

Sefton Council 

NHS

**South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group**

Sefton's Health and Wellbeing Strategy 2013 - 2018



April 2013

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Foreword

Sefton's Health and Wellbeing Strategy for 2013 – 2018 outlines the top priorities for improving the health and wellbeing of all people living in Sefton. This Strategy has been developed through the Sefton Health and Wellbeing Board, the range of partnership groups that exist within the borough and with the communities of Sefton. Sefton's Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, plus Elected Councillors and service user representatives, to jointly consider local needs and plan the right services for the population of Sefton. This is a new approach, and this Strategy, sets out the priorities for commissioners to purchase not only health and social care services, but other services such as housing, environment and the economy. In addition there is a recognition that the financial challenges facing the public services of Sefton need to be tackled in partnership if we are to successfully improve outcomes for local people.

This Strategy is the culmination of extensive consultation and engagement which has taken place with local people and you have told us what your priorities are and I want to thank you for your participation in this process. We have also listened to local stakeholders, clinicians, the voluntary, community and faith sector, hospital trusts and providers of a wide range of services and it will be there job to help us deliver on the ambitions set out in this Strategy. The information gathered has been used to set the strategic objectives, actions and outcomes within this Strategy. I recognise the importance of continuing to listen to local people in assessing if this Strategy is achieving what it is setting out to do and I will ensure that the Health and Wellbeing Board continues to do this.



Councillor Ian Moncur
Chair of Sefton's Health and Wellbeing Board

Section One: Summary of Strategic Objectives

The Health and Wellbeing Board for Sefton has defined the following strategic objectives for Health and Wellbeing in Sefton. These have been developed through both understanding the needs of the population and what the public, community organisations and groups, commissioners and providers of services told us during the consultation and engagement process.

The strategic objectives for Health and Wellbeing in Sefton are:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes
- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

In seeking to address the objectives set out above, and to ensure that our work and that of our wider partners is holistic and consistent (both in delivery and commissioning), the following set of principles have been adopted by the Health and Wellbeing Board:

We will....

- build on the many assets and resources that are available, including social value

- enable early intervention and prevention through robust arrangements for identifying those with needs, and predicting those whose needs may emerge due to changes in national policy such as the Welfare Reform.
- address health inequalities and equity of access to narrow the gap between different neighbourhoods and communities, including communities of interest
- secure value for money and consistency in the quality of care and support
- tackle the wider determinants that contribute to ill health such as air quality, road deaths, transport, noise, violence, housing, fuel poverty and use of outdoor space. ([Department of Health “Living Well for Longer – A call to action to reduce avoidable premature mortality”, March 2013](#)) demonstrate integrated health and social care service solutions, including the wider contribution the Council and partners can make
- deliver discernible improvements to the agreed defined outcomes in this Strategy
- make good use of existing strategic partnerships to address complex health and social care issues
- use the authority of the Health and Wellbeing Board to enable and encourage partners to work together

In Appendix One, a broad model of commissioning is described and commended to those responsible for responding to the strategic objectives outlined in this strategy in developing commissioning intentions and plans.

Section Two: Introduction and Context

We are pleased to present this first Health and Wellbeing Strategy for Sefton which has been developed from the consultation and engagement feedback on the Sefton Strategic Needs Assessment. Whilst it marks an important milestone in the implementation of the 2012 Health and Social Care Act, perhaps more importantly it represents a further step in developing the shared vision for improving the health and wellbeing of the population of Sefton. The Health and Wellbeing Board is a new partnership that is responsible, with partners, for the Health and Wellbeing Strategy. It comprises of the Chairs and Chief Officer from Southport and Formby and South Sefton Clinical Commissioning Groups, alongside Elected Members and senior managers from Sefton Council and the Chair of Sefton Healthwatch. Appendix Two details the current membership and role of the Health and Wellbeing Board. The Council, partners and the Health and Wellbeing Board recognise that it will take time to develop strong and effective working relationships during this period of transition and change. Achieving a consensus on the priorities, actions and outcomes outlined in this Strategy has been a tremendous achievement and provides a good foundation for the future.

This Health and Wellbeing Strategy will be reviewed annually, including a review of the strategic objectives and actions. This review will be based on updated information from the Sefton Strategic Needs Assessment and feedback from the public.

In compliance with the Equality Act 2010, and the public sector equality duty (Section 149), an equality analysis report has been completed and this is available alongside this Strategy.

The Health and Wellbeing Strategy provides commissioners with strategic objectives from which all services that promote health and wellbeing in Sefton can be commissioned. It provides a focus and a vision from which to plan ahead in the short, medium and long term. It is not about taking action on everything at once; but about setting priorities and objectives for collective action and making a real sustainable impact on people's lives.

Through this Strategy partners will:

- provide collective leadership to improve health and wellbeing.
- strive to improve the quality of life and outcomes for the people of Sefton
- identify health and wellbeing priorities for the commissioners in the Council, the NHS and partners
- hold commissioners to account for their decisions
- further develop partnerships and collaborations that provide solutions to commissioning challenges and maximise resources
- focus on early intervention and prevention activity utilising information from the community and target those areas most in need.
- share and use data intelligently, including benchmarking and performance data.
- review and evaluate work, learning from best practice and research, including through the involvement of local people, and groups and the, voluntary, community and faith sector.

This Strategy is the single plan for Health and Wellbeing in Sefton and builds upon a compendium of all relevant, national and local strategies and plans. It is underpinned by the national outcomes frameworks for the NHS, Adult Social Care and Public Health. These frameworks provide the tools for identifying Sefton's current baseline and for measuring year on year progress.

National Context

The Government has introduced new policy and legislation that is having a fundamental impact on the way in which all public services, including council, health and social care, are to be delivered. The Localism Act 2011 is already transforming the way Councils commission and deliver services, with local people, employees, communities and the voluntary sector being given the opportunity to play a more significant role through the Community Right to Challenge to run public services. The Open Public Services White Paper 2011 sets out further reforms with regard to transparency on data, commissioning and performance. The paper encourages open competition across providers to promote innovation, efficiency and effectiveness and seeks to give choice to individual people to challenge performance of public services thereby making services accountable to the users of those services and the tax payer. In addition the Health and Social Care Act 2012 is possibly the most radical restructuring of the NHS since its inception.

