

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 7 January 2020		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	Oct/Nov 2019

Health Checks

From 1st July to 30th September 2019, 126 full NHS Health Checks, and 54 mini-health checks were delivered through 20 clinics. These clinics took place in a range of community venues across the Borough and in workplace and school settings.

The NHS Health Check offer within school settings has received positive feedback and further school based sessions are planned for the coming months. Additional opportunities to provide NHS Health Checks with local employers in the Borough are being explored.

Screening Update

Updates were provided on the three Cancer Screening Programmes (Breast, Bowel and Cervical), including an update on the new Bowel Screening Test (FIT test) which was introduced earlier this year. Introducing the FIT test has resulted in more people taking up the offer of Bowel screening, and has also led to an increase in the number of people who need to have an endoscopy.

In Cheshire and Merseyside the Cancer Alliance has secured £1.23 million funding for pilot projects which aim to increase uptake of the cancer screening programme. These projects are:

- Text messaging reminders for women to have cervical screening.
- Patient 'navigator' roles which will involve contacting people who have not yet taken up the offer of breast or bowel screening.
- Education and training pilot to include cancer screening programmes within making every contact count (MECC) training.

CHAMPs are supporting the Cancer Alliance to develop detailed project plans for each of these work areas, and the Sefton Council Public Health Team are engaged with this work. In Sefton the Health Protection Forum seeks assurance on the Cancer Screening Programmes and the newly established Sefton Screening Health Protection Forum sub-group, will support this work.

Community Infection, Protection and Control

The Community Infection Prevention and Control Service procurement has been completed and a 3-year plus 1 plus 1 contract started on 1st September 2019; the contract was awarded to Mersey Care NHS Foundation Trust, the incumbent provider.

Winter Planning

The Sefton Flu Planning Group, a sub-group of the Sefton Health Protection Forum, meets monthly from August to February, to ensure any issues relating to the flu vaccination programme, or flu outbreaks can be identified and mitigated promptly.

Key activities are:

- Supporting the development of a communications plan for residents of Sefton about accessing the flu vaccination and staying well during the winter months.
- Development and delivery of a collaborative work with the CCG NHS England, and the local authority to support General Practices to improve flu vaccination uptake.
- Preparing and supporting the development and distribution of the Cheshire and Merseyside Care Homes Influenza Resource Pack in Sefton. This pack provides key information to help homes prepare for flu season, including information regarding vaccination of staff, and what to do if residents experience a flu like illness.

Obesity

Obesity is one of the most serious health challenges of the 21st century. It is a complex issue with several different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity, it requires action across agencies, sectors and with local people.

Sefton faces key challenges in tackling overweight and obesity and opportunities to help local people maintain a healthy weight require a whole system approach (WSA) which is based on collective, interdepartmental and multi-agency leadership culminating in a series of recommendations for action.

Research has shown that the environments in which we live are a crucial factor in influencing how much physical activity we have in our daily lives as well as what foods we have access to and choose to eat. What this means is that the focus of our efforts in trying to tackle obesity in Sefton cannot lie at the individual level but rather at the level of the whole system that our residents interact with. This will require a collaborative approach to create the desired system wide change. In doing so we are addressing changes in the way that we live our lives that have evolved over decades. There are no quick wins, and the evidence suggests that goals for changes in this area need to be considered in the longer term but are achievable.

To stop the rise in obesity we will require collaborative effort from across the public, private and voluntary sectors and amongst individuals, families and communities. Public Health are uniquely positioned to lead this work through a collaborative whole system approach across providers, partners, voluntary sector and communities.

WSA draws on the strengths of organisations, businesses, communities and local assets to achieve better, more focused collective and sustained results. Having the visible and active support of elected members, the Chief Executive and senior leaders, sends a clear signal that tackling obesity is a priority for the whole local authority, not just public health and its wider partners. At a national level, there has been increased government commitment since 2016, to preventing and tackling obesity through the Childhood Obesity Plan. At a local level, there is opportunity to build on this

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momentum, to tackle key local environmental drivers of obesity, and support people living with obesity, aligning with actions at a national level.

