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Sefton Council 

MEETING: OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

DATE: Tuesday, 7th September 2021

TIME: 6.30 p.m.

VENUE: Birkdale Room - Southport Town Hall, Lord Street, Southport, PR8 1DA

Member

Councillor
Cllr. Carla Thomas (Chair)
Cllr. Greg Myers (Vice-Chair)
Cllr. Iain Brodie - Browne
Cllr. Linda Cluskey
Cllr. Sean Halsall
Cllr. David Irving
Cllr. Terry Jones
Cllr. John Joseph Kelly
Cllr. Nina Killen
Cllr. Michael Roche
Brian Clark, Healthwatch
Roger Hutchings, Healthwatch

Substitute

Councillor
Cllr. Anne Thompson
Cllr. Robert Brennan
Cllr. Dr. John Pugh
Cllr. Andrew Wilson
Cllr. Christine Howard
Cllr. Maria Bennett
Cllr. Joe Riley
Cllr. Paul Tweed
Cllr. Veronica Webster
Cllr. Christine Maher

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer
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See overleaf for COVID Guidance and the requirements in relation to Public Attendance.

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

COVID GUIDANCE IN RELATION TO PUBLIC ATTENDANCE

In light of ongoing Covid-19 social distancing restrictions, there is limited capacity for members of the press and public to be present in the meeting room indicated on the front page of the agenda at any one time. We would ask parties remain in the meeting room solely for the duration of consideration of the Committee report(s) to which their interests relate.

We therefore request that if you wish to attend the Committee to please register in advance of the meeting via email to debbie.campbell@sefton.gov.uk by no later than **12:00 (noon) on the day of the meeting.**

Please include in your email –

- Your name;
- Your email address;
- Your Contact telephone number; and
- The details of the report in which you are interested.

In light of current social distancing requirements, access to the meeting room is limited.

We have been advised by Public Health that Members, officers and the public should carry out a lateral flow test before attending the meeting, and only attend if that test is negative. Provided you are not classed as exempt, it is requested that you wear a mask that covers both your nose and mouth.

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda.

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room by switching their camera and microphone off during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation.

Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.

3. Minutes of the Previous Meeting

(Pages 5 - 16)

Minutes of the meetings held on 22 June and 27 July 2021.

4. Current Challenges Faced by Dentistry in Light of the Covid 19 Pandemic

(Pages 17 - 18)

The attached report of the Head of Primary Care, NHS England and NHS Improvement (NHSEI) was deferred from the meeting held on 22 June 2021, to enable a representative of NHS England to attend in order to respond to any questions on the matter. Mr. Tom Knight, Head of Primary Care, NHS England and NHS Improvement North West (Cheshire and Merseyside), is due to attend the meeting.

5. Sefton Integrated Care Home Strategy

(Pages 19 - 80)

Report of the Executive Director of Adult Social Care and Health.

6. Sefton Integrated Care Partnership Development

(Pages 81 - 90)

Report of the Executive Director of Adult Social Care and Health.

- 7. Mental Health Issues Working Group Final Report** (Pages 91 - 112)

Report of the Chief Legal and Democratic Officer.
- 8. Sefton Clinical Commissioning Groups - Update Report** (Pages 113 - 120)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 9. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 121 - 128)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 10. Cabinet Member Reports** (Pages 129 - 148)

Report of the Chief Legal and Democratic Officer.
- 11. Work Programme Key Decision Forward Plan** (Pages 149 - 172)

Report of the Chief Legal and Democratic Officer.

THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN".

Overview
& Scrutiny



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 22ND JUNE, 2021

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)
Councillors Brodie-Browne, Cluskey, Halsall, Irving,
Jones, John Joseph Kelly, Killen and Chris Maher
(Substitute Member for Labour vacancy)

ALSO PRESENT: Mr. B. Clark, Healthwatch Representative

1. INTRODUCTIONS

Introductions took place.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr. R. Hutchings, Healthwatch; Councillor Cummins, Cabinet Member – Adult Social Care; and Councillor Moncur, Cabinet Member – Health and Wellbeing.

3. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declaration of personal interest was made and the Member concerned remained in the room during the consideration of the item:

Member	Minute No.	Nature of Interest
Councillor Thomas	Minute No. 7 - Phase 2 Clinical Integration of Haemato- Oncology Services in North Merseyside	She is a Deputy Senior Governor at Clatterbridge Cancer Centre

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 23 February 2021, be confirmed as a correct record.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

5. CURRENT CHALLENGES FACED BY DENTISTRY IN LIGHT OF THE COVID 19 PANDEMIC

The Committee considered the report of the Head of Primary Care, NHS England and NHS Improvement (NHSEI) on the current challenges faced by dentistry in light of the Covid-19 pandemic and the impact this is having on service delivery.

The report set out the background to the matter, together with the current position, in that some practices were not yet able to offer the full range of services that they would want to at this point in time. The report concluded that current infection prevention and control arrangements would continue to prevent a return to pre-pandemic practice, and that income protection measures to support the restoration of the service would be retained.

Martin McDowell, Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG was in attendance to present the report and to respond to questions raised by Members of the Committee.

Members of the Committee asked questions/raised matters on the following issues:

- The agenda item should be deferred to enable a representative of NHS England to attend in order to respond to questions.

RESOLVED:

That the agenda item on the Current Challenges Faced by Dentistry in Light of the Covid-19 Pandemic be deferred to the meeting of the Committee scheduled to be held on 7 September 2021, to enable a representative of NHS England to attend in order to respond to any questions on the matter.

6. ACCESS TO GENERAL PRACTICE AND NHS 111 SERVICES DURING THE COVID-19 PANDEMIC

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group on access to general practice and NHS 111 services during the covid-19 pandemic.

The report outlined the access to general practice and services available to patients since the start of the pandemic; together with access to NHS 111 telephone and online services, where patients were able to access advice or a clinical pathway within a given timeframe, if appropriate.

Martin McDowell, Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG was in attendance to present the report and to respond to questions raised by Members of the Committee.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

A Member of the Committee asked questions/raised matters on the following issue:

- The increase in NHS 111 activity in Southport and Formby appeared to be low in comparison to the overall North West activity. Additional information could be sought.

RESOLVED: That

- (1) the report on access to general practice and NHS 111 services during the covid-19 pandemic, be noted; and
- (2) the Chief Officer of the NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG be requested to provide information to the Senior Democratic Services Officer on the following, for circulation to Members of the Committee:

the comparatively low increase in NHS 111 activity in Southport and Formby compared to the overall North West activity.

7. PHASE 2 CLINICAL INTEGRATION OF HAEMATO-ONCOLOGY SERVICES IN NORTH MERSEYSIDE

The Committee considered the report of NHS South Sefton Clinical Commissioning Group (CCG) on a proposal for clinical integration of haemato-oncology services in North Merseyside. The proposal was presented to the Committee with a request to review the process for developing the proposal as the Health and Social Care Act required NHS bodies to consult with local Overview and Scrutiny Committees on service change proposals.

The Committee was asked to consider a recommendation that due to the minimal impact of the proposal on Sefton patients, it did not represent a substantial variation in the way the service was delivered and that the proposal development process, including the approach to patient engagement, was commensurate with the scale of the proposed change. Details of the travel time impact analysis, together with an overview of engagement activities and findings to date, were attached to the report.

Billie Dodd, Deputy Director: Commissioning and Delivery, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG; and Dr. Lynny Yung, Consultant Haematologist, Clinical Director for Haematology, Aintree Hospital, were in attendance to present the report to the Committee and to respond to questions put by Members of the Committee.

A Member of the Committee asked questions/raised matters on the following issues:

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

- How the long-term follow-up of care would be addressed and the availability of clinicians who addressed secondary conditions, as part of the whole service.

RESOLVED: That

- (1) it be agreed that the proposal for clinical integration of haemato-oncology services in North Merseyside does not represent a substantial variation and that the approach taken to engage with patients to inform the proposal is commensurate with the scale of the proposed change; and
- (2) Billie Dodd and Dr. Lynny Yung be thanked for their attendance.

8. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT

The Committee considered the joint report of the NHS South Sefton Clinical Commissioning Group (CCG) and the NHS Southport and Formby CCG, providing an update about the work of the CCGs. The report outlined details of the following:

- New Chair for CCG in South Sefton;
- Single Primary Care Network (PCN) for Southport and Formby;
- Promoting GP Practice Access;
- EConsult;
- Covid-19 Vaccination Programme;
- Praise for Covid-19 Vaccination Volunteers;
- Changing Commissioning Landscape;
- Borough-Based Working;
- Sefton Mental Health Review;
- Shaping Care Together – Update;
- CCG Self-Assessment 2020-21;
- Financial Framework;
- Urgent Treatment Centre to go Live from end of June;
- Mersey Care now the Sefton-wide Provider of Community Services;
- Transfer of North West Boroughs to Mersey Care
- Macmillan Right By You;
- Staff Friends and Family Test (FFT) for Provider Organisations;
- Collection of GP Data for Planning and Research to start on 1 September;
- Relocation of CCG Headquarters; and
- Governing Body Meetings.

Martin McDowell, Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG was in attendance to present the update report and to respond to questions raised by Members of the Committee. Dr. Kati Scholtz, GP Clinical Director for Primary Care, Southport and Formby CCG, responded to questions on access to general practice.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

Further to Minute No. 37 of 23 February 2021, a verbal update was also provided on Hightown Village GP Surgery. A meeting of interested parties had taken place on 10 March 2021 to discuss the concerns raised regarding the Hightown GP surgery contract and a further meeting was scheduled for 30 June 2021.

Members of the Committee asked questions/raised matters on the following issues:

- What services were available at Hightown Village GP Surgery and what should the community feel it could expect from their local surgery?
- Access to general practitioners at Hightown Village GP Surgery and the delivery of appointments available.
- Feedback was requested from the meeting to be held on 30 June 2021.
- The Committee had discussed issues at Hightown Village GP Surgery during 2018 and residents needed to be assured that a GP service was available.
- Clarification was sought regarding The Hollies Surgery, Formby, that had been taken over by a new partner.
- Access by patients to GPs and other practitioners and advice to be offered to residents regarding face-to-face appointments.
- The pros and cons of telephone appointments with GPs.
- Patients with complex health conditions and their access to GPs, together with engagement with the public.
- The cessation of eConsult referrals by some practices.
- Concerns held by some patients regarding the collection of GP data for planning and research, although this data was anonymised and crucial to support health and care planning and research.

RESOLVED: That

- (1) the update report submitted by the Sefton Clinical Commissioning Groups, together with the information provided on Hightown Village GP Surgery, be received; and
- (2) the Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG be requested to provide feedback on the meeting to be held on 30 June 2021, regarding Hightown Village GP Surgery.

9. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), that provided data on key performance areas, together with responses for the Friends and Family Test for both

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

Southport and Ormskirk Hospital NHS Trust and Liverpool University Hospital NHS Foundation Trust. Information on the monitoring of the 7-day GP extended access scheme for both CCGs was included within the data.

Martin McDowell, Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, was in attendance to present the report and to respond to questions raised by Members of the Committee.

Members of the Committee asked questions/raised matters on the following issues:

- The fact that Friends and Family data had not been available since February 2020 was not helpful.
- Requests for Friends and Family data were typically undertaken via text message and there was a risk that some messages were being sent to deceased patients.
- Whether Covid-19 had impacted on cases of MRSA and C.Difficile.

RESOLVED:

That the information on Health Provider Performance be noted.

10. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer submitting the most recent update reports from the Cabinet Member – Adult Social Care, and the Cabinet Member – Health and Wellbeing, whose portfolios fell within the remit of the Committee.

The Cabinet Member update report – Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Care Homes – Vaccination Update;
- Adult Social Care Budget:
 - External grants; and
 - Fee consultations;
- Adult Safeguarding;
- Operational Pressures;
- Mental Health Services:
 - Alternatives to Crisis Provision in Sefton – Crisis Café;
 - Mental Health Recovery Workers; and
 - Sefton Mental Health Review
- Digital Strategy and Technology Enabled Care;
- Performance;
- Integration Update; and
- Complaints Update:
 - General Overview.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

The Cabinet Member update report – Health and Wellbeing, attached to the report at Appendix B, outlined information on the following:

- Staff Flu Immunisation Programme 2020/21;
- Public Health Service Plan;
- Mental Health in Schools;
- Wellbeing for Education Return;
- Kooth and QWell;
- Living Well Sefton Service;
- Covid-19 Update;
- 0-19 Commissioning; and
- Leisure.

Councillor Cummins, Cabinet Member – Adult Social Care, and Councillor Moncur, Cabinet Member - Health and Wellbeing, had submitted their apologies for the meeting.

Members of the Committee were invited to submit any questions direct to the Cabinet Member concerned.

RESOLVED:

That the update reports from the Cabinet Member – Adult Social Care and the Cabinet Member – Health and Wellbeing be noted.

11. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer seeking the views of the Committee on the draft Work Programme for 2021/22; reporting on progress of the Mental Health Issues Working Group; identifying any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; receiving an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee; and noting the update from Healthwatch Sefton.

A draft Work Programme for 2021/22 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed. The Terms of Reference for the Committee were set out at Appendix B to the report.

The report set out progress to date made by the Mental Health Issues Working Group.

There were four Decisions within the latest Key Decision Forward Plan, attached to the report at Appendix C, that fell under this Committee's remit, and the Committee was invited to consider items for pre-scrutiny.

The report outlined recent activity undertaken by the Liverpool City Region Combined Authority Overview and Scrutiny Committee; and set out an

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 22ND JUNE, 2021

update on recent activities undertaken by Healthwatch Sefton, as attached to the report at Appendix D.

The Senior Democratic Services Officer reported on the possibility of a special meeting of the Committee being required to consider information on acute stroke services.

RESOLVED: That:

- (1) the Work Programme for 2020/21, as set out in Appendix A to the report, be agreed;
- (2) the progress made by the Mental Health Issues Working Group be noted;
- (3) the contents of the Key Decision Forward Plan for the period 1 July – 30 October 2021, be noted;
- (4) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (5) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix D to the report, be noted; and
- (6) the fact that a special meeting of the Committee may be required to consider information on acute stroke services, be noted.

12. COVID-19 UPDATE

The Chair requested an update on the situation regarding Covid-19 in Sefton.

Helen Armitage, Public Health Consultant, gave a verbal update on Covid-19 in Sefton, indicating that the numbers of positive cases were increasing, although the rate of the rise had decreased slightly; cases per age ranges were outlined; together with the percentage of the adult population who had received the vaccine. Some changes in behaviour by the public were being observed, and there was a possibility of further mutation of the virus.

A Member of the Committee asked questions/raised matters on the following issue:

- The possibility of a combined Covid-19 vaccine with the flu vaccine.

RESOLVED:

That the update on the Covid-19 situation in Sefton be noted.



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 27TH JULY, 2021

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)
Councillors Brodie-Browne, Cluskey, Halsall, Irving,
John Joseph Kelly, Killen and Riley (Substitute
Member for Councillor Jones)

ALSO PRESENT: Mr. B. Clark, Healthwatch Representative
Mr. R. Hutchings, Healthwatch Representative
Councillor Moncur, Cabinet Member – Health and
Wellbeing

13. INTRODUCTIONS

The Chair welcomed Members and Officers to the Special Meeting of the Committee and introductions took place.

14. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jones; and
Councillor Cummins, Cabinet Member – Adult Social Care.

15. DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interests or personal
interests were received.

16. HYPER-ACUTE STROKE SERVICE

The Committee considered the report of the Chief Legal and Democratic Officer requesting the Committee to consider proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire, as set out at Appendix A to the report, and seeking to determine whether the proposals constituted a substantial development or variation in services for Sefton residents. Appendix A to the report set out the background to the matter; the current position in North Mersey and West Lancashire; the clinical model of care; scrutiny and assurance; engagement and communications; indicative timeline and milestones; and a conclusion.

Stroke care was currently provided by Liverpool University Hospitals, at both the Royal Liverpool and Aintree sites; and Southport and Ormskirk Hospitals NHS Trust. The proposal was for a comprehensive stroke centre on the Aintree Hospital site, co-located with specialist services provided by

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JULY, 2021

the Walton Centre; and with post-72 hours care provided closer to home at either Aintree, Broadgreen or Southport Hospitals.

Carole Hill, Director of Strategy, Communications and Integration, Liverpool and Knowsley Clinical Commissioning Groups; and Fiona Taylor, Chief Officer for the Sefton Clinical Commissioning Groups, were in attendance to present the proposals and to respond to questions raised by Members of the Committee.

Members of the Committee asked questions/raised matters on the following issues:

- The proposals were broadly welcomed.
- The higher proportion of older residents in Southport.
- Whether services could be improved at Southport Hospital.
- Concerns were held regarding travel times from Southport to Aintree Hospital when time was of the essence.
- Concerns were raised that patients would not behave as the model expected them to do so and that patients would present themselves at Southport Hospital A&E.
- Turnaround times for ambulances at Southport Hospital A&E and consistency of performance. Up-to-date performance could be provided within the health provider performance dashboard.
- It appeared to be preferable to receive excellent care that was slightly delayed.
- Concerns were raised regarding ambulances having to negotiate Switch Island and the busy traffic conditions there.
- The national FAST campaign regarding strokes and the possibility of undertaking a local campaign.
- The importance of the North West Ambulance Service (NWAS) being part of the proposed new clinical model of care.
- The costs of the proposals.
- The public consultation to be undertaken.
- Capacity for the proposed model.
- Investment for the repatriation part of the proposed model.
- Whether transportation for repatriation closer to home could be destabilising for the patient.
- The length of time taken for an ambulance to travel from Southport to Aintree Hospital. Information could be obtained from NWAS.
- Worst case scenarios for the journey time were required.
- The percentage of patients who would be repatriated closer to home.
- Costings for the post-72 hours care to be provided at Southport Hospital.
- Whether the proposed model was a result of pioneering research.
- Whether the proposed model could cause a “brain drain” from Southport Hospital.
- The possibility of providing traffic control for traffic lights when ambulances passed through Switch Island.
- Scanner capacity as part of the proposed model.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JULY, 2021

- The possibility of site visits for relevant Members to look at the Whiston Hospital model and at the Aintree Hospital site.
- Whether St. Paul's Eye Unit should be involved in the proposed model.
- The knock-on effect to community services as a result of the proposed model, if early discharge was achieved. Discussion could take place with the Executive Director of Adult Social Care and Health.
- How to avoid patients being "lost in the system".
- Capacity and the workforce for the proposed model.

The Senior Democratic Services Officer presented the report of the Chief Legal and Democratic Officer and highlighted the criteria to be considered in considering whether a proposal was substantial.

It was moved by Councillor Myers, seconded by Councillor Halsall that:

The proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside constituted a substantial development / variation in services for Sefton residents.

Following a show of hands, the Chair declared the motion was carried unanimously and it was:

RESOLVED:

That the Committee considers that the proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside constitute a substantial development / variation in services for Sefton residents.

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BRIEFING FOR OVERVIEW AND SCRUTINY COMMITTEE ON THE CURRENT CHALLENGES FACED BY DENTISTRY IN LIGHT OF THE COVID-19 PANDEMIC

1.0 Purpose of the Report

To brief the Overview and Scrutiny Committee on the current challenges faced by dentistry in light of the COVID-19 pandemic and the impact this is having on service delivery.

2.0 Background

On 25 March 2020, the Chief Dental Officer for England advised that, in order to respond safely to the COVID-19 emergency, all routine and non-urgent dental care should pause and that local Urgent Dental Centres (UDCs) should be established to treat urgent and emergency dental problems where face to face intervention was required.

Other practices (non-UDCs) were asked to put total triage arrangements in place for access to dental services adopting an “AAA” approach: advice; analgesia; antibiotics.

In response, NHS England and NHS Improvement (NHSEI) established a national standard operating model for the delivery of NHS dental services to ensure the safety of the public and staff working in dental practices and, in accordance with that national operating model, arrangements for dental advice and urgent dental care were put in place across the North West.

The resumption of NHS dental services started with effect from 8 June 2020 and in Cheshire and Merseyside we put in place a process, in collaboration with our Local Dental Committees, to support a safe re-start of services. As a result, all dental practices across Cheshire and Merseyside are open and providing dental services including the 34 dental practices in Sefton.

3.0 Current position

There are currently 27 UDCs operating across Cheshire and Merseyside and access to and support from these will remain available as we continue to work with the profession to restore face to face care more widely in all dental practices and deliver more aerosol generating procedures (AGPs).

It is important to note that practices are required to follow the detailed guidance issued by Public Health England relating to infection prevention and control (IPC) and personal protective equipment (PPE) in order to ensure that the safety and wellbeing of patients and dental staff remains paramount.

These important safety requirements inevitably impact on the levels of patient activity that can be seen and the types of care that can be undertaken, but it remains a key focus of our work with practices as services are restored. In line with the dentistry’s standard operating procedure, dentists are continuing to prioritise patients with the highest need or priority, such as children and those most at risk of oral disease.

This safety-first approach may mean that some of our practices are not yet able to offer the full range of services that they would want to at this point in time. We have maintained the UDCs established during the pandemic and they are continuing to see and treat patients who don’t have a regular dentist or who can’t be treated by their local dental practice.



In addition to treating urgent presentations, when patients are in pain, practices are also working through their patient lists and contacting patients whose treatment was delayed due to the lockdown period, in order to prioritise those in most need first.

This has an impact on the number of patient's practices can see in a single day. Throughout the pandemic, the NHS has supported dental teams with income protection and a staggered approach to returning dentistry to pre-pandemic levels.

There are no circumstances when a practice should prioritise a routine case over an urgent case as it is a condition of income protection that they prioritise all known and unknown patients to the practice who require urgent dental care if contacted directly or via 111 services. Ultimately, dentists and their teams are skilled clinicians and they use their clinical judgement to assess and respond to patient need.

Commissioners are working closely with dental practices, Local Dental Committees and Healthwatch to try and resolve the ongoing challenges faced by patients who do not have an existing dentist and require dental treatment. The challenges faced locally are also felt more widely in other parts of the country.

Additional investment has been made in the existing Telephone Triage and Advice Helpline and we are rapidly developing a new pathway for urgent care where patients who do not have a regular dentist are offered definitive treatment following their urgent care appointment. In short this means that patients who previously would have attended once will now remain with that urgent care provider for treatment completion. Maintaining the existing network of UDC's has been agreed by commissioners for the foreseeable future utilising national guidance and permitted local flexibilities.

Working with our dental colleagues, Consultants in Dental Public Health, and the Safeguarding teams within the local authorities we have designed a referral pathway so we can offer Looked After Children a routine dental appointment. A new online referral platform has been developed to enable a non-dental professional to make a referral. The system is password protected to ensure that only named individuals can make the referral. Referrals are forwarded to the closest practice on the pathway where the patient is currently living.

A pilot pathway is in development to facilitate a dental review and treatment prior to Adjuvant Zoledronic acid treatment as part of the breast cancer pathway. Whilst this is not yet formalised, we are working with Clatterbridge to ensure patients are seen and treated so that treatment is not delayed. Following evaluation this is likely to be rolled out to all patients who require a dentally fit certificate prior to surgery.

3.0 Conclusion

NHS Dentistry is an important clinical and preventive service, so our focus is now on supporting dentists and their teams to see as many patients as safely as possible and reduce the impact on patients. However, we are mindful that current IPC arrangements will continue to prevent a return to normal practice throughput so have also retained income protection measures to support the restoration.

Tom Knight

Head of Primary Care

NHSEI North West (Cheshire and Merseyside)

Agenda Item 5

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 September 2021
Subject:	Sefton Integrated Care Home Strategy		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member Adult Social Care Cabinet Member Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report presents to the Committee the Sefton Integrated Care Home Strategy 2021-24 which has been submitted to the Health & Wellbeing Board for approval.

Recommendation(s):

- (1) To note the Sefton Integrated Care Home Strategy 2021-24.
- (2) To note the Governance and Delivery Structure for the strategy and to note that further reports will be submitted to the Committee throughout the life of the strategy in order to provide updates on delivery of the strategy.

Reasons for the Recommendation(s):

The implementation of a joint Local Authority and Clinical Commissioning Groups (CCGs) care home strategy is a key workstream of the Sefton Integrated Commissioning Group and the Health and Wellbeing Board will play a key role in supporting and overseeing its delivery.

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

1. **Maintain the Status Quo** – this option was considered and rejected as the Integrated Commissioning Group have identified that a key priority is an expansion of integrated working relating to the Sefton care home sector, as this will ensure that there is a joint approach to commissioning, quality monitoring, service improvement and financial arrangements, which in turn will improve outcomes for care home Residents and ensure that services better meet the needs of the local population.

Agenda Item 5

What will it cost and how will it be financed?

(A) Revenue Costs

There are no revenue costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

(B) Capital Costs

There are no capital costs associated with this report. Any proposals arising from the delivery of the strategy which result in revenue costs will be subject to separate reports in line with Council governance and approval processes.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): There are no resource implications arising from this report at this stage.								
Legal Implications: <ul style="list-style-type: none">• Care Act 2014• Care and Support Statutory Guidance• The Care and Support and After-Care (Choice of Accommodation Regulations) 2014• National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care								
Equality Implications: The equality Implications have been identified and mitigated.								
Climate Emergency Implications: The recommendations within this report will <table border="1"><tr><td>Have a positive impact</td><td></td></tr><tr><td>Have a neutral impact</td><td>Y</td></tr><tr><td>Have a negative impact</td><td></td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Y</td></tr></table>	Have a positive impact		Have a neutral impact	Y	Have a negative impact		The Author has undertaken the Climate Emergency training for report authors	Y
Have a positive impact								
Have a neutral impact	Y							
Have a negative impact								
The Author has undertaken the Climate Emergency training for report authors	Y							

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
The strategy outlines how the Sefton care home market will be supported and

developed to ensure that it continues to meet the needs of vulnerable people.
Facilitate confident and resilient communities: Delivery of the strategy will encompass a key focus on ensuring that the needs of the local population are met and that care home residents are supported to maintain their independence and remain part of their communities.
Commission, broker and provide core services: The strategy outlines the approach to joint strategic commissioning at a Sefton borough level and encourage greater integration and collaboration between Social Care and Health in order to achieve better outcomes.
Place – leadership and influencer: The strategy outlines to the market how Social Care and Health will support the care home market and ensure that it continues to meet needs.
Drivers of change and reform: The strategy is a key document outlining how change and reform in the Sefton care home market will take place.
Facilitate sustainable economic prosperity: The strategy outlines how the Sefton care home market (which is a significant employer in the borough) will be supported and developed to ensure its continued viability.
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 6496/21) and the Chief Legal and Democratic Officer (LD 4697/21) have been consulted and any comments have been incorporated into the Health & Wellbeing Board report.

(B) External Consultations

Consultation has taken place with the Sefton Clinical Commissioning Groups (CCGs) and wider local and national stakeholders.

Implementation Date for the Decision

Immediately following the Committee meeting.

Agenda Item 5

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Appendices:

The following appendices are attached to this report:

- Appendix A – Sefton Care Home Strategy 2021-24
- Appendix B – Delivery and Governance arrangements.

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1. The overarching aspiration of the previously approved “Making it happen” Cabinet paper was that integration would become “business as usual” by 2020.
- 1.2. Integration was described as being clear why partners stand together, stepping outside institutional siloes and navigating multiple meanings of ‘place’. It means redesigning the health and social care landscape together, decommissioning services as well as creating new ones, sharing risks and jointly being responsible for what may be difficult decisions within a complex, challenging and changing system.
- 1.3. The Sefton Integrated Commissioning Group has previously defined the principles of integrated commissioning and identified areas of potential focus. The Group framed its ambition as the need to move towards a strategic commissioning approach by focusing on shared values including maximising population health outcomes, developing trust and transparency of the whole budget position, and supported by an open, positive culture.
- 1.4. A key focus of the Integrated Commissioning Group was the Sefton care home sector due to its importance within the whole Social Care and Health system, the number of Sefton Residents it supports, and the level of commissioning activity and expenditure associated with it.
- 1.5. To drive and support this work, the development of a joint care home strategy was a key identified workstream of the Integrated Commissioning Group and that its implementation should be subject to formal approval.
- 1.6. This report has therefore been submitted to seek approval of the produced strategy and to outline its key themes provide details on how it will be delivered.

2. The Rationale and Development of the Strategy

- 2.1. The strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.
- 2.2. The Sefton care home market is significant with over 3,700 registered beds across over 130 care homes. Commissioning activity across Adult Social Care and Health is also significant, with both Commissioners typically commissioning in the region of 50-60% of occupied beds, with the remainder being commissioned by other Local Authorities and also by private / self-funding Service Users.
- 2.3. The strategy also reflects an already established commitment to more integrated working in Sefton, which has been embedded well in advance of Health and Social Care White Paper "*Working together to improve health and social care for all*", which was published in February 2021. The delivery of the integrated Care Home Strategy will form a key part of the Sefton Integrated Care Partnership and is an excellent example of what can be achieved through aligned commissioning, market management and approach to quality.
- 2.4. At its inception the strategy was originally for the period 2020-25, however it was recognised that at the present time the Sefton care home market, as with the national market, has been operating in a time of unprecedented change. As a result, the timeframe for the strategy was reduced to the three-year period of 2021-24 in order to reflect the uncertainty around the impacts on the sector, but also to outline a vision for the sector and a co-ordinated structure and approach to various workstreams, which once embedded will inform longer-term work on the sector and future decisions.
- 2.5. The strategy has been developed via collaborative working between Council and Clinical Commissioning Group Officers and also reflects the views and aspirations of wider Stakeholders.
- 2.6. The strategy builds on the lessons learned during the response to the Pandemic where we have seen successful day to day working across organisational boundaries to deliver the support, mutual aid, training and regulation needed to see Care Homes achieve effective service continuity in the most challenging times.