The major changes include:

- shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board
- giving groups of GP practices and other professionals – Clinical Commissioning Groups (CCGs) – responsibility for the majority of NHS commissioning
- transferring responsibility for public health from the NHS to the local authority.
- giving local authorities, through Health and Wellbeing Boards (HWBs), a new role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners.
- moving all NHS trusts to foundation trust status.

- creation of a health specific economic regulator (Monitor) with a mandate to guard against ‘anti-competitive’ practices.
- Introducing a new organisation called ‘Healthwatch’ to be the public voice of patients, carers and the public on the Health and Wellbeing Board.

The Marmot Review in 2010, **‘Fair Society, Healthy Lives’**, proposed evidence-based strategies for reducing health inequalities based on addressing the social determinants of health. It concluded that a good start in life, a decent home, good nutrition, a quality education, sufficient income, healthy habits, a safe neighbourhood, a sense of community and citizenship are the fundamentals for improving quality of life and reducing health inequalities. We recognise that in order to improve the health and wellbeing of local people we need to understand these wider determinants and through this address health inequalities and improve opportunities for all our residents with a focus on those who are experiencing poverty and deprivation.

We endorse the following from the **Marmot Review** 2010:

- To create an enabling society that maximises individual and community potential
- To ensure social justice, health and sustainability are at the heart of all policies

‘Focusing solely on those who are most disadvantaged will not reduce inequalities sufficiently. To reduce the steepness of the social gradient, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this ‘proportionate universalism’. For specific groups who face particular disadvantage and exclusion, additional efforts and investments and diversified provisions will be needed to reach them and to try to reduce the multiple disadvantages they experience.’

This Strategy will seek to address these wider determinants through the identified priorities and objectives which we will collectively commission against.

Welfare Reform

In addition to the above, the Welfare Reform Act 2012, which is currently being implemented on a phased basis, heralds the most significant changes to the welfare system since the Beveridge Report, 1942. The reforms include the following measures:

- A 'Localised Council Tax Reduction Scheme' to be administered by Local Authorities.
- Working-age tenants in receipt of Housing Benefit will experience a reduction in their benefit entitlement if they live in housing that is deemed to be too large for their needs. Affected tenants will face a reduction in their Housing Benefit entitlement of 14% for one additional (spare) bedroom and 25% where there are two or more additional (spare) bedrooms.
- A 'benefit cap' on the total amount of benefit that working-age people and households can receive. Benefit levels will be capped at the level of the average working family income after tax which it is currently forecasted to be £500 a week for families and £350 a week for single people.

From October 2013, the Government will introduce the 'universal credit' which will replace income based working age benefits such as Income Support, Housing Benefit and Tax Credits. The Government expects all benefit claimants to be on 'universal credit' by the end of 2017.

The full impact of these changes on the health and wellbeing of the population of Sefton is not yet fully understood. The Health and Wellbeing Board will continue to monitor any potential impacts to inform commissioners of any changing needs of the population.

What is Wellbeing?

Wellbeing is often simply defined as “feeling good and functioning well”. This includes having a fair share of material resources, influence and control, a sense of meaning, belonging and connection with people and place and the capability to manage problems and change.

Health and Wellbeing in Sefton

The Sefton Strategic Needs Assessment (also known as the Joint Strategic Needs Assessment - JSNA) 2012 provides an overview of the health and wellbeing needs of the people of Sefton to enable commissioners to plan services for the future, not only health and wellbeing services, but also other services such as housing, education and the economy . The Sefton Strategic Needs Assessment 2012 was a full review of data and analysis has now been updated with the recently published Census data. The analysis is structured around the following themes:-

- What it is like to live in Sefton
- Children and Young People
- Older People
- People who are not as well as others (sometimes referred to as Health Inequalities)
- People with long term conditions

This needs assessment has underpinned the development of the priorities in this Health and Wellbeing Strategy and has identified social, economic and health needs that will require a longer term approach if outcomes are to be improved.

What is it like to live in Sefton?

Sefton is an area that stretches from Southport in the North to Bootle in the South. To the east lies the town of Maghull and the west is bordered by an award winning coastline covering Crosby through to Formby and Ainsdale. There are a lot of things that make life good for people but it is not so good for others. The health and wellbeing of everyone is important to Sefton's Health and Wellbeing Board. People enjoy living in Sefton with 80% of Sefton residents saying that they are either very or fairly satisfied with their local area as a place to live. Our young people achieve well in school and crime rates are either equal to or lower than the average for our neighbouring authorities in the Liverpool City Region. There is a good quality coast line and green spaces which residents and visitors enjoy.

Sefton's overall population has reduced between 2001 and 2011, however Sefton's Strategic Needs Assessment includes official government population projections (Office of National Statistics), which indicates that Sefton's population will increase by the year 2035, with the most significant increase occurring amongst the over 65 population. However, ONS guidance states that projections are uncertain and become increasingly so the further they are carried forward. There are less people in employment and a significant increase in youth unemployment; there are areas of the borough where people and families are in poverty and this leads to poorer health and wellbeing. The Council currently spends over £90 million on acute services for older people, and the NHS spends £15.2 million a year on routine and emergency surgery for older citizens in the borough. The Council spends a further £33 million on children's social care. These present significant challenges to commissioners.

Over 86% of homes in Sefton are privately owned, however, around 20% are in serious disrepair or do not meet the statutory fitness standard. Many are hard to heat. There is a need for more good quality housing to meet the projected increase in the numbers of households, and the Council is responsible for ensuring there is an adequate supply of land on which to build houses and associated high quality amenity spaces, as well as to grow businesses and create jobs.

What is life like for children and young people?

The number of children and young people living in Sefton (0-19 year olds) is 62,100 a fall of 14% (9,900) since 2001.

Sefton is a good place for children and young people to live and grow up. Most receive their immunisations, with rates being close to - or above - the national average; our children and young people achieve in school and they have access to a wide range of physical activity opportunities. There are fewer teenage mothers in the borough than in previous years and the health of children and young people is generally improving.

Whilst the general birth rate in Sefton is not rising, the numbers of births to non-British born mothers is, particularly for Polish and Latvian born mothers. This can present barriers to the take up of health services as experienced by some of the local GP practices.

