

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 19 October 2021		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	September 21

COVID-19 Update

The verbal update provided to me in September on Coronavirus in Sefton noted that:

- The weekly incidence of new cases of Coronavirus rose from around 300/100 000 in the first half of August to just over 400/100 000 in early September, with a faster rate of increase in recent days
- The incidence rate in the age 60 and over age group continued at around 180/100 000 and the growth in cases had been faster than in the under 60 age group, which could be associated with mixing and testing linked to summer holidays and socialising and return to school testing
- The sustained period of higher incidence in this age group and overall, is reflected in higher but stable mortality associated with Coronavirus compared to earlier in the summer (5-6 deaths per week)
- With all-age incidence approximately one third the level of January 2021, demand on hospitals from new admissions and inpatient care was stable at around one quarter of the January level (when the less transmissible Alpha variant was dominant)
- 100% of Sefton cases, which have been genomically sequenced are the more transmissible Delta variant, and this is typical of other areas
- As expected, lateral flow testing increased dramatically at the end of August due to secondary school children completing two tests in the first week back at school, with tests doubling from 2000 to 4000 per day. The rise in PCR was smaller to around 1600 per day.
- In early September, the highest incidence was in 10-19 year-olds (600-700/100 000), with increases also seen in younger children and working age adults, including individuals in their 50s and 60s
- The burden of infection remained high across Sefton with 8% of community PCR tests returning a positive result, and weekly incidence above 200/100 000 in most wards, with several areas in South Sefton and some in the Southport area in the 400-500/100 000 bracket
- At the start of September 18.9% of eligible individuals aged 16 or older had received no doses of vaccine, 81.2% had one dose and 74.5% were fully vaccinated (ranging 58-83% across Sefton wards). Uptake of vaccine offer is lowest in the youngest age groups, e.g. full vaccination in 18-24s was 42.6%

Relevant policy developments included,

APPENDIX B

- Exemption from isolation from 16th August for under 18s and over 18s who are double vaccinated
- Publication in mid-August of the new Contingency Framework for Schools and Education settings, setting out new plans for managing outbreaks
- Target to offer all 16-17-year olds one dose of vaccine by 23rd August and all adults aged 18+ two doses by mid-September
- Anticipated policy announcements were:
 - Details of the vaccine booster programme, a third primary dose for specific clinically extremely vulnerable, the vaccine offer for healthy 12-15 year-olds, and the Government's Autumn Coronavirus plan

Obesity

I received a progress report which provided an update of the objectives, successes and challenges for tackling obesity and supporting healthy weight over the short, medium and long term.

The report made clear that a long-term approach needs to be adopted to tackle this serious and significant issue and as the National Food Plan 2021 highlights, the complexities of obesity are far ranging. Sefton are committed to halting the rising trend in obesity by committing to a whole system approach to change.

The report considered the context in the way in which providers and commissioners across the health economy work together and how that is changing.

Whole System Approach

- Creates a shift away from interventionist approach which has limited impact at the margins
- Obesity is a complex issue - provides an ongoing, dynamic and flexible way of working
- Requires local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change
- Stakeholders **collectively** agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change

Reflecting on work already done and where we need to go within Sefton

- Interventions in place in Sefton for 20 years – limited success therefore switching to whole system approach
- Growing inequalities – aim to tackle this in a more holistic approach
- Healthy Weight Declaration – in place since 2018, refresh underway
- Local research 19/20 – indicated inequality and poverty are central
- New research 2021 – will examine impact of pandemic on obesity
- Multiagency task group in place
- Commitment to working across partnerships with senior leaders on board

- Short to medium term, 12-24-month action plan aligned to the Sefton obesity dashboard

Challenges and Barriers

Obesity is one of the leading causes of health inequalities in the UK, as a system we must ensure our concerted actions on this agenda are felt most intensely by our most vulnerable members of society who are most susceptible to becoming overweight or obese due to factors outside their control.

There is no one single solution, the report makes clear that we can only tackle obesity if it becomes everybody's business and is prioritised and embedded in everything we do. Senior leadership, organisational ownership and accountability is essential if obesity is to make the cultural shift from being solely a 'health' issue and being everybody's issue.

The report also references the Healthy Weight Declaration (HWD) which has been endorsed by the Council as a tool to support change. Although Cabinet Member commitment is in place, there has been limited success and variable engagement across the Council, and indeed, wider organisations in terms of their ownership and commitment to change. This is despite the HWDs attempts to provide a practical 'how to' process, which enables local authorities to start creating their own local whole systems approaches to tackling obesity and promoting a healthy weight. The report emphasises that a total cultural shift needs to be implemented if we are to create any impact in tackling obesity.

It is clear, if we are serious about change that we will need to drive a new way of working. Complex issues, like obesity, require sustained and systemic action and buy-in from systems leaders. This is essential to support implementation and enable local authorities to work differently and test new approaches.

Seasonal Influenza

Recent consultation with Service Managers on where staff are located and how many are attending Council buildings or working from home, indicated that the majority of staff are still working from home. Therefore, the Public Health team intend to procure a community-based voucher scheme, with some flu clinics being offered at key Council sites. The Public Health team are working with the Local Pharmacy Committee to seek expressions of interest from community pharmacies in Sefton to provide this offer. Further updates will be provided.

