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To: All Members of the Health and Wellbeing Board

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Dear Councillor/Board Member

## **HEALTH AND WELLBEING BOARD - WEDNESDAY 9TH JUNE, 2021**

I refer to the agenda for the above meeting and now enclose the following reports which were unavailable when the agenda was published.

<b>Agenda No.</b>	<b>Item</b>
6	<b>Ofsted focussed visit item</b> (Pages 105 - 108) Report of Head of Children's Social Care.
9	<b>Sefton Integrated Care Partnership Development</b> (Pages 109 - 116) Report of the Executive Director Adult Social Care and Health.

Yours faithfully,

Democratic Services

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# Agenda Item 6

<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 9 June 2021
<b>Subject:</b>	Ofsted focussed visit item		
<b>Report of:</b>	Head of Children's Social Care	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Children's Social Care		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

Overview of the Ofsted focused visit conducted in March 2021 and published 10<sup>th</sup> May 2021.

## Recommendation:

This paper is for the Boards information.

## Reasons for the Recommendation:

Overview and Scrutiny will be provided to progress against meeting the areas of improvement.

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

none

## What will it cost and how will it be financed?

### (A) Revenue Costs

The financial and staffing implications associated with the outcome of the OFSTED focus visit are still being finalised and further report will be submitted to Cabinet for approval

### (B) Capital Costs

There are no direct capital costs associated with this report.

## Implications of the Proposals:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>
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The finer details with costs of review of structure are not yet confirmed and are currently in consultation.

**Legal Implications:**

none

**Equality Implications:**

There are no equality implications.

**Climate Emergency Implications:**

The recommendations within this report will

Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	N

**Contribution to the Council’s Core Purpose:**

Protect the most vulnerable:

This report sets out the Ofsted findings in relation to children and young people and how we protect children at risk of harm.

Facilitate confident and resilient communities: Children’s social care work with children and their families to improve outcomes for children

Commission, broker and provide core services: N/A

Place – leadership and influencer: N/A

Drivers of change and reform: N/A

Facilitate sustainable economic prosperity: N/A

Greater income for social investment: N/A

Cleaner Greener: N/A

**What consultations have taken place on the proposals and when?**

**(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD 6400/21.....) and the Chief Legal and Democratic Officer (LD.4601/21....) have been consulted and any comments have been incorporated into the report.

## **(B) External Consultations**

N/A

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## **Appendices:**

There are no appendices to this report

## **Background Papers:**

There are no background papers available for inspection.

### **1. Introduction**

Following a pause in the inspection framework due to Covid 19, Ofsted undertook 'restart' focused visit of Children's Social Care in March 2021. The letter was published on the 10<sup>th</sup> May 2021 and can be found by the following link: <https://reports.ofsted.gov.uk/provider/44/80550>

The focused visit looked at key decision making points in the child's journey, in the context of the covid 19 pandemic. The findings from the visit were published in a letter, however this was not a graded judgement. Four HMI inspectors were on site virtually for two days.

### **2. Identified areas of Priority Action and areas of Improvement**

Following the visit, inspectors identified, two areas of Priority Action and three areas for Improvement:

#### **2.1 Areas for priority action**

- Timely application of the pre-proceedings stage of the Public Law Outline where risks for children are not reducing through child protection planning.
- The effectiveness of case supervision and the monitoring of children who are subject to child protection planning, including those children in the pre-proceedings process, to prevent drift and delay.

#### **2.2 What needs to improve in this area of social work practice**

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- The quality assurance arrangements and senior management oversight of social work practice.
- The strategic and operational focus on achieving change and reducing risk for vulnerable children, including disabled children and care leavers.
- The capacity in social work teams and the number of children on social workers' caseloads

2.3 There were also a number of strengths identified:

- Multi – agency partnership arrangements, decision making and management oversight in MASH.
- Collaboration and partnership working during the Pandemic.
- Senior and Political leaders have maintained a focus on improvement.
- Immediate risk is recognised and responded to.
- Effective partnership working to reduce electively home educated children.
- Response from education and CSC to ensure vulnerable children were being seen, including the 'first day response' during the pandemic.
- Decision for children to come into care is appropriate in most cases.