Whilst most children achieve in school there are still some that do not reach their full potential which impacts on their ability to go into further education, training and to get a job. Childhood smoking rates are average, but alcohol consumption rates among our young people are higher than average; Sefton is significantly worse than the English average for those who smoke whilst pregnant, who breast feed and for children with tooth decay. Although there is good access to physical activity opportunities almost 20% of our children are obese when they leave primary school at 11 years.

Some of our children and young people cannot live with their parents or families, they live with Foster Carers, in Children's homes or are adopted. These children and young people are more likely to experience poor life chances.

What is life like for older people?

There are 56,400 people over 65 years living here, an increase of 2,900 since 2001, and 7,300 people who are over 85 years old, an increase of 14% since 2001. The numbers of older people living in Sefton is expected to further increase to 83,000 by 2035. This projection will pose a significant challenge for the commissioners as demand for services rise.

Older citizens tell us that they enjoy living in Sefton. Lots of older citizens live active, healthy lives by volunteering, running small voluntary groups and being part of networks such as the Sefton Partnership for Older Citizens.

Some older people, however, need help and support to remain independent and live at home. We have seen a rise in the numbers of people receiving direct payments and the numbers of people receiving intensive homecare support with the numbers of carers increasing.

As with everyone, sometimes people have accidents or become unwell, and we have found that many older citizens are being admitted to hospital. Some older citizens fall due to being unsteady on their feet, some develop problems with their heart or breathing (respiratory), get kidney or bladder infections, need cataracts removed from their eyes and have problems with their stomach.

What is life like for people who are not as well as others?

Some people who live in Sefton are not as well and healthy as others, this is termed 'Health Inequalities'. Overall, our findings show that progress has been made on reducing health inequalities, but in some areas they still persist.

People are living longer in Sefton, but women continue to live longer than men (men are living for 77 years on average and women 81 years). In some of the poorer areas of the borough people live shorter lives and live many years in poor health.

Heart disease, lung cancer, other cancers, liver disease and suicide (for men) are the main causes of deaths in the poorest parts of Sefton.

There are a number of vulnerable individuals in Sefton whose health outcomes are likely to be worse than the majority of Sefton residents because they do not understand how to access services especially amongst our minority ethnic populations.

Unemployment is rising with jobseeker's allowance claim rates being higher than the regional and national averages, particularly among young people; this impacts on the mental health of people with increasing rates of depression. Residents tell us that "local" services should be, on average, within five miles of their home; two miles or less in the poorest areas.

What is life like for people with long term conditions?

We know that Sefton has higher than average levels of people who are diagnosed with a long term condition such as chronic heart disease, diabetes and high blood pressure. Whilst lifestyle factors – better eating / stopping smoking / greater exercise – are reducing the numbers of people with these conditions, levels still vary across the borough from one community to another.

Sefton sees a slightly higher level of diagnosed long term conditions than the national average although we think that there are more people with asthma, kidney disease, chronic heart disease, dementia, diabetes and high blood pressure that have not yet been diagnosed.

Projections suggest that Sefton's ageing population could mean 2,500 more people with high blood pressure and 1,000 with chronic heart disease, within five years, and numbers of people with dementia and experiencing the effects of stroke are also likely to rise.

Rates of people dying early from cancer are higher than the national average, but are falling, and whilst smoking and drinking rates in Sefton are lower than the national average, rates vary greatly within the borough.

People being overweight remains an issue, with as much as half of the population classified as overweight or obese. Also a quarter of children aged four – five years old are overweight or obese, which is above the national average; and patient satisfaction with their local GP practice is generally higher than the national average.

The information set out above is intended to give a general picture of the health and wellbeing of Sefton's population. This information is a summary of the overall strategic needs assessment for Sefton which can be viewed at www.sefton.gov.uk.

The strategic needs assessment and the outcomes from the consultation and engagement provides a wide range of evidence about the varying needs of the population of Sefton. This suggests that those responsible for commissioning services for Sefton's population must balance a complex range of competing priorities. This Health and Wellbeing Strategy describes the key health and wellbeing strategic objectives for Sefton underpinned by the principles of collective leadership, shared ownership and collaboration to effect change and take action.

What we currently spend on services that promote health and wellbeing

In very broad terms the statutory services currently have the following budgets available:

NHS Sefton's total budget in 2012/13 budget was £355 million and was spent on:

- doctors, dentists, opticians and pharmacists (24 per cent)
- hospitals and other patient services (49 per cent)
- community and adult social care services (19 per cent)
- other services (8 per cent)
- a ring-fenced Public Health budget of approximately £19.4m which will transfer to Sefton Council from April 2013

In 2012/13, the Council had a net budget of £236 million which was spent on:

- vulnerable children and adults, (54%)
- economic development, tourism and support for children in schools and those with special educational needs (7%)
- housing, environmental health, planning, landscape, cleansing, school meals and crossings, bin collection and recycling, security and vehicle maintenance (16%)
- youth offending, substance misuse, early years, troubled families, support and short breaks for disabled children, family and children's centres, parenting services (6%)
- leisure, libraries and arts (4%)
- governance, legal, finance, ICT, personnel, business intelligence and performance and neighbourhood co-ordination (7%)
- insurances, levies and grants (6%)

Over the next two years the Council has to reduce its budget by around £50 million due to a combination of reduced government grants and the need to put aside £10 million to meet the increasing needs of older citizens. Such budgetary pressures will impact on the ability of services to respond to needs and this will focus the attention of commissioners and providers on the most effective way to deploy resources. Whilst resources are tight, with increasing budgetary pressures, there is real potential to achieve better outcomes through joined-up approaches to the commissioning and delivery of core services. This Strategy is intended to support such efforts across all partners through the pooling of resources and integrated commissioning. In doing so it endorses the process that commissioners use to secure the best service, care and support, at the best value for both individuals and the local population. It involves translating their aspirations and needs into services that:

- deliver the best possible health and well-being outcomes, including promoting equality;
- provide the best possible health and social care provisions; and
- achieve this with the best use of available resources.

The following sections set out the vision, priorities and strategic objectives for health and wellbeing.