3. Key themes and Objectives within the Strategy

- 3.1. It is important to highlight that the overarching focus of the strategy is on improving the outcomes for care home Residents and ensuring that they receive high-quality services.
- 3.2. The strategy reflects that the current Care Home Market in Sefton is uncoordinated in terms of development or strategic direction, and it outlines a 3-year approach to this sector of care, providing a direction of travel for existing care Providers and a clear indication to new Providers wishing to become part of the Sefton Care Home market.

Agenda Item 5

- 3.3. The strategy acknowledges that as Commissioners, Adult Social Care and Health need to work together to category manage this market, which represents a significant amount of expenditure and supports some of the most vulnerable people in Sefton.
- 3.4. It is also recognised within the strategy that the ongoing COVID-19 Pandemic has and if continuing to have a profound impact on the care home market, particularly in terms of impacts on care home Staff and Residents and therefore a key element of the strategy is around support to care homes.
- 3.5. In summary, the key themes within the strategy are;
- Local and national needs
 - Current commissioning arrangements and future commissioning intentions
 - How the strategy will support and be informed by other associated strategies and plans
 - Support to care homes and their Residents
 - Workforce development and support
 - Market management, contracting and Quality
 - Finance related issues
 - Consultation and Engagement
- 3.6. The full strategy is included with this report (Appendix A) and this also includes a high-level action plan detailing key priority areas. However, please note that the design of the strategy may be subject to further minor amendments prior to it being fully published and disseminated to key Stakeholders.

4. Delivery of the Strategy and Governance Arrangements

- 4.1. Appendix B accompanying this report outlines the delivery and governance arrangements for the strategy which have been approved by the Integrated Commissioning Group.
- 4.2. These arrangements include the establishment of separate Task & Finish / Delivery Groups to take forward key actions identified within the strategy. Terms of reference for these groups have been devised and the intention is for these groups to be the central conduit for discussions and work relating to the delivery of the strategy. Membership will include Council and CCG Officers as well as wider stakeholders and interest groups and if required care home Providers.
- 4.3. With respect to governance of the strategy, as the document shows, the Health & Wellbeing Board will play a key role in this with the Programme Delivery Group and Integrated Commissioning Group directly overseeing the delivery of the strategy and overseen its ongoing direction. The structure also reflects the requirement for pre-existing governance and approval processes to be followed should delivery of the strategy result in the requirement to make key decisions such as those that result in a financial impact for either the Council or Health.

- 4.4. It is also important to highlight that the governance and delivery arrangements will be subject to regular review in order to reflect any changes such as the development of Integrated Care Partnership and Systems.

5. Conclusion & Recommendations

- 5.1. The joint Care Home Strategy has been produced as part of a joint commitment to further Adult Social Care and Health integrated working on this sector to ensure that it continues to meet the needs of the Sefton population and will be a key part of the delivery of the emerging Integrated Care Partnership.
- 5.2. The Committee are asked to note that a report has been submitted to the Health & Wellbeing Board to seek approval of the strategy and note the delivery and governance arrangements associated with it.
- 5.3. The Committee are also asked to note that further reports will be submitted to them, and to the Health & Wellbeing Board to report progress against the delivery of the strategy and any identified issues and themes.

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Sefton Local Authority & Sefton's Clinical Commissioning Groups Joint Care Home Strategy

2021-2024

Sefton Council 



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Agenda Item 5

Sefton Local Authority & Sefton's Clinical Commissioning Groups Joint Care Home Strategy, 2021-2024

Abstract

A strategy to set out an integrated approach to Care Homes in Sefton. How we will work as one to support our Homes to achieve outstanding care and support, refresh and reset for future delivery and deliver a Care Market built around the needs of Sefton's population.

Contents

1. Forewords.....	4
2. Executive Summary / Key Themes	6
3. Introduction.....	8
4. High Level Vision / Desired Outcomes of this Strategy.....	9
5. Definitions	10
6. The Sefton Care Home Market / Current Commissioning Activity & Arrangements.....	12
7. Local and National Context.....	17
8. Future Commissioning Intentions / Proposed Care Home Market of the Future	24
9. Support to Care Homes and their Residents	27
10. Market Management.....	38
11. Contracting, Quality, Compliance and Performance.....	41
12. Finance Related Issues	44
13. Consultation & Engagement	46
14. Implementation of this Strategy / Keeping it Under Review / Governance.....	47

Agenda Item 5

1. Forewords

“We are delighted to jointly launch this strategy which represents a shared commitment across the Health and Social Care system to further develop and support the Sefton care home market. Care homes have, and continue to, experience significant challenges and we recognise the vital work that they have conducted and the dedication that their staff have demonstrated during the Covid 19 pandemic.

The strategy builds on existing work and has been developed to describe how we will work in a continued integrated way with all stakeholders.

Care homes have, and will always be, an important element of the Health and Social Care system, caring for some of our most vulnerable residents. This strategy outlines how we will continue to support and develop the market with a strong focus on the provision of high quality services and improving outcomes for care home residents.

The strategy will be a working document, subject to regular review and engagement, in order to reflect factors such as impending changes to the Health and Social Care system. We are pleased that we have developed this strategy in advance of these changes as it demonstrates within Sefton our ability to build on our established commitment to working together.

This strategy is ambitious, and we will all work hard to deliver it”

Deborah Butcher

Executive Director of Adult Social Care & Health

&

Fiona Taylor

Chief Officer, NHS South Sefton and NHS Southport and Formby CCGs

“I am pleased to endorse this strategy which represents a shared commitment to working together on important issues. Now more than ever there is a need to focus on the Sefton care home sector and I feel that this strategy represents a clear direction of travel for this work.

Care homes support some of the most vulnerable people in Sefton and it is important that we have an ongoing commitment to developing and supporting the sector so that it continues to do so.

At the heart of this strategy are the people that require care home placements and ensuring that services meet their needs and deliver safe, good quality and outcome focussed services to them”

Councillor Paul Cummins

Cabinet Member, Adult Social Care

“Care and support to people when they need it in the community is a vital part of our health and care system. Care homes play a very important part in people’s lives whether they are people with long-term conditions and disabilities, older people or people nearing the end of their life

I am very pleased to have been involved in the development of the Sefton care home strategy. This strategy sets out a vision for care homes of the future. It aims to ensure that people are enabled to live in their own homes where ever possible for as long as possible, but it also places clear emphasis on the vital role that care homes play in our community.

This strategy shows how health and social care systems are going to work together to ensure that our care homes in Sefton are fit for the future and deliver excellent quality of care and an excellent experience for the people who use their services. I look forward to working with our partners to deliver it over the next three years”

Chrissie Cooke

Chief Nurse, NHS South Sefton CCG and NHS Southport and Formby CCG

2. Executive Summary / Key Themes

This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.

Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.

Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.

Following on from this, Sefton care homes need to be supported by Commissioners and given a clear sense of direction around current and future needs and co-ordinated services which can support them, and the outcomes we jointly need to achieve for our residents.

This strategy has been produced to provide an outline of how we wish the care home market to operate, how we will engage and support the market to adapt to wider strategic aims and objectives.

At the inception of the development of this strategy it was proposed that it would cover the five-year period of 2020-25, however it is recognised that at the present time the Sefton care home market, as with the national market, is operating in a time of unprecedented change. As a result, the timeframe for this strategy was reduced to the three-year period of 2021-24 in order to reflect the uncertainty around the impacts on the sector, but also to outline a vision for the sector and a co-ordinated structure and approach to various workstreams, which once embedded will inform longer-term work on the sector and future decisions. As a result, this strategy should be viewed as a 'working document' which outlines a future direction for the sector but will be regularly reviewed in order to take into account progress made, feedback from key stakeholders and wider national and local determinants.

The key themes of this strategy are summarised in the following diagram, but are also highlighted throughout this document;

Residents

- Services continue to meet needs and adapt to changes in levels of need
- Residents will have equitable access to high quality safe Health and Care services, with a good personal experience of those services
- Residents remain part of their local communities
- Intention to see reduction in care home placements / Increased focus on Independence at Home and providing short-term interventions
- Family Members and Advocates are involved in service delivery arrangements and are kept informed

Care Homes & Their Workforce

- Enhanced Health in Care Homes embedded to support homes
- Scoping exercise of current workforce and vacancy numbers and types
- Promotion of the role of the carer
- Engagement with Colleges and Learning Providers
- Staff development a priority and staff the necessary training and support they require - for example My Home Life
- Staff are supported by technological solutions that help them in their day-to-day delivery of care and support
- Staff are supported to deal with the impact of the COVID pandemic

Quality

- Realise the ambition of getting care homes to an Outstanding rating
- Robust Quality Assurance mechanisms in place, supported by technological solutions that streamline reporting.
- Safeguarding processes which encompass identifying any trends
- Updated service specification which reflects drive to increase quality
- Continued intelligence sharing with partners such as CQC
- Development of a Sefton Quality Mark

Consultation & Engagement

- Mechanisms are put in place to ensure more active engagement with the market - operating in a spirit of openness and partnership working
- The market is clear about what services are needed / commissioning intentions
- Timely engagement and consultation
- Partnership working takes place to develop / adapt the market to best meet needs - including supporting people with most complex needs
- Engagement mechanisms established at start of COVID-19 pandemic is continued and further developed

Commissioning / Finance / Analysis

- Category Management approach adopted for the sector
- More Integrated Commissioning opportunities developed and implemented
- Contracts and Service Specifications are updated to better reflect desired outcomes
- Financial arrangements are reviewed to ensure they are as streamlined as much as possible, reflect current costs and represent Value for Money. New tools also created to formulate costings for specific placements

Agenda Item 5

3. Introduction

Care Homes provide a crucial role in the Health and Social Care landscape delivering care to some of the most vulnerable people in Sefton. It is essential that the provision of care within Care Homes is high quality and meets the needs of the people who live there.

During the COVID-19 response we have been further reminded of the vital role care homes play in the Health and Social Care system and how vital it is to adopt a supportive and facilitative wrap around offer from the wider system to maintain services and ensure that care homes are supported and do not operate in isolation. It is clear that any strategy we have must detail how all parts of Social Care and Health must work together to engage understand and respond to the needs of the Care Home Market.

Looking forward we must work with the market to remodel and face the future financially and in terms of offer. The Market will need to adapt, and we will need to clearly articulate what we need from them supporting the market to evolve, considering alternative delivery where required. This will need to include working with Care Homes on resilience plans for the short, medium and long term. This will need to include aspects relating to workforce, finance, PPE, re-deployment of staff etc

The current Care Home Market in Sefton is uncoordinated in terms of development or strategic direction. This strategy describes a 3-year approach to this sector of care, providing a direction of travel for existing care Providers and a clear indication to new Providers wishing to become part of the Sefton Care Home market.

Essential to the success of this strategy is strong leadership at all levels and across all agencies. Success will revolve around a commitment to

supporting and delivering high quality care and the development of trusting, committed partnerships. The strategy will enable us to develop and communicate the long-term commissioning intentions of Sefton Local Authority (SLA) and the Southport and Formby and South Sefton Clinical Commissioning Groups (CCGs).

As Commissioners we need to improve the communication of strategic visions around Care Home Development. Currently new Care Homes are built within the Borough with little discussion regarding the provision being offered nor consideration of the required support from community, primary or secondary care.

It is important to highlight that a key theme running through this strategy is improving the experiences of people that live in care homes and ensuring that people receive good quality care and support. The strategy also outlines the development of a model of care provision that leads to the individual remaining in their own home for longer. This will require a fundamental improvement in the availability of Intermediate Care related services, Domiciliary Care services, Extra Care housing, Community Equipment Services, access to adaptations in the home, wider use of Telecare and Telehealth tools and other community provision that supports people to live at home for longer.

4. High Level Vision / Desired Outcomes of this Strategy

Current Sefton Market

- High number of care homes in the borough
- Lack of engagement on proposed new care homes being built / opened in the borough
- High number of placements made (including out-of-borough placements)
- Commissioners working separately and operating under different frameworks and contractual arrangements
- Lack of clarity on fee rates and how they are formulated / historic payment arrangements still in place
- Low use of TECS and I.T. solutions to support service delivery / issues with timely updating and exchange of information
- Low level of engagement and consultation - including Commissioners outlining future needs and market engaging with Commissioners when seeking to develop new services
- Commissioners having in place separate commissioning / contract / monitoring / finance arrangements
- Un-coordinated 'support offer' to care homes, including training, staff support and wrap-around services

Strategy
Delivery

Sefton Market of the Future

- Reduced number of long-term placements made, with increased focus on providing more short-term care to aid maintaining independence, such as through Intermediate Care and Extra Care services
- Greater integrated working between Commissioners
- Improved engagement - market is aware of commissioning intentions and needs, where appropriate, works with Commissioners to re-model services and is actively involved in the implementation of this strategy
- Updated cost-of-care exercise completed which implements new fee models and payment arrangements, which take into account different levels of Resident complexity
- Greater use of TECS and I.T. solutions to support independence and service delivery
- Enhanced Health in Care Homes embedded
- Focus on improving / maintaining quality - including workforce development and support issues and drive towards Outstanding CQC ratings
- Robust arrangements to review any proposals for new services and how any new developments can support meeting wider aims

5. Definitions

Care at home

Care at Home or Domiciliary care is care provided in the patient's home. This can be general or nursing and may be funded by the patient (depending on their financial status) or local authority. It generally includes a number of visits during the day but does not provide 24-hour support. In Sefton we will work to ensure access to high quality Care at a Fair cost of care that allows people to remain in their own home wherever possible, utilising the resource of residential or nursing home by those whose needs require it most.

Technology Enabled Care Services (TECS) & Equipment

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies such as Telecare, Telehealth, Environmental Controls, mHealth and Telemedicine. The reason for developing a generic term for these technologies is to ensure that the patient or end user can benefit from the correct technology which they require at any time, and not be restricted by services or funding streams which are not person centric or do not meet the individual's needs.

However, it is important that Professional prescribers, Patients, Residents and Carers understand the different terms that make up the TECS and information.

In summary, the different elements of TECS and Equipment are;

- **Telecare** - Developed from Social Alarms services which have been supporting elderly and vulnerable people live more independently. Telecare services provide a

24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.

- **Telehealth** - Telehealth systems support people with Long Term Conditions (LTC's) to self-manage their conditions, remain more independent, reduce hospital stays, allow early hospital discharge and reduce the dependency on primary health and GP services.
- **mHealth** - A number of the services described under Telehealth can also be accessed via mobile phone technology and Apps, these systems are often used by younger Residents and patients to allow them greater flexibility to access these services. Another mHealth application is the use of GPS and GPRS to provide safe walking services to people with dementia, early stage Alzheimers and learning disabilities.
- **Assistive Technologies (Environmental Controls)** - These allow people with severe disabilities to function as independently as possible by using devices that allow them to carry out day to day activities such as switching on lights, opening curtains, turning on the TV and using a computer though a range of switches and sensors which can be operated with only limited movement. Environmental Controls can also be used in conjunction with Telecare and Telehealth systems.
- **Telemedicine** - this is the use of video technology to enable specialists and consultants to support patients and other professionals remotely by making a diagnosis and recommending treatments. Vital signs data, x-rays and other information can also be transmitted to

enable a speedy diagnosis when a patient is located in a remote area or the expertise is not available locally. Telemedicine systems are mainly employed in an acute health environment.