2.3 In response to the visit, actions taken so far include:

- Review of capacity in CSC with a view to increasing capacity at all levels to reduce caseloads and improve quality of supervision.
- Supervision training continuing to be rolled out to all Team Managers
- Audit of all children in Public Law Outline over 3 months to ensure timely decision making and improvements are made to how they are tracked.
- Children's Integrated Commissioning Group looking at the offer to children who are 16 and over, including our care leavers.
- Work with departments across the council such as Corporate Legal Services, Human resources, communications team and business intelligence to review the support from the broader council.
- Review of Quality Assurance and Performance processes.

### 3. Conclusion

Following the visit, a draft action plan must be submitted to Ofsted 20 days after the letter was received. This was submitted on 26<sup>th</sup> May 2021. The final action plan will be submitted to Ofsted, 70 working days from receipt of the letter. OFSTED identified two priorities and the Department of Education have issued a notice to improve against these two areas.

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<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 9 June 2021
<b>Subject:</b>	Sefton Integrated Care Partnership Development		
<b>Report of:</b>	Executive Director of Adult Social Care and Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Health and Wellbeing		
<b>Is this a Key Decision:</b>	N	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	N		

## Summary:

This report presents to the Board the latest position with regard to steps to develop a Sefton Integrated Care Partnership following Cabinet approval to do so in April 2021 and is a follow up to the report the Health and Wellbeing Board received at its March 2021 meeting.

## Recommendation(s):

- (1) Members receive and note the contents
- (2) Members give oversight to the direction of travel and decisions as they develop.

## Reasons for the Recommendation(s):

This is a key development for the delivery and commissioning of Social Care and Health in Sefton, the Health and Wellbeing Board have a key role in supporting this transformation in order to achieve maximum impact for the Health and Wellbeing of Sefton residents.

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

Non consider

## What will it cost and how will it be financed?

### (A) Revenue Costs

Not detailed at this time

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## (B) Capital Costs

Not detailed at this time

### Implications of the Proposals:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> There are no resource implications arising from this report at this stage								
<b>Legal Implications:</b>  There may be legal and policy implications for the Council contained within the proposed legislative changes that will be enacted in April 2022 and will be presented for decision as required								
<b>Equality Implications:</b> There are no equality implications at this stage, however any policy change will be subject to an equality impact assessment								
<b>Climate Emergency Implications:</b>  The recommendations within this report will <table border="1"><tr><td>Have a positive impact</td><td>Y</td></tr><tr><td>Have a neutral impact</td><td>N</td></tr><tr><td>Have a negative impact</td><td>N</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Y</td></tr></table> The establishment of an Integrated Care Partnership in Sefton will include an approach to estates which will see consolidated offers and include consideration of the maximisation of opportunities to deliver Care and Support in individuals' homes or immediate localities where ever possible reducing pollution from travel. The Strategic Commissioning of Health and Care services through the Integrated Care Partnership will see the Climate Emergency Implications as a key consideration.	Have a positive impact	Y	Have a neutral impact	N	Have a negative impact	N	The Author has undertaken the Climate Emergency training for report authors	Y
Have a positive impact	Y							
Have a neutral impact	N							
Have a negative impact	N							
The Author has undertaken the Climate Emergency training for report authors	Y							

### Contribution to the Council's Core Purpose:

Protect the most vulnerable: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate confident and resilient communities: Proposals allow greater localised control and focus on the needs of the borough of Sefton in the design, delivery and review of Health and Care Services
Commission, broker and provide core services: Proposals strength the role of Strategic Commission at a Sefton borough level and encourage greater collaboration for better outcomes.
Place – leadership and influencer: proposals set out the road map for greater local control driven by the Health and Wellbeing Board.



Drivers of change and reform: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate sustainable economic prosperity: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services
Greater income for social investment: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services

## What consultations have taken place on the proposals and when?

### (A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6409/21.....) and the Chief Legal and Democratic Officer (LD.4610/21.....) have been consulted and any comments have been incorporated into the report.

### (B) External Consultations

The development of a Sefton Integrated Care Partnership includes a Communication and Engagement workstream. The drivers and priorities for the Partnership are as established through the Health and Wellbeing Strategy and NHS 5 year, Sefton2gether which were development through extensive public consultation

## Implementation Date for the Decision

Immediately following the Board meeting.

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## Appendices:

There are no appendices to this report

## Background Papers:

Cabinet papers detailing the proposal to develop a Sefton Integrated Care Partnership can be found on the Council's website.