Section Three: Vision, Priorities and Strategic Objectives for Health and Wellbeing

During the last year the Council, partners and community organisations have been working together to develop a Vision for the Borough. Our vision is:

Together we are Sefton – a great place to be!

We will work as one Sefton for the benefit of local people,
businesses and visitors

Underpinning the Vision is our promise as agencies commissioning and delivering services in Sefton, to improve the health and wellbeing of everyone.

Our Promise

As commissioners and providers of services we will:

- put people at the heart of what we do
- listen, value and respect each other's views
- develop a culture of challenge, ownership, innovation and improvement
- be ambassadors for Sefton
- be responsive and efficient
- be clear about what we can and cannot do

As leaders we will:

- give direction
- be honest
- show confidence
- be bold
- be visible
- communicate
- inspire
- be accountable
- value People

We will work in partnership with the public, partners, providers, businesses, visitors to enable us all to:

- be responsible – everyone to take ownership of their lives
- respect each other
- have pride in the Borough
- get involved and have a say about the services that are delivered and the places in which we live and work
- challenge each other and question what we all do

This vision and promise sets out how we as collective agencies want to work with each other, and with our communities, to make Sefton a great place to be.

Setting strategic priorities for health and wellbeing

The factors which influence health and wellbeing outcomes and health inequalities are well documented, the latest findings of which can be found in the Marmot Report, 'Fair Society, Healthy Lives', February 2010. The health and wellbeing of Sefton's residents is affected by where they live, their environment, economic circumstances, social and family support, interaction with the local community, lifestyle choices that are made, community safety and access to appropriate services.

And as illustrated below, commissioners will need to think about the wider determinants of health in commissioning not only those traditionally defined as health and wellbeing services, but all services in the Borough.



Making a difference to the health and wellbeing of the population is the responsibility and business of all. Action is required at the individual, family, community and service level to improve health outcomes and life chances.

We have defined the following broad criteria which have been used to determine the strategic objectives for health and wellbeing within this Strategy:

- These are agreed to be the most important from both evidence and what our communities have told us
- They require a multi-agency response
- They address the wider determinants of health such as air quality, road deaths, transport, noise, violence, housing, fuel poverty and the use of outdoor space. (Department of Health “Living Well for Longer – A call to action to reduce avoidable premature mortality”, March 2013) They will deliver the most benefit to the health and wellbeing of the population
- They will impact upon health inequalities
- They will have a positive preventative effect through promoting early and timely intervention, making every contact count

Strategic Priorities for Health and Wellbeing

The following strategic priorities are not in any rank order. They have been developed through both understanding the analysis of need and the feedback from our communities through the extensive consultation and engagement. These draft priorities are for the borough of Sefton, and through partnership working seek to deliver:

- healthy and well supported communities
- access to opportunities for all
- attractive and sustainable place and communities
- empowered and supported residents

Within each overarching strategic priority there are many objectives and actions that need to be taken by different organisations and partnerships to ensure that outcomes for the population of Sefton are improved and health inequalities are reduced. This Strategy identifies the specific strategic objectives which we believe will improve health and wellbeing and reduce health inequalities. Partners will commission and deliver services which focus on the above priorities. The Health and Wellbeing Board will focus its attention on the commissioning and delivering of services against its strategic objectives where the Board believes it can make a difference.

Strategic Objectives for Health and Wellbeing

The following are the proposed draft strategic objectives for health and wellbeing in Sefton:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes

- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

The following sections outline the strategic objectives, why we chose the objective - based on evidence and what you told us.

The actions which underpin the achievement of the outcomes, described in this strategy, are ones we would want, as a Board, to encourage and work with a range of partners, stakeholders and individuals on to ensure that between us the actions we take will best achieve the outcomes for Sefton communities. These are not the only actions that the organisations represented on the Board will take – additional actions are described in our business plans and commissioning strategies and plans.

Importantly, we cannot deliver the actions on our own, and over the next 6 months we intend to work with partners, stakeholders and individuals to firm up these actions, and describe the actions we collectively together will take to improve outcomes for our communities.

We will describe how we will do this through a communications and engagement plan, which we will publish.

Within 6 months we will aim to report on progress in refining the actions within the strategy and the framework for assessing success. Thereafter we will undertake this review on an annual basis.

Strategic Objective: Ensure all children have a positive start in life

<p>We want to...</p>	<p>Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Generally, health outcomes for Sefton’s children and young people are improving, but some are still below the England average</p> <p>Sefton’s breastfeeding initiation rates are rising but still comparatively low. Both initiation and duration rates are strongly linked to deprivation</p> <p>Whilst childhood smoking rates are average, alcohol consumption rates are higher than average</p> <p>The level of child poverty in Sefton has risen slightly from 21% to 21.8% in 2010 and is slightly worse than the English average of 21.3%.</p> <p>The numbers of births to non British born mothers is rising, particularly for Polish and Latvian born mothers</p> <p>Childhood Immunisation rates are generally either close to or above national averages.</p> <p>Obesity in Sefton is higher than national and regional estimates for reception year (ages 4-5) but lower for Year 6 (ages 10-11).</p> <p>7.9% of 16-18 year olds are not in education, employment or training (NEET) which has deteriorated by 1.28% from 2011</p> <p>There are 900+ children on Sefton’s voluntary disabled children register</p> <p>Sefton has successfully narrowed the inequalities gap in teenage pregnancy, however, post pregnancy the health of teenage mothers and their children continues to be poor</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>Services provided from children’s centres which support vulnerable families and children, in particular those in the poorest neighbourhoods, affordable childcare and promote friendships and relationships</p> <p>The creation of training and volunteering that lead to real jobs for all young people</p> <p>Access to affordable childcare, decent affordable housing with support for care leavers and young parents</p>

