

<b>CABINET MEMBER UPDATE</b>		
<b>Overview and Scrutiny Committee (Adult Social Care) – 6 September 2022</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
Ian Moncur	Health and Wellbeing	June - Aug 22

## **Public Health**

### **COVID-19 Update**

Prevalence of Coronavirus infection continued to fall during May 2022. Robust estimates from the Coronavirus Infection Survey show that by the end of May around 1 in 70 people would test positive on a PCR, compared to the recent peak at the end of March of 1 in 13.

In England, the percentage of people testing positive for COVID-19 decreased in all age groups except those aged 2 years to school Year 6, those aged 25 to 34 years and those aged 70 years and over for whom the trend was classified as uncertain by the Office of National Statistics.

The dominant variant in England and Sefton is Omicron BA.2, with early but notable inroads coming from two other sub-lineages, Omicron BA.4 and BA.5, which together made up around 21% of sequenced PCR tests in England. The UK Health Security Agency (UKHSA) have declared BA.4 and BA.5 variants of concern, considering evidence that shows a transmission advantage over BA.2. The reinfection rate continues higher than at earlier points in the pandemic, before Omicron became dominant and risk of infection remains higher in younger age groups and amongst unvaccinated individuals.

In the North West, the number of people admitted to hospital with Coronavirus, and the number of standard, and high dependency beds in use by patients with Coronavirus plateaued at the end of May, but at levels one seventh, one sixth and one fortieth of those reached at the all-time peak in January 2021. Hospitalisation risk remains highest in oldest and unvaccinated individuals, notably pregnant women.

Deaths that include a mention on Coronavirus on the death certificate averaged 2.3 per week in May in Sefton, showing a significant fall from the previous month when deaths averaged 4.8 per week. This level is almost the lowest over the past year.

At the end of May, 70.2% of residents aged 75 years and over have received a spring booster vaccine dose in Sefton, which is the same as national uptake. 63.6% of Sefton's population aged 12 and over had received a third or booster dose, compared with 68.2% in England. Lower vaccine coverage continues to be seen in

areas with higher deprivation, for example, in parts of Southport 69.3% of the population aged 12 and over have had at least one dose of vaccine, compared to 92.0% in parts of Ainsdale.

Statistics in this report are from publicly accessible sources:

[England Summary | Coronavirus \(COVID-19\) in the UK \(data.gov.uk\)](#)

[Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](#)

### **CHAT Health Survey**

The 0-19 Healthy Child Programme, has introduced two new initiatives, which are aligned and aim to improve communication and identification of unmet health need amongst children and young people in Sefton.

- A digital 'Health Survey' for children called CHAT Health, has been introduced to the school nursing offer, the surveys will be completed with children (or with parents at reception age), at different stages during throughout their school life. The survey provides a health needs assessment and opportunity to respond early to any unmet need. The questions have been developed and agreed in consultation with Sefton Children's Partners. The survey is being piloted to year 9 pupils from 13<sup>th</sup> June 2022 and will be completed by the summer holidays.
- Aligned to the survey is 'ChatHealth' text messaging service, which went live from 23<sup>rd</sup> May 2022. The service is aimed at children and young people aged 11-19 years. The service allows for anonymous text messages to be sent to the school nurse team regarding any health concerns, providing the team with the opportunity to respond with information, advice and guidance, signposting on to local services, or, if identity is shared, allowing for follow up through the offer of appointments or access to drop in clinics should the issues warrant increased support or raise more serious concerns.

### **Health Checks**

Briefing provided on the National NHS Health Checks Review and implications for the delivery of NHS Health Checks in Sefton which includes the need to increase participation and consider ways of integrating the programme into the wider NHS Cardiovascular Disease Prevention Strategy. In response to this the public health team will consider ways to improve participation and to consider possible links to other workstreams that are being led by NHS England and NHS Improvement (NHSEI) which aim to prevent cardiovascular health problems (such as stroke and heart disease).

