COUNCIL - 29th SEPTEMBER 2022

QUESTIONS RAISED BY MEMBERS OF THE COUNCIL

1.	**Question submitted by Councillor Morris to the Cabinet Member for Regulatory, Compliance and Corporate Services (Councillor Lappin)**
	Subject: The Local Electricity Bill
	The above motion was unanimously passed at the November Council Meeting. Could the Cabinet Member inform me of the progress made since being accepted and what plans have been made to reduce corporate spending on electricity usage by municipal buildings within Sefton?
	Response:
	"Following the Council motion in November 2021, that acknowledged the 'very large financial setup and running costs involved in selling locally generated renewable electricity to local customers', I asked officers to review the opportunity and report back to me. Following this it is clear that even authorities of the size of Sefton would not have the capacity, infrastructure or scale to facilitate this. This could, however, be worthy of consideration if the Combined Authority was ever to consider the option and this will, therefore, be considered on that basis if that scenario develops. With regard to reducing electricity usage at corporate buildings, the Council is looking at numerous opportunities around renewable energy solutions and to combat this to date has adopted an agile working policy which will reduce electricity usage in council buildings through consolidation. The Council has also taken advantage of such things as LED lighting in some of its buildings including Magdalen House and has installed Solar PV across numerous sites. From 2023, the Council will move to a new electricity contract and as part of that arrangement will procure 100% renewable energy which will have a major contribution to the objectives of the climate emergency declaration."
2.	**Question submitted by Councillor Prendergast to the Cabinet Member for Communities and Housing (Councillor Trish Hardy)**
	Subject: Sandway Homes - Help to Buy Scheme
	On its website, Sandway Homes, makes clear that a selection of properties are eligible for the Help to Buy scheme. This scheme closes to new applications on 31st October 2022 and homebuilders, like Sandway Homes, must ensure that homes being purchased via the scheme are completed/ready to live in by 31st December 2022, in order for Help to Buy applicants to qualify for the scheme. Can the Cabinet Member confirm/answer the following: a) that those homes being built by Sandway Homes at the Crossens and Ainsdale sites which have been reserved by Help to Buy applicants will all be completed by 31/12/22

	b) that purchasers using the Help to Buy scheme who have reserved plots on the basis of them being eligible for the Help to Buy scheme will not be left unable to complete their purchase c) what notice will be given to prospective purchasers (using the Help to Buy scheme) if it appears that construction of their reserved plot/property will not be completed by 31/12/22
	Response:
	"Thank you for bringing to Council's attention another example of failed housing policy from the Conservative Government. The arbitrary cut off of this scheme is a worry to all housing developers and potential purchasers, given the issue of delays that have affected all aspects of house building following Brexit and Covid. The government should have at least further extended this scheme or provided clarity on what any future schemes of support from 1st January 2023 should entail. They didn't, and instead have left another trail of potential problems in the housing market for customers that may well now struggle with higher mortgage values. Despite this government inaction, Sandways is proactively managing and prioritising the completion of properties affected to the best of its ability." a) "Properties in the Northwest eligible for The Help to Buy Scheme 2021 - 2023 must fall within the Government's NW regional cap set at £224,400. As part of the sales service buyers are offered financial advice (which is optional), should they choose to proceed with a reservation and Help to Buy eligibility is considered as part of that process. However, many individuals still choose to progress their purchase on a non-Help to Buy basis, which Sandway has no control over. On Sandway's Hey Farm Gardens development in Crossens, eleven properties originally fell within the threshold for the Help to Buy (HTB) equity loan incentive, with a further nine properties originally eligible at their Sandy Brook development in Ainsdale. Only four potential purchasers at Hey Farm Gardens have proceeded with HTB applications to-date. Two of the plots at Hey Farm are build complete with Help to Buy in place and now occupied by the purchasers. The remaining two plots on Hey Farm are due to complete in December and will satisfy the criteria of the scheme. The remaining seven properties which were Help to Buy eligible have been sold or reserved without Help to Buy. Seven potential purchasers at Sandy Brook have progressed a Help to Buy reservation. Two are expected to complete in October, four in December and one has subsequently pulled out as they are now considering an alternative larger property (this larger property does not qualify for the scheme). The other two properties (which would have been eligible) have been sold. As with many Developers there are pressures associated with programme completion dates due to the lack of finishing trades and on-going supply chain/service connection delays brought about by Covid-19, which could affect the ability for plots to complete by 31st December 2022. Sandway and the marketing agents are in regular communication with all purchasers, and they are fully aware of the timescales and understand that if the plot does not complete, that they will be refunded their Help to Buy deposit in full."

