

Cabinet Member Update		
Councillor	Portfolio	Period of Report
Ian Moncur	Health & Wellbeing	August - September

Swim Pilot

The pilot is split into 3 key areas:

A) Community Visibility

A press launch was held in June with positive comments received from members of the public. Further soft launches and public open days are planned following the refurbishment of the changing rooms at Bootle Leisure Centre & Dunes.

A full marketing plan is in place for each centre, including the promotion of swimming within local communities. A number of branding and marketing concepts have been designed and will be rolled out from July 2017.

B) Swimming Environment

The refurbishment of Dunes changing rooms have been completed on schedule and within budget. There was no disruption to existing swimming provision with Splashworld changing rooms being available whilst the refurbishment took place.

The refurbishment of the changing rooms at Bootle have gone out to tender and work is planned to commence in September, to be completed October. There will be some disruption to the existing swimming timetables, due to the provision of temporary, small, group changing rooms. All school and public lessons will go ahead as usual as will daytime timetables. Unfortunately the temporary changing provision will not accommodate mass public swimming sessions (e.g. weekends). A communications plan is in place to ensure customers will be made aware.

C) Session relevance and timetabling

Consultation identified the need to abolish 'casual swim' from timetables and to replace with branded sessions. The first to be launched is 'Swim and Splash' aimed at children and families. 'Swim and Splash' has been promoted as part of the Be Active programme and will include new fun equipment during all sessions and in the future coloured pool dye and pool parties will be added.

Branding for 'Health' and 'Fitness' based sessions are currently being developed and will feature in new timetables. These will include the introduction of Swim Tag and promotion of swimming to targeted groups.

Following a tender process poolside music and lighting systems have just been purchased for all three pools with installation planned for September. This will enable the poolside environment to be changed to suit different groups, ranging from pool parties to dementia friendly swim sessions.

The success of the pilot will be monitored by Swim England who will carry out research every six months to be compared to baseline research that was collated in September 2016.

In addition, Officers will evaluate the success of the project by monitoring;

- Levels of customer satisfaction
- Participation rates
- Levels of Income

Minimum Unit Pricing

Minimum Unit Pricing (MUP) is a tool to address the issue of cheap alcohol. It directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold to consumers. Additional revenue from sales is retained by retailers (predominantly supermarkets and off-licenses).

Margaret Carney has been leading work in the North West in collaboration with colleagues in the North East to look at various ways that could support the reduction of alcohol harm. This includes examining a Minimum Unit Pricing policy in anticipation of any future national policy on this matter, or possible local action if that were possible.

A partnership has been established with the University of Sheffield, who are undertaking nationally funded research into the impact of alcohol pricing on death rates and hospitalisations, as well as economic outcomes for consumers, retailers, government tax revenues and NHS healthcare costs. Evidence will be provided at the local level to inform our Sefton approach to reducing harm from alcohol.

Mental Resilience in School Aged Children

Local consultation and national evidence has raised the need for improvements in the mental resilience of school aged children. This project will begin the process of raising the profile of emotional and mental resilience within schools as well as providing new activities, action and resources for schools. This investment and the learning taken from it will facilitate and empower schools to carry forward a sustained adoption across Sefton. The project will create a cross-cutting partnership to improve mental resilience within school aged children.

The project is being co-produced with young people and other key partners, including schools, local voluntary sector and NHS commissioners. Accordingly, a

Project Initiation Document (PID) was presented to the Emotional Health and Wellbeing Children's Integrated Commissioning Group (CICG) in March 2017. The PID was approved by the CICG and work began on consulting with key partners and stakeholders regarding the best approaches.

The CICG is clear that this project should support and enhance (and not replace) other existing activity, particularly planned commission activity by the Clinical Commissioning Group (CCG) and Children's Social Care. It was also to focus on prevention and early intervention, and not add to the variety of treatment options available within schools or the community.

- The transition from Primary to Secondary Schools was identified as a pivotal time for young people, meaning a focus on Year 6 & 7 could support young people during this difficult time.
- A 'Whole Schools Approach' was needed, meaning not just focusing on pupils, but parents, teacher and the wider community. This should help to embed good practice resulting from any investment.
- Identification of key links within schools was essential to embed invest and ensure it was sustainable and could create 'a legacy'.
- Peer Mentoring was an essential component, as was some web-based content.
- A change of culture would be needed to ensure schools took up and actively used the investment beyond the funded period.
- Acceptance that this is a complex and long-term piece of work, which would require time to be adopted and integrated into schools.
- The most consistent view point was that one approach will not work and that a 'suite of options' is required from which schools can choose one or two options that best fit.

Health Checks

In consultation with Public Health England we wrote to all GP surgeries to highlight performance on a surgery by surgery basis. Also included was a feedback form to be completed and returned to the Public Health team to help identify challenges in delivering Health Checks, examples of good practice and also (where applicable) for surgeries to tell us how they intended to improve their performance.

Feedback has provided an insight into common themes summarised as:

Examples of what was working well

- Some practices reported good systems for searching records to identify eligible patients with support from the CCG
- Call /recall systems, including the use of text messages
- Trained admin staff
- Opportunistic health checks e.g. with new patients at first appointment

Challenges

- Lack of staff (practice nurses, health care assistants and administration support)
- Turnover of staff (nurses and administration support)
- Lack of facilities (consulting rooms)
- Time required to make and chase appointments
- Numbers of did not attend (DNA)
- Hints at patient apathy towards Health Checks and its benefits (lower uptake for second health checks)
- Patient contact details being incorrect/changed

Actions to address poor performance

- Dedicated staff to chase DNAs
- Changes to invite letters
- Chats with patients by staff about having a health check
- Text messages to patients to remind about the offer and /or an appointment

Reductions to the Health Checks budget have already been agreed by Cabinet in January 2017 and at full Council in March 2017, and the need to engage with partners to refresh the delivery model is becoming increasingly apparent. Mainly for the reasons of addressing poor performance, but because of this feedback from GPs, many of whom report difficulties in finding the resources to deliver Health Checks. Support and changes to the delivery model, while maintaining compliance with national standards, could offer help to primary care and an improved health checks offer, more closely linked to the more substantial investments made by the Council in the Living Well Sefton and Active Sefton services.

We will engage with all key stakeholders (PHE, CCG, HealthWatch, Local Medical Committee, GP's, Sefton CVS, other Council Departments) within the next three months to establish the best delivery model to improve performance, remove variations in service offer and to revitalise the NHS Health Checks.