An update was also provided on a pilot and bid funding awarded to Sefton Council public health team to support improving uptake of annual health checks for people with severe mental illness (SMI Health Checks) as part of the NHS Core20Plus5

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Programme. These SMI Health Checks are commissioned by NHS England and NHS Improvement (NHSEI) through General Practice and aim to identify physical health conditions and risk factors which may be more common in people with severe mental health problems and are less likely to be identified at an early stage. The Public Health team will work with colleagues in the Primary Care Networks to explore ways to improve access to SMI health checks as part of this pilot.

### **NCMP Data**

Prior to 2020/21 the prevalence of obesity and severe obesity, measured by the National Child Measurement Programme, had only seen small annual changes. In 2020/21 sharp increases were seen in the prevalence of obesity in the Reception and Year 6 Cohorts. Caution should be taken when considering the exact size of the increases, due to the reduced sample collected in 2020/21 compared to previous years. However, OHID assert that the data is comparable to previous years and demonstrates a clear increase in Child Obesity following the COVID-19 pandemic.

Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity. Furthermore, groups that previously had the highest levels of obesity (e.g. children living in the most deprived areas of England and from certain ethnic backgrounds) have also experienced the greatest increases in 2020/21. As a result, the already large disparities in child obesity have widened even further in 2020/21. The increases in child obesity follows the COVID-19 pandemic when children experienced school closure, social distancing, confinement and reduced access to health services and public health interventions. It cannot yet be determined whether these increases in obesity are a short term consequence of the pandemic or if this trend will persist over the long term. Further data will be required to assess this.

Public Health are leading a Whole Systems approach to obesity, which includes the development of a local plan and delivery model to tackle childhood obesity in Sefton.

### **Public Health Risk Register**

The Director of Public Health shared the departmental risk register. Mechanisms are in place to mitigate against the key risks. These include the impact of emerging new national and regional strategies relating to core public health functions.

### **Healthy Weight Declaration (HWD)**

The update provided information on plans and progress towards achieving the Healthy Weight Declaration (HWD) for Sefton Council. The declaration is the key delivery objective for the 'Live Well' task group which is part of a 3-pronged approach to tackling the healthy weight and obesity agenda in Sefton and sits within the Live Well agenda, working alongside Start Well and Age Well approaches to tackling obesity.

It is important to recognise 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. Today's dietary patterns have formed over a

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period of at least 70 years, and we will need long-term political commitments to reverse them. Accepting that this is a national and systemic issue, Sefton remains committed to working together to halt the rise in obesity and overweight and a multi-agency task force has been created to adopt a whole system approach to tackling this growing trend.

The HWD has been produced by Food Active, a charitable organisation born from a group of local experts who formed a healthy weight task force in the Northwest, who recognised the key leadership role of local authorities in advocating for better policies at national level. The Declaration consists of 16 commitments towards a joined-up system for creating a healthy environment and action plan has been developed to identify how Sefton Council can meet the 16 recommendations to achieve HWD status.

An action plan, which was originally developed with my approval in 2017 has been updated and refreshed and builds in the post pandemic issues current in Sefton, including consideration of the current cost of living crisis. The plan highlights how Sefton is already committed to and acting on each of these commitments, as they have already been recognised as important for supporting individuals and communities in keeping to a healthy weight.

Next steps are:

- The Live Well task group will work through the 16 recommendations and prioritise each, developing actions for all partners.
- I will be updated periodically over the next 24 months
- It is envisaged that once Sefton Council achieves HWD status, partner organisations in Sefton will be encouraged to adopt the same process with a view to achieving the HWD for their own organisation.

### **Start Well**

The briefing provided information on plans and progress around the Start Well Obesity Task and Finish group. The progress of this group feeds into the wider obesity strategic work and has strong linkages with the other 2 thematic groups of Live Well and Age Well. A key objective for the Start Well group is the development of the Children's Living Well Sefton Service (CLWS).

The Start Well group is one of 3 task groups focusing on obesity and overweight and works alongside the Live Well and Age Well groups delivering on this agenda. Start Well also has a cross cutting focus across the 0-19 service and focuses on the development of a pilot CLWS programme which will have a similar holistic focus as the current adult Living Well Sefton Service.