- **Community Equipment** – Daily living aids to support independence in the home, it may be things like loo seat raisers or walking aids.
- **Adaptations to an individual's home** – This may include installing level access showers, Ceiling track hosts or stair lifts to support an individual's daily life and informal or formal care providers maintaining care provision.

Residential Homes

A Care Home is a residential setting which enables individuals to maintain their relationships and interests within a single site.

In addition to the accommodation, residents receive help and assistance with:

- Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care.
- Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing.
- Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance with eating.
- Counselling and support, including behaviour management, psychological support
- Simple treatments, including assistance with medication (including eye drops), applications simple dressings, lotions and creams.
- Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going

to bed.

- Medication, Support with medication administration

Nursing Homes

These homes provide the same help and assistance as a general /residential care home but they also have professional registered nurses (although some residential homes do actually have Nursing staff) and experienced care assistants who can provide 24-hour nursing care services for more complex health needs.

In addition to being registered to provide general nursing care, many homes also offer rehabilitation services; different therapies, including physical, speech and pain therapies; and specialist health care including, dementia care, EMI nursing care, cancer care, services for younger people with physical disabilities (usually aged 18 - 64). These homes are for people who are very frail or for people who are unable to care for themselves, who have numerous health care requirements.

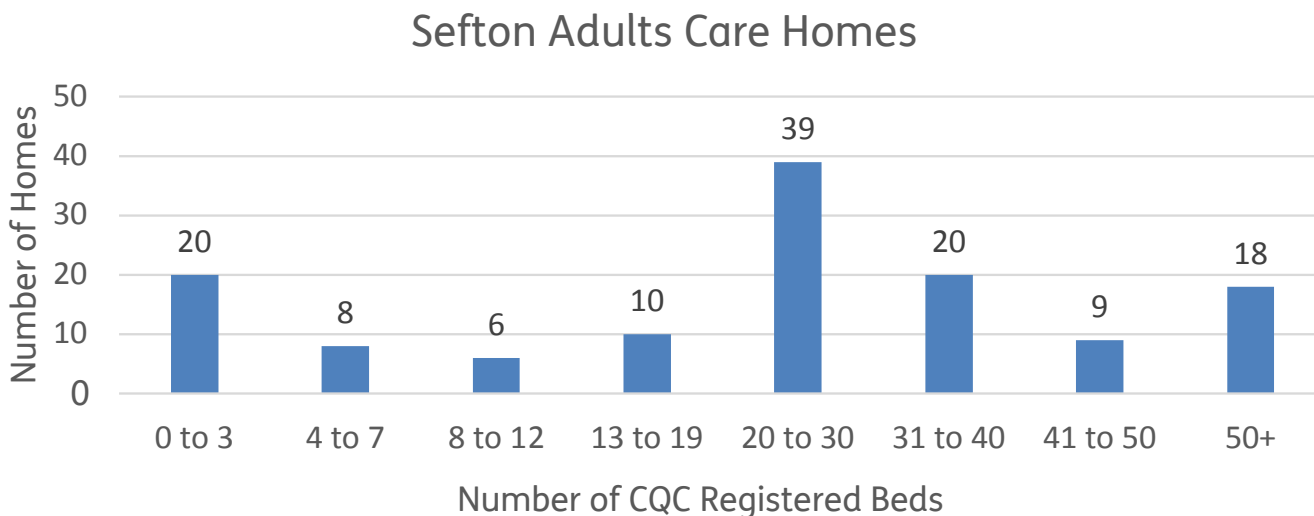
For the purpose of this strategy Nursing homes and Residential homes will be referred to collectively as Care homes

Agenda Item 5

6. The Sefton Care Home Market / Current Commissioning Activity & Arrangements

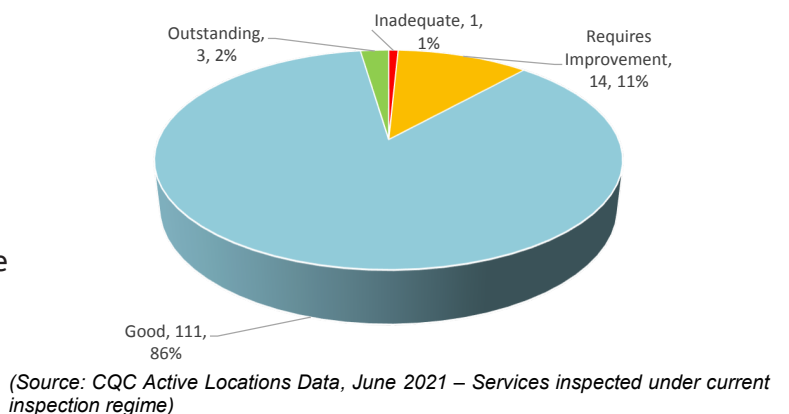
The Sefton Care Home Market

There are 133 Care Homes in Sefton with approximately 3,775 CQC registered beds (as at June 2021). There is a diverse number of services, including a mixture of small, and large homes, with homes consisting of on average 28 beds. The chart below shows the current breakdown of care homes by size;



Sefton has a high number of care homes, when compared to other (such as neighbouring) Local Authority areas and around 43% of care home beds are utilised by the Local Authority and 14% utilised by the Sefton CCGs. The remaining beds are typically utilised by self-funders (occupying around 1,000 of the beds) and placements made by other Local Authorities and other CCGs.

As summarised below, in general Sefton has a high proportion of Care Homes rated good or outstanding by the Care Quality Commission (CQC). This partly reflects the structure of the Care Home market in Sefton which relies on a significant number of small and medium independent providers rather than a single large national provider. Research suggests that in general small to medium homes receive better ratings than larger ones. We hold an ambition to get all our homes to good or outstanding and will work with Health colleagues and providers to develop a joined-up approach to supporting Quality and delivering the best we can to our older population.



(Source: CQC Active Locations Data, March 2021 – Services inspected under current inspection regime)

Local Arrangements

The Local Authority footprint of Sefton has two CCG's:

South Sefton CCG

South Sefton Clinical Commissioning Group (SSCCG) is made up of 30 GP practices in the area. Together, their aim is to improve the health and wellbeing of their 156,500 patients by commissioning services better tailored to their needs. The NHS is changing and SSCCG is leading local reforms. From April 2013 SSCCG's became responsible in deciding what health services should be provided for the population of South Sefton.

Southport and Formby CCG

NHS Southport and Formby Clinical Commissioning Group (SFCCG) bring together 19 doctors surgeries covering an area stretching from Ince Blundell in the south to Churchtown in the north. Together, their aim is to improve the health and wellbeing of their 122,000 patients by commissioning services better tailored to their needs. From April 2013, S&FCCG became responsible in deciding what health services should be provided for the population of Southport and Formby.

Primary Care Networks (PCN's)

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible.

In Sefton, the four characteristics of our Primary Care Networks (PCNs) are:

- Provision to a defined registered population of approximately 30 – 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30–50,000 people.

Integrated Care Teams

One of the key aligned priorities for Sefton Adult Social Care and the Sefton Provider Alliance is to develop highly effective Integrated Care Teams (ICTs) that serve a population of 30,000–50,000. Teams include social workers, primary care mental health practitioners, medicines management, voluntary sector, community matrons, district nurses, allied health professionals, and integrated care co-ordinators etc.

They will support a joined-up Sefton model of care and support that offers an aligned approach of wrap around support based on need of the individual from an ICT/Care Home and Complex Lives perspective. In addition, the progression of the Integrated Commissioning model will ensure services are designed and delivered to meet need, achieve outcomes and maximise independence. This will include intermediate care offer, falls service, increased telecare, community equipment and adaptations, as referenced later in this strategy.

Sefton Provider Alliance

Agenda Item 5

This includes a number of organisations who are involved in joint community service delivery (GPs, social care and the voluntary sector) and pathway partners (acute trusts, out of hours services and care homes) who are linked to or impacted by community services and the way they are delivered.

The Alliance responds to the strategic commissioning strategy, delivers services as specified and agreed to improve outcomes, embeds population health management, develops and redesigns pathways and Implements integrated care models.

Current Commissioning Arrangements & Processes

Sefton Local Authority typically supports around 520 clients in long-term nursing and 1,040 clients in long-term residential on any one day.

Combined Local Authority and Health annual gross expenditure is in the region of £63m (£53m by the Local Authority and £10m by Health) of which, 20% is spent on clients under 65 years of age.

At the time of writing this strategy (August - September 2020) average unit costs vary widely from £390 per week for clients aged 65+ with primarily physical disabilities in a residential home to £930 per week for clients aged 18-64 with primarily learning disabilities in a nursing home.

For **Sefton Council commissioned placements**, when an individual is assessed as requiring care and support, the person must be able to exercise their right to choose between different providers that offer a suitable care package. They should be presented with all the available options, including those beyond the council's geographical boundaries, on the condition that;

- The accommodation meets the person's needs;
- None of the services exceeds the amount specified in the person's personal budget for accommodation of that type;
- The accommodation is available; and
- The provider of the accommodation is willing to offer the service at the rate identified in the person's personal budget and agree to the council's terms and conditions

In exercising a choice, the Local Authority must ensure that the accommodation is suitable to meet a person's assessed needs and identified outcomes established as part of the care and support planning process.

For **CCG commissioned placements**, the Guidance and Regulations define NHS continuing healthcare (CHC) as an ongoing package of health and social care that is arranged and funded solely by the NHS where an individual is found to have a 'primary health need'. This includes accommodation. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. It is paid to people living in any setting to meet their assessed health and personal care needs.

The legislation gives CCGs the discretion to provide services which they consider are necessary to meet the reasonable requirements of the individuals for whom they have responsibility and appropriate for them to provide as part of the health service. Where individuals have needs or wants which do not flow from the primary health need, such as purely social, leisure or education needs, these could fall to the local authority to meet.

CCGs should carry out a needs assessment to determine if the quantity and/or quality of

care needed to manage an individual's needs is beyond the limits of a local authority's responsibilities and thus fulfils the criteria for a primary health need. The question of whether or not someone is eligible for continuing healthcare turns on factors including the nature, intensity, complexity and unpredictability of their needs.

When a patient is deemed fit for discharge from the hospital, but requires long term nursing care, the patient's assessment is sent to the CCGs Commissioning Support Unit for screening. The application is processed via their ADAM Dynamic Purchasing System. The health needs are available for the care homes to view. Care homes then submit an expression of interest in being able to accommodate and meet the patient needs.

A number of homes may submit an expression of interest at any one time. Where this is the case the patient and their relatives will be advised of the homes that are available. Factors taken into consideration are quality, cost and location. And relative can then visit homes should they so wish to, and then choose their preferred choice.

Key Theme / Objective

As detailed later in this strategy, a key workstream will be commissioners exploring how commissioning, contracts, service specifications and quality and compliance arrangements and processes can be better aligned

Care Home Placement Activity

For **Sefton Council commissioned placements**, recent analysis has shown that;

- Up until April 2020 on average there were approximately:
 - 16 new Long-term Nursing Placement client starts each month
 - 39 new Long-term Residential Placement client starts each month
 - 43 new Short-term Placement client starts each month
- In June 2020 to July 2021 on average there were approximately:
 - 13 new Long-term Nursing Placement client starts each month
 - 39 new Long-term Residential Placement client starts each month
 - 49 new Short-term Placement client starts each month
- Over the last two years numbers of Nursing Placement has gradually fallen in general from 560 in April 2018 to 393 at July 2021.
- With respect to Out-of-Borough placements, and their Primary Support Reason, recent data shows that there are 157 placements, of which;
 - 20 Learning Disability Support
 - 35 Mental Health Support
 - 71 Physical Support
 - 29 Support with Memory and Cognition
 - 2 Sensory Support

Agenda Item 5

For **CCG commissioned placements**, recent data shows that;

- Southport & Formby CCG;
 - 321 placements made in 2018/19
 - 426 placements made in 2019/20
- South Sefton CCG;
 - 400 placements made in 2018/19
 - 426 placements made in 2019/20

Analysis of the level of out-of-borough placements highlights the issue of the need to ensure that the Sefton market can respond to local needs and adapt to changes in dependency levels.

This is especially pertinent when looking at out-of-borough placements for people with complex needs. Sefton does have some homes that can meet the needs of these Residents, however it is sometimes the case that when Residents become more complex / have increased needs, they have to move to other care homes, such as those outside of Sefton.

We therefore want to reduce this occurring and support care homes to better manage increased needs. Placements made outside of Sefton also raise concerns with respect to how Commissioners can monitor the quality of care being provided and of contract monitoring of the placements.

Key Theme / Objective

Working with the Sefton care home sector to reduce the requirement for out-of-borough placements (particularly for complex Residents) and working to ensure that care homes can adapt to increases in need

Impact of the COVID-19 Pandemic

In addition to the above, we also need to assess the impact of the COVID-19 pandemic on placement activity of not just ourselves as Commissioners but also by other sources into the Sefton market, such as placements by self-funders.

To this end, a key workstream is to look at these issues, and is outlined in section 10 of this strategy.

7. Local and National Context

The Demographics of Sefton

Sefton has a population of approximately 274,600 (0.5% of the English population).

In summary;

- 52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).
- 23.1% of Sefton's population is 65 years old or over (63,300), with approximately one in five being aged under 18 (53,514).
- Sefton is ranked 18th out of 326 local authorities for the number of residents aged 65 or over.

Sefton faces significant challenges over the coming years because of the structure of its population. We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of;

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia.
- People with multiple and complex long-term needs.
- Unpaid carers, many of whom will be older people with their own care needs.

National Context

One in seven people aged 85 or over permanently live in a care home. People residing in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable.

Evidence suggests that many people living in care homes are not having their needs assessed

and addressed as well as they could be, often resulting in unnecessary, unplanned and avoidable admissions to hospital and sub-optimal medication regimes.

Current / Future Needs and Aspirations

Older Peoples Mental Health

Given Sefton's high proportion of older people, and an aging population dynamic, it is unsurprising that there is and is likely to remain a need for nursing and complex support around memory and cognition (dementia).

Estimates are that 80% of Care Home Residents have Dementia or a memory related condition.

These needs can be divided into 2 elements:

- Functional mental health needs such as depression and anxiety disorders
- Organic mental health needs such as dementia and Parkinson's disease.

Many care home residents, like the elderly population in general may have more than one condition often increasing significantly the complexity of care. Delirium is also a frequent presentation with residents often becoming confused or more confused and unwell as a result of physical health problems. This high prevalence of mental health issues in the care home population requires a specific and coordinated response.

One in six people aged 85 or over are living permanently in a care home yet data suggest that had more active health and health and rehabilitation support been available some people discharged from hospital from could have avoided permanent admission. Similarly,

Agenda Item 5

the Care Quality Commission and the British Geriatrics Society have shown that many people with dementia living in care homes are not getting their health needs regularly assessed and met. One consequence is avoidable admissions to hospital.

