

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 14 September 2022
Subject:	Subgroup Updates		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

This report is to present to the Health and Wellbeing Board a summary of activity from the five identified subgroups. This is activity since the last report received by the board on the 8th June 2022

Recommendation(s):

- (1) The updates are received and noted by the Board
- (2) A nomination is made to the Primary Care Commissioning Committee
- (3) The Board agree delegation to the Chair to sign off the Better Care Fund Plan for 2022/23

Reasons for the Recommendation(s):

The Board is asked to routinely receive and note updates to ensure compliance with required governance standards

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

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional revenue costs identified within this report

(B) Capital Costs

There are no additional Capital costs identified within this report

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None identified in the report	
Legal Implications:	
None identified in the report	
Equality Implications:	
There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
The contents of the report have a neutral impact on Climate	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate confident and resilient communities: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Commission, broker and provide core services: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Place – leadership and influencer: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Drivers of change and reform: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate sustainable economic prosperity: N/A
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 Executive Director of Corporate Resources and Customer Services (FD.6930/22) and the Chief Legal and Democratic Officer (LD.5130/22) 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 Board meeting.

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Appendices:

The following appendices are attached to this report:

Revised Terms of Reference for the Health and Wellbeing Board

Background Papers:

There are no background papers available for inspection.

1. Introduction

- 1.1 As agreed at the December 2019 meeting of the Health and Wellbeing board the Board has agreed to receive a standard agenda item of summarised activity of its formal subgroups.

The subgroups are identified as: the Children & Young People Partnership Board, the SEND Continuous Improvement Board, the Adults Forum, the Health and Wellbeing Board Executive and the Health Protection Forum

2. Updates**2.1 Children and Young People Partnership Board (CYPPB):**

Meetings of the CYPPB are now bi-monthly and since the last update there have been two meetings on 27th April 2022 and 8th June 2022. There was no meeting in August and the next meeting is scheduled for October 2022.

At the April meeting the following items were discussed: NHS Commissioned Mental Health Support; Elective Home Education; Leeds Family Valued Model; Voice of the Child and National Child Measurement Programme At every meeting the Risk Register is reviewed.

The first report outlined how the NHS commissions support that can be accessed by children and young people within the youth criminal justice system. The Board was informed that it is known that a high proportion of children and young people who encounter the youth justice system have poor mental health and details were provided on a range of support across levels of need that can be accessed by this cohort, including dedicated targeted and specialist support. It was noted that some services are open access and children, and young people do not need to be referred. There are also specialist services with Alder Hey up to age 18 and a range of support options are available including a Crisis Care Team, again at Alder Hey, which was in place during Covid. Mental health support is a joint responsibility between the CCG and the LA, the Integrated Care Partnership and Board are working towards more integrated commissioning which will be easier.

A presentation was provided on Elective Home Education. It was noted that contact has continued with families throughout Covid including via telephone, email and socially distanced face to face contact to continue the support to home educating families. Although some parents are proficient there are risk factors, e.g. the child can be socially isolated or there is repeated failure to provide an outline of suitable education provided, or there could be unidentified or unmet SEND need. A Monitoring and Placement Group meets regularly, and a standing item is "Cause for Concern" where actions are routinely monitored. Data was provided on a number of areas such as EHE distribution by gender, area, year group and reasons provided by families underpinning the decision to electively home educate. Information on staffing and also a potential national registration scheme for children not in school was also provided and there is hope that such a scheme may give Local Authorities more powers than they have currently.

A verbal update on the implementation of the Leeds FV Model was provided. This is as a result of a bid to the DfE two years ago around innovation. Sefton has been awarded £3m over three years which is mainly for staffing. The main areas are:

1. Culture, Family Valued Approach. Working alongside family to have earlier opportunities to work with them, hearing the voice of children and families and their solutions to inform plans. Having families as a resource that we are working with them.
2. Family Group Conferencing. We have the family in a room with an independent person and look at their solutions.
3. Edge of care team. These are for those at danger of entering the system and we will look at restorative work. This is about to be kickstarted and the outcomes are expected to be: less children in care, more children in care staying in Sefton and better working relationships with families.