	b) "To date, only one prospective purchaser has decided to withdraw their reservation at Sandy Brook. They will be receiving a full refund of their £500 reservation fee. This property had not exchanged, hence there is no further refund due. The other three purchasers potentially affected by the required 31st December build completion date have chosen to progress their Help to Buy application but are also considering mortgages without Help to Buy. Sandway and their sales team are supporting people through this process and keeping them regularly updated on plot progress. Build programmes have been prioritised to try to ensure that these dates are achieved, but whilst every effort will be made to achieve the 31st December completion date, this cannot be guaranteed, hence why alternative mortgage products are being considered." c) "Site progress is reviewed regularly by Sandway Homes and twice weekly site visits take place and a monthly progress meeting to review progress and completion dates. Progress is summarised for the prospective purchasers within regular progress reports (providing internal and external photos of their property), and this information includes any changes to anticipated completion dates. As mentioned, Sandway has already notified Help to Buy applicants of anticipated completion dates and highlighted the risk to Help to Buy deadlines for any properties which may be affected. Progress will continue to be closely monitored and should there be any further concerns around completion dates, these would be reported to prospective purchasers when identified. The Company is fully obliged to refund any reservation fees (£500) for any Help to Buy application which does not complete within the given timescale."
3.	**Question submitted by Councillor Brough to the Cabinet Member for Adult Social Care (Councillor Paul Cummins)**
	Subject: Cabinet Meeting 23rd June 2022 - New Directions
	The Cabinet on the 23rd June considered the report on the New Directions Annual Report and Business Plan. On page 80 (1.2) there is the following statement:- "The Council has appointed a Shareholder Representative in the Cabinet Member for Adult Social Care who is an observer to the Board. New Directions can also nominate other Councillor Representatives to sit on the Board." Will the Cabinet Member advise whether or not any such proposal has ever been brought forward?
	Response:
	"What proposal? I attend the Board meetings and there are currently two Councillors on the Board, with a third to be appointed by Cabinet."
4.	**Question submitted by Councillor Prendergast to the Leader of the Council (Councillor Ian Maher)**
	Subject: Terrorism

	Why hasn't Sefton Council been able to meet all of its statutory counter terrorism responsibilities?
	Response:
	"The initial health check of the 10 Prevent Partnership benchmarks was carried out in May 2022 by our Regional Advisor from the Home Office. At that time Sefton had yet to receive its annual Counter Terrorism Local Profile from the Police and so felt unable to carry out a risk assessment and draft a suitable Partnership plan to deal with any issues arising from the risk assessment, hence the low score for these 2 particular benchmarks. Sefton received its annual Counter Terrorism Local Profile on 17 August 2022 and is now working quickly with all partners to improve the benchmark scores."
5.	**Question submitted by Councillor Prendergast to the Cabinet Member for Locality Services (Councillor Fairclough)**
	Subject: Chapel Street, Southport
	Chapel Street, for many visitors, is the gateway into Southport and the condition of the paving/street furniture is regularly commented on by residents and visitors. The recent announcement of potential improvements to aspects of Chapel Street is welcome. However, during prolonged dry spells the appearance of the pavement can deteriorate and make the area appear untidy and unclean. Are there any plans in place to alter the street cleaning regime along Chapel Street, Southport so they occur more often and are more intensive to tackle staining and discolouration on the pavement?
	Response: "Chapel Street is currently swept daily by a small mechanical brush, this takes place first thing every morning to reduce the amount of disruption to the general public and the businesses nearby. In addition to the small mechanical brush, Street Cleansing Services have recently engaged and trialled a number of new and innovative equipment to support and complement our Street Cleansing Operation."
6.	**Question submitted by Councillor Myers to the Cabinet Member for Health and Wellbeing (Councillor Moncur)**
	Subject: Health Inequalities Post Covid-19
	"The scale of health inequalities post Covid-19 pandemic is of concern. Can the scale of health inequalities in Sefton be considered exceptional?"
	Response:
	Key messages: • **Health inequality affects everyone, except** for population groups from the most affluent areas and backgrounds, which have the healthiest and longest lives on average.

