Mental Health Service. It is anticipated that the review will be completed sometime in the Autumn 2017.

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2.4 **The Committee is requested to approve any potential scrutiny review topics, prioritise the order in which they start; establish the Working Group(s) for each topic; appoint at least 3 Members of the Committee to each Working Group; and acknowledge that the CAMHS Working Group is ongoing.**

3. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

3.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four month period.

3.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.

3.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.

3.4 The latest Forward Plan is attached at **Appendix 3** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.

3.5 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.

3.6 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix 3 to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

APPENDIX 1

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

WORK PROGRAMME 2017/18

Date of Meeting	21 JUNE 17	26 SEPTEMBER 17	14 NOVEMBER 17	30 JANUARY 18	20 MARCH 18
Cabinet Member Update Report	X	X	X	X	X
Work Programme Update	X	X	X	X	X
Service Operational Reports:					
Ofsted Annual Report (M. McSorley)				X	
Children and Young People's Action Plan (D. Johnson and M. McSorley)				X	
Public Health Annual Report "wider determinants of health" (M. Ashton)	X				
Public Health Annual Report "Mental Health and Wellbeing" (M. Ashton)			X		
Quarterly Progress on Improvement and Performance Scorecard Improvement Plan – Children's Social Care (V. Buchanan)	X				
Fostering Service – Details regarding the number of Foster Carers in Sefton and the number of placements that had broken down. (V. Buchanan)		X			
School Performance – Possible Reasons for the Deterioration of Attainment at Secondary School (M. McSorley)			X		
Special Educational Needs and Disability Service – Update on the Implementation of Actions arising from the Joint Inspection with OFSTED and CQC. (M. McSorley and D. Johnson)			X		
Public Health Annual Report (M. Ashton)					X

School Organisation and School Places (M. McSorley)					x
CAMHS Working Group – Final Report		X			
Liverpool Women’s Hospital – Case for Change		X			
Alder Hey – Care Quality Commission Inspection		X			
Overview and Scrutiny Progress Reports:					
School Performance Update (M. McSorley)		X			
Corporate Parenting Board Annual Report (K. Gray)				x	

Appendix 2

CRITERIA CHECKLIST FOR SELECTING TOPICS FOR REVIEW

Criteria for Selecting Items
▪ Issue identified by members as key issue for public (through member surgeries, other contact with constituents or volume of complaints)
▪ Poor performing service (evidence from performance indicators/benchmarking)
▪ Service ranked as important by the community (e.g. through market surveys/citizens panels)
▪ High level of user/general public dissatisfaction with service (e.g. through market surveys/citizens panels/complaints)
▪ Public interest issue covered in local media
▪ High level of budgetary commitment to the service/policy area (as percentage of total expenditure)
▪ Pattern of budgetary overspends
▪ Council corporate priority area
▪ Central government priority area
▪ Issues raised by External Audit Management Letter/External audit reports
▪ New government guidance or legislation
▪ Reports or new evidence provided by external organisations on key issue
▪ Others

CRITERIA FOR REJECTION

Potential Criteria for Rejecting Items
▪ Issue being examined by the Cabinet
▪ Issue being examined by an Officer Group : changes imminent
▪ Issue being examined by another internal body
▪ Issue will be addressed as part of a Service Review within the next year
▪ New legislation or guidance expected within the next year
▪ Other reasons specific to the particular issues.

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SCRUTINY CHECKLIST DO'S AND DON'TS

DO
◆ Remember that Scrutiny <ul style="list-style-type: none">◆ Is about learning and being a "critical friend"; it should be a positive process◆ Is not opposition
◆ Remember that Scrutiny should result in improved value, enhanced performance or greater public satisfaction
◆ Take an overview and keep an eye on the wider picture
◆ Check performance against local standards and targets and national standards, and compare results with other authorities
◆ Benchmark performance against local and national performance indicators, using the results to ask more informed questions
◆ Use Working Groups to get underneath performance information
◆ Take account of local needs, priorities and policies
◆ Be persistent and inquisitive
◆ Ask effective questions - be constructive not judgmental
◆ Be open-minded and self aware - encourage openness and self criticism in services
◆ Listen to users and the public, seek the voices that are often not heard, seek the views of others - and balance all of these
◆ Praise good practice and best value - and seek to spread this throughout the authority
◆ Provide feedback to those who have been involved in the review and to stakeholders
◆ Anticipate difficulties in Members challenging colleagues from their own party
◆ Take time to review your own performance

◆ DON'T
◆ Witch-hunt or use performance review as punishment
◆ Be party political/partisan
◆ Blame valid risk taking or stifle initiative or creativity
◆ Treat scrutiny as an add-on
◆ Get bogged down in detail
◆ Be frightened of asking basic questions
◆ Undertake too many issues in insufficient depth
◆ Start without a clear brief and remit
◆ Underestimate the task
◆ Lose track of the main purpose of scrutiny
◆ Lack sensitivity to other stakeholders
◆ Succumb to organisational inertia
◆ Duck facing failure - learn from it and support change and development
◆ Be driven by data or be paralysed by analysis - keep strategic overview, and expect officers to provide high level information and analysis to help.