The purpose of the report on Voice of the Child was to start to identify the various methods and mechanisms to hear the voice of the child and how youth can participate in a systematic way in designing services. The aim being to get it right. The report provided information on why it is important to consult with children and young people and that they understand the process and how their feedback will be used. The current position in Sefton was outlined including examples of excellent practice such as the Preparation for Adulthood guide completed by young people as well as the Sefton Cycle Consultation work undertaken by Young Advisors. The report outlined the work of SYMBOL and noted that young people are saying there are too many officers attending and the feedback is more directed to Senior Officers than young people. The report concluded that we need to ensure we do not overburden young people.

A report was presented to the Board on the National Child Measurement Programme which is a mandated Public Health programme and part of the Government strategy around obesity and prevention which is not without its problems as there are a small number of complaints from parents about being informed their child is overweight. The Board was informed that a pilot is yielding good results. Sefton is taking part in a research project with some parents being asked to take part in the project using Map Me. This will be followed up in Yr 12. An update on the project which can inform national policy will be provided at a later date.

In June 2022 the reports received were: Children's Social Care and Early Help Partnership/

Martin Birch talked through a presentation on Children's Social Care. In particular he drew the Board's attention to information under the various headings which were What are we worried about; What do we need to do; What's working well, and a Performance Overview. He noted that regardless of the outcome of the inspection people are working hard, however, staffing and morale is a continuing issue. We are in the middle of a recruitment campaign but pay and retention needs further exploration, and we need to keep the impact on families and their perception of us in mind. Martin Birch also highlighted that performance is now presented in a different/ more usable way. The presentation also touched on the changes to accommodation, work on Liquid Logic and feedback sessions with staff. In terms of what is working well he noted that staff are wanting to move on, and the energy is fantastic, training under the family valued approach is underway which fits our approach with families. Recruitment of Service Managers continues as 4 out of 5 have been appointed. Martin Birch then proceeded to talk through the slides on performance which were an overview of the main areas over a 12-month period. The areas covered were: Open cases; Open cases forecast; Contacts – front door; and noted the steady climb since Ofsted publication;

A report was presented by Anne Tattersall who chairs the Early Help Partnership Group which was to provide high level details about the group, its role and purpose, key objectives, membership, governance and concluded with strengths and challenges and future priorities. It was noted the membership is varied and passionate with vibrant discussions. In terms of Governance, they report to the Health and Wellbeing Board (HWBB) and oversight is also by the Safeguarding Children's Partnership. The overarching purpose is to ensure that people of all ages receive timely, well co-ordinated and good quality early help services.

Challenges are around the increased demand and complexity of assessments and identifying clear pathways so there is no duplication. There is a dashboard reviewed monthly, however, it is potentially council focused and there is a need for more effective predictive data to offer more proactive rather than reactive approach. Anne Tattersall talked through the priorities and noted they have good examples of service user voice and concluded with the next steps which are to produce the annual report and review the strategy.

The Board also receives notes from the following groups for information if they had met:

SEND CIB

Early Help

Emotional Health and Wellbeing Group

Community Safety Partnership

Provider Alliance

2.2 SEND Continuous Improvement Board (SEND CIB)

There have been two meetings since the last update, one on 17th May 2022 and one on 12th July 2022.

At the May meeting the following items were discussed: Parent Carer Survey, Support Offered to Parents and SEND Performance.

A report was received on the Parent Carer Survey which was to provide the Board with the feedback from the 2022 Public Consultation Exercise on Special Educational Needs and/or Disabilities (SEND) Local Area Provision in Sefton. The Board was reminded that this is the fourth consultation activity relating to SEND since the 2017 SEND inspection. The aim of all the surveys has been to help provide the Board with feedback to monitor experience, involvement, and satisfaction around the key areas of Education, Health, Social Care, Information provision and on how the system is working together.

The Spring 2022 survey took place between 1st March and the 10th April 2022; having been extended by 10 days to allow for additional participation. A wide network of distributors supported the promotion of the survey, using a range of methods, including face-to-face, newsletters, social media, the Consultation Hub, and the Local Offer. The survey was also available in a hard copy version and parents and carers who need support to complete the survey could call a dedicated officer for support to complete the survey over the telephone or face-to-face. The survey was completed by 140 parents and carers. Parents and carers who completed the survey could also enter a prize draw to win one of three £50 shopping gift cards. The prize draw has taken place and the winners notified. The responses were analysed from both a quantitative and qualitative perspective. The Consultation report included a summary of the responses and the quantified responses to each of the questions asked. Following a detailed discussion between Board members about the work that currently takes place to engage families (including Aiming High newsletter, preparing for adulthood letters in year 9, Local Offer, Communication with mailing lists and via websites, events, use of specialist support services) it was agreed that the feedback from parents particularly about communication was disappointing with the need for further work on this identified in the context of the national increase in demand.