An increasing number of local areas across the UK are testing and embedding new ways of working and there is a growing recognition that a whole systems approach is more likely to be effective in tackling the root causes of obesity, rather than focusing on a small number of public health interventions. Whole systems thinking also epitomises a 'Health in all Policies' approach, drawing on a local authority's strengths, fitting with its business priorities, combining local assets.⁴ and is aligned with our Sefton 2030 vision.

It is proposed that a WSA to tackling obesity is required in Sefton which will provide a structured process to follow with a new sense of direction, and a dynamic framework to engage partners and deepen our understanding and role around obesity and healthy weight. This will enhance opportunity to identify links across agencies and departments that are not immediately obvious and make connectivity easier to align priorities and resources.

An outline report will be developed by Public Health with recommendations and next steps and will include resource requirements and initial actions to develop a whole system approach to tackling obesity in Sefton.

ACE's

Adverse childhood experiences (ACEs) are strongly related to development and prevalence of risk factors for disease and health and social wellbeing throughout the lifespan. Trauma may be defined as repeated cycles of stressful events and the inefficient turning on or off of stress responses. Sefton has successfully piloted a 10-week programme "ACE Recovery Toolkit" with women who had experienced multiple ACEs. Outcomes for parents included increased knowledge and awareness of their own and their children's ACEs, and the impact on children, increased support networks, reduced isolation, improved self-esteem and wellbeing, increased resilience, increased confidence in parenting skills, and improved relationships with their children. Outcomes reported for some children included being happier and more engaged with school. Sefton are currently running 3 women's groups, one in each locality. The team have just completed an adolescent group and plan a men only group in January. LJMU has been commissioned to evaluate this phase of the roll out and follow-up the original Sefton cohort to see what the longer term impact has been.

The findings have been presented at LSCB and the board continues to support the implementation of ACE informed practice. Sefton plan is to embed this approach within the new model of safeguarding practice. The CLC now offers a short e-learning package on ACE. Public Health is working with safeguarding and locality colleagues to look at how they might develop a more structured training package, this includes cooperation at an LCR level via the Violence Reduction Unit.

Southport Money Advice Group

The Southport Money Advice Group – which is part of a north west academic research project called CLARHC – has reached the end of its currently funded activity. The group have successfully researched the issue of money advice in Southport. They have worked with partners to improve the money advice offer within Southport,

influenced partners to change the way they deliver services and held a conference which was attended by over 30 organisations. The Group are now exploring ways to continue this good work, by broadening out the subject area to including social isolation, housing and other issues facing residents. Additional funding is being sought by the partnership to make this happen and a decision is expected to be made by the end of the year.

Transformational Change of Public Health Services

Public Health (PH) are committed to maintaining a transformational and dynamic approach to core commissioned PH and community prevention services in Sefton, primarily focused on the core areas below:

- 0-19
- Drugs and alcohol
- Community sexual health services
- Living Well Sefton
- Stop Smoking Service
- Well Sefton
- Early Intervention and Prevention (EIP) 3 (key elements only)

The intention of this approach is to continually improve health and wellbeing in Sefton, through commitment of listening to local people, and supporting and enabling our communities to prosper. PH are constantly reviewing their interventions and services which are rooted in best practice and value for money. A commitment to quality, means working hard with providers to ensure the best outcomes are delivered, despite the challenges of financial restrictions, and ensure their creative and innovative approach to delivering PH interventions remains a priority.

This commitment to constantly review and reflect, which includes local, regional and national scrutiny and learning, means they can confidently benchmark services and deliver robust, targeted and tailored programmes in line with community need. In practice, this means core services are scrutinised with potential for redesign, refresh and transformation, keeping a specific focus on improving the health of people with the poorest health outcomes, and closing the gaps which have the most impact on health inequalities.

