

Public Document Pack

Date: 8th March 2022

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Dear Member,

HEALTH AND WELLBEING BOARD - WEDNESDAY 9TH MARCH, 2022

I refer to the agenda for the above meeting and now enclose the following report(s) which were unavailable when the agenda was published.

Agenda No.	Item
4	Subgroup Updates (Pages 53 - 58) Report of the Director of Public Health.
5	Integrated Communications and Engagement Update (Pages 59 - 60) Presentation of the Head of Communications and Engagement of NHS South Sefton CCG and NHS Southport and Formby CCG.
8	CCG Update on Dementia Offer (Pages 61 - 70) Report of the Chief Officer of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group
10	Shaping Care Together (Pages 71 - 84) Report of the Chief Officer of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group

Yours faithfully,

Amy Dyson

Democratic Services

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Report to:	Health and Wellbeing Board	Date of Meeting:	9 th March 2022
Subject:	Subgroup Updates		
Report of:	Director of Public Health	Wards Affected:	All.
Cabinet Portfolio:	Cabinet Member Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report is to present to the Health and Wellbeing Board a summary of activity from the five identified subgroups. This is activity since the last report received by the board on the 8th of December 2021

Recommendation:

The updates are received and noted by the Board

Reasons for the Recommendation(s):

The Board is asked to routinely receive and note updates to ensure compliance with required governance standards

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

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional revenue costs identified within this report

(B) Capital Costs

There are no additional capital costs identified within this report

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
Legal Implications:

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Equality Implications:
There are no equality implications

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate confident and resilient communities: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Commission, broker and provide core services: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Place – leadership and influencer: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Drivers of change and reform: Ensure the Health Wellbeing Board has oversight of Subgroup activity and its impact
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD.6737/22.) and the Chief Legal & Democratic Officer (LD.4737/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

Implementation Date for the Decision

Immediately following the Board.

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Appendices:

Background Papers:

There are no background papers available for inspection.

1. Introduction

As agreed at the December 2019 meeting of the Health and Wellbeing board the Board has agreed to receive a standard agenda item of summarised activity of its formal sub groups.

The subgroups are identified as: the Children & Young People Partnership Board, the SEND Continuous Improvement Board, the Adults Forum, the Health and Wellbeing Board Executive and the Health Protection Forum

2. Children and Young People Partnership Board (CYPPB):

Meetings of the CYPPB are now bi-monthly and the last meeting was held on 14th December 2021. The next meeting is scheduled to take place on 9th February 2022, but the timing of this report means the detail will need to be included in the next update to the Health and Wellbeing Board.

At the meeting the following items were discussed: Education, Employment and Training deferred from the previous meeting, Early Help Partnership Board update and a report on Mental Health Resilience. At every meeting the Risk Register is reviewed.

The first report outlined how the Council was meeting the priorities of the Children and Young People's Plan themes of Achieving and the statutory duties placed on local authorities with regard to education, employment, and training. This is delivered through a commissioned service, Career Connect and has been since December 2018. The report outlined the objectives and how they track young people with both national and also local measures. There is some innovative work in this area, and they start working earlier with young people in Yr 9, 10 and 11. This is a partnership approach and local stakeholders are involved. The report went on to note current performance and the improvement in % of some indicators but there is more work to do e.g. they now look at Elective Home Educated (EHE). Work has continued to reduce the Not Known cohort and understand the vulnerable groups. In October 2020 Sefton were 4th best Local Authority in the national rankings from 150+ and this year they are 3rd best with only West Berkshire and Cheshire East ranked better. A monthly snapshot is provided, and the service is tracking 5600 people. They track all Yr 11 pupils including those in neighbouring Boroughs and it should be noted that employment without training is not Measured. In the Liverpool City Region (LCR) there were 47% not known but we only had 23 young people not known. Work is started early; letters are going out now to the current Yr 11 in order for those that need support are identified and in particular those that are further away from the market. Creative solutions are explored. The Board raised queries in connection with vulnerabilities and it was noted there are 54 KPIs locally as well as a number of case studies provided by the provider to show performance.