	<p>Children and young people, in particular care leavers, want to be listened to and for this to be consistent</p>
<p>What we are seeking to do</p>	<p>Commission services that deliver high quality pre and post natal care, early years and healthy childhood services, that promote and sustain breastfeeding and provide support for teenage parents</p> <p>Promote and support a healthy balanced diet for children and young people at home and in school (including the provision of breakfast) to reduce obesity</p> <p>Support the provision of after school, school holiday and youth activity clubs that promote health and wellbeing and reduce negative risk taking behaviours e.g. smoking, drinking alcohol, and becoming parents</p> <p>Ensure children and young people feel safe and are protected, and that accessible and appropriate information and education is available to support this.</p> <p>Target, as appropriate, to parents, carers, prospective parents and teenage parents through the offer a parenting service which is based on education and support</p> <p>Ensure appropriate and early assessments of children and young people provide for, and work with, parents to improve health and wellbeing outcomes</p> <p>Review the number of children’s residential care beds and increase the number of foster parents</p> <p>Ensure schools are aware of, and use, their unique role in influencing and enabling better health and wellbeing for children, including support for children with special educational needs, in-school counselling and family therapy services and the role of School nurses in focussing on Health and Wellbeing messages in their work</p> <p>Undertake training and development with School Governors and other colleagues to promote Health and Wellbeing</p> <p>Encourage children to have aspirations and to achieve through their work in schools, college and training, linked to support in the labour</p>

	<p>market</p> <p>Seek to mitigate, as far as possible, the potential effects of Welfare Reform on children, minimising where possible child poverty</p> <p>Work with schools to ensure all food and meals provided by Sefton MBC meet the quality standards (mandating guidelines), and bring back into use school kitchens to promote healthy eating, develop more opportunities to promote breakfast clubs and safe routes with school crossing patrols.</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South Sefton and Southport and Formby Clinical Commissioning Groups 'Everyone Counts - Planning for Patients' and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.</p> <p>Develop a coherent approach to supporting children and young people to be listened to in designing, delivering and reviewing services</p>
<p>What will be the outcomes</p>	<p>Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles</p> <p>Children and young people will be safe</p> <p>Children and young people will be aspirational and achieving through the enjoyment of going to school and college</p> <p>Parents will have the skills, support and infrastructure to enjoy being parents</p> <p>Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review</p>

Strategic Objective: Support people early to prevent and treat avoidable illnesses and reduce inequalities in health

<p>We want to...</p>	<p>Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Sefton has higher than average levels of long term conditions, with almost one quarter of Sefton being classed as belonging to the 20% most deprived area of England.</p> <p>There are wide variations in deprivation levels across Sefton, some masked when looking at deprivation levels for the whole area. Sefton is ranked 92 out of 326 authorities in the 2010 Index of Deprivation (1 is most deprived).</p> <p>25% of school children in Sefton receive free school meals, slightly lower than the England average of 26%</p> <p>There are currently 7 JSA claimants in Sefton for every Job Centre Plus vacancy</p> <p>Sefton generally has slightly higher levels of diagnosed long term conditions than average. Asthma, kidney disease, Chronic Heart Disease, dementia, diabetes and hypertension may be under diagnosed in the population. Almost half of the population of Sefton may be classified as overweight or obese.</p> <p>On average, men are living for nearly 77 years, women are living for nearly 81 years; however, it remains the case that men living within 3 miles of each other (Seaforth to Maghull) could have a difference in life expectancy of 11 years.</p> <p>Whilst Sefton's rate of admissions is lower than other Merseyside LAs, alcohol related hospital admissions continue to rise.</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>Continue to promote physical activities, healthy lifestyles and healthy food, although healthy food is expensive</p> <p>Primary health services need to be local and accessible, reduce waiting times for GP appointments, accessible walk in centres, focus on early diagnosis to prevent cancer, heart disease and stroke and improve falls prevention services</p> <p>Equality of access to drug treatment and mental health services</p> <p>Walk in Centre centres are more flexible in meeting health needs however key issue of access due to location</p> <p>Find different ways to support people early to avoid them needing</p>

	expensive acute services and surgical procedures
What we are seeking to do	<p>Encourage the adoption and maintenance of healthy life styles across all ages by building on achievements in smoking cessation, obesity reduction and increasing physical activity</p> <p>Increase availability and promotion of health screening services and expand the roles of health professionals</p> <p>Deliver an integrated drug and alcohol prevention and treatment service that focuses on early intervention and addresses the needs of people with mental health needs</p> <p>Identify those people at risk of poor health outcomes early and intervene appropriately to reduce the widening gaps in life expectancy</p> <p>Develop and implement primary prevention programmes in general practices to prevent and treat avoidable illnesses and improve health outcomes</p> <p>Provide access to understandable, appropriate information and advice on how to prevent long-term conditions</p> <p>Recognise the value of clean, safe, healthy environments in promoting Health and Wellbeing, and encourage and promote the health benefits through the use of natural, physical and other assets (Park, Countryside and Coast)</p> <p>Work with schools to open up access to school playing fields outside of school hours</p> <p>Develop a programme of social prescribing to signpost early to leisure activities</p> <p>Use the statutory, environmental compliance regimes to protect, and where resources allow, improve the health and wellbeing of the public</p> <p>Deliver Sefton's Economic Strategy to increase employment and training opportunities</p>

	<p>Progress and implement Sefton's Local Plan</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South Sefton and Southport and Formby Clinical Commissioning Groups 'Everyone Counts - Planning for Patients' and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.</p>
<p>What will be the outcomes</p>	<p>There will be effective prevention and early intervention with people being empowered to determine their own outcomes through the experience of quality services</p> <p>There will be improved health and wellbeing against the wider factors that lead to poor health and wellbeing</p> <p>There is education, skills and support for people to change their lifestyles and to do things for themselves</p> <p>The population is protected from incidents and other threats, including infectious diseases, accidents, excess winter deaths whilst reducing health inequalities</p>

Strategic Objective: Support older people and those with long term conditions and disabilities to remain independent and in their own homes