- Health inequalities are **differences in health** that are caused by the social, economic and environmental conditions into which people are born, grow up, live, work and age. Health inequalities relate to common health conditions that can be **prevented or delayed** until later life (premature deaths are those below age 75).
- Population groups with the **fewest resources** (finance; good quality, stable work and housing; good qualifications; status and influence; strong social support networks; healthy neighbourhoods and amenities etc) develop **more physical and mental health problems**, develop them **earlier in life** and have **less good treatment outcomes**.
- **Health inequalities accrue** throughout life, and at a population level health status reflects how adverse or advantageous social and economic health determinants are. Roughly speaking, the relationship is: **more wealth → more health → more life**. **Larger health inequalities reflect**
    - a larger income and resource gap, and
    - possibly a more separate distribution of advantaged and disadvantaged groups in a population or a place.
- **Average life expectancy at birth in males is 14.0 years longer at the top of the social gradient** compared to the bottom in Sefton and **12.3 years longer in females**. The scale of **this internal health gap is one of the highest in the country**, which is concerning.
- As a whole, Sefton also shows **inequalities in several health indicators** when compared to national statistics, which **is similar to many local authorities in the north of England**.
- **Premature death associated with alcohol, notably preventable liver disease** caused by harmful drinking, obesity and hepatitis virus, are of increasing concern in Sefton and the North West of England

Conclusions
We can conclude that Sefton is not exceptional in terms of its rates of premature life-limiting illness, given its level of deprivation. The low prevalence of smoking in Sefton has improved the health of population. But larger inequalities in alcohol-related disease are of concern.

We can conclude that the exceptionally large gap in life expectancy within Sefton, which is also reflected in differences in rates of long-term life-limiting conditions, is largely a reflection of the exceptionally large disparity in income and other health determinants, which encompass some of the richest and poorest neighbourhoods in England. It is possible, or even likely that the very distinct geographic separation of these communities also contributes to the health picture.

What do we mean by the term 'health inequalities'?
Sometimes called social inequalities in health - they are differences in measures of health between two defined places, or two defined groups of the population.
Some examples of health-related indicators that are commonly described in terms of their inequalities are:

- Life expectancy
- Death rates for different health conditions (e.g., the number of deaths due to a respiratory condition in 2020 per 100 000 people in Sefton is the respiratory mortality rate)

- The rate of new occurrences of illnesses e.g., the cancer incidence rate
- The intensity of use of healthcare services e.g., screening rates, % people who have had recommended vaccines, hospital admission rates for emergency treatment for specific medical problems
- Behaviours e.g., the inequality in smoking rates between people classified as being in professional occupations vs those classified as being in routine or manual occupations

A classic **definition from the World Health Organisation** is:

> 'Unjust differences in health between people of different social groups**,** and can be linked to forms of disadvantage such as poverty, discrimination and lack of access to services and resources'

The key word here is **'unjust'** – this term points to the very clear social gradient in health that tracks along the level of income and resources people have. On average, the most well-off have the top health outcomes, those who are slightly less well-off have slightly lower health outcomes and so on, with the most disadvantaged having the least good health, which means they encounter the most chronic health problems earliest in each stage of life, and on average will die at a younger age, having enjoyed fewest years of good health and wellbeing.

Michael Marmot and his team at the Institute of Health Equity recently calculated that **from 2011 to 2021 over a million people in England died earlier than they otherwise would have done** had they experienced the lower death rates seen in the least deprived 10% of areas. Over a million people… that adds up to millions more years of good health and potential life lost.

Health inequalities are large, continuing, costly and of concern, especially since the gap between the most and least advantaged parts of our community was already widening pre-covid.

Measuring health inequalities – between Sefton and elsewhere (external)
External health inequalities are those that compare the **average health outcome for one place or population with the average health outcome for another**. A typical example would be to compare life expectancy at birth in males in Sefton, against the figure for England, for the North West and against other Local Authority Areas, perhaps including some that have similar characteristics to Sefton.