A presentation was provided on the Early Help Partnership Board on the work they undertake. A new Chair was in place in March 2021, Anne Tattersall from MerseyCare NHS Trust, and the work that has taken place since then includes planning, mapping, a forward plan and also the ACES group work. The partnership has a standard agenda

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and a number of sub-groups, but these will be reviewed. The agenda also includes case studies and examples were provided for this Board to note. The presentation concluded with Headlines and noted it is an active engaged partnership. Work is ongoing to update the dashboard to include shared understanding of early help. The Board discussed the terminology used such as children in need of help and protection which is different in social care to early help and the understanding of whether these children are in need of universal services or prevention, some children may be on the edge of safeguarding and there is work taking place around threshold levels and definitions will be clear about where the child is held. There is a shadow board, made up of young people who meet at Litherland Family Wellbeing Centre, and there are sessions planned for parents to help inform the work. These shadow boards are engagement sessions.

Margaret Jones, Director of Public Health, provided a report on Mental Health Resilience which was to update the Board regarding activities of partners in the development and promotion of mental health resilience amongst children and young people in Sefton. It was acknowledged by her that the report was not exhaustive in listing services and there are others working in this area. The report was to raise awareness of why resilience is important, not a service but how we build this into what we do. Margaret Jones went on to state that we are not born with resilience but develop the skills over time, although we do need to work on the causes. The report outlined ways we can work to build resilience and also some of the services such as Mental Health Support Teams (schools) which help us to target support in Sefton schools. New services are planned such as a pilot Integrated Children's Wellness Service which is a similar offer to Living Well Sefton but for young people. These will be evaluated to ensure they are delivering the impact we want. The Board noted that this work ties into early help work and that the Mental Health Support Teams only started this year and we will start to see the impact on behaviour, and we should be normalising some behaviours. It is about being able to face up to challenges and what level of support is required. A Headteacher Rep indicated they are seeing more challenges in school and they are getting used to the landscape, all staff in his school have undertaken ACES training and they have agreed which pupils will need this approach.

The Board also receives notes from the following groups for information if they had met:

SEND CIB

Early Help

Emotional Health and Wellbeing Group

Community Safety Partnership

Provider Alliance

3. SEND Continuous Improvement Board (SEND CIB)

Meetings of the SEND CIB are also now bi-monthly (with a review scheduled for July 2022) and there have been two meetings since the last update, one on 23rd November 2021 and one on 11th January 2022.

At the November meeting the following items were discussed: New Improvement Plan, Career Connect SEND Services, ASD/ADHD, Preparation for the SEND Parent Carer Survey, Review of Terms of Reference for the Board and its subgroups and Sequencing of Subgroup Reports.

At a previous meeting of the Board it was agreed that a new improvement plan would be developed, and the approach and timetable would be brought back to the Board for agreement. A report was received which outlined the themes for the refreshed plan and new governance arrangements for delivery of the plan. The proposal was to set the plan along the lines of Education, Health, Social Care and Co-Production. This would include those items the Board had identified at an earlier meeting such as EHCP timeliness and quality, waiting lists and Designated Clinical Officer oversight and confidence of parents in the system as well as further recommendations e.g. education was more than EHCPs. There was also a proposal that we stand down the SEND Performance Sub-Groups as leads should attend the Board and be accountable directly to them. It was agreed that we should continue to receive reassurance with regular reports, so the main board has oversight. The Terms of Reference were also brought to the meeting for review based on these recommendations and it was agreed to consider further the move to bi-monthly meetings of the Board in January 2022.

The item on Career Connect outlined the Sefton SEND Services for 16-17-year olds which their destination such as in learning, NEET, the report was noted.

An overview of ASD and ADHD Commissioned Pathways and Support currently available to children, young people and their families was received. This report provided an overview and update of the ASD and ADHD health commissioned services and support currently available to children, young people, and their families. There are two pathways one for 1-18 years and the other for 18-25 years.

This report provided information on referral pathways and how they are monitored, demand including current performance and trajectories, Interdependence with other services SALT, OH, CAMHS etc, Support whilst waiting for a diagnosis, pathways following a diagnosis, links between children and adult pathway, key issues and challenges and next steps for the Board to consider.

A SEND Parent Carer Survey is due to be carried out in 2022 and a report was presented on the options including timescales which were agreed. The proposed timing is for the survey to go live in March 2022.

At the January 2022 meeting the following items were discussed: the Improvement Plan, Mental Health in Schools, and the deferred review of the SENDCIB Terms of Reference.