<p>We want to...</p>	<p>Support people to remain independent and healthier for longer through early support and care close to home</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Sefton already has a sizeable population of older people and it is growing; more people over 65 (3,500) and over 85 (2,700) since 2001.</p> <p>An increasingly elderly population are more likely to attend A&E and be admitted to hospital as a result of falls – estimated 28% more by 2030.</p> <p>The number of people receiving direct payments is increasing, as is the rate of households receiving intensive homecare</p> <p>Based on the 2001 census there are 6,600 carers in Sefton aged over 65 and the numbers receiving a needs assessment or review are rising. Estimation of 34,500 providing unpaid care</p> <p>By 2030, it is projected that 34% more people aged 65 and over will have dementia, which will impact on their wider health and their care needs.</p> <p>Deaths at home in Sefton are rising and Sefton’s rate of deaths at home is better than comparable LAs and is similar to other north Mersey LAs</p> <p>The areas of highest income deprivation affecting older people are concentrated in the south of the Borough, and with pockets in central Southport.</p> <p>By 2015, over 2,300 people are forecast to be living in a care or nursing home – this will rise by over a quarter by 2030.</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>Promote services and lifestyles that allow older people to remain in their homes and the community longer</p> <p>There are considerably more carers in the borough aged over 65 years than shown in the 2001 Census data (6,600). The 2001 Census revealed that there may be as many as 32,000 unpaid carers in Sefton. Ensure early and effective support for those diagnosed and suffering with dementia</p> <p>Effective support network for all carers, and identify those through effective Health Service monitoring. Effective support network for older people generally, and ensure that through it they maintain their “voice”</p> <p>Maintaining independence by supporting people to remain well, with care close to home, improvement of primary care through virtual wards, good access to public transport and early intervention, prevention and</p>

	diagnosis for those with limiting long term illness and / or disabilities
What we are seeking to do	<p>Support the building of capacity and resilience in voluntary, primary and community services to reduce reliance on secondary care and encourage the development and use of friendship groups and lunch clubs</p> <p>Seek to deliver care closer to home with organisations working more closely together to improve community services and support.</p> <p>Facilitating closer organisational and multi-disciplinary team working; in order to prevent inappropriate hospitalisation and ready access to healthcare.</p> <p>Work together to increase the number of people utilising Direct Payments, thereby giving them more choice and control over the services they purchase and the care they receive</p> <p>Working collaboratively in integrated services to support and improve recovery from fragility fractures, strokes, and long term conditions</p> <p>Improve people’s ability to reach their best possible level of independence by redesigning re-ablement services in different local settings</p> <p>Work to provide an integrated approach to hospital discharge and the provision of support and care in the home, to enable people to recover more quickly and reduce the numbers of people returning back to hospital</p> <p>Seek to ensure the availability of regular, early health assessments and checkups, and expand the roles of health professionals</p> <p>Continue to assess the needs of carers and seek to meet their needs to reduce the number of people needing secondary hospital care</p> <p>Educate for, and encourage, early identification of conditions and available help, including access to supported self management programmes and technology</p>

	<p>Informed advice and information on choices and services is available, and offered appropriately</p> <p>Work to ensure all services are joined up and continuity of help and support is available dependant on the needs of individuals</p> <p>Facilitate the involvement of older people in the identification of long term conditions and use their skills and experience of the health and social care system to improve things</p> <p>Undertake targeted public health campaigns and innovative ways of involving health care professionals</p> <p>Encourage and provide a system for families and carers to feedback their experiences of end of life services, and develop systems accordingly</p> <p>Undertake mapping of all end of life services, identify gaps in service provision and develop system change as required</p> <p>Deliver Sefton's Economic Strategy to promote economic wellbeing</p> <p>Develop and implement a new Housing Strategy for Sefton</p> <p>Target greater use of existing natural resources, such as parks, the coast and other assets</p> <p>Introduce a range of quality assisted technologies to enable people to live independently in their own home</p> <p>Introduce additional safety monitoring and security to promote a service of security in the home</p> <p>Review and refresh the Carers Strategy, to include the development of appropriate pathways in primary care to both early assessment and support services</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South</p>
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	Sefton and Southport and Formby Clinical Commissioning Groups 'Everyone Counts - Planning for Patients' and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.
What will be the outcomes	<p>There will be system wide improvements across social care and care pathways, supported with access to information about early diagnosis and prevention</p> <p>There will be effective management of long term conditions for all adults, including mental health and dementia</p> <p>There will be outstanding end of life services</p> <p>There will be access to information about early diagnosis and prevention services</p> <p>There will be increased physical, emotional and economic wellbeing</p> <p>There will be access to appropriate, high quality housing across Sefton.</p>

Strategic Objective: Promote positive mental health and wellbeing

<p>We want to...</p>	<p>Enable good child and adult mental health through effective, accessible mental health promotion and early intervention services.</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Over 1 in 6 of Sefton’s population could be suffering from depressive episodes, mixed anxiety and depression or generalised anxiety – generally only around half of cases are doctor diagnosed. This compares to less than 1 in 8 in England as a whole.</p> <p>The 2010 Sefton Lifestyle Survey reported that nearly one third of respondents have low mental well being; this compares well with two previous Citizens Panel surveys, however, the 2009 North West Well Being Survey produced higher levels of high mental well being, particularly for the NW.</p> <p>Mental well being is strongly related to deprivation. Respondents from the most deprived quintile are almost twice as likely to have low mental well being as respondents from the least deprived quintile</p> <p>Compared to England, Sefton had 10 excess deaths due to mental health conditions – this figure has fallen in recent years. However, mental health is the biggest cause of ill health (loss of healthy life years).</p> <p>In 2009/10, Sefton spent approximately £10m on inpatient and secure mental health hospital services, with another £26m on community based services. Over a three year period, 56% of hospital spells were repeat admissions – 15 patients accounted for 189 admissions.</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>Equality of access to mental health and drug treatment services</p> <p>Use of language in describing mental health could be improved</p> <p>Alcohol and drugs have a specific role to play in terms of mental health</p> <p>People should be encouraged to admit problems and seek help early</p>

<p>What we are seeking to do</p>	<p>Undertake a mapping exercise of all Mental Health Services, including the Dementia Strategy and Service Review Plan, to seek to ensure they are fit for purpose</p> <p>Facilitate help and support, such as drug and alcohol treatment services, are linked to Mental Health provision, and the availability of Psychotherapy support within local settings</p> <p>Raise awareness of all services available, and access to relevant information so users can feel empowered to support themselves and their families</p> <p>Re-engage into community settings low-level services and interventions</p> <p>Facilitate access to routes and pathways for engagement with mental health services including a proportionate distribution of services throughout the Borough</p> <p>Develop Workforce Charters to help staff focus on their own and their community's Health and Wellbeing needs</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South Sefton and Southport and Formby Clinical Commissioning Groups 'Everyone Counts - Planning for Patients' and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.</p>
<p>What will be the outcomes</p>	<p>The infrastructure will be place so that all people can access information, preventative and treatment services</p> <p>People will be empowered, have a sense of purpose and take care of themselves and their family</p> <p>The mental health services that are commissioned will be fit for purpose</p> <p>We will have stronger communities involved in their own wellbeing and wider community's mental health services</p> <p>There will be an increase in physical and emotional health and wellbeing</p>