Average 3-year life expectancy at birth, females, 2018-20 in…

- **Sefton: 82.4 years**
- North West: 81.7 years
- England: 83.1 years
- Wirral (Nearest statistical neighbour literally and statistically): 81.6 years

Now let's compare these figures with those of LAs with the highest and lowest measures of multiple deprivation to get an idea of **the social gradient in life expectancy**.

- **Blackpool is most deprived** with an Index of Multiple Deprivation score of 45.0 and average **life expectancy is the lowest in England**
- **Wokingham is least deprived** with an IMD score of 5.8 and average **life expectancy is the 6th highest in England**

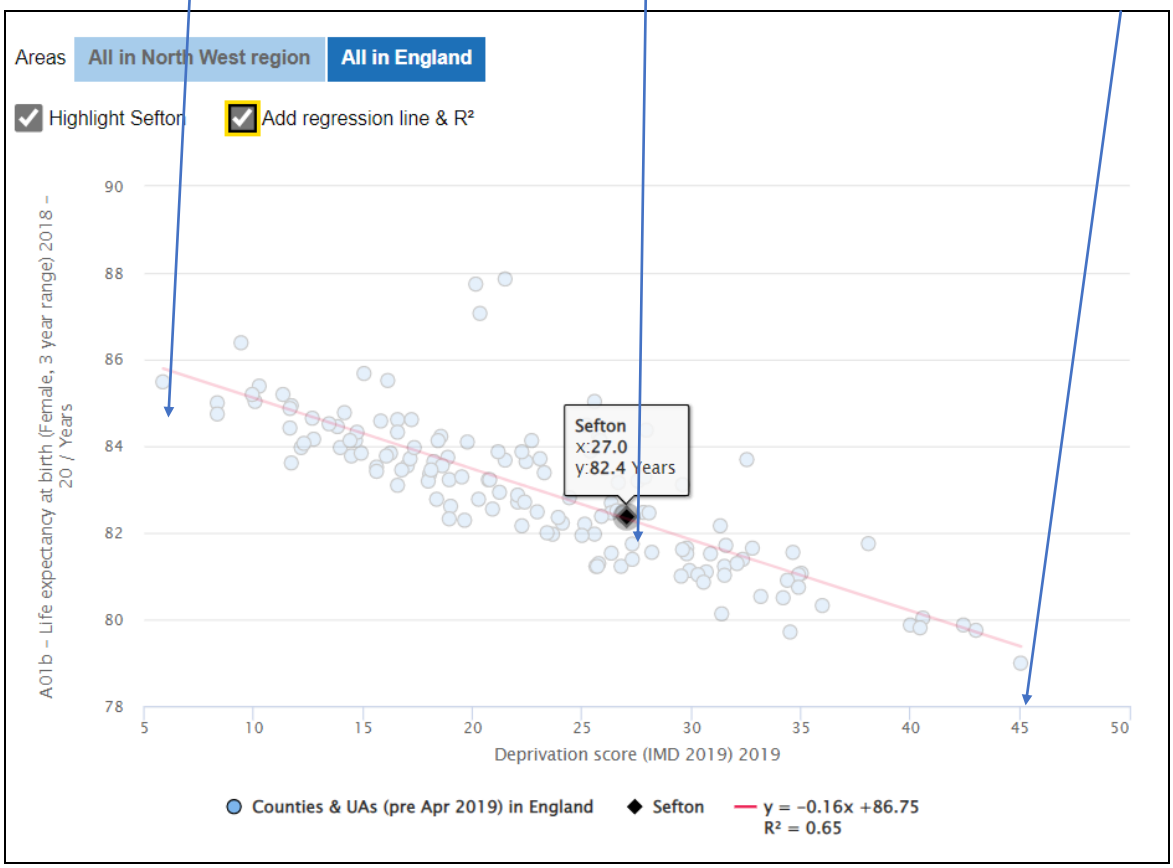
- **Sefton** is more deprived than England as a whole with an IMD score in Sefton of 27.0 vs England's score of 21.7, which tallies with Sefton's slightly lower life expectancy

The graph below shows the gradients (more wealth = more health = more life)