The Improvement Plan was presented, and it was noted that at the last Board it had been agreed that the plan would be in four parts Education, Health, Social Care and Co-production and Communication. Following the SEND Performance Meeting and agreed at the SEND System Leadership, it was recommended that the plan should show a more partnership approach by listing partners actions with regard to EHCPs, Waiting Times, Service Specific improvements and keeping the overarching theme of Co-Production and Communication. It was noted there were still KPIs to be added depending on approval of the plan. The Board noted the change in style and approach and overall felt that this was a better structure as all areas are in a jointly owned plan and Cath Hitchen, DfE Advisor, offered to assist in how we represent the impact. This approach was agreed, and the final draft will be presented the next Board together with performance data.

A report on Mental Health in Schools provided information regarding activities of partners in the development and promotion of mental health resilience amongst children and young people in Sefton. The report outlined the current positive mental wellbeing promotion activity in Sefton including work in schools and colleges, Mental Health

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Support Teams (MHSTs), DfE Training offer within all schools, School Mental Wellbeing Survey, KOOTH, Sefton Young Persons Emotional Wellbeing Toolkit and the Children and Young People's Emotional Wellbeing Strategy. It was noted that some schools had taken training in Trauma Informed Practice. There is also work taking place in the strategic safeguarding area around online safeguarding including with Designated Safeguarding Leads (DSL) in schools, as this is beyond child protection issues and looks at emotional networks and online safety. The report concluded with the planned work which includes extension of Sefton's 121 project and an Integrated Children's Wellness Service.

The Terms of Reference were presented again for the Board and it was agreed the meetings would move to bi-monthly with a review of the frequency to take place in six months.

The risk register is reviewed at each meeting and it was agreed that this would need to be updated once the improvement plan is signed off.

4. Adults Forum

The Forum has not met since the last report however the next meeting will be held on the 22nd of March 2022.

5. Health and Wellbeing Board Executive

The Executive has met once since the last report on the 9th of December 2021. The Executive received and noted performance and financial reporting. The group also discussed the recent Cheshire and Merseyside Health Care Partnership maturity assessment process, the emerging governance proposals for the Sefton place Based Partnership arrangements and shared estate models.

6. Health Protection Forum

The Stakeholder Outbreak Management Board on Friday 12th November 2021 agreed that the wider partnership Outbreak Board can be incorporated into the Health Protection Forum. An initial session with core members of this board is scheduled for April 2022. This will focus on terms of reference and agreeing a workplan for the group.

7. Conclusion:

The Board is asked to receive and note the contents of the report and to await further updates as part of the standard agenda going forward



Sefton Place Communications & Engagement Organisational Chart – March 2022

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This diagram gives an overview of current communications and engagement (C&E) forums and structures that support the work of Sefton Partnership.