The item on Support offered to Parents was introduced by Tricia Davies who informed the Board that a meeting took place in April 2022 to discuss concerns raised around support to Parents and Carers, and since then there has been no further request for support. However anecdotal evidence suggests that parents and carers feel the support is not as sufficient / in the right format / at the right time as it needs to be. Improvements in support are needed around communication, how to escalate issues, increase understanding and reduce the culture of blame. Softer outcomes around support need to be delivering for parents as feedback suggests support is going backwards after improvements were made. This is due in part to an astronomical growth in the number of requests for support, combined with the difficulties recruiting to posts and current staff working to capacity, meaning backlogs do occur and this has impacted on EHCP performance. Officers often work late evenings and weekends to try and keep up with the increasing demand and the Inclusion Team are looking at different offers from September, which it is hoped will have an impact on the support available.

The Improvement Plan was presented as part of the SEND Performance update. It was noted that there is an ongoing refreshment of the improvement plan which reiterates the importance of reporting by individual data lines. The information is included in the performance monitoring so that if there is a dip it is picked up swiftly, this has been presented to Senior Leadership for sign off and implementation. There was considerable discussion by the Board around the increase in referrals and issues with regards to capacity across all partners and how this is impacting wait times. There was discussion around what is taking place to help deal with this such as triaging, urgent escalation, service operating longer or different hours, discharge plans to community services, recruitment etc and how this is being captured as part of the dashboard. Finally it was noted that CAMHS isn't just a clinical service at Alder Hey and as such it should be considered in the whole. There needs to be wider examination of messaging used, the different parts of the system and possibly even a name change or rebrand to bring it in line with the wider THRIVE framework, and incorporating all aspects of Emotional Health & Wellbeing.

At the July 2022 meeting the following items were discussed: SEND Green Paper, Sefton Response; SEND Performance which included the Improvement Plan and Escalation Reports.

A paper was presented to SENDCIB on the draft response to the consultation on the SEND Green Paper from Sefton Council. Responses can be sent by partners and Board members could also send comments to the authority for inclusion or simply comment on the response. It was noted that this is a significant enhanced partnership responsibility and there are suggestions in the consultation such as un-ringfenced grant for SEND in the future which will impact on budgets such as for Higher Needs Funding (HNF) so partners were requested to consider responding. In particular Board members attention was drawn to Q14 and Q15 which were about budget priorities. It was noted that currently 11 Local Authorities in England receive Safety Value support, 55 other Local Authorities including Sefton will be part of a wider best value programme support and nearly all Councils have a deficit. In terms of Delivering Better Value there is a meeting scheduled for the next few weeks. Some Headteacher colleagues had sent

responses to the authority and others were sending a collective response. It was noted that the national Parent Carer Forum (PCF) are recommending that funding follows the child and there are minimum standards.

SEND Performance is a standing item on each agenda and the updated Improvement Plan with KPIs was included. Exception reporting on those areas of work that are not achieving the agreed KPIs was also provided and this included details on the following: Speech and Language Therapy (SALT) for both 0-18 years and 18-25 years, Physiotherapy 18-25 years, CAMHS referral to choice and also referral to partnership, ASD assessments 0-18 ADHD assessments 0-18, and it was also noted that KPIs are to be agreed for ASD assessments 18-25 years and ADHD assessments 18-25 years. A dashboard and narratives were supplied for each of these services. It was noted that the Management Team in Health are working on shared care arrangements, however, there will be an impact on enabling services to discharge back to the GP. A task and finish group are looking at a model going forward. There is a funding bid to address capacity and the footprint of the work has changed and there are Sefton/ Merseyside shared services which they are looking to streamline across North Mersey. It was noted there has been a perfect storm driving the request for a diagnosis and what is the current offer e.g., parents request an EHCP as they are waiting for SALT, there is a need to understand what is the Early Help offer.

It was agreed that in two meetings time (November 2022) there will be a follow up item on this discussion about support and the local offer.

The risk register is reviewed at each meeting.

2.3 Adults Forum

The Adults forum have met once since the last report on the 26th of July.