A comprehensive report outlining the transformational change applied to each of the services above has been produced and contains current examples of the dynamic, flexible and responsive approach the team is taking to service delivery. This is supported by a culture of continuous improvement and a commitment to a structured Sector Led Improvement programme which includes internal audit and benchmarking, as well as working closely with providers, so the team remains best placed, to deliver locally resonant services, build capacity and influence partners through a whole system approach in Sefton.

Public Health Sector Led Improvement

Public Health in Sefton, is taking a sector- led improvement (SLI) approach to ensure public health services are efficient and effective, robust and able to drive a 'health in all policies' agenda, ensuring that the focus of improving health and wellbeing, and tackling health inequalities, is everyone's business.

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The team are committed to improving quality across the public health system, recognising this is a shared responsibility and requires the collective efforts of everyone who delivers the range of functions and services that protect, promote and improve the public's health. With a growing number of challenges facing the health and care system, maintaining a focus on commitment and where required, the use of innovation to ensure high quality in public health is more important than ever to improve health outcomes and reduce health inequalities.

SLI is based on a culture of collaborative working, sharing good practice, constructive challenge and learning. The Public Health SLI programme is based on the principles set out in the LGA document "Taking the Lead", ^[1] which states that Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their areas, and recognises that Councils have a collective responsibility for the performance of the sector as a whole.

SLI is based on the premise that we are responsible for our own improvement, including managing risk of underperformance, and taking a collective responsibility towards that. The Sefton team will provide demonstrable innovation, evaluation, challenge and measurement of improvement, not merely increased learning and knowledge. They have developed an action plan focused on priority areas and includes benchmarking, performance outcomes, peer review, an audit of standards for employers of public health teams, and a review across a variety of services and programmes of 'What Good Looks Like'.

The team is committed to ensuring all this focus and insight is reflected in their current work programme, and have structures in place to maintain continuous reflective practice, insight, internal challenge and improvement, and will submit annual updates of SLI actions to Cabinet Member.

[1] <https://www.local.gov.uk/our-support/our-improvement-offer/what-sector-led-improvement>

Public Health Service Plan Update

I received an update of the Public Health Service Plan which details the priority public health and wellbeing activities for year 2019/2020. Activities have been aligned with priorities in the Joint Health and Wellbeing Strategy and 2030 vision, and also take account of the wider policy and strategic context, e.g. NHS Long Term Plan and Liverpool City Region programmes.

Public Health is a statutory responsibility of the local authority with the purpose of the service to ensure the best health and wellbeing outcomes for the population of Sefton. To achieve this the service must plan and implement health improvement programmes, and ensure the quality, safety and effectiveness of local services commissioned by ourselves and others that impact on health. The service works with partners to ensure the effective use of best information, intelligence and evidence base to improve health and wellbeing, and to reduce health inequalities. The Service Plan will be a dynamic document and is reviewed and updated throughout the year.

Prevention Green Paper Consultation Response

See attached Annex 1.

Sefton Sports Awards – Venue Proposal

The report updated the Cabinet Member on the plans for Sefton Sports Awards 2020. Since 2002 Active Sefton have held Sefton Sports Awards to celebrate the very best of the sporting offer across the borough. The first awards were held at Formby Hall and moved to Southport Theatre & Convention Centre where they have been held since.

Potential venue options have been explored for Sefton Sports Awards 2020, including the Park Hotel (Dunningsbridge Road), Prince of Wales (Southport) and Aintree Racecourse, in addition to its current location of Southport Theatre and Convention Centre. After brief enquiries Formby Hall was discounted based on cost.

After holding conversations with the Park Hotel, it is unfortunately not big enough to host an event this size (with a maximum capacity of 230 people) and therefore was not explored further. Although the Prince of Wales can accommodate an event of this size, given its location in the North and feedback requesting an alternative South location, it has been discounted, as Southport Theatre and Convention Centre can continue to be a host in the North. The only venue left to explore of appropriate size in South Sefton is Aintree Racecourse.