Progress achieved:

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- Whole system membership includes Alder Hey Children's Hospital, NHS colleagues, partners from VCF sector, School Catering, Early Help, Mersey Care 0-19 service, Active Sefton, and Public Health.
- A mapping exercise is currently underway to establish an up-to-date picture of the current support services and pathways for children and young people to access support around a healthy weight.
- The development of the CLWS service is a key objective of this work group, and some key achievements so far include a full complement of core staff now recruited.
- The focus on existing work has considered the issue of data and intelligence which will be included in the action plan. This is an opportunity to pool the insight across the services to provide a robust picture of the scale of children and young people in need of support, whilst evaluating existing measures such as the National Child Measurement Programme.

### Next steps:

- An action plan is in development based on opportunities identified through the mapping exercise and focused on current provision. The intention is to highlight areas of development where further collaboration is required to create a seamless and highly functioning Children's LWS pilot.
- Development of a relevant brand identity which will be determined by local consultation with young people. (CLWS is a working title)
- Longer term evaluation of service delivery and performance will set out proposals for service development and sustainability and include all partners.

### Supplemental Substance Misuse Treatment & Recovery Grant Allocation

In February 2022, the Office of Health Inequalities and Disparities (OHID) Department of Health & Social Care announced additional supplemental drugs funding which all local authorities are eligible to receive through a Section 31 Grant to support the delivery of the new national 2021 drug strategy. In April, Sefton Council received notification of the 3yrs funding from 2022/23 to 2024/25 subject to the submission of a OHID approved plans. The Sefton overall plan and 2022/23 detailed plan has now been approved. Detailed plans for 2023/24 and 2024/25 will be required before the start of each of those years.

Sefton Council will receive this enhanced funding for 3yrs starting from 2022/23. See allocation table below:

Supplemental Substance Misuse treatment & Recovery Grant	2022/23	2023/24	2024/25
	£1, 002,318	£1,642,287 Indicative figure	£3,169,979 Indicative figure

The Supplemental Substance Misuse Treatment and Recovery Grant should be used by local authorities to directly address the aims of the treatment and recovery

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section of the drug strategy. In order to achieve these aims, it is necessary to transfer funds to Change, Grow, Live (CGL) the current providers of Substance Use: Assessment, Treatment and Recovery Services and We Are with You (WAwY) the providers of the Young People & Families Substance Use Service.

Given the level of funding there is a requirement for Council and Cabinet to approve the proposed contract variations with CGL and WAwY for the current services to deliver the funded interventions.

Permission will also be sought to delegate authority to the Head of Health & Wellbeing/Director of Public Health to formalise the agreement and issue a contract variation to uplift the contract by an additional £772,068 in the first instance and the uplift for the years 2& 3 by the amounts yet to be determined, with CGL for the provision of Substance Use: Assessment, Treatment and Recovery Services. Also, agreement to add via a contract variation an additional £110,250 to the contract with WAwY.

The Sefton Council Contract Procedure Rules (CPR) requires authorisation by the Cabinet to allocate the funding.

There is provision for this allocation via a contract variation using Regulation 72 of the Public Contract Regulations.

### **Grant Funding for Individual Advisors for Substance Use Services**

I received a report detailing that Sefton Council have been successful in securing revenue-only funding for the delivery of Individual Placement and Support (IPS) employment support in community drug and alcohol treatment services.

This funding is from the Department of Work and Pensions (DWP) through the support of the Office for Health Improvement & Disparities (OHID). A total sum of £317,953 has been identified for Sefton. The breakdown of funding is £87,996 (part year) for 22/23, and indicative allocations of up to £113,868 for 23/24 and £116,088 for 24/25 has been allocated, subject to annual confirmation from HM Treasury. This grant will be provided pursuant to section 31 of the Local Government Act 2003. This is a three-year funding scheme running from April 2022 to March 2025, to support the delivery of the IPS approach.