The forum discussed Changing places developments in the Borough. Sefton have been successful in securing a bid of £150K from the 'Levelling up' fund and are working on 3 new sites Bootle strand, Ainsdale and Victoria Park. The group received an update on the Sefton Place Governance. The group also received an overview of progress on the Day Opportunities review, reflecting the consultation from October last year to January which sought feedback from service users and carers such as younger people what their view was on day services. A formal process will begin around Autumn. Further work is ongoing with Community Catalysts who have worked in other local authorities and with New Directions to help shape the market and understand future models. A formal reference group is established. The group received a health update and discussed the need for Sefton wide standards to be achieved and future models of working with PCNs. The group received an update on the Cost of Care Exercise, the exercise is ongoing with Care Homes and Domiciliary Care Providers this will need to be submitted to central government on the 14th October. Crucial to get right to support the Care Home Market. The group also received briefings on the Central Government Adult Social Care reform 'building back better' which covers the way ASC is funded – lifetime cap on personal care spends, a more generous means test and the fact that Self-funders can ask council to arrange their care. The group also received an update from Living Well Sefton detailing their living well Sefton

resilience grants, health protection activity and increased recruitment to social prescriber roles.

2.4 Health and Wellbeing Executive

The Executive Group have met twice since the last report on the 21st July and the 25th August

The group receive performance and financial information for the Better Care Fund as standard.

In July the group agreed a final draft of updated Terms of Reference for the Board following the boards recent development programme. These are appended to this report. The group received an update on the Integrated Care Board Development and the expansion of reablement, along with wider Better Care Fund developments.

In August the group also discussed inspections and oversaw the developing BCF plan for 2022/23 which the board will need to sign off through delegation to the Chair. The Board are asked to confirm they agree to this.

2.5 Health Protection Forum

The Health Protection Forum met on the 11 August 2022. At the time of writing, the minutes had not been approved. This was only the second meeting since standing up after the cessation of meetings in response to the Covid-19 pandemic response. The forum received feedback from subgroups: acute respiratory infection, Blood Borne Viruses and HIV, Drug Related Deaths, Screening and Immunisations. An update from the task and finish group on extreme weather was also received

2.6 Other updates

The Board are asked to consider the following; As part of the new governance arrangements within Sefton, there will be a newly established primary care commissioning committee that will have a key role in leading the development of local general practice. Under these new arrangements there is an opportunity for the membership of this important committee to have representation from the Sefton Health and Wellbeing board which will be instrumental to further ensure that Sefton health and wellbeing priorities inform the work of that committee. The Health and Wellbeing Board is asked to nominate a member of the board to become that representative.

At the Cabinet meeting of Sefton Council the following updated membership to the Board was agreed.

Members appointed by the Leader of the Council	Councillor Moncur – Cabinet Member – Health and Wellbeing (Chair)
	Councillor Cummins – Cabinet Member – Adult

	Social Care (Vice-Chair) Councillor Doyle – Cabinet Member – Children’s Social Care
Executive Director of Adult Social Care and Health and Place Director	Deborah Butcher
Director of Public Health	Margaret Jones
Executive Director of Children’s Social Care and Education	Martin Birch
Clinical Director for Sefton Place	Dr Rob Caudwell, will now attend the Board in his new role as Place Clinical Director
Representative of NHS England	Vacancy
Representative of Healthwatch, Sefton	Vacancy
Representative of the NHS Acute Provider Sector	Clare Morgan Anne-Marie Stretch (additional representative)
Representative from the Every Child Matters Forum	Sue Potts (Will be replaced by Janine Hyland at the next Council Meeting)
Representative from the Health and Social Care Forum	Andrew Booth
Representative from Merseyside Police	Superintendent Dawn McNally
Representative from Merseyside Fire and Rescue Service	Mark Thomas
Representative from Alder Hey Children’s Foundation trust	Louise Shepherd
Representative from the Voluntary Community Faith Sector (representative to be agreed through Sefton CVS as the umbrella organisation for the voluntary community and faith sector)	Angela White
Independent Chair of the Programme Delivery Group (part of the Sefton Partnership Governance)	Anita Marsland

3. Conclusion

The Board are asked to note the contents of the report and confirm the specific asks of confirming a nomination to the Primary Care Commissioning Committee and agreeing delegation to the Chair to sign off the Better Care Fund Plan for 2022/23