To build on the changes made for the awards in 2019, including a new compere and investing in a guest speaker, we look to make 2020 even more successful. Leanne Campbell has already indicated she would like to be more involved and help raise the profile, as well as the standards for production. A guest speaker could also be sourced of equal standard to Andy Grant's 2019 delivery, and it would be a great opportunity to showcase how Active Sefton continue to support the local sporting community.

A very competitive quote obtained for Aintree Racecourse has meant that the awards would be cost viable there and holding it at a flagship sporting venue would add more prestige to the evening. Aintree Racecourse offered photo opportunities in the winner's enclosure, overlooking the racecourse, as well as a high standard of food and service.

There are also plans ongoing to work alongside Stephen Watson (Executive Director), for next year's event to ensure that it is tied in to the Borough of Culture year. This is in addition to building on the new sponsorship opportunities secured through Christian Rodgers (Head of Commercial Development).

The report recommended hosting the event at Aintree Racecourse in 2020 based on customer feedback requesting an event in South Sefton, with it being alternated between North and South thereafter.

Active Sefton Summer Programmes

The report updated the Cabinet Member on the success of Active Sefton's Summer Programmes.

Since April 2011, the Be Active holiday programme has taken place during every school holiday (except the Christmas period) to provide activities primarily for children aged 5-12 year in all Active Sefton Leisure Centres. The programme has grown throughout the years and as is also a key area of income generation for the Active Sports team, who have an £81,000 income target attached to the service. The

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programme also utilises the leisure centres during off peak times and brings new users to the sites.

Costs of delivering the programme have been reduced over recent years where possible, for example using the internal designer for the marketing rather than outsourcing to a design agency, and utilising the print framework to secure competitive quotes. Crucial to the delivery of the programme is the use of casual coaches and freelance instructors for specific activities, such as dance camps, for which associated costs have been accounted for in the pricing structure.

The Be Active programme in summer 2019 was yet again a huge success, with 495 coaching hours delivered across 151 sessions. The Programme saw 2100 participants over 5 ½ week period from Wednesday 24th July – Friday 30th August.

New activities were introduced including basketball camps, gymnastics and yoga day camps. Football camps were delivered in partnership with LFC Foundation, which itself had 152 participants over 3 days attend. Activities were also delivered at Formby pool to offer a taster of what the wider Be Active programme entails. Despite the reduced number of sessions delivered this year, attendances at the NAC and Crosby Leisure Centre were comparative to last year but there was a 48% drop in attendance at Dunes Splash World. The service has identified this as an area for improvement and a marketing plan will be put in place to target Southport schools and residents moving forward.

Comparatively speaking to summer 2018, there was a decrease in the number of sessions offered (-32%), which led to a reduction in coaching hours (-27%). However, the number of participants attending only reduced by 16% and coordination of the service was much more manageable.

The reduction of the programme this year was as a result of reduced capacity in the team, which is now the smallest it has ever been, whilst aiming to strike the balance between quality and quantity. The aim was to fill sessions to capacity rather than have more sessions with lower attendance. Inevitably, as a result, the income was reduced from 2018 (£35,508.92) to £30,411.69 in 2019, equating to a 14% decrease. However, the cost of casual and freelance coaches / instructors has also reduced significantly, in addition to marketing costs.

Reduced capacity has not only impacted on the delivery of sessions but also on the ability to take bookings and payments through phone calls. Between the release of programme information through to the last session being delivered, the team took over 700 payment phone calls. The service effectively uses social media for promotion, which can be programmed for evening and weekends, but relies heavily on the parent or carer to call back when there is someone available to take the call.