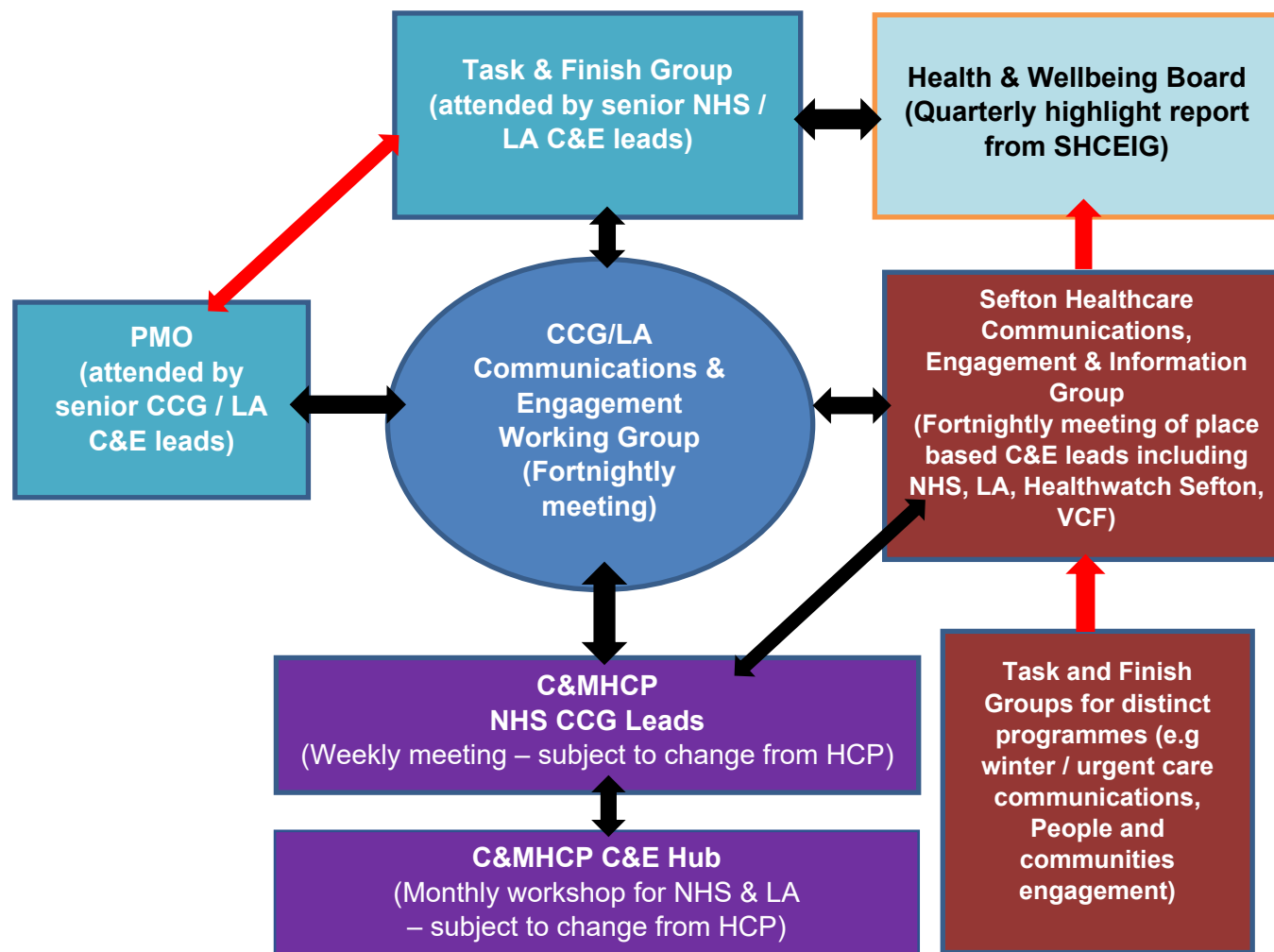
It shows formal reporting lines and highlights how C&E reports into the current Sefton Partnership programme structures.

It should be noted that there are a number of other existing groups that indirectly support the work of Sefton Partnership – such as the CCG led Engagement and Patient Experience Group and the council led Sefton Public Engagement and Consultation Panel and Improving Information Group - which are not shown as part of this diagram.

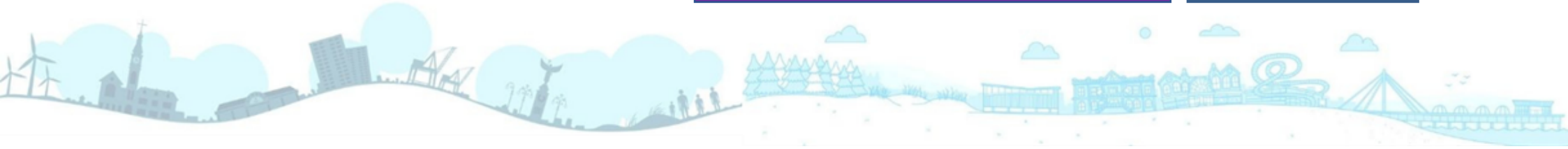
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Formal reporting line 

Direct link 



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**Dementia Update - Sefton Health and Wellbeing Board – Update on Sefton Dementia Strategy and Review
9th March 2022**

Fiona Taylor Accountable Officer Southport and Formby CCG and South Sefton CCG

Deborah Butcher – Executive Director Adult Social Care and Health

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Introduction

- Sefton has a Dementia strategy which required refreshing in 2019.
- There has been significant impact from Covid and in addition variances in access to services across Sefton.
- This presentation outlines demographics and opportunities to co-design a new integrated strategy with people who have dementia and their carers.
- There is an opportunity to focus on wider determinants which have an impact on dementia rates.
- Co-design of services people who have dementia and their carers and early support both pre and post diagnosis will be at the heart of the strategy.