## 1. Background

1.1 The development of an ICP (Integrated Care Partnership) in Sefton is in line with national policy set by NHS England/Improvement in respect of developing Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) by April 2022. This development also reflects the approach being taken at a Cheshire &

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Merseyside Health & Care Partnership level in terms of its own development as an Integrated Care System comprising a number of Integrated Care Partnerships (of which Sefton is one).

1.2 The Sefton Integrated Care Partnership will bring together key partners from across Sefton, recognising both the vital role of wider cross-sector partners and the central role that Primary Care Networks will play in adopting a population health management approach in Sefton. The Integrated Care Partnership will work together to deliver improved health and care outcomes for Sefton's population. The Health and Wellbeing Board and system partners have already agreed several key priority areas embodied within the Health and Wellbeing strategy which can be viewed here: <https://www.sefton.gov.uk/your-council/plans-policies/sefton-health-and-wellbeing-board/>

## 2. Introduction

2.1 This paper details the progress made since the last report received by the board in March. It will detail ICP progress, key milestones, deliverables, the expectations and time scales communicated by the Cheshire and Merseyside Integrated Care System and provides information on the Governance review currently underway in partnership with Hill Dickinson Solicitors.

2.2 Development of an ICP in Sefton aligns to the proposed new systems laid out in the Health and Social Care White Paper called 'Working together to improve health and social care for all', which was published in February 2021 and which describes the important role of local 'places', or ICP areas.

2.3 It means that Sefton's ICP will be one of nine 'places' that will make up a wider Cheshire and Merseyside Integrated Care System (ICS). Here, integrated working between partners across the entire ICS will be made easier through proposed changes set out in the White Paper, with the overall aim of achieving better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.

2.4 As well as joining up and co-ordinating services around people's needs, Sefton's ICP will also be focused around understanding and working with communities, addressing social and economic factors that influence health and wellbeing and supporting quality and sustainability of local services.

2.5 Sefton's ICP will begin to operate in shadow form in the Autumn with the goal of becoming established from April 2022, when it is expected that the White Paper will pass into a Bill and become law from the same date.

2.6 The table below highlights the core aims of an ICP

## The core aims of an ICP are to:

Improve the health and wellbeing of the population and reduce inequalities

Provide consistent, high quality services that remove unwarranted variation in outcomes

Consistently achieve national standards/ targets across the sectors within the partnership

Maximise the use of a place-based financial allocation and resources

### 3. Milestones

The ICP development is currently making effective progress with significant tasks to be completed by September 2021.

Key milestones are dependent on the second reading of the Bill in parliament which is expected to be on the 23<sup>rd</sup> July.

- September - There will be an expectation that we will have a governance and decision-making framework in place and the ICP membership extends beyond health and social care. There should be a mechanism to support provider collaboration in place. A programme of ongoing communications and engagement agreed by all partners. There will be a requirement to have a revised Memorandum of Understanding between all partners within the Integrated Care Partnership.
- January -March 2022 – the Integrated Care Partnership should be operating in shadow form.
- 1<sup>st</sup> April – The Integrated Care Partnership is operational and in receipt of delegated budgets.

### 4. Progress

The Strategic Task and Finish Group has been established and its members are drawn from executive directors and leaders from across Sefton's strategic partnerships. The Group have met once a fortnight since the 9<sup>th</sup> March and the following is a summary of some of the key highlights that have been presented to this group:

- All key meetings are now planned until December 2021 for the Strategic Task and Finish Group, Programme Delivery Group, Integrated Commissioning Group and Systems Resource Group.
- Work to define priority areas as part of the population health management approach continues to progress at pace, with a Population Health Group and work plan established.

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- A review of Mental Health Services in Sefton.
- A refresh of the Children's commissioning priorities exploration of provider collaborative model has commenced.
- The Falls Strategy is a key priority and work continues in this area.
- The Local Government Association has been engaged to support development of the Health & Wellbeing Board. The first development session has been held with the Health and Wellbeing Board, with attendance from Councillor Tim Swift, Leader of Calderdale Council and Chair of Partnership Board, West Yorkshire and Harrogate Health and Care Partnership and LGA Programme Manager Kay Burkett.
- A more integrated approach to supporting the Primary Care Network and our Clinical Directors in Sefton with the establishment of a Primary Care Network Collaborative. Initial scoping is underway with Council officers and Clinical Directors to support the primary care estates strategy and develop a Primary Care Network Hub to support integrated working between community teams.
- Communication and Engagement plans have been developed.
- Hill Dickinson Solicitors have been commissioned to support a governance review with a clear specification for support to develop the infrastructure we need to support aligned decision making and resource management as the Clinical Commissioning Groups are dis-established.
- A group has been established to develop the approach to Organisational Design and Development. It's important that partners understand how we should work together to achieve improved health and well being outcomes. Integrated Community Teams are also established, and front-line staff and our Voluntary Sector will be offered access to training and development to support the programme of work.