Strategic Objective: Address the wider social, environmental and economic issues that contribute to poor health and wellbeing

<p>We want to...</p>	<p>Address poor health and wellbeing outcomes which are often a reflection of wider social, environmental and economic inequalities present in society, such as high levels of unemployment (particularly long-term), low skill levels, dependence on benefits and social housing. We will seek to improve outcomes for our most deprived residents. Seek ways to improve places so that people are able to live, work and spend their leisure time in a safe and healthy environment.</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Almost 60% (113) of 190 LSOAs that make up Sefton have had a reduction in deprivation, a further 16% (31) have had no change, although for 24% (46) the deprivation has worsened. Most significantly, of the 46 LSOAs that were among the most deprived 20% within Sefton in 2004, 28% (13) not only remain among the most deprived areas, but are becoming more deprived.</p> <p>The number of JSA claimants within Sefton as of January 2013 is 8,570, accounting for 5.1% (1 in 20) of the working age population, proportionally higher than both the North West (4.4%) and Great Britain (3.8%) averages.</p> <p>There were a total of 32,260 benefit claimants of working age in Sefton during May 2012, which represents an increase of almost 9% (2,630) in five years.</p> <p>Despite population reductions within Sefton the housing stock within the area has increased by 2.5% between 2001 and 2011 to 123,830. The proportion of properties within Sefton that are rented from either Local Authority or Registered Social Landlord (RSL) has reduced</p> <p>In crime, Rowdy / Inconsiderate Behaviour accounts for 58% of all ASB in the Borough and is predominantly youth related (80%).</p> <p>Those accessing Drug Services show that the number of Opiate and Crack Users in the 45+ age category increased year on year indicating an ageing user population</p> <p>There are lots of parks and green spaces in Sefton, however, there is a pressure for space to build new housing</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>More Police foot patrols especially in certain parts of the Borough</p> <p>Provide and maintain parks and green open spaces</p> <p>Access to work, training and volunteering for all ages and abilities, training that leads to real jobs</p>

	Access to affordable, good quality housing with support for care leavers and young parents
What we are seeking to do	<p>Work to develop services so they are provided close to public transport hubs, and improve transport services throughout the Borough, especially between the East and West of the Borough</p> <p>Improve disabled access in transport and all infrastructure, within the bounds of legislation</p> <p>Encourage access to affordable housing and good housing standards, including policies around affordable rents, affordable heating, and energy efficiency</p> <p>Ensure the Health and Wellbeing Strategy/Plan works with other relevant co-terminous plans, such as Seton’s Local Plan</p> <p>Support businesses to encourage growth, including policies around lower business rates</p> <p>Raise awareness and create demand for fruit and vegetable co-operatives and mobile shops, supported by capacity and education</p> <p>Encourage and support access to leisure and sports facilities throughout the Borough and continued active participation in sports</p> <p>Provide career advice and setting up entrepreneurial networking and raise awareness that volunteering is an activity in itself</p> <p>Encourage and assist with credit union development, and offer advice on all money matters</p> <p>Support people outside of the labour market with relevant advice</p> <p>Work to reduce perceptions of Anti-Social Behaviour, gang and gun crime, maintain Police foot patrols, and manage impacts of incidents to make the community feel safe, especially during the hours of darkness</p> <p>Progress and implement Sefton’s Local Plan and Sefton’s Economic Strategy</p>

	<p>Maintain the quality of park and open spaces, encouraging public usage, involvement and ownership and ensure actions of the Carbon Management Plan and good local environmental quality are maintained</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South Sefton and Southport and Formby Clinical Commissioning Groups 'Everyone Counts - Planning for Patients' and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.</p>
<p>What will be the outcomes</p>	<p>The appropriate infrastructure is in place to improve opportunity, maintain health and wellbeing and the quality of life for all</p> <p>There will be improved access to services and information for all, including leisure facilities, parks and open spaces</p> <p>There will be opportunities to access new skills, training enterprise, employment and progression</p> <p>There is infrastructure and investment is in place to improve opportunity, maintain health and wellbeing and quality of life for all</p> <p>There will be access to high quality housing across Sefton.</p>

Strategic Objective: Build capacity and resilience to empower and strengthen communities

<p>We want to...</p>	<p>Support residents to make choices for their own lives, by commissioning and delivering the most effective services to support capacity and resilience of our Communities</p>
<p>What the Sefton Needs Assessment told us</p>	<p>Since 2008 Sefton Council have commissioned an independent market research survey which looks at levels of community cohesion within each of areas that make up the Borough. Major headline results from the surveys reveal:</p> <p>Across Sefton as a whole almost 80% of residents surveyed say they are either very or fairly satisfied with their local community as a place to live. Despite the current financial situation across the Borough and the reductions in some services as result, this has improved slightly from 77% when the survey began.</p> <p>Across Sefton 60% of residents say they would get involved in sorting out a local issue if asked to do so by a local organisation. However, despite a willingness to get involved in sorting out local problems only 44.6% of Sefton residents feel they can have an influence in the decision making process for issues affecting their local areas</p> <p>Further, there are clear differences in feelings of belonging, with the more deprived areas in the South of the Borough showing significantly lower levels, with feelings of belonging ranging than other areas - from a little over half of residents in Litherland and Ford to almost three quarters in Formby</p>
<p>What you told us was important to you through consultation and engagement</p>	<p>Services provided from Children’s Centres which support vulnerable families and children, in particular those in the poorest neighbourhoods, affordable childcare and promote friendships and relationships</p> <p>Provide help for local people to help keep their streets clean</p> <p>Combat social isolation through access to local services, accessible information and support networks</p> <p>Accessible community information and support is needed for people leaving prison and their families, families on benefits and the impact of welfare reform, carers, people with disabilities, for people for whom English is not their first language and to support people to manage their own conditions</p> <p>Ensure people feel safe to go out at night, especially in some parts of</p>