KEY QUESTIONS

Overview and Scrutiny Committees should keep in mind some of the fundamental questions:-

Are we doing what users/non users/local residents want?
Are users' needs central to the service?
Why are we doing this?
What are we trying to achieve?
How well are we doing?
How do we compare with others?
Are we delivering value for money?
How do we know?
What can we improve?

INVESTIGATIONS:-

To what extent are service users' expectations and needs being met?
To what extent is the service achieving what the policy intended?
To what extent is the service meeting any statutory obligations or national standards and targets?
Are there any unexpected results/side effects of the policy?
Is the performance improving, steady or deteriorating?
Is the service able to be honest and open about its current performance and the reasons behind it?
Are areas of achievement and weakness fairly and accurately identified?
How has performance been assessed? What is the evidence?
How does performance compare with that of others? Are there learning points from others' experiences?
Is the service capable of meeting planned targets/standards? What change to capability is needed.
Are local performance indicators relevant, helpful, meaningful to Members, staff and service users?

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 JULY 2017 - 31 OCTOBER 2017

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. 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;
2. 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

As a matter of local choice, the Forward Plan also includes the details of any significant issues to be initially considered by the Executive Cabinet and submitted to the Full Council for approval.

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

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Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Margaret Carney
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
South Sefton College - Proposed Merger with Hugh Baird College - Determination of the Statutory Proposal	Mike McSorley mike.mcsorley@sefton.gov.uk Tel: 0151 934 3428
Approval of Legal Documentation for Academy Conversion - Stanley High School	Marie Stevenson marie.stevenson@sefton.gov.uk
Children and Adolescent Mental Health Services Working Group	Ruth Harrison ruth.harrison@sefton.gov.uk Tel: 0151 934 2042

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Details of Decision to be taken	South Sefton College - Proposed Merger with Hugh Baird College - Determination of the Statutory Proposal			
	Determination of the Statutory Proposal to discontinue South Sefton College to enable the merger to take place.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017			
Key Decision Criteria	Financial	Yes	Community Impact	Yes
Exempt Report	Open			
Wards Affected	Ford			
Scrutiny Committee Area	Children's Services and Safeguarding			
Persons/Organisations to be Consulted	Parents and pupils, Staff and Governors of South Sefton College, all Sefton schools, Local MP, Ward Councillors, Trade Unions, Archdiocese and CE Diocese, neighbouring local authorities.			
Method(s) of Consultation	Consultation letters have been sent out and consultation meetings took place with staff, governors, parents and pupils on 13th March 2017.			
List of Background Documents to be Considered by Decision-maker	South Sefton College - Proposed Merger with Hugh Baird College			
Contact Officer(s) details	Mike McSorley mike.mcsorley@sefton.gov.uk Tel: 0151 934 3428			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

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Details of Decision to be taken	Approval of Legal Documentation for Academy Conversion - Stanley High School To inform Cabinet of the decision by the Secretary of State for Education to convert Stanley High School to become a sponsored academy in accordance with Government policy and seek authorisation for officers to sign the documentation required by the Government's academy conversion process.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017			
Key Decision Criteria	Financial	Yes	Community Impact	Yes
Exempt Report	Open			
Wards Affected	Cambridge			
Scrutiny Committee Area	Children's Services and Safeguarding			
Persons/Organisations to be Consulted	The school has consulted with staff and trade unions.			
Method(s) of Consultation	The Head of Corporate Finance (FD) has been consulted. There are some financial implications to the Council as a result of the conversion of Stanley High School to become an academy. These are indicated in Section 3. The Head of Corporate Legal Services (LD) has been consulted and any comments have been incorporated into the report.			
List of Background Documents to be Considered by Decision-maker	Approval of Legal Documentation for Academy Conversion - Stanley High School			
Contact Officer(s) details	Marie Stevenson marie.stevenson@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

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Details of Decision to be taken	Children and Adolescent Mental Health Services Working Group			
	To submit the findings of the Children and Adolescent Mental Health Services Working Group.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017 27 March 2017 Decision due date for Cabinet changed from 06/04/2017 to 27/07/2017. Reason: The Working Group is still deliberating on its Final Report			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Children's Services and Safeguarding			
Persons/Organisations to be Consulted	Elected Members, Stakeholders and Residents (Service Users)			
Method(s) of Consultation	Meetings and Correspondence			
List of Background Documents to be Considered by Decision-maker	Children and Adolescent Mental Health Services Working Group			
Contact Officer(s) details	Ruth Harrison ruth.harrison@sefton.gov.uk Tel: 0151 934 2042			