## 5. Key Deliverables

The Sefton ICP will be expected to delivery on key areas represented in the diagram below:

As a minimum, each ICP will have the following all age service provision at place level, working together to simplify and modernise care and implement service models which deliver improved outcomes:

- Public health and wider community development
- Community-based wellbeing support, including social prescribing activities, VCF sector provision and local access to green spaces and leisure facilities
- GP and wider primary care, delivered through Primary Care Networks
- Community health care
- Community mental health care
- Urgent and emergency care, including physical and mental health (noting that some emergency services will be provided in a networked model across the ICS, e.g. stroke, trauma)
- Ongoing management of long-term conditions, including the use of skills, expertise and resources that have historically been accessed via referral to acute care services
- Local acute hospital services (noting that some services will be provided in a networked model across the ICS, and there will be tertiary services provided in some places for the ICS-wide population)

- Social care, education, housing, employment and training support.

## 6. Expectations from the Integrated Care System

6.1 The Cheshire and Merseyside Integrated Care systems has set out clear expectations for development. For Sefton Borough the focus must be on developing strong working relationships built on trust and collaboration to support and enable the delivery of a meaningful MOU within each place by September 2021.

6.2 The expectation is that each place will have the following in place:

- A framework that defines the scope within which decision-making happens by place-based system leaders operating within parameters agreed by the partner organisations. This is likely to be achieved via a scheme of delegation that is explicit about what will be managed via organisations and what will be managed via the ICP. This will include decision-making across all of the functions of the ICP and all partners within the ICP.
- A structure where it can exercise this delegated decision-making, ensuring that partners deliver what has been agreed and maintaining appropriate levels of lay/non-executive oversight and clinical engagement.
- A formal memorandum of understanding, partnership agreements or alliances to provide clarity on the role and responsibilities of each partner organisation within the ICP.
- A place where delegated decision making from the statutory bodies can be discharged, i.e. a place based ICP Board that is the decision-making group of the ICP, as outlined by a scheme of delegation and enacted by the members of the ICP Board. This may need to be supported by other place-based committees, which could function using a Committees in Common approach.
- A cross-organisational, multi-professional clinical and professional leadership body that allows senior clinicians and practitioners from across the partners within health, social care and third sector within the ICP to make decisions
- Meaningful clinical, professional and democratic leadership and engagement, to ensure that there is appropriate representation and engagement across neighbourhoods, districts and the place.
- A mechanism for identifying and managing risk for the ICP, with proportionate distribution of risk across partners, and clarity on which partner within the ICP owns the risk along with which partners contribute to the mitigations
- Systems and processes for partners in the place to hold each other to account for performance and support each other where

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necessary. These will need to align to the accountability framework within the ICS and the approach agreed with regulators.

## **7. Governance and Accountability**

The infrastructure and governance arrangements for each Integrated Care Partnership will need to be robust in order for the Integrated Care System to delegate the necessary functions to Sefton and as part of the development of the ICS we need to confirm these place arrangements and identify areas for development to NHS (e) by the end of Q2 in the Autumn. Officers from the Council and Clinical Commissioning Groups are working together with additional support from Hill Dickinson Solicitors to get this in place as part of the transition of the system to new arrangements from April 2022, in line with the recently published White Paper, Integrating Care, and the anticipated Health and Care Bill.

The overarching aim of our support is to inform the development of robust governance for the Partnership, at both Sefton Borough level and ICS level, and ensure that the Partnership has the necessary assurances on governance and clarity of leadership to be able to delegate to individual Places from April 2022, as anticipated by the current policy direction of travel.

*It should be noted that effective implementation of these governance arrangements may require changes to current organisational constitutions and Terms of Reference of existing organisational groups.*

## **8. Conclusion**

Members are asked to note the progress of the development of Sefton's Integrated Care Partnership and provide comment.