Older people and particularly older people living in care homes are disproportionately affected by COVID-19. There are more than 400,000 people living in care homes in the UK, more than 70% of which are living with some form of dementia. Many of these people also have other underlying health conditions (Alzheimer's Society, 2020).

The COVID-19 pandemic has required a change in practice in care homes which may be increasing the confusion and distress being experienced by residents. Most care homes have had to prohibit or severely restrict visiting and it is likely people living in care homes will be amongst the last group where restrictions will be lifted; isolating within a care home environment is challenging both physically and mentally; PPE whilst essential for safety can be disorientating particularly for residents living with dementia and residents are experiencing the death of their peers whilst fearing for their own and their families safety.

Particularly in residents living with dementia, where communication is harder, the factors listed above are likely to lead to increases in behaviours that challenge. If there is not psychologically informed support for these behaviours then the only alternative will be medicating residents to decrease distress which increases the risks of mobility issues, cerebral vascular problems and death. Simple and clear psychological strategies can be applied in care homes to support staff in understanding and responding to residents needs thereby reducing the frequency of distressed behaviours (Duffy, 2019). These strategies can include consultation to understand behaviour as well as activities to proactively promote wellbeing.

Mental Health

The Joint Strategic Needs Assessment outlines that Mental Health needs are increasing in Sefton. 10% of our population have diagnosed depression and 1.2% have a Severe Mental Illness. We have an excess rate of under 75 mortalities in our Adults with serious Mental Illness. We have a lower than national average rate of people with a Mental Health Condition in paid employment (at 2.5%).

Nationally the demand for social care related support is increasing and we see the demand outstrips supply, this may be due to factors such as;

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.
- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and also the side effects of psychiatric medication.

The COVID-19 Pandemic will also impact on prevalence of Mental Health conditions, with the *Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review - July 2020* report produced by the Public Health Institute at Liverpool John Moores University highlighting that the measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the

cancellation or delay of routine healthcare) have had wide ranging impacts on a number of the wider determinants of health.

Whilst we have the overall aim of further developing models of service relating to supporting Residents through a 'housing with care' offer, such as independent housing or shared accommodation, we recognise that Residential and nursing care will still be required for those with the highest care needs and where independent living is not possible.

These forms of care will need to meet specialised Mental Health needs, particularly with respect to conditions such as Korsakoff's and early on-set Dementia.

Learning Disabilities / Autism

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of Learning Disability Residents aged above 55 as well as younger people in transition and by 2025 we will see 350 extra people aged 18-64 with a Learning Disability or Mental health Concern. An identified issue is in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

In sefton we are looking to reduce the numbers of people under the age of 65 in long-term residential care provision and look to provide alternative, appropriate support for those who

need this level of care, locally in the Borough. We are also looking to develop an enhanced short-break service for clients with complex Learning Disabilities / Autism to provide better care respite and allow carers to maintain their caring role and reduce the number of admissions to residential services going forward. For those complex Residents with Autism we will endeavour to have bespoke care home services with appropriate sensory surrounding and higher skilled staff teams to meet their needs and improve outcomes.

End of Life

Every year approximately half a million people die in England. 75% of these deaths are felt to be 'expected' and therefore with appropriate identification, conversations and planning there is an opportunity to maximise the care afforded to most of our patients as they approach the end of their lives.

When surveyed on where they would prefer to die, 65% of people state they would prefer to die where they usually live. We know that in South Sefton 2018 54% of deaths occurred in hospital in 2018.

The number of expected deaths is expected to increase by 3% per annum by 2030 as people live longer with more long-term conditions.

For Sefton, this translates to an additional 250 deaths per annum by 2030 **in each** of the Southport & Formby and South Sefton areas.

A key objective is for every individual and their family to retain their personal dignity, autonomy and choice throughout the years and months towards the end of their life, regardless of gender, ethnicity, race, religion, disability, sensory impairment, sexual orientation, diagnosis, or status.

We have been working on an End of Life Strategy, however recently it has been announced that there will be fundamental changes to the national focus on End of Life care with a

Agenda Item 5

requirement to include children and young people in all palliative and End of Life care planning. In addition, there will also be a national long-term strategy for palliative and End of Life Care. This is due to be published in September 2021. There will be 6 national work streams which Sefton will need to engage and align to and this will supersede any local strategy, however a key priority will be to localise any national document to the needs of Sefton's population.

Falls

Falls are multifactorial and a major cause of morbidity and mortality among those aged 65 years and over in the UK. Falls and fall related injuries are a major challenge to health and care systems and to the older people who suffer them.

Key national statistics are;

- The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.
- Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.
- In around 5% of cases a fall leads to fracture and hospitalisation.
- As the majority - around two thirds - of people aged >65 suffer from two or more long term conditions (multimorbidity), falls and fractures should not be viewed in isolation, but as particular events and injuries which have an adverse effect on an older person's overall health and wellbeing.

In Sefton, the issue of falls becomes even more prevalent as the over-65s share of the population is more than 25% higher than the national average and is anticipated to grow by almost a half by 2037, when the over-65s will account for 1 in 3 residents, with a consequential effect on the level of hospital admissions.

South Sefton and Southport and Formby CCGs both have a higher incidence of injuries from falls in this section of the population than either their peers or the national average. South Sefton has a higher incidence of falls than all of its comparator group of CCGs, with a third higher hospital admissions, and Southport and Formby rank 8th amongst its group of 11 and has 14% higher Hospital admissions.

All of this will have an impact on the Sefton Care home market. With an increasing ageing population and increasing number of people entering long term care, AED attendances / NEL hospital admissions / NWS calls and Conveyances for falls and fragility fractures will continue to increase from care homes which will impact across both health and social care. Hospital admissions for falls, AED attendances and ambulance calls and conveyances will continue to rise. Increase in falls which could be reduced through meds reviews and physiotherapy assessments. Opportunities for recognising and documenting falls and falls interventions may be missed, there will be a failure to optimise residents' quality of life, there will be decreased confidence and mobility amongst residents as well as a lack of empowerment and lack of connectedness to other services. Residents will remain unable to maintain and maximise their independence. Care will continue to be reactive rather than proactive.

We will also be members of the Cheshire & Merseyside Falls Collaborative which seeks to ensure an integrated end to end falls pathway across Primary, Community, Secondary and Voluntary services utilising an evidence-based approach to managing falls.

Key Theme / Objective

Implement applicable elements of the Sefton Falls Strategy and Cheshire & Merseyside Falls Collaborative work, in care homes

Linkage to Local & National Strategies and Plans

This Care Home Strategy will therefore seek to support and deliver on the above. However, it is important to highlight that it will not be delivered in isolation. This strategy will inform, be informed by, and influence other strategies and plans of which the care home sector will play a vital role in.

In summary, the following diagram outlines some of the key associated strategies;



These linkages have contributed to the development of this Strategy, which in turn will also support the aims and objectives outlined in these other strategies.

The **Sefton Adult Social Care Vision** includes the achievement of the following three key aims;

Help people to help themselves: We work alongside people to help them to keep well and do as much as possible for themselves, for as long as possible;

Agenda Item 5

Help people when they need it: Working with people in a timely way when they are in need of some intensive support for a short period OR providing people with some low-level support, such as equipment or assistive technology to prevent or reduce the need for ongoing support;

Help people live their lives: For those people who have needs that require longer term care and support we will ensure that services are focussed on what is important to them and on restoring, enhancing or maintaining their independence;

The vision also highlights that another key area is to work with Health partners to have a shared understanding of demand and supply, and to commission services where this makes sense, based on need and best practice and in the most effective way to meet outcomes.

These three aims, together with the above have therefore informed the development of this and other associated strategies and will be factored into work that takes place with the care home sector.

The **NHS Long-Term Plan** makes a commitment to guaranteed NHS support to people living in care homes and includes a commitment as part of the Ageing Well Programme to roll-out Enhanced Health in Care Homes across England by 2024, starting in 2020.

The Long-Term Plan states:

'We will upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the whole country over the coming decade as staffing and funding grows. This will ensure stronger links between primary care networks and their local care homes, with all care homes supported by a consistent team of healthcare professionals, including named general practice support. As part of this, we will ensure that individuals are supported to have good oral health, stay well hydrated and

well-nourished and that they are supported by therapists and other professionals in rehabilitating when they have been unwell. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. Primary care networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours. We will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHS mail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.'

(The NHS Long Term Plan)

A key deliverable of the aims an objective is therefore to implement EHCH in Sefton, as outlined later in this strategy.

The White Paper "**Integration and Innovation: working together to improve health and social care for all**" outlines the Government's legislative proposals for a Health and Care Bill, with many of the proposals within it building on the NHS recommendations in the Long Term Plan.

The paper highlights that a central theme in the NHS Long Term Plan is the importance of joint working between Health and Local Government in order to reflect that neither party can address all the challenges facing the whole population on their own and that the ambitions (which are also outlined in this care home strategy) of supporting people to live more independent lives will require joint and cohesive efforts.

In summary, the White Paper outlines the aims of;

- Promoting integration of Health and Care System focused on health of the population not patients,
- Seeking to ensure that Health and Care operate seamlessly without artificial silos. Integrated Care Systems (ICS) will be

funded to support Health outcomes in their area, held to account by CQC,

- Implementing integrated decision making at a local level by the NHS and Local Authority, removing bureaucracy, encouraging innovation and technology and is built on collaboration and strategic decisions; and
- Reducing inequalities, support people to live longer healthier and more independent lives through closer working at Place and system level, a data strategy for Health and Social Care and stronger financial arrangements.

As Commissioners we will need to work together to prepare for the legislative proposals outlined in the White Paper being implemented in 2022 and ensure that this strategy (which already heralds a commitment in Sefton to further integrated working) adapts to any new legislation and specific requirements around integration.

Agenda Item 5

8. Future Commissioning Intentions / Proposed Care Home Market of the Future

The intention in Sefton is to see less people being placed in care homes. At present we support and admit many more clients in Care Homes for all ages than the national average, suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives.

We will therefore further develop community-based services to support people to remain living independently at home for as long as possible supplemented by responsive Social Care, Primary

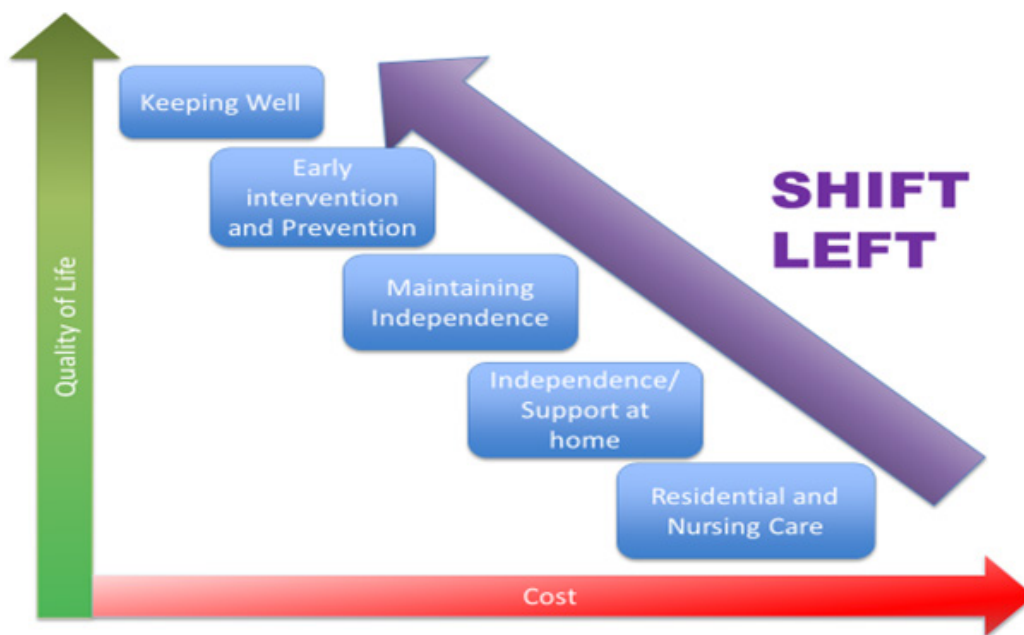
and Community Care services that are supported by Secondary Care and Intermediate Health Care Services.

Key Theme / Objective

Manage demand and shift the balance of services

This is summarised in the following diagram;

Managing Demand – Shifting the Balance



Key Theme / Objective

Ongoing Commitment to the Care Home Sector

This will reduce the reliance on Care Homes, in that this option is not seen as the first port of call when a person starts to deteriorate, has a hospital admission or a significant life change.

People in Sefton will be able to remain living in their own homes for as long as possible and will

only be admitted to a Care Home when all other community options have been exhausted.

In addition, the under-utilisation of community-based services which aim to maintain people's independence is also highlighted when looking at the 'performance' of Sefton against the following Hospital Discharge pathways;

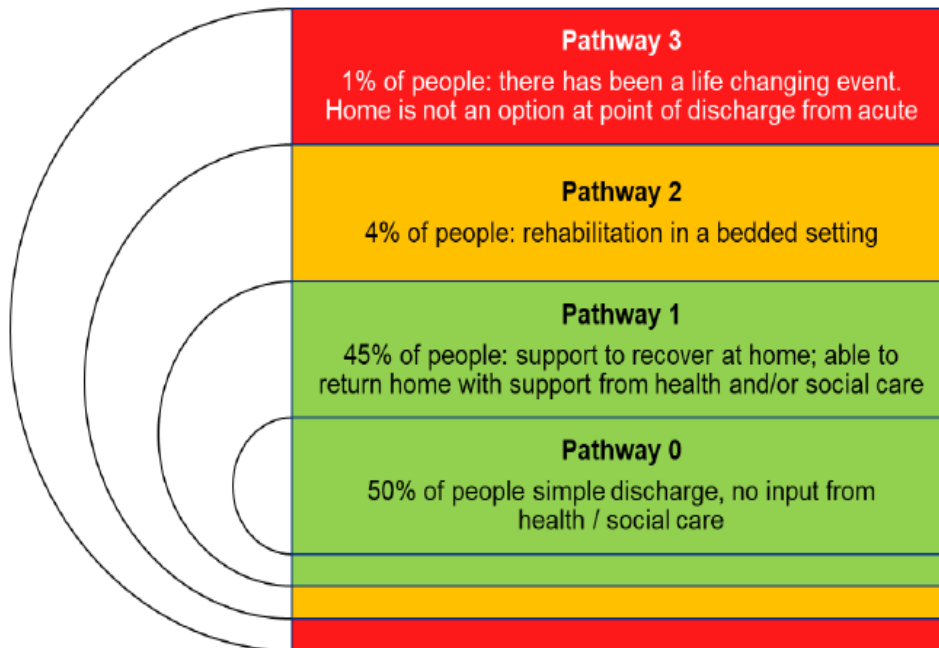


Figure 1: Discharge to Assess model

(Source: NHS COVID-19 Hospital Discharge Service Requirements, 2020)

We need to work on ensuring that the current numbers of people going into Pathways 3 and 2 are reduced and the number of people going into Pathway 1 is increased.