	<p>the Borough through effective policing and reassurance</p> <p>Provide and promote services to “give people a voice”</p>
<p>What we are seeking to do</p>	<p>Support Voluntary Community Services infrastructure, and seek alternative sources of funding and new ways of working with the Sector</p> <p>Work to ensure effective signposting services are available and delivered on a collaborative basis</p> <p>Support actions that give greater access on digital inclusion and ensure digital inclusion services are available in community clinics, schools, libraries and across a wide range of VCF venues</p> <p>Develop Workforce Charters to help staff focus on their own and their community’s Health and Wellbeing needs</p> <p>Maximise the use of “Digital marketing”, most notably for older and vulnerable residents</p> <p>Explore the way primary care works by improving access to primary care through a good skill mix on offer in practices and the extended primary care team</p> <p>Explore the potential to pilot within one locality a new model of Primary Care</p> <p>Work to ensure effective actions on tackling Social Side Isolation, including support for provision of older residents clubs/services, support services for carers, prisoners and residents whose English is not their first language</p> <p>Work with the partner organisations to reduce incidents of individual loneliness by identifying those at risk and promoting support networks or design new ones in association with service users.</p> <p>Work to reduce perceptions of Anti-Social Behaviour, gang and gun crime, maintain Police foot patrols, and manage impacts of incidents to make the community feel safe, especially during the hours of darkness</p>

	<p>Encourage intergenerational projects and diversionary activities for young people to strengthen community cohesion</p> <p>Support the further development potential of community and voluntary sector assets and providers</p> <p>Create access to employment services and training, including community based “apprenticeship” style programmes for young people, and support for older people re-accessing employment opportunities</p> <p>Work to ensure integrated working to deliver the objectives and outcomes for children and young people as described in the South Sefton and Southport and Formby Clinical Commissioning Groups ‘Everyone Counts - Planning for Patients’ and the Integrated Commissioning Plan for Health and Wellbeing in Sefton.</p>
<p>What will be the outcomes</p>	<p>There will be stronger communities involved in and responsible for their own wellbeing and of the wider community with reduced dependency on services</p> <p>There will be Improved access to services and information for all, including leisure facilities, parks and open spaces</p> <p>The value of clean, safe, healthy environments in promoting health and wellbeing will be recognised</p> <p>The health benefits of borough wide activities through parks, the coast and countryside will be valued, encouraged and promoted</p> <p>Increase the physical and emotional health and wellbeing of all residents</p> <p>There are clean safe environments and quality of place</p>

Conclusion

The nature of the health and wellbeing issues referred to in this Strategy can only be addressed through well coordinated, collaborative action. Action is required at the level of the individual taking responsibility for his or her health and wellbeing to the best of their ability through to jointly commissioned services providing a “whole system” response to complex health and social care needs. Alongside its focus on health inequalities this strategy is also highlighting the importance of ensuring that the wider determinants of health, and the cause of ill health, are taken into account when commissioning services. The five steps to wellbeing and the recognition of the social value that commissioned services can bring are crucial to promoting and maintaining the health and wellbeing of young and older people alike. It is appropriate that this is recognised and reflected in commissioning intentions.

The Health and Wellbeing Board will seek to hold commissioners to account on the extent to which the strategic objectives for Health and Wellbeing defined within this Strategy are reflected in commissioning plans, and performance managed as appropriate. What we need to be able to do is judge whether commissioners are commissioning the right things, and where they are not be bold enough to decommission, stop or commission new things.

This Strategy will be reviewed on an annual basis and local people, partners and providers of services will be involved in this review.

Appendix One

Broad Commissioning Model for Health and Wellbeing

The Health and Wellbeing Board endorses a commissioning model that systematically draws on the intelligence available from a number of sources. The Board expects commissioners, in finalising commissioning plans, to have addressed the following key questions:

- How healthy is the community relative to reliable benchmarks?
- What information has been considered and assessed in respect of the efficiency of health and social care services and their effectiveness in delivering the right care that avoids duplication and promotes integration of health and social care services?
- What does it cost and are we maximising value for money with the best selection of acute and community interventions?
- How do we compare with other areas in terms of outcomes, productivity and value for money?
- Are provider services providing the services that were commissioned and are they performing to plan?
- What improvements could be made through service and pathway redesign?
- What do service users tell us about the impact, effectiveness and value of our services?
- What are our future plans and are health, social care and council service objectives in alignment?

Appendix Two

Sefton's Health and Wellbeing Board

The Sefton Health and Wellbeing Board was formed in shadow form in June 2011, and on 1st April 2013 became a formal Committee of Sefton Council. The membership of Sefton's Health and Wellbeing Board is (as of 1st April 2013):

Councillor Ian Moncur, Cabinet Member for Children, Schools, Families, Sefton Council (Chair)

Councillor John Kelly, Sefton Council

Councillor Paul Cummins, Cabinet Member for Older People and Health, Sefton Council

Dr. Niall Leonard, Chair, NHS Southport and Formby Clinical Commissioning Group

Dr. Clive Shaw, Chair, NHS South Sefton Clinical Commissioning Group

Fiona Clark, Chief Officer, NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups

Colin Pettigrew, Director of Young People and Families, Sefton Council

Robina Critchley, Director of Older People, Sefton Council

Janet Atherton, Director of Public Health, Sefton Council

Phil Wadeson, Local Area Finance Director, Merseyside Commissioning Board

Chair of Healthwatch, Sefton (Subject to references)

The Shadow Board recognised the contribution played by Paul Acres, representative of NHS Merseyside, Margaret Carney, Chief Executive and Peter Morgan, Strategic Director of People, Sefton Council who, as of 31st March 2013, stood down from the Shadow Board, to enable the newly formed Board to take effect.

The role of the Health and Wellbeing Board is to:

- encourage integrated working between commissioners of health services, public health and social care services.
- encourage those who provide services related to wider affects of health, such as housing, to work closely with the Health and Wellbeing Board.
- lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) including involving users and the public in their development.
- be involved throughout the process as Clinical Commissioning Groups develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans.

The Board also undertook a formal role in authorising and establishing Clinical Commissioning Groups. Completed in early 2013.