Sefton: slightly higher than average deprivation overall, with slightly lower than average life expectancy overall. The relationship between overall deprivation and overall life expectancy in Sefton is typical of the relationship elsewhere – **Sefton sits exactly on the straight line that represents this relationship**

Wokingham: least deprived, 6th highest life expectancy

Blackpool: most deprived, lowest life expectancy



(NB Life expectancy at birth isn't a prediction of how long a baby born today will live, it's a statistical way of conveying the average length of life, calculated using death rates for each year of age (0-100+) as they are today. The life expectancy for males in Sefton overall is 78.0 years in 2018-20 – of course, all over Sefton some men die before 78 and some at an older age. We hope and expect that a baby boy born today will experience lower mortality rates from preventable diseases than his father or grandfather, as life expectancy over time improves, so he is more likely to live beyond 78 years old.)

As mentioned before many health outcomes and indicators show this relationship. Using this approach, we can identify several key indicators where Sefton is typical of places with similar levels of deprivation. These include:

- preventable premature death from cardiovascular disease, and from cancer and respiratory disease, childhood obesity
- Of special note, Sefton out-performs areas with much lower levels of deprivation on its smoking rate, which is the 6th lowest in England

We should also identify some health outcomes where the picture is worse in Sefton compared to places with similar levels of deprivation, for example:-

- Preventable premature death from liver disease – amongst similarly deprived areas Sefton has the highest rate and has the 9th highest rate in England. 6 of the 8 LAs with higher rates are also in the North West
- Viral hepatitis, obesity and especially alcohol are all implicated in Sefton's higher rates of preventable liver disease deaths, which typically happen in the 50s and 60s. This contributes to Sefton's higher rates of premature preventable mortality overall, and life expectancy estimates.
- Sefton has the 25th highest rate of alcohol-related hospital admissions - this top group is largely comprised of LAs located in the north of England. A handful of LAs with similar deprivation to Sefton have higher rates. Many areas with worse deprivation have lower rates and the ethnic profile in these areas is likely to explain some of this pattern

We can conclude that Sefton is not exceptional in terms of its rates of premature life-limiting illness, given its level of deprivation. The low prevJalence of smoking in Sefton has improved the health of population. But larger inequalities in alcohol-related disease are of concern.

Measuring health inequalities – between Sefton and elsewhere (internal)
There is less data allowing us to easily look at health differences within different populations in Sefton. The statistic which demands our attention is: inequality in life expectancy within Sefton.

Definition: This is the number of years separating average life expectancy from the most to the least deprived 10% in Sefton.

The inequality in life expectancy at birth in males in Sefton 2018-20 in…

- Sefton: 14.1 years (3rd highest nationally). This gap has widened at a faster rate than England since 2016-18
- North West: 11.6 years
- England: 9.7 years
- Wirral (Nearest statistical neighbour literally and statistically): 13.7years

The inequality in life expectancy at birth in **females** in Sefton 2018-20 in…

- **Sefton: 12.3 years (highest nationally**). This gap has increased at a steady and slightly higher rate than England since around 2013-15
- North West: 10.0 years
- England: 7.9 years
- Wirral (Nearest statistical neighbour literally and statistically): 11.5 years

What should we understand by these statistics?

- Primarily these figures reflect the **extremity of the difference in living conditions** and resources between the most affluent and the most disadvantaged in Sefton.
- At a neighbourhood (LSOA) level **7 neighbourhoods in Sefton are ranked amongst the 1% most deprived in England, whilst 3 neighbourhoods fall within the 6% least deprived in England**