Local Demographics

- Sefton has a population of approximately 275,899.
- 52% of the Borough are female and 48% are male.
- 23.7% of Sefton's population is 65 years old or over (65,463), with approximately one in five being aged under 18 (54,098).
- Sefton is ranked 24th out of 309 local authorities for the number of residents aged 65 or over.

Source: Sefton People & Place Introductory Profile (2021), Sefton Council



Prevalence

Dementia prevalence in Sefton has been estimated to be slightly higher than for England as a whole. At December 2020, approximately 4.04% of patients over 65 who were registered with a Sefton GP had been diagnosed with dementia. This equates to approximately 2,500 people aged over 65.

The number of people on dementia registers has decreased both in Sefton and nationally. Through improving healthcare and people living longer, this trend is predicted to change and increase in the coming years.

Sefton's rate of emergency admissions in over 65s due to dementia is higher than the national average, as are rates of inpatient admission for Alzheimer's disease and Vascular Dementia.

Source: NHS Digital, Recorded Dementia Diagnoses publications, December data files

Diagnosis Rates

Latest and Previous Three Months (Plan: 66.7%)

CCG	Sep-21	Oct-21	Nov-21	Dec-21
Southport & Formby CCG	66.0%	65.0%	63.6%	63.7%
South Sefton CCG	59.8%	59.3%	59.2%	58.6%

Performance for both CCGs is under the national dementia diagnosis ambition of 66.7%. Both CCGs approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to support access to the memory clinics.

However support and services need to be joined up with support to carers and also there needs to be further work on post diagnostic support so that people with dementia and their carers and families are able to plan for the future and remain in their communities as long as possible.



Impact from Covid

- Covid and lockdown has had significant impact on older people both in terms of loneliness and isolation and we see greater levels of acuity being managed in care homes and care agencies with the level of access to healthcare impacting on admission rates.
- Covid-19 had severe impact on dementia assessments undertaken by memory assessment service operated by Mersey Care NHS Foundation Trust. Dementia clinics were stopped for 18 months but have now resumed.
- Significant capacity and demand issues in primary care where initial dementia screening is completed.
- There will be a greater need to improve access and awareness of dementia and we need to look at digital innovation to accelerate access to a diagnosis.



Recommendations

- Integrated approach to new Dementia Strategy and campaign.
- Sefton CCGs have appointed a dementia lead who is due to start in post in April 2022. This post will work to deliver an integrated strategy for Sefton.
- In line with a Cheshire & Merseyside system approach to improving memory assessment waits, Mersey Care NHS Foundation Trust have established weekend memory clinics with intention of continuing the clinics until the end of March 2022. It is proposed that these services are joined up with the CVFS and wider social care initiatives to support pre and post diagnostic support, information and advice and support to carers.
- £105k provided to enable weekend working in memory clinics and reduce assessment waits. A further review of national and regional good practice to ensure that variance of approach is reduced.



Continued....

- The Place Strategy for Dementia will align with ICS priorities ;
- Primary care access;
- Develop a more Integrated approach to key priorities
- Adopt co-design principles with people who have dementia and their families.
- Involve the wider Council and Anchor Institutions in the development of the approach.
- Consider the impact of environmental improvements to care homes and digital investment.
- Develop a Quality Assurance Mark across all care providers aligned to Dementia Friends Programme.
- Consider the prevalence of young onset dementia services together with associated provision.



Milestones and Governance

- March – establish the scope of the strategy
- Establish the multi agency working group
- Review outcomes of existing strategy and gaps
- Establish priorities
- Governance – Sefton Partnership Board , CCG , OSC and Councils Cabinet
- Align delivery plan and reporting into ICS
- July first draft for consultation
- Regular updates on progress to the Health and Wellbeing Board on progress

Recommendations:

We ask that Health and Wellbeing Board note this presentation and provide comment and steer regarding the proposal to develop a new strategy for Sefton.