The Sefton Council Contract Procedure Rules require my authorisation to allocate £317,953 to the current provider of Substance Use: Assessment, Treatment and Recovery Services, Change, Grow, Live (CGL) for delivery of the support approved within the funded proposal. There is provision for this allocation via a contract variation under Regulation 72 of the Public Contract Regulations. The intended beneficiaries are already engaged in the Substance Use: Assessment, Treatment and Recovery Services commissioned from CGL by the Council.

I also approved the proposed contract variation to the current contract with Change, Grow, Live for the current service, to deliver the funded IPS interventions. I also delegated authority to the Head of Health and Wellbeing / Director of Public Health to formalise the agreement to add via a contract variation an additional £317,953 to the contract with CGL for the provision of Substance Use: Assessment, Treatment and Recovery Services..

### **Sexual Health Needs Assessment**

I was presented with the Sexual Health Needs Assessment which included an overview of all available data and information on sexual and reproductive health in Sefton. I was advised that sexual health services had been heavily impacted by the pandemic and currently by the monkeypox response nationally, so it is now a good time to take stock. Of note late diagnoses of HIV were low indicating they were being picked up earlier, while testing for other STIs could be improved. The recommendations made within the needs assessment will inform the management of the service going forward.

### **Public Health Outcomes Framework (PHOF)**

The Public Health Performance Framework uses 26 indicators from the Public Health Outcomes Framework (PHOF [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://phe.org.uk)) to describe the scale and distribution of health problems, their underlying causes and associated health inequalities, and is usually updated on a six-monthly basis at Health and Wellbeing Cabinet Member Briefing.

This report spans January 2021 to February 2022 and includes 17 updates to data presented in the previous report. Of note, most indicators in the framework now include data from the period after March 2020 when the impact of the Coronavirus epidemic may be detectable. Whilst recognising multiple and wide-ranging influences on these indicators, additional information in the report brings a focus to improvement work delivered through Public Health services and wider programmes.

Key points are:

Sefton continues to reap the rewards from good progress on smoking, but impacts from alcohol and obesity are significant issues for the medium and long-term health prospects of the population.

Inequalities in life expectancy in Sefton are steeper than in many parts of England. Compared to England, Sefton residents in the most affluent fraction of the population have slightly better than average life expectancy at birth and at age 65, while those living in areas of highest deprivation have lower life expectancy compared to the national average for similarly deprived areas. Looking at local authorities that have similar levels of deprivation overall, Sefton ranks towards the higher end in terms of its life expectancy gap. This reflects a wider picture of north-south health inequality as well as challenges within Sefton. Coronavirus impacts continue to exacerbate these and other health inequalities, but data is only beginning to emerge in PHOF data.

Continuing severe socio-economic and environmental pressures present a clear added risk to health and wellbeing in terms of pandemic recovery and resilience and signal another series of big shocks that will drive up population health need and inequality. Sustained national, regional, and local action are all necessary to interrupt the trends described in the report.

Encouraging trends and performance are seen in:

- Relatively lower rates of preventable, premature respiratory disease compared to local authorities in Liverpool City Region and other similar areas
- Reduced smoking in pregnancy, which has fallen in line with the national average and improved at a faster rate than in most of the North West
- Improvements in successful drug treatment outcomes
- The continued fall in suicide rate, bringing Sefton back in line with the national average

Areas of concern include:

- In 2018-20, Sefton has the largest gap in life expectancy at birth in the North West - 14.2 years in males and 12.3 years in females. This reflects the differential influence of health determinants across the life course and an element of the two times higher Covid-19 mortality rate in people from most compared to least deprived areas, which is also seen nationally.
- The rate of preventable mortality from cardiovascular disease in under 75s is rising faster than the national trend. The same indicator for cancer showed a larger than average uptick in Sefton between 2019-20, and liver disease mortality increased by two thirds in women and one third in men
- Sefton's alcohol-related hospital admission rate remains significantly above the English average and sixth highest in the North West
- In 2019/20 over two thirds of adults are estimated to be overweight or obese, which is similar to the national picture. Obesity in Sefton is a whole population health and health inequality priority
- All three low wellbeing indicators (low satisfaction, high anxiety, low happiness) show big increases in 2020/21 compared to 2019/20, reflecting the population-wide impact of the pandemic on mental wellbeing