- Clearly the **health and life chances of these two groups are very, very different**
- Research by the ONS shows that **Sefton has the 14th biggest gap in incomes in the country** and the **second most divided communities between rich and poor**, meaning there is **very little geographical overlap** between where affluent and disadvantaged neighbourhoods are located within Sefton's boundary. (There are numerous reasons for this including historical decisions relating to the creation of Sefton's boundaries with the urban centre of Liverpool to the South and coastal/rural Lancashire to the north)
- This division means that it is more difficult for people from poorer areas to share in environmental, economic, educational opportunities that exist in wealthier areas. The **size and separation of the deprivation gap in Sefton could be adding to the expected differences in health** between the least and most well off.
- The figures for gap in life expectancy extend into 2020 and **we can discern the differential impact of Covid-19 as well as long-term trend**. In females and males, life expectancy for the more deprived half of the population fell from 2017-19 to 2018-20. In the less deprived half of the population life expectancy mostly stayed the same.
- This pattern is especially marked in men and differs from the national picture where all socio-economic groups show a fall in life expectancy. **The gap in male life expectancy** is large and increasing because **mortality rates have been falling or stable at the top of the social gradient, and *rising* at the bottom, with Covid-19 health inequality only accelerating this trend.**
- In women, life expectancy in those from the **10% most deprived had held steady at 76.7 years for almost a decade**, falling slightly in 2018-20. The **least deprived part of Sefton's female population had shown a clear rise in life expectancy over this period reaching 89.5 years** in 2017-19. However, since the biggest risk factor for Covid-19 is increasing age, this trend is abruptly reversed in 2018-20. **So**, **in women the gap in life expectancy comes from decreasing mortality in the most affluent and stable, higher mortality in the most deprived**.
- These **separate and very different experiences of mortality in Sefton may reflect the separate and very different experiences of life in Sefton at the extremes of the social gradient**.

  We can conclude that the exceptionally large gap in life expectancy within Sefton, which is also reflected in differences in rates of long-term life-limiting conditions, is largely a reflection of the exceptionally large disparity in income and other health determinants, which encompass some of the richest and poorest neighbourhoods in England. It is possible, or even likely that the very distinct geographic separation of these communities also contributes to the health picture.

The factors which influence these inequalities – what we can mitigate locally and where we have limited influence the range in years of life expectancy across the social gradient from most to least deprived.

Sefton's Health and Wellbeing and other strategies recognise the abundant evidence that in terms of the health conditions people develop and live with, how well and how long they live with them, the key influences are:

- Income (economy, employment, welfare, closely related to educational attainment, family background)

- Environment (housing, air pollution, green space, transport)
- Social support and networks (isolation, safety net)

It is clear how stress in any one of these areas of life can impact mental health and when stressors are multiple, mental distress and coping strategies conspire to increase physical health risks through excess alcohol, smoking etc. as well.

We are committed to mitigating the challenges people face throughout their lives, not just in our least well-off communities but throughout Sefton, whilst recognising that bigger challenges require more support.
This includes focusing our efforts on the eight key recommendations from the Institute of Health Equity's Build Back Fairer report:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Locally, guided by HWBS, we take an equity-centric approach to services we commission and deliver. Small changes can have big effects, for example.

- Making information more accessible to anyone who may have communication needs, and situating information points in easy to reach places like the strand. Or giving more attention to the equity pay-off from creating compact, accessible, attractive and inclusive spaces and neighbourhoods.
- The new Child Poverty strategy seizes on many opportunities to dismantle barriers that prevent people living in areas of disadvantage from benefiting from support and opportunities as fully as they might
- By understanding all the information (data and insights from local communities) we are also best placed to make the case to decision-makers operating at a regional and national policy level.

What we might expect to see given the current and future impact of cost of living crisis

- At present, the so-called **cost of living crisis** and return to recessionary economics -forecast to run through this winter, into 2023 and possibly well beyond, presents many similarities to the advent of COVID-19.
- Households that are well above the 'low income' threshold experienced by many in- and out-of-work individuals and families, have the resources they need to **modify discretionary spend** and continue with **few or no changes that could negatively impact health**. In health inequalities theory this could be described as an **inequality in social power, resource and consequence**.
- **Consequences for people with little or no money** to spend at their discretion once essentials have been paid for are much more concerning.

They are in **a position where being unable to meet essential needs for food, warmth, lighting, safety, digital communication etc pose a substantially increased risk of harm to physical and mental health, from cold, accidents, malnutrition, isolation, and chronic stress.**

- **In Covid-19, mortality was twice as high, after adjusting for age at the bottom of the social gradient compared to the top**, and this reflected the **unbalanced distribution of risk factors and protective factors**.
- Since this **unbalance remains and will be sharpened by unmanageable living costs** we should **expect to see health inequalities widen** because **risks will largely fall on the already disadvantaged portion of the population**.