The implementation of **Sefton's Intermediate Care Strategy** will see the development of a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

We will develop **Home Based Intermediate Care** which are community-based services that provide assessment and interventions for people in their own home or a care home setting,

whether that is an older person or someone with a learning difficulty or other assessed needs. The aim is to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. Care will be provided through a multidisciplinary health and social care approach with agreed goals and support tailored to individual need.

We will seek to expand the provision of the **Reablement** service. Fundamental to the objective of this service is the principle of helping people to support them rather than 'doing it for them' or 'doing it to them'. Evidence shows that timely bursts of Reablement, focusing on skills for daily living in people's own homes, can

Agenda Item 5

enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services. We want to ensure that such services become the default pathway for people, thereby ensuring that when people do receive services, in the first instance they are supported to regain their independence as much as possible.

We will also develop **Bed Based Intermediate Care** in order to help people avoid hospital or get home sooner, recover from illness, and plan their future care.

In addition, we will also work on the development of **Extra Care Housing** across the borough as an alternative housing option. Extra care housing is recognised nationally as a welcome choice for older people since it offers suitable accommodation, with flexible care and support available when needed, and a sense of community to reduce the risk of social isolation. It combines accommodation with care and support services. There are many different types and sizes of extra care housing, from small communities of flats and bungalows to large retirement villages. The facilities and care provided will vary, but extra care housing

schemes usually include:

- Self-contained adapted flats or bungalows
- On-site care and support staff, providing personal care and domestic services
- Assistive Technology throughout the scheme, with 24-hour help available
- Communal facilities and services, such as a lounge, food offer and communal garden's

It is intended to enable and support older and vulnerable people to live independently for as long as possible, but with the reassurance that care and support services are available should they need them, either now or in the future.

We want to ensure we have enough provision that can support the residents of Sefton. Our goal is to deliver 1,306 extra care units by 2035 and this will then have significant impacts on our reliance on other services.

We also wish to expand the use of **Technology Enabled Care** (Telecare and Telehealth) as well as **Community Equipment** services, again, in order to support people to maintain their independence and remain at home as long as possible – as detailed later in this strategy.

9. Support to Care Homes and their Residents

However, the aims outlined in Section 4 of this strategy do not mean that we are seeking to reduce the pivotal role that care homes play in supporting the most vulnerable people in Sefton.

Key Theme / Objective

Ongoing Commitment to the Care Home Sector

In recognition of the continued important role that the care home sector will have in supporting the boroughs most vulnerable people, both now and in the future, a major element of this strategy is how we can support care homes. We are committed to supporting and developing the sector (as further outlined later in this strategy) and will work to ensure that;

- There will be a spread of Care Homes throughout the Borough to promote choice;
- There will be a range of Care Homes that can accommodate and care for people with a range of conditions such as dementia, neurological and degenerative conditions;
- People with a high level of need and complex conditions will be cared for and remain living in the Borough – thus reducing the need for the current level of out-of-borough placements;
- Care homes will be able to support people with complex needs through training and the implementation of mechanisms to support Residents to better manage their behaviours;
- There will be more homes that have dual residential and nursing registration to avoid people having to move if their needs increase; and

- Care homes are better able to adapt to changes in need, thus reducing the requirement for people to move out of their original care home placement when their needs increase. This will include care home staff being sufficiently trained to support residents who need more support in areas such as Moving & Handling, with care homes also accessing equipment and adaptations to help deliver this aim.

A key deliverable on meeting the objectives outlined in this strategy is the ongoing implementation of **Sefton2gether**. This is Sefton's response to the NHS Long-Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It represents a further commitment to Health and Social Care working closely wherever possible to link up where ambitions align, and work will be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence gathered throughout the engagement and development of the Sefton2gether plan, a priority is working to support the provision of care homes for the benefit of residents who live in them.

Key Theme / Objective

Implementation of Enhanced Health in Care Homes (EHCH)

Agenda Item 5

To achieve this, a key element of this is the local implementation of **Enhanced Health in Care Homes** (EHCH) by the Primary Care Networks. In summary, EHCH reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

To implement this locally, the following five elements will be developed;

Enhanced Primary Care Support - Access to a consistent named GP and wider primary care services, establishing the offer for care home residents by working with the identified GP Primary Care Networks to support delivery of NHSE GP contract and Primary Care Network specifications as part of the Integrated Care Team offer.

Multi-disciplinary Team (MDT) Support - Including Coordinated Health and Social Care - to establish dedicated CHAMP Teams to provide clinical leadership for personalised care and case management collaboratively with primary care and the care home staff. This will include;

- **Care Home Matron role** – further development of this role to provide accountability using a person-centred structured approach delivering responsive and proactive care. This will improve patient outcomes, quality of care, partnership working and will lead to a more effective use of resources.
- **Medicines Management** - The pharmacy technician roles focus on medicines safety and governance and review of care home medicines systems. The medicines safety audits completed are based on the key lines of investigation used within CQC inspections and provide clear insight of where care homes may be able to improve medicines standards to reduce medicines errors. Training on medicines reconciliation

and medicines governance is delivered to care homes on an individual basis and adapted based on audit outcomes or reported incidents to ensure learning is consistent with training needs. The pharmacist's primary role centres on complex medication optimisation either during the MDT or outside of the MDT.

- **Mental Health In-Reach Team** – who would take referrals and triage them based on low, medium and high intensity needs and then offer the care home a number of sessions with a team member to assess, formulate and develop a person-centred intervention plan and strategies to meet the underlying needs of the resident whilst training the care home staff and developing capacity within the care homes. This would enable the development of individualised person-centred plans for people with dementia experiencing distressed behaviours which the care home then implement with support from the team. The team would be locality based – North, South and Central and would be multidisciplinary consisting of nursing, psychology and Occupational therapy with oversight from consultant psychiatrist and may include nurse prescribers.

Workforce Development - The Care Home Matron will also provide and enable training and education with Care Home staff, providing an opportunity to empower the care home workforce by enhancing their knowledge and skills in order that they can support their care home residents and potentially lower the number of hospital admissions and avoidable harms.

High quality End of Life and Dementia Care - this will be delivered through the local implementation of the impending national strategy and the joined-up approach of this integrated care model, bringing together physical

and mental health provision, and working collaboratively with other providers including the voluntary sector, hospices, and acute services.

Data, I.T. and Technology - To implement a digital offer, including shared information systems, telemedicine/ virtual triage and assistive technology to support timely, high quality clinical care.

Elements of the above aims are reflected in the following sections of this strategy.

Infection, Prevention & Control / Community Health Provider Offer

The COVID-19 Pandemic has highlighted the vital role that the local Community Infection Prevention & Control Team (delivered by a Community Provider) has in supporting care homes.

The team operate Monday-Friday 9-5 with wrap around out-hours support delivered by the local Public Health England Health Protection Team on-call over the weekend. The Team provide remote and on-site support and advice on a priority triaged basis. They support the reporting and oversight of outbreaks in Sefton and provide direct support to those experiencing an outbreak. This offer has been supplemented through support to care homes delivered by Sefton Council Environmental Health Officers, who work with the Community Infection Prevention & Control Team, supporting care homes with single suspected COVID-19 cases and outbreaks.

In addition to the funds allocated for to support the local COVID-19 community outbreak response, there is a planned permanent increase in the Community Infection Prevention and Control Service, that will include a focus on the management and prevention of COVID-19

outbreaks in care home settings.

In order to deliver on surge capacity mutual aid has been provided both within the community provider trust and from the Local Authority through Environmental Health

Public Health has provided assurance to our community provider that it will underwrite the required surge capacity to support IPC across care homes during the pandemic, however Public Health and Adult Social Care have also committed to work together to build on the existing Infection Prevention Control service to expand to include dedicated care home elements.

In addition to exploring future sources of surge capacity support the Sefton Outbreak Plan will also include plans for utilising additional funding to develop the local offer for health protection, supporting contact tracing and outbreak response in complex and high-risk settings such as care homes, including consequence management.

Key Theme / Objective

Further Development of Community Infection, Prevention & Control Team

Training, Education & Support

Linked to EHCH, it is crucial that front line staff in care homes receive readily accessible support and training and that they have key relationships with other providers in primary, community and secondary care.

We recognise that it is essential to support Care homes to enable them to care for their residents in their home and prevent unnecessary

Agenda Item 5

attendances and admissions to a hospital setting.

We have recently developed a multidisciplinary training offer that gives access to Care Homes to support and training resources from NHS Providers, the Council, SCIE, the Hospice sector and other national and local resources. We will continue to work with Care Homes to ensure an integrated offer is built on to support Care Homes to deliver the best quality care.

We will firstly map all training opportunities available to care homes in order to then explore the development of a co-ordinated offer of training for the EHCH model for care homes.

We will also explore and build on the concept developed during the COVID-19 Pandemic of buddy homes or establishing teaching Homes to help us spread the significant pockets of outstanding or good homes we have in Sefton.

We will also need to ensure that care home staff are sufficiently trained on issues such as Mental Capacity and the implementation of the **Liberty Protection Safeguards** and associated issues such as consultation with care homes and with those interested in the person's welfare.

We also wish to continue with support to care home staff with respect to them dealing with the impact of the COVID-19 Pandemic. We recognise that the pandemic has had a significant impact on health and wellbeing of care home staff, and we have implemented support mechanisms such as the QWELL online counselling service, but we need to assess the impacts more and engage with care home staff on this issue to identify what further mechanisms they feel can help them to deal with any more longer-term effects that the pandemic has, or may be beginning to have on them. This work will be a key element of our ongoing response to the pandemic and assessing the impacts that it has had.

As part of the above commitments, we will firstly implement **My Home Life**. This is a Leadership Support Programme for Care Home Managers / Leaders with a focus on real issues with the intention of achieving improvement and transformation in their care service. It recognises that individuals learn best when they learn with and from each other, by working on real issues and reflecting on their own experiences.

The content of the programme will reflect what has happened and is happening in response to COVID-19 and part of the programme will focus on working together with the wider system to learn together and plan for the future.

The initial programme will support Providers to achieve the following;

- Improved confidence and resilience, both personally and professionally.
- Improved engagement and involvement for people who live and work in the home and those connected with it.
- Improved leadership and responsiveness to change.
- Improved practice including consideration of equality, diversity, inclusion and human rights.
- Reflection and connection back to regulation requirements, quality improvement and local systems and relationships.

Following the initial phases of My Home Life we will also then explore the implementation of a further phase which would support care homes and wider groups to;

- Widen networks and open opportunities using our tools and resources including links to our own dedicated network.
- Reflect on the difference between a 'closed' and 'open' care home culture.

- Better understand what living and working in a care home is like and the contribution they bring.
- Create connections now and into the future as communities adapt to the impact of the pandemic.
- Participate in ongoing research which continues to develop evidence that community connections improve the quality of life for all involved.
- Develop care home community champions in local areas.

We will also seek to ensure that care homes adopt the **Queen's Nursing Institute** "Standards of Education and Practice for Nurses New to Care Home Nursing (2021)." This outlines specific education and practice standards required for a Registered Nurse new to working in the care home sector to enable them to work safely and effectively and we will factor these, and other standards into any new contract and service specification developed (as referenced in section 11) in order to better reflect the specialist roles required within care homes and that such roles encompass not only adherence to professional standards, but also a requirement to have additional skills such as that of leadership, management, facilitation and relationship building.

Key Theme / Objective

Further Development of Training 'offer' to Care Homes

Workforce Related Issues

The Care Home workforce is of vital importance. They will provide an invaluable contribution to meeting the aims and objectives outlined in this strategy as well as them continuing to deliver care and support to care home residents.

Workforce Development is a key enabler to ensure that Sefton achieves its vision for the Care Home sector by ensuring:

- The effective supply, recruitment and retention of our current and future workforce;
- A strong, confident and skilled workforce fit for the future;
- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support

We want to work in partnership with providers as effective workforce planning can facilitate the development of new roles, support the recruitment of staff with the right values and attitudes, and ensure those people have the skills and knowledge to deliver high quality services.

Skills for Care estimates that Sefton had 9,900 jobs in adult social care in 2017 with Social Care employment accounting for around 18% of total employment in the Liverpool City Region.

In summary, in Sefton;

- About 8.1% of jobs remain unfilled, i.e. approximately 800 roles are open at any time (this compares to 7.8% nationally)
- We have 130 CQC regulated care home services
- The social care Workforce is ageing, with 28% aged over 55
- 81% of the social care workforce is female with an average age of 44.1 years, 93% have a British nationality, with 5% from the EU and 2% with non-EU nationalities.
- Only 54% of the adult social care workforce in Sefton holds a relevant qualification
- There are too many unfilled jobs meaning Sefton can pay more for care.
- There is excessive use of Agency staff,

Agenda Item 5

which results in higher costs for Providers and sometimes increased safeguarding and quality issues

- The DWP continue to report social care vacancies as “hard to fill” despite continuous marketing. Sefton@work also report little interest from workless residents seeking jobs in this sector.
- There are a greater number of people leaving the industry than joining
- High Turnover rates persist, with employers experiencing loss of qualified staff as “churn” to other areas of health/social care or to other sectors of employment.
- Pay, conditions, lack of investment in staff are cited among the reasons for poor retention in the workforce and can affect the quality of care. Sefton has an ageing workforce.
- Whilst turnover of staff is high, in Sefton we have a core of experienced workers, with an average rate of experience of 9 years. 73% of workers in the sector have been retained for more than 3 years but the workforce profile is ageing and to few younger workers are entering the sector.
- The over-reliance on EU workers may be an issue post-Brexit. Although this is considered low risk in relative terms, and along with arrangements for right to remain for Care Workers.

In addition, Sefton experiences the same following issues as other areas;

- Increased demands for care from an ageing population
- Welfare reform – the effect of Universal Credit and other changes have impacted on working patterns in this sector and beyond and have placed new obligations on people seeking work
- Perceptions from jobseekers continue

about the sector being low skilled with low prestige and poor prospects for advancement. This affect application rates of potential new entrants, especially among graduates.

- Employer behaviours with respect to terms & conditions, pay, hours, etc contribute to the negative perceptions
- Ongoing financial constraints have required difficult choices to be made by commissioners, constraining growth for service delivery rates

In order to address this, we will firstly conduct a scoping exercise to map the current workforce and level/type of vacancies.

We will also work across the organisation and with stakeholders to shift perceptions about what working in this sector is really like, highlight great employment practice and promote better understanding of how much difference good care can make, making the sector more attractive to more people. We work closely with Skills for Care and actively encourage dialogue with the sector on how we work together with the sector to address these local and national challenges.

For example, through the “*Everyday is different campaign*” which will link local case studies and vacancies to this national campaign. promotion activities with employers to encourage applications, particularly among those supplies working for the Council, negotiation with employers on terms and conditions and Recruitment support programme for SMEs or utilising Social value aspects of Care Commissioning.

In terms of addressing the ageing population challenge work will be done to promote work placements to students on social care programme through employer engagement, visits, summertime working etc.

We will engage with our Colleges and learning providers to make social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with our commissioned suppliers.