We are hoping to secure an online booking system rather than just telephone calls for payment in the near future. This would allow the team to free up staff capacity from taking phone calls and makes it far more accessible for parents and carers making childcare arrangements and planning activities. It would boost the promotion of the programme and inevitably increase income by being more accessible – parents could book outside office hours, at a time convenient to them and have all the information available without having to rely on finding time during a busy day to phone. However,

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there is no budget available to purchase a system, something that needs to be explored further.

Work is to be undertaken to consider the merits of becoming an Ofsted registered holiday club provider, which would enable parents to spend their childcare vouchers on the service. It would add value in terms of benchmarking and have the identifiable quality mark symbolic of a positive, safe learning environment for young people. This will be explored and a decision will be taken based on capacity and anticipated added value in the long term.

Sefton Council Response to Green Paper and Consultation on Prevention: Advancing Our Health: Prevention in the 2020s

This is the response of Sefton Council on the Government's Green Paper on Prevention: Advancing Our Health: Prevention in the 2020s.

Summary

- As a statement of policy intent, the Green Paper is strong on the language and rhetoric of prevention and social determinants of health, but weak or silent on addressing the shortfall in funding that Sefton Council and others need to implement many of the health promoting proposals. 'Moving from dealing with the consequences of poor health to promoting the conditions for good health' will need to be adequately resourced.
- Advancing our Health is overly invested in genomics and digital/online solutions, which do not themselves address the social and economic root causes of preventable illness and health inequality.
- This plan is liable to increase health inequality unless future policy developments are introduced to address barriers to good health and determinants of poor health at source. Other commentators have called this green paper, 'half-finished' and this in our view is a justifiable assessment.¹
- It is lacking in ambition, pace and impact in its preference for self-regulation rather than mandated national policy changes.

How Advancing Our Health undermines Government Guidance on tackling health inequality

The disconnect between the principles and evidence that underpin the Government's latest guidance on reducing health inequalities is stark. 'Place Based Approaches to Reducing Health Inequalities' emphasises the vital and essential role councils have in improving health and wellbeing.

In this Green Paper, Councils are framed as having a key role to play on disease prevention, due to our commissioning responsibilities, control over health-promoting assets and influence over relevant policy areas. However, there is **no acknowledgement that continuing cuts to local government funding are a major constraint on realising the potential to drive prevention** in the places where people live.

Investing in prevention means investing in local government

In Sefton, we are proud of the holistic Sefton 2030 vision that guides our work, our principles and values (<https://sefton.gov.uk/your-council/vision-and-core-purpose.aspx>). However, our efforts to prevent avoidable health problems, reduce the 20-year gap in healthy life expectancy and increase wellbeing and productivity continue to be undermined by reductions in our funding. The result is that at a time of budget reductions we see rising demand for costly services focusing on complex care needs. This is a clear false economy that cannot lead to a sustainable, good quality model of population health and care services. Not only this, but the systematic lack of investment in local government ultimately lessens the impact of much less cost-effective investment elsewhere in the system, e.g. the increased NHS settlement.

National Policy must enable local action

We also recognise that some of the strongest influences on the health and life chances of Sefton residents arise from policy decisions in central government. For example, changes to the benefits system and the introduction of Universal Credit, which have created real barriers to social and economic mobility for vulnerable members of our community, and added to the many risks to mental health that come with growing up and living in poverty. Public Health England has described the main influences on health as being a job, a home and a friend. Local government must be

properly enabled through national policy and funding to deliver on these necessities of life for all our residents.

In Sefton, the future impact of obesity and the dietary quality on chronic disease and life expectancy now eclipses the effect of smoking and the disproportionate risk that comes from growing up in a low-income household drives health inequality from the first years of childhood. The success story of legally driven regulation of tobacco control has lessons for addressing our increasingly obesogenic environment – industry self-regulation, voluntary targets, challenging businesses and appeals to ‘individual choice’ are no match to the scale of population health threat we now see. A more promising and relevant approach comes from the WHO 1986 Ottawa Charter on Health Promotion².