Response

- As individuals, communities, and whole populations our health and wellbeing are constantly shaped by different influences - by behaviours like alcohol use, by the effectiveness and accessibility of health and care services, by the support available from social and community networks and by the environments around us.
- Sefton's Public Health and other services are increasingly oriented towards joining up support across multiple health determinants. Partnership working is drawing these threads together – building more effective and cost-effective support, and better enabling communities and individuals to tap into their



inherent resourcefulness. Equitable approaches to pandemic recovery are essential to secure everyone's health, social, and economic prospects and are an investment in pandemic resilience.

### **Combatting Drugs Partnership**

I received a briefing in relation to the new Combatting Drug Partnerships National Drug Strategy guidance for a local delivery plan which was published June 2022. The guidance identifies key principles and structure to support the formation of Combatting Drug Partnerships, asking local areas to:

- Form a clearly defined partnership based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements.
- Select a senior responsible owner (SRO) who can represent the partnership nationally, reporting to central government for its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues where necessary.
- Involve all those people and organisations affected by drugs in developing solutions to these issues.

All areas are required to establish a partnership with Terms of Reference agreed by end of September. Other key milestones include the completion of a Joint Needs Assessment in November and the development of a delivery plan by end of December. An initial scoping meeting is planned for early August to discuss with key partners the way forward in Sefton.

### **Extension of Sexual Health Service Contract**

The purpose of the report was to seek approval from Cabinet for a 1 year contract extension to the Sexual Health Service contract and sought authority to action the two further extensions as required.

The Integrated Sexual Health Service is currently provided by Southport & Ormskirk NHS Hospital Trust. The Service was procured in 2018 through an OJEU light touch open procedure. The contract started 1st July 2018 and has a four-year nine-month core contract ending on 31st March 2023 with three, one-year built in extension options. Considerations is now required for activating the first of the 12-month extensions.

Therefore approval was requested from Cabinet for the Director of Public Health to be granted delegated authority to activate the first of the 12-month contract extension clauses in consultation with myself as Cabinet Member for Health and Wellbeing and the 2 further 12-month extensions as required. The first contract extension would be activated on the 1st of April 2023.

### **Leisure**

#### **Leisure Update**

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The 6 Leisure Centres are now fully reopened with their usual swim, gym and fitness classes. Memberships continue to grow but are still substantially below the level they were at pre-pandemic. Swimming in particular has been incredibly popular since reopening with waiting lists for swimming lessons. Work has been completed at Meadows to provide a vibrant new spin studio space.

The wider Leisure development offer continues to support the wider work of the Council. Park Nights have returned for the summer holidays to provide diversionary activities for young people away from causing ASB through the summer period. A full Be Active programme is also being offered for children over the summer holidays, the first full programme since pre-pandemic times.

The Active Workforce offer remains varied and important offer for our staff with a range of activities promoting physical and mental well-being.

### **Domestic Abuse**

The work of the Domestic Abuse Partnership Board and their response to the contents of the Domestic Abuse Act was reported. Further reports around this subject, in particular the work that is going on across the Health & Well Being landscape that supports the work of the Board will be brought to future briefings.

### **Communities Quarterly Performance Dashboard**

The Head of Communities presented Q1 performance dashboard that showed good performance of a number of key teams, many that support the Health & Well Being agenda, in particular the Active Sefton service. The report also highlighted the challenges the Leisure Centre estate was facing not only with recruiting members back to pre-pandemic levels and how this was affecting income targets, but the repairs and maintenance issues that were being faced by our ageing leisure centre estate.

### **3G Pitch Development**

Sefton council, in partnership with the Liverpool FA and the Football Foundation, are looking to appoint a 3G Pitch Development officer that will work across Sefton and St Helens to identify and develop 3G pitch sites, submit bids for funding, coordinate contractors etc.. This will be a joint funded post between the Liverpool FA, St Helens and Sefton council and will provide some much needed capacity in this area.