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Shaping Care Together Programme Sefton Health & Wellbeing Board



Meeting date:	09 March 2022
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This report is provided	<input type="checkbox"/> for approval	<input checked="" type="checkbox"/> to note/for information	<input checked="" type="checkbox"/> for discussion
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Title of presentation	Shaping Care Together Programme – March 2022 Engagement Update
Subject matter detail	<p>Shaping Care Together (SCT) is run by NHS leaders across West Lancashire, Formby and Southport, which seeks to ‘futureproof’ the NHS by looking at new ways of working and new ways of delivering services.</p> <p>Since the beginning of January 2021, SCT has been listening to the thoughts, opinions and ideas from residents, patients, staff, and stakeholders. So far, SCT has received more than 2,500 responses through an online questionnaire and hard copy feedback forms, we’ve run a series of online and face-to-face in-depth discussion groups with local community organisations and delivered electronic newsletters and information videos about the programme. Some of the main themes emerging from the engagement so far include:</p> <ul style="list-style-type: none"> • Concerns around the accessibility of primary care services • A need to focus more on preventative measures and use community services better to help patients before they present to hospital • Some issues around public transport in certain areas • Staffing levels and the recruitment and retention of key staff needs to be improved • A need to improve patient journeys and support patients to better navigate their own care <p>All of the responses received so far are collected and analysed and have helped feed into the programme in a number of ways, most importantly the development of the future Models of Care.</p> <p>Over the coming days, Shaping Care Together will publish ‘<i>Our Challenges and Opportunities</i>’, a discussion document that draws on the issues raised so far in the engagement programme, and the opportunities that exist to create a better future for local health and care. Following this, there will be a series of public and staff engagement workshops alongside 1-2-1 sessions with Members of Parliament and wider council member briefings.</p>

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There is still time to contribute views by completing a survey from the dedicated website www.yoursayshapingcaretogether.co.uk where you will also find more information about the programme along with a short, animated video.

Appendices

1. Shaping Care Together Programme – March 2022 Engagement Update (MS PowerPoint)



Shaping Care Together

Sefton Health & Wellbeing Board
09 March 2022

Shaping Care Together...