Where the PHOF shows Sefton is a positive outlier (performing significantly better than the national average or compared to areas with similar IMD scores)

Health improvement

- As previously mentioned, adult smoking prevalence in Sefton is estimated from valid survey data to 9.5%. This compares to national prevalence of 13.9% and 14.5% in the North West. **The PHOF shows that Sefton has the 6th lowest adult smoking prevalence in England**
- **Sefton has also shown faster than average improvement on smoking in pregnancy** – showing year on year falls to the current rate of 10%, which is in line with the national average. The improved pace of reduction reflects the effectiveness of specialist midwifery support, commissioned as part of Sefton's smoking cessation service and embedded within maternity care services.

Health protection

Two health protection positive outliers are especially worthy of mention at present

- **Flu vaccination coverage in 65+.** In 2021/22 coverage in Sefton was 82.8% - well above the national target of 75%

Social and wider determinants of health

- **NEET 16-17 year-olds** Not in education, employment or training - at 3.5% Sefton is the lowest amongst areas with similar deprivation, 3rd lowest in the North West and 28th lowest in England
- Rate of **first time entrants to the youth justice system** - 4th lowest in the North West and 21st lowest in England
- **Adults with learning disability or with serious mental health concerns who are living in stable and appropriate accommodation** are above the national and North West averages
- Rate of households owed a duty under the **Homelessness** Reduction Act and rate of households in **temporary accommodation** are both amongst the lowest in England
- **Percentage of adults who feel lonely** often, always, or some of the time is 16.2% in Sefton and 22.3% in England. Sefton has the third lowest rate of loneliness in England

These statistics on health determinants in Sefton reflect a place with effective community and public sector support for people who are vulnerable or at a vulnerable point in their lives.

7.	**Question submitted by Councillor Pugh to the Cabinet Member for Education (Councillor Roscoe)**
	Subject: Education Health and Care Plan
	What is the average delay in Sefton between agreeing an EHCP plan and its commencement? How many agreed EHCP plans in Sefton are still awaiting full implementation after more than 20 weeks from the date of agreement?
	Response:
	<table><tr><td>Requests received</td><td>462</td></tr><tr><td>Actioned within 6 weeks</td><td>415</td></tr><tr><td>Actioned over 6 weeks</td><td>25 (all within 1 week over)</td></tr><tr><td>Pending</td><td>22</td></tr></table> "This figure represents requests for EHCP assessment and its timeliness in starting the assessment. How many agreed EHCP plans in Sefton are still awaiting full implementation after more than 20 weeks from the date of agreement? There are 148 in total overall. Once an assessment has been delayed over the 20 weeks compliance requirement; we must proceed to an EHCP plan for the child/young person. Full implementation of the EHCP would only commence once the plan was finalised with a named setting in Section I of the EHCP. Hence 148 total is the current figure overall. There are several reasons behind the latest data. Changes to High Needs Funding and issues arising through the pandemic contributed to an increase in requests for EHCP. The tipping point came in August 2021 with level of EHCPs being agreed at Panel due to the reasons stated. There have been long term absences, unfortunately one member of staff passed away. There has been difficulty in recruiting agency staff which has had an impact on workload. There have been bottlenecks in Social Care since the OFSTED report, which has improved significantly with only minor problems now reported."
8.	**Question submitted by Councillor Shaw to the Cabinet Member for Regulatory, Compliance and Corporate Services (Councillor Lappin)**
	Subject: DBS Checks
.	Would the Cabinet member please advise what roles, if any, within the council require a basic DBS Check (as opposed to a standard DBS Check or enhanced DBS Check)?
	Response:
	"There is a requirement for a DBS Basic check where a role is required to be compliant with the Government's Baseline Personnel Security Standard (BPSS).

	BPSS applies to positions where the duties involve access to: • 'Protected' and 'Restricted' information and/or • the Public Service Network (PSN) including use of the Government Connect Secure Extranet (GCSx) and email facility This check is a specified requirement for staff who have access and set people up on the Department for Work and Pensions systems. This also applies to staff who have access to HMRC systems/data. In Sefton, the check applies to roles within Customer Centric Services such as Benefits Assessment Officers, Benefits Admin Officers and One Stop Shop/Contact Centre Customer Service Advisors. This check also applies to the One Stop Shop Taxi Licensing Officers."