As Commissioners we will ensure that we optimise the benefits of social value requiring employers to work proactively with Sefton@work on improving terms and conditions and Invest Sefton on local supply chain benefit. Including consideration of the adoption of the Unison Ethical Care Charter.

We will seek to work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector. For example, through Intelligence sharing with DWP on unfilled vacancy rates and Retention and productivity support for care employers

In summary, we want to see;

- More local residents will access better quality employment in the Borough.
- An increased availability of staff able to enter the sector in Sefton.
- A more reliable delivery of care packages commissioned by Sefton Council and greater confidence in control of costs.
- A more systematic involvement of commissioners with Sefton@Work on generating social value employment impacts and wider use of Employment related KPIs across other service areas.

Key Theme / Objective

Implementation of Workforce Strategy to improve retention and promote the role of the carer

Technology & Support Tools in Care Homes

Now more than ever we recognise the importance of technology and how it can support the care home workforce, aid the timely exchange of information, reduce the need for paper-based systems, ensure availability of real-time information and support interaction between people who can no longer rely on face-to-face contact. Practical support tools are also of great benefit in supporting day-to-day service delivery and wider objectives such as personalised care planning and the timely identification of any issues with Residents health conditions.

As part of a commitment to enhance service delivery arrangements in care homes we have already issued all Care Homes with Accurex technology to support virtual GP Appointments, and equipment and training to take vital observations to support this process. We will look to build on and expand this offer.

We have issued care homes with phones and supported the national roll-out of free I pads in order to provide further support and to ensure that technology can be used to ensure that alternative arrangements are in place for visits to care homes from relatives, friends and advocates.

All Care Homes are now signed up to the national NHS Capacity Tracker and reporting functionality will support our oversight of quality and delivery of the market.

We continue to support the roll out of NHS.net mail to all homes to support the safe sharing of care records and information.

We have established a **Digital Task & Finish Group** to advise and assist in the development of Digital Assistive Technology to ensure that it meets the present and future needs of

Agenda Item 5

Residents, operational delivery staff, therapists and clinicians and it will support Sefton Council's overarching Digital Strategy. Care homes will therefore be an important element of this work and Commissioners will be members of this group in order to identify future opportunities.

However, all of the above is only the start and we know that the implementation of more technological solutions can further support care homes, as well as Commissioners, to improve service delivery information and meet wider objectives.

Work is being progressed on the following initiatives

EMIS - We will pilot the use of EMIS in Care Homes as part of the work to further implement EHCH in Sefton and will explore and develop a sustainable long-term model to roll this out to support dynamic care planning, end of life and discharge processes. There are currently no I.T. infrastructures in any of the Care Homes across Sefton that allows systems to be interoperable with community service and Hospital Trusts and EMIS provides a solution to this. During the COVID-19 response it was clear that the residents of Care Homes need to have equality of access to the wider system of Care and Health that electronic links, that support dynamic Care Planning and the roll out of the impending national End of Life Strategy, Care Home Strategy and Intermediate Care Strategy. The outcomes of this pilot will be used to identify scope for wider roll-out to all care homes and if proven to provide quality, safety and value for money the scheme will be provided to all homes across Sefton. Other systems will be considered with input from care homes to ascertain what systems will work best in as a whole system approach.

Falls Application Technology – in order to support delivery of the Sefton Falls Strategy, we

will seek to explore the implementation of a digital tool / app to assist with the management of risk and the occurrence of falls. This will be issued to care homes (potentially initially on a pilot basis to a small number of homes to assess its impacts). It is a secure, digital falls prevention web-based tool which helps manage the risk and occurrence of falls. It offers the following benefits;

Provides a full multifactorial risk assessment - enabling early identification of risks

Gives care homes a real-time dashboard - to understand at a glance what is happening across your care home, helping to identify trends and drive continuous improvement.

Creates a personalised action plan (from 50+ proven interventions) to reduce those risks

Tracks actions and interventions to prevent falls

Collects evidence of falls when they do occur - to drive continuous improvement

Creates a digital audit trail to satisfy regulatory inspection requirements (Health & Social Care Act 2008)

RESTORE2 & NEWS2 – this is a physical deterioration and escalation tool specifically designed for care/nursing homes based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). This will help improve communication between care homes and their serving GP practices to help reduce admissions where inappropriate. It has been designed to help care and nursing professionals to:

Recognise when a resident may be deteriorating or at risk of physical deterioration

Act appropriately according to the resident's care

plan to protect and manage the resident

Obtain a complete set of physical observations to inform escalation and conversations with health professionals

Speak with the most appropriate health professional in a timely way to get the right support

Provide a concise escalation history to health professionals to support their professional decision making

We will ensure our **Telecare and Assistive Technology Strategy** works alongside our care home to ensure the most effective and efficient use in our care homes, but also to ensure that care homes that deliver more short-term / Intermediate Care type services are aware of technology that Service Users they are currently supporting can access when they return to their own home and that care homes play an active role in making recommendations regarding longer-term care and support requirements.

Key Theme / Objective

Evaluate existing initiatives around technology supporting care homes and further explore how technology can support service delivery

Equipment & Single-Handed Care

Care homes must ensure that they meet CQC standards with regards to equipment provision. Care homes are required to have assessed that, for any potential new admission of a Service User, they can meet the person's needs in a regulation compliant way. Equipment considered essential for carrying out regulated activity should be available in sufficient quantity and type to meet

the safety, independence, welfare and comfort needs of all the residents. Staff working in care homes play an important role in identifying equipment needs when a person commences living in a care home and also when their support needs change.

Whilst care homes need to have a variety of equipment and furniture to meet most needs, there will be some Residents that may have needs that require a specialist piece of equipment to be made. People living in care homes have the same rights to services, including the assessment for and provision of some equipment, as those living in their own homes. The Sefton Community Equipment Services (CES) is commissioned jointly to provide community equipment on loan to individuals (both adults and children) following assessment by a health and/or social care practitioner. Any equipment issued is for the exclusive use for the Service User for which it is prescribed. The purpose of providing any such equipment is to increase or maintain functional independence, safety and wellbeing of residents and care staff as part of a risk management process. The CES also does important work on ensuring the safe and effective use of equipment.

As with other services the CES remains a vital element of the care home sector and we want to ensure that it continues to operate in a way which supports the sector continues to meet the present and future needs of Residents, Therapists, Clinicians and Providers.

Recently we have conducted an 'amnesty' of equipment, which was well supported by Sefton care homes, however we recognise that we may need to periodically do such exercises again in order to ensure that equipment provided remains fit for the purpose of which it was originally issued and to ensure the best use of resources, given the overall intention to support more people in their own homes.

Agenda Item 5

As a result, we want to ensure that care homes;

- Have staff appropriately trained on the use of equipment;
- Conduct the required operational cleaning / disinfection of equipment and that they follow the required instructions and guidance for its use; and
- Are aware of their obligations around any loaned equipment and support the CES to ensure the best use of equipment resources.

However, we recognise that the use of equipment and the creation of greater independence applies just as much in care homes as it does in people's own homes. In Sefton the **Single-Handed Care** has been successfully implemented with Providers of community-based services where it was identified that good risk assessments, followed by suitable equipment and adaptations provided in a timely manner can ensure people are able to remain in their own home and reduce the need for double-handed (two carer) care packages.

We therefore want to explore the implementation of applicable elements of Single-Handed Care project in care homes.

Key Theme / Objective

Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Capital Grants Programme

As part of the wider 'offer' of support to care homes we have implemented the opportunity for Sefton care homes to apply for capital grants to improve their homes in the following ways;

- Making physical improvements to care home environments

- Implementing technological solutions

The initial focus has been to make care homes more dementia friendly, to increase the positive experiences for Residents and their families/ advocates and to support the wider aim of homes achieving and maintaining *Outstanding* Care Quality Commission ratings.

Examples of the types of proposals related to;

- Improvements to gardens /outdoor spaces/ communal areas to afford Residents and their Families improved opportunities to access outdoor spaces and use areas for improved social interaction and activities
- Improvements to communal areas within the care home to support greater social interaction
- Improvements to areas within the care home in order to make them more dementia friendly and to provide an environment which reduces Service User anxiety/ distress
- The purchasing of technological solutions/ equipment (for example Interactive Tables, Robotic Pets and technology to support reminiscence therapy and contact with family) for use by Residents in order to improve their quality of life

Once these initial grants have been fully allocated and assessments conducted on the impacts that the improvements have made, we will continue to explore the potential for further capital investment into the sector and also opportunities for Commissioners to benefit from their 'buying power' to procure technological solutions / equipment for subsequent issuing to care homes.

We want to explore how any such funding can be used to support care homes, such as with respect to the provision of specialist equipment to meet prevalent / emerging needs.

Key Theme / Objective

Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Enhancing the 'voice' of Residents, Families and Advocates

We also want to ensure that there is a continued focus on gathering the views and opinions of people that receive services.

Whilst this can be addressed through quality monitoring work, we also want to work with partners such as **Healthwatch Sefton** to develop **Thematic Reviews** of the sector based on feedback gathered from Residents, Families, Carers and Advocates on what are the most important issues for them and what factors they think are important for the effective delivery of services.

10. Market Management

Over the next three years we will build a robust joint route for managing the market in terms of Quality, resource, supply and demand and building a strong culture of communication, openness and working together to deliver shared aims of robust high-quality serviced offers at a best valuable sustainable price.

It is recognised that a category management approach for this sector is required to provide assurances to Governing Bodies, Elected Members, Stakeholder and Interest Groups that this service area is effectively managed, and quality is effectively monitored with risks managed and mitigated.

This category of commissioned services / expenditure is significant in terms of risk (services to vulnerable people), budget oversight and Council and CCGs reputation. There is a need for greater oversight for this service category and budget, as the sector remains an integral element of meeting the needs of vulnerable people in Sefton.

We also need to address issues such as new care homes being built within the Borough with little discussion regarding the provision being offered or whether this provision falls within the commissioning direction of both health and social care. When considering such issues, we will also take into account the impact of any new care homes on the demands on primary and community care services which would result from the increased number of Residents needing to access such services.

This strategy, together with other associated strategies and policy documents, will be used to inform decisions on any new provision as well as being a document that potential new Providers can review, together with associated

documents such as the Local Authority Market Position Statement, to ensure that their proposals meet the aims and objectives within it. When considering any new planning applications, we will also explore the potential for any new developments to also include the provision of new GP premises in order to meet wider aims.

We will therefore engage with our Planning partners to discuss proposed future developments and to outline our views as Commissioners on their ability to meet needs and the actual demand for any new services.

Whilst we are aware of each of our own commissioning activity information (as outlined in section 6 of this strategy) we recognise that this work needs to be expanded upon, to gain a better understanding of the market and to inform other pieces of work such as the review of fee structures (see section 10).

A key element of the approach to market management will be **Viability Work**. At the time of writing this strategy our Care Homes are facing a significant challenge as they deal with the COVID-19 pandemic and look towards recovery from the pandemic.

The void rate within care homes has historically been in the region of 6-7% but is currently higher with some homes having experienced void levels more in the region of 15-20%. This, together with potential future decreases to the level of placements typically made by Commissioners, coupled with reduce demand from the 'private' sector, will have an impact on care home Providers.

A key immediate activity is therefore the ongoing monitoring of these issues and exploring how the Sefton care home market can adapt. We

will continue to conduct work on assessing the impact on the market which will include analysis of;

- Local Authority and CCG commissioning trends / activity;
- Referrals and new placements being made into care homes – but not just referrals made by the Local Authority and the CCG. We also need to understand any changes to the 'private / self-funder' market for care home placements and quantify any changes between pre-COVID-19 and current referral levels;
- Financial matters such as analysis of Providers financial 'health' and cost pressures;
- Gathering more information on factors such as the physical condition / age of care homes in order to ascertain whether the building and facilities are well maintained and if there is flexibility / adaptability within the physical structure, e.g. the opportunity to create annexes for different client groups or needs; and
- Working with other Local Authorities and CCGs in order to reflect that we may 'share' the same Providers.
- Working with the market to develop its ability to respond to a higher level of acuity and ensuring we build on lessons learned during the COVID response to ensure we maximise the use of wrap around health offers to help support this.
- Working alongside the Sefton provider Alliance to deliver Enhanced Health in Care Homes as per our key objective detailed on page 26

Once we have an overall picture of the market and Providers, we will engage with them further to explore the issues and how we can offer further support.

In addition to local work, we will also work on a regional footprint to ensure we able to strategically manage the market and continue to meet the needs of individuals whom Care Home placements are the correct service offer for. This will include looking at specialist delivery and a higher acuity of residents. Market shaping and diversification of the market will need to be part of our future landscape.

Key Theme / Objective

Continued focus on assessing viability in the care home market

Dealing with Provider Failure

Linked to any work on viability is the potential that provider failure may occur. Withdrawals from the market may take place as a result of the impacts of the COVID-19 pandemic and other factors which lead to a reduce demand for care home placements, either in general or for certain types of placements.

Both the Local Authority and the CCGs work closely with the Care Quality Commission to ensure that effective quality control and monitoring systems are in place for Providers, however it is recognised that there may be instances where Providers fail, and this issue is more pertinent than ever.

The Care Act 2014 makes provision for ensuring that if interruptions to care and support services occur, Local Authorities have powers and duties for ensuring that the support needs of those receiving services continue to be met.

The Care Act also sets out Local Authorities duties to gather market intelligence which is also relevant to responding to business failure and other service interruptions. Where alternative services need to be put in place, a thorough

Agenda Item 5

knowledge of the market is required. In addition, Local Authorities need to understand how their providers are coping with trading conditions. This includes Sefton Local Authority having good knowledge of the Provider market in the borough, offering assistance to Providers if it is possibly facing closure and what happens when a provider closes.

Whilst Sefton MBC and the CCGs have endeavoured to conduct commissioning which is sustainable, and which is based on a robust understanding of the market, it is recognised that instances will occur where Providers fail for various reasons.

In order to meet its Care Act 2014 obligations Sefton Local Authority and the CCGs will continue to;

- Develop a proactive and reactive role when working with providers and will proactively help anticipate and if appropriate work with a provider to prevent or delay closure.
- Share concerns they have about a Provider with other relevant organisations e.g. CQC, CCGs.
- Gather intelligence and information on providers and will share this with relevant stakeholders as appropriate e.g. CQC, other CCGs.

Sefton Local Authority and the CCGs will maintain a relationship with the CQC with a view to early warnings where Provider compliance issues may lead to CQC enforcement action or threaten the ongoing operation of a CQC regulated service. Safeguarding Teams will seek to identify early warning signs in regard to a Provider through safeguarding adult alerts.

In order to support this work, we will;

- Have awareness of the diversity of local providers to facilitate the transfer of care of individuals to another provider or owner in the event of market exit;

- Have good relationships with all providers serving their local population and through market intelligence and reporting be aware of any company financial distress;
- Have plans in place agreed with other relevant commissioning bodies to cope with the closure of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by CCGs;
- Ensure that local people including Elected Members are informed about the change of a provider as appropriate, involve individuals, their families and carers in all decisions affecting their care;
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant;
- Ensure that efforts are made to reduce stress and anxiety for individuals, their families and carers.