Content, gaps, language and strategy – other areas of concern

These aspects of the Green Paper lead us to identify several other major areas of concern for Sefton Council. These include:

- The **superficial use of narrative describing health inequality and determinants of health**, which in our view incorrectly falls back disproportionately on calls for more personal responsibility.
- There is a **focus on individualistic interventions, e.g. online behaviour change programmes** that are most likely to succeed for people who are in a good position in terms of the resources they can bring to making healthy changes (money, support, will-power/resilience, opportunity etc).³
- The **principle of proportionate universalism** is not clear in this Green Paper. This core tenet from Fair Society, Healthy Lives means enabling everyone to invest in their health, but gearing access to resource and support where need and barriers are greatest. This principle is at the heart of any strategy to reduce health inequality and to create a sustainable system for publicly funded health, care and wellbeing services.
- Investment in digital health promotion tools is one part of the picture, but risks **widening health inequality** if there is not accompanying investment for people who are not in a position to make self-motivated changes, either because of other health problems or because of fundamental needs for accommodation, food and safety which take priority.
- Technological solutions and innovation have an undoubted part to play, but feel **out of touch with the daily challenges many people face**: ‘we can tailor our diet to meet our metabolism, we can account for air pollution in our exercise plans, and we can take action to prevent painful diseases decades before they would begin’.
- The attention given to **genomics and precision medicine risks detracting from progress on more fundamental, social determinants of health and could risk serious unintended consequences, e.g.** a false sense of reassurance and a ‘green light’ to continue health-harming behaviours for those who score low or fatalistic thinking for people with high scores.
- In some Sefton wards up to 40% of children grow up in a low-income household. Price rather than looking at food labels in order to make ‘informed decisions about what to buy’ is a reality. The ability to make healthy choices is not equal across society and the Green Paper’s silence on this is a **policy failing**.
- In other important areas, **rhetoric outweighs meaningful policy** intent and investment, for example on the issue of supportive housing and adaptive technology: ‘In the years ahead, the government has an opportunity to shape this emerging market and test new ideas and innovations’.

Positives to revisit and to build on

There are some notable positives in this Green Paper. In taking forward its proposals, the government should reflect on these more deeply, for example:

- The primary challenge that any strategy which is serious about delivering a sustainable model of health and social care is the social gradient in health, which is largely driven by socio-economic factors.
- It is appropriate to recognise health as an individual and a societal asset and health chances as a right, especially for babies and children.
- A whole-government 'Health/Prevention in All Policy' approach can deliver the most far-reaching and cost-effective return on investment ('in the 2020s, we believe that all of government should be 'pulling in the same direction').
- A strong concept of prevention is one that genuinely addresses and funds action on risks and protective factors for mental wellbeing - 'strong attachments in childhood, living in a safe and secure home, access to good quality green spaces, security of income, and a strong set of social connections'.
- It is important to recognise and support the continuing essential role of the local Health and Wellbeing Boards and the powers and duties invested in them.

Our calls to action

The Government should:

- Restore the necessary level of resources to Local Authorities which are essential to effectively implement the scale of changes needed to realise the Government's mission to **'help people enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest'**. The disparity in funding for prevention compared to treatment services is highlighted but does not lead anywhere: 'Prevention forms around 5% of all public funding on health. This means in the UK we are spending over £101 billion a year treating disease, and £8 billion preventing it. As a country, we need to ask ourselves some fundamental questions about how much we value prevention, and what this means for our public services.' **This requirement should be addressed in the next Spending Review, Local Government Funding Reforms and the Fairer Funding Review, and delayed Green Paper on Social Care Funding⁴.**
- Recommit to the lessons from the Due North Report of the Inquiry on Health Equity for the North of England, commissioned by Public Health England⁵ including policy recommendations for central government.

Helen Armitage, Consultant in Public Health, Sefton Council

Matthew Ashton, Director of Public Health, Sefton Council

Cllr Ian Moncur, Cabinet Member for Health & Wellbeing, Sefton Council