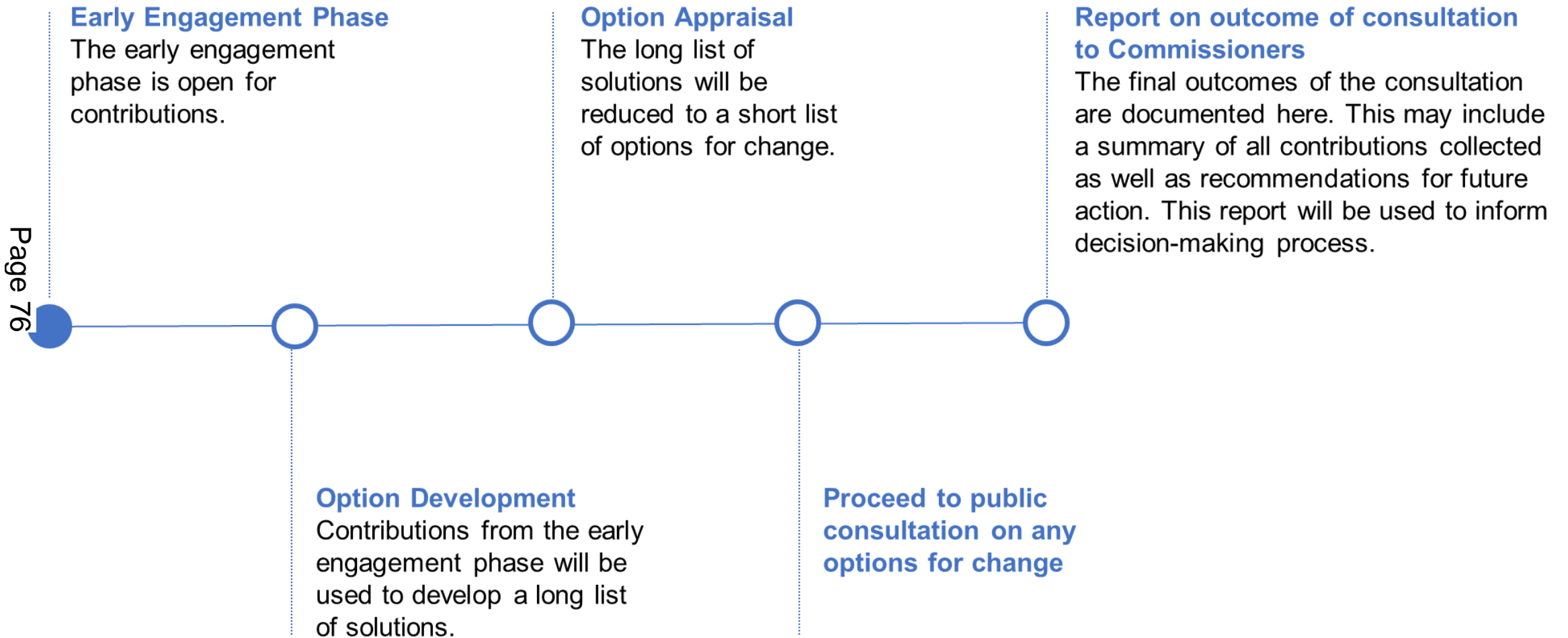


Engagement and consultation...

“It is critical that patients and the public are involved throughout the development, planning and decision-making of proposals for service configuration. Early involvement with the diverse communities, local healthwatch organisations, and the local voluntary sector is essential... Early involvement will give early warning of issues likely to raise concerns in local communities and gives commissioners’ time to work on the best solutions to meet those needs.”

NHS England

Timeline of activity...



Headline engagement to date...

- More than 2,100 questionnaire responses completed
- More than 15K engagement site visits
- Roughly 300 staff completed the questionnaire
- At least 1,800 patients and stakeholders completed the questionnaire
- Almost 500 responses from SCT 'postcards'
- Regular stakeholder e-Newsletter distributed

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Headline engagement to date...

- Equalities Impact Assessment in progress
- Travel & Transport Advisory Group established
- Engagement Process Advisory Group established
- In-depth patient and stakeholder focus groups delivered (29 held since January 2021)
- Roughly 40% want to hear more information when published

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Headline themes to date...

- 70% favour telephone or video appointments

Page 79 Top two priorities:

- ***Shorter waiting times for outpatient appointments***
- ***Having the best possible care, even if that means travelling further***
- 85% favour specialist centre treatment for complex healthcare
- At least 94% generally agree that healthcare should be ***“local where possible and specialist where necessary”***

Headline themes to date...

- There are some concerns around the accessibility of primary care services.
- We need to focus more on preventative measures and use community services better to help patients before they present to hospital.
- There are some issues around public transport in certain areas.
- Staffing levels, recruitment and retention of key staff needs to be improved.
- We need to improve patient journeys and support patients to better navigate their own care.

Headline themes to date...

Good...

- The Spinal Unit at Southport Hospital
- Prompt appointments for planned procedures
- Caring and compassionate staff
- Joined up services between both sites
- A&E at Southport

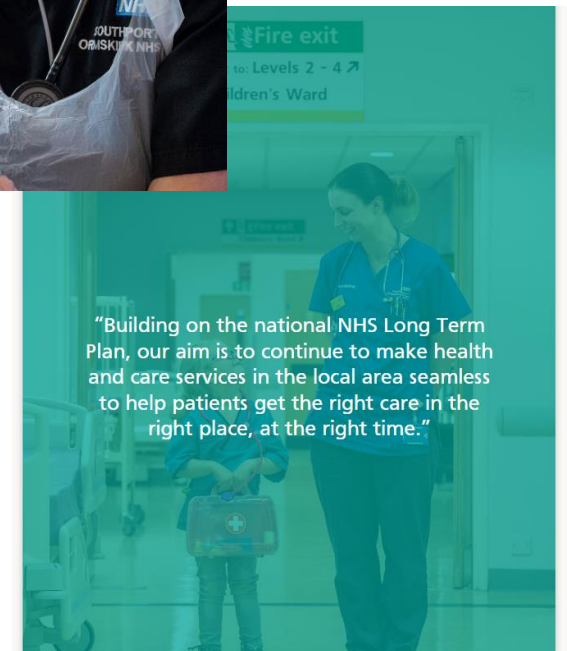
Less good...

- Limited maternity services offered at Southport
- Staff shortages in certain areas at both sites
- Public transport links – particularly between the two hospitals
- Care in the community in Southport
- Lack of Walk-In Centre at Southport

Next steps...

- Challenges and Opportunities (C&O) Paper to be published
- More survey responses
- More in-depth discussion groups
- Developing new Models of Care
- Options Development & Appraisal Process to be undertaken
- Comprehensive Engagement Report to be produced and feed into Pre-Consultation Business Case

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Any questions?

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