Children's Living Well Sefton

The emerging impacts of COVID-19 on children and young people, require existing Public Health commissioned areas to be responsive and adaptable to needs. More children and young people need support and increasingly that support will need be multifaceted and easily accessed. Creating a focused integrated wellness service (IWS) to support children and their families will involve linking up existing Children's Public Health commissioned services and programmes, and other related activities. A

hub will act as the co-ordinator of spokes, offering specialist advice and navigation, training, relationship management with wider partners and universal assessment practice.

Ending the COVID-19 pandemic, is partly reliant on COVID-19 vaccine uptake and routine testing practice across the population. We know that social inequities are associated with vulnerability to COVID-19 and we know that vaccine hesitancy amongst adults in England is higher in areas of greatest deprivation (8%) compare to most affluent (2%), ONS 2021. Uptake amongst young people has improved recently, however, continued effort is required to further increase uptake amongst young people and families, particularly, in areas of greatest deprivation.

The aim is to move away from separate services and siloed working to create a system that is responsive to need and easy to navigate by children, young people and families. It is acknowledged that COVID-19 has impacted significantly on need and complexity, therefore it is necessary to develop an offer that is holistic and includes outreach working and health promotion campaigns.

Discussions have taken place with key stakeholders to establish how the hub model will develop and operate to co-ordinate and facilitate an integrated health improvement offer. It is proposed that the hub be fully developed over a 2-year period to build the foundations and structure required for a sustained model, whilst developing opportunities and forging partner relationships and pathways.

Leisure Update

Despite the government announcement on 5 July 2021 that we would move to step 4 of the roadmap and all restrictions would be removed, a decision was taken to remain at step 3 with restrictions around capacity. This was greeted with a mixed response with some members welcoming the move to protect members and staff, however the overall feeling was one of complaint and frustration. However, the health and well-being of our customers and staff was our number 1 priority at that time.

Work started in August on the new 3G pitch at Litherland which also includes new LED lighting for the pitch and the running track.

The Leisure development offer ramped up as lockdown restrictions eased with more of a physical offer rather than the virtual offer that has been prevalent for the previous 18 months. Activities such as Park Nights, Summer Be Active and Football Soccer Camps were all delivered during the summer holidays, with Covid restrictions around locations and numbers of attendees in place.

Leisure: Children & Young People 121 Programme

The report provided an update on the 121 programme, delivered by Active Sefton, designed to improve the physical and mental wellbeing of children and young people. Commissioned by Public Health, in addition to receiving funds to work with victims of domestic violence, the programme predominantly works with those aged 11-19,

APPENDIX B

utilising physical activity as a tool to break down barriers and enable young people to engage in dialogue about issues that may be affecting them. The service receives referrals from Early Help, Social Services, Youth Offending and schools, as well as self-referrals made by family or carers and delivers bespoke sessions based around individual needs and interests.

During the pandemic, the team continued delivery, adapting the service in line with guidance. Despite lockdowns there were **147** people engaged, with 386 sessions delivered in 2020-21.

During quarter 1 2021/22, **90** people engaged in 121 and **400** sessions delivered, with strong partnership and multi-agency approaches developed. Staffing capacity has increased, which enabled the waiting list to reduce. Significant progress has been made with secondary schools to work with pupils on site, including Savio High, Meols Cop, and Greenbank. Both school-based and 1:1 interventions have demonstrated incredible outcomes, including improved mental wellbeing, confidence, self-esteem, school attendance, behaviour, focus and concentration, physical and social development.

As a result of COVID Recovery funding, the programme is expanding with an additional 3 Officers who will be based per locality to work with schools on a 1:1 or small group basis, including delivery of a 4-week course in secondary schools aimed at improving self-esteem, confidence, self-worth, behaviour, concentration and attention. The monitoring and evaluation is also being improved to include 3, 6, 9 and 12 months follow ups to ascertain if our young people are sustaining their activity.

Adult Social Care & Health - Integration and National Policy Update

The Health and Care Bill was published on the 6th July, the Bill provides detail on how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective integrated care system (and the immediate and long-term challenges presented by the Covid-19 pandemic). From April 2022, this will require all parts of the health and care system to work together as Integrated Care Systems, involving:

- Stronger partnerships in local authority areas between the NHS, local government and others with a more central role for primary care in providing joined up care;
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The Bill seeks to make Integrated Care Systems statutory, and details how the relationship of the system (Cheshire and Merseyside) and Place (Sefton) will work.

APPENDIX B

These proposals sit alongside other requirements aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally. Of course, as it is this government that has drawn this Bill up, it is flawed in so many ways, and highly unlikely to achieve better outcomes for our population. The Bill includes the creation of greater powers for the Secretary of State, allowing for greater political interference, and the potential for greater privatisation and cronyism within the Health Service.

The Bill will change the way in which decisions are governed, particularly in relation to services, and finances, as we establish more integrated ways of working. This will require a review of current decision-making and governance groups. The Health and Wellbeing Board (HWBB) has now commenced a programme of development delivered by the Local Government Association.

Plans about the Integrated Care Partnership are being shared with partners and their staff, as well as being cascaded to Council staff over the next few weeks. Engagement has also begun with the Health and Social Care Forum, Every Child Matters Forum and Health Watch.

A full report on key Adult Social Care is provided to the Committee in a dedicated report from Councillor Cummins.