Market Exits

Should Providers need to withdraw from the Sefton care home market then we will work with them through this process and seek to support their workforce to identify future employment opportunities.

Needs Analysis

In order to manage the market, we need to continue to look at current and future needs. Work such as the Market Position Statement will support this as well as gaining feedback from Practitioners and Providers on trends they are seeing and changes in dependency levels.

We then need to share with information with Providers to support them to better understanding these needs and how their services can meet them.

11. Contracting, Quality, Compliance and Performance

As Commissioners we both wish to contract with the Care Homes delivering the highest quality care for people in Sefton.

As identified in this strategy, we recognise that as Commissioners we are asking Providers to operate under different frameworks, contractual arrangements and service specifications. Whilst some of this is 'beyond our control' we recognise that we can work together more, for both the benefit of us both as Commissioners, but also for the benefit of Providers with respect to providing a 'common voice' to the market, more streamlined business processes and shared monitoring arrangements.

We need to explore opportunities for;

- **Aligning commissioning arrangements** – including a shared 'brokerage' function for making placements and/or the establishment of joint working arrangements in order to consider requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Residents and represent Value for Money or whether alternative services are available that better meet these aims. This in turn will then provide intelligence on emerging needs in order to then inform engagement with the Provider market on how they can adapt and meet these needs. However, given the anticipated statutory changes to the abolition of Clinical Commissioning Groups and the emerging Integrated Care System (ICS), it is highly likely that statutory responsibility for delivery of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care will be placed at ICS level. There will however need to be place-based

considerations in terms of how assessments and reviews will be undertaken, and care provision brokered. In this regard we will continue in the meantime to work together on plans as and when further direction from NHSE&I emerges.

- **Creating a new joint contract** – or at best aligning contractual arrangements with updated clauses to reflect factors such as;
 - New fee structures
 - Performance and outcomes measures
 - Information governance
 - Use of technological solutions
 - New legislative requirements and good practice – including those relating to information governance
- **Implementation of a shared service specification** – linked to the above, there is also the desire to implement an updated service specification which reflects a revised focus on;
 - Quality;
 - Outcomes for Residents / Carers;
 - Changes occurring due to the COVID-19 pandemic – such as the development of the Trusted Assessor model;
 - A partnership commitment to workforce development, including training and professional standards;
 - Any legislative and good practice changes such as the Liberty Protection Safeguards; and
 - Quality and performance measures and requirements.

As a result, we will have new arrangements in place with Care Homes that reflect aims and

Agenda Item 5

objectives outlined in this strategy, are fit for purpose and promote high quality care and improvement that is supported by a robust improvement and quality monitoring processes.

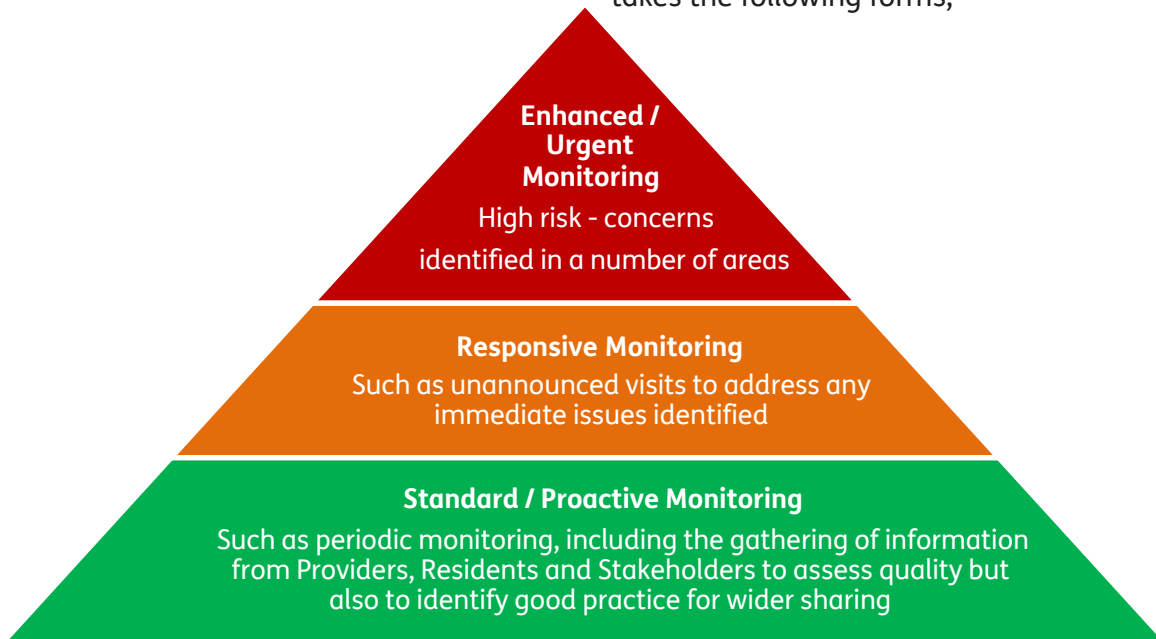
Linked to these objectives and also the review of financial arrangements, we will explore the implementation of a **'Preferred Provider List'** of homes which have signed up to any new contract, which can then be made available to Residents and their Families. Should this be implemented, it is important to highlight that

choice directives will still remain in place.

Compliance, Performance & Quality Monitoring

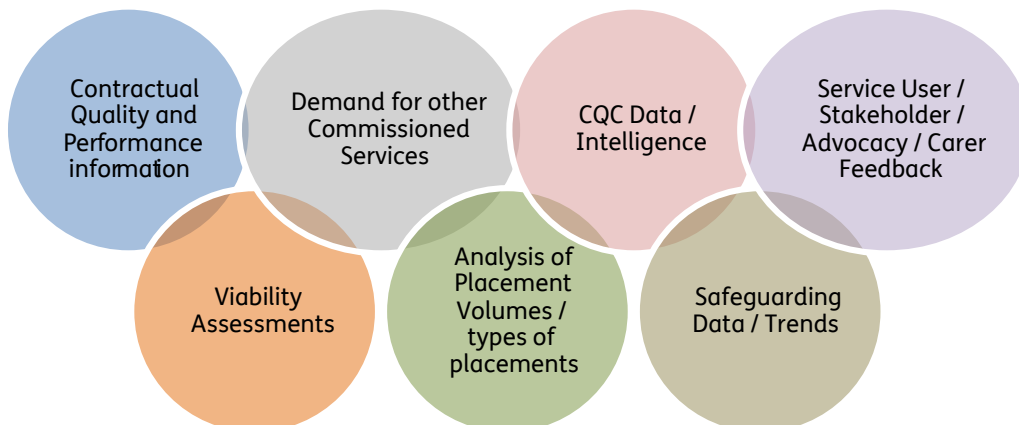
Monitoring the effectiveness of care homes and the services they provide is of vital importance. It enables us to identify any issues and risks and then to focus support on where it is needed. It also supports the aims of identifying and sharing good practice.

We want to enhance our monitoring so that it takes the following forms;



In order to support this work, and also our market management work, we will also work together on the development of a shared quality and performance monitoring function.

Assessments of Quality, performance and compliance are not just about analysing data. Data can only tell us so much and other intelligence needs to be gathered to support the overall assessment process, as summarised below;



We therefore need to ensure that we have robust arrangements in place which;

- Support the sharing of intelligence;
- Provide mechanisms for Residents, Families, Advocates, Staff, Professionals and Stakeholders to inform quality and performance monitoring activities;
- Enable real-time analysis of the market and individual Providers;
- Collate analysis of Safeguarding issues, as these are one of the key sources for the identification of concerns in care homes, in order to identify trends and also support

the sharing of good practice; and

- Ensure that the quality monitoring process is not administratively burdensome for Providers.

To this end, we will seek to implement new tools for the collation and analysis of information to support and inform the Quality and Compliance process. This will also include the implementation of I.T. solutions to support this work and the timely exchange and submission of information.

We also wish to explore the development of a **Sefton Quality Mark** which would reflect the following elements;



We want to celebrate and promote good quality care homes and acknowledge the work they do to support their residents and staff.

Key Theme / Objective

Development of Shared Contracts, Service Specification and Quality Monitoring functions

12. Finance Related Issues

We recognise that financial matters will always be an important element of how the sector is managed, meets needs, adapts to changes in needs and links to work around managing the market, improving quality and assessing viability.

We also recognise that Care Home Providers have experienced significant cost pressures, both with respect to new expenditure as a result of the COVID-19 pandemic and reduced income through less placements being made, and other factors such as the EU Exit.

However, it is also important to acknowledge that funding also needs to be looked at in relation to the care home market that we want for the future, the focus on making less care home placements and the increased demand for other services. We will need to be open and honest with Providers on such issues given that we are working to constrained budgets.

Whilst previous market oversight exercises have resulted in cost of care tools being used, we recognise that there is a need to re-visit these. We need to understand Providers current costs as well as wider financial information such as levels of Third-Party Top-ups and how these are formulated. Currently, detailed information on fee rates levied is unclear and this leads to issues when analysing Value for Money and ensuring that rates reflect different levels of need.

As part of joint working, we will commence a project to review existing fee structures, which will include the scoping of the potential implementation of;

- Tiered pricing approach to reflect differing levels of Service User dependency and factors such as;
 - Behaviour

- Cognition
- Psychological and Emotional needs
- Communication
- Mobility
- Nutrition & Hydration
- Medication / Pain Management

- Costing tools to formulate costs which are based on individual Service User assessments and/or where additional 1:1 care is required to meet specific needs such as those related to Moving & Handling;
- Arrangements for assessing costs relating to S117 Aftercare and Joint Funded placements; and
- Fee rates against the availability of, and the accessing by, care homes of community based wraparound support services, I.T. solutions and Equipment, which can be utilised to address certain needs thereby reducing costs.

We want to have open and transparent dialogue with care homes on their costs in order to seek to implement fee structures and payment systems which are clear and reflect best practice in terms of;

- Commissioners assessments being clear to care homes in terms of level of assessed care and support needs, their decisions and rates to be paid;
- Considering requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Service Users and represent Value for Money or whether alternative services are available that better meet these aims;
- Greater transparency of existing costs when decisions such as that of CHC eligibility arise; and

- Reducing the requirement for specific negotiations to take place around costs for individual placements in order to streamline decision making and placement processes.

Linked to the above, is the Local Authority also reviewing its current payment arrangements with care homes. The current contractual arrangement is to pay providers the Local Authority contribution only; net of the client's personal financial contribution toward their assessed care needs and any agreed third-party top-ups for additional services. Care Home Providers are required to collect the client contribution and top-ups direct and feedback received as part of consultation on fee rates has highlighted this as an issue. We will therefore commence a specific workstream around the potential implementation of the Local Authority paying gross costs to Residential and Nursing Care Home Providers for all Residents placed by Sefton (including those with a deferred payment agreement in place).

We will also explore the further pooling of budgets in order to make the best use of resources, support other work on further integration and also to provide more seamless funding / payment mechanisms for Providers.

Key Theme / Objective

Review of Fees / mechanisms to calculate placement costs and exploration of further pooling of budgets

13. Consultation & Engagement

Key to the delivery of this Strategy is to enable the Sefton Care Home Market to be fit for the next 3 years and beyond. Engagement and approaching this challenge in partnership is key and a crucial part of this is increasing the dialogue between Commissioners, Providers and Stakeholders. This is something that has happened sporadically in Sefton historically and it is recognised that it needs to improve.

During the COVID-19 response, this galvanised into a co-ordinated, sustained, positive and proactive system of provider forums, bulletins, direct telephone calls, design thinking session and the production of system wide guidance and pathways to support the Care Home market. Providers and partners (such as Healthwatch Sefton, Advocacy services and Community Health Service Providers) have been engaged with in order to ensure that communications are timely and robust and that all parties are supported, and their expertise is utilised.

We wish to build on this and ensure that impetus gained so far is not lost and to also expand this work to promote the sharing of good practice and homes supporting each other through initiatives such as 'buddying' arrangements.

We also want to ensure that we engage with Groups established by care home Providers themselves so that we can communicate our commissioning intentions and proposals for supporting and developing the sector.

Key Theme / Objective

Consultation as part of delivery of this strategy and building on Consultation & Engagement mechanisms implemented to date

14. Implementation of this Strategy / Keeping it Under Review / Governance

This strategy is ambitious, and it has also been produced at a time of unprecedented change for everyone involved in the care home sector. Therefore, this strategy at this present time cannot outline definitive timescales on future work and dates for implementation.

However, a high-level implementation plan is included at the end of this section, which summarises key project workstreams and current proposed timescales.

The strategy needs to be a working document with detailed plans being developed and consulted upon relating to the specific aims and objectives we want to deliver.

This strategy will be reviewed on a periodic basis to ensure that it remains fit for purpose and to report progress on its delivery to established groups and governance structures such as the Sefton Health & Wellbeing Board, the Integrated Commissioning Group, Leadership Teams, Elected Members and Provider groups.

15. High Level Action Plan

Page 74

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Strategy Implementation	Engagement with key Stakeholders on strategy implementation											
	Establishment of dedicated project groups to take forward strategy priorities											
	Development of linkages into emerging Integrated Care Partnership											
	Implementation of associated Strategies (Intermediate Care etc)											
	Engagement with LCR to explore issues such as Dynamic LCR DPS and alignment of LCR objectives											
	Year 1 review of Strategy / Production of Progress report / Formalisation of Year 2 priorities											
	Year 2 review of Strategy / Production of Progress report / Formalisation of Year 3 priorities											
COVID-19 Response / Analysis of Impact	Continued joint LA and CCGs response to the pandemic											
	Ongoing assessment of impact on market - vacancies, referrals etc											
	Further development and updating of market management / viability tools											

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Finance Related Issues	Ongoing analysis of impact of 2021/22 fee decisions											
	Analysis of Historic and current placement activity and costs - including Out-of-Borough placements											
	Cost of Care exercise / Development of Tiered Pricing Approach											
	Review of DPS system / Options appraisal on future placement brokerage arrangements											
	Further scoping of implementation of Gross Payments (LA)											
	Potential Implementation of Gross Payment - including potential pilot programme											
Technology / Capital Improvements	Mapping of current national and regional technology working groups and funding streams											
	EMIS Pilot - Delivery / outcomes measurement / proposals for next steps											
	Research on applications available to support Falls monitoring											
	Exploration of exercise to centrally procure technological solutions identified in grants programme											
	Outcomes analysis for Capital Improvements Grant Programme											
	Scoping of opportunities for further capital investment - including care planning I.T. solutions											

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Contracting / Quality Monitoring / Commissioning Arrangements	Scoping of current Commissioners activity / commissioning arrangements											
	Formulation of proposals for integrated Quality Monitoring Team - including shared BI function											
	Exploration of implementation of Quality Monitoring I.T. systems											
	Development of revised contract and service specification - including joint working on a regional level											
	Implementation of new contract and service specification											
Support to Care Homes / Workforce Development	Further implementation / embedding of Enhanced Health in Care Homes											
	Delivery and evaluation of My Home Life programme											
	Exercise to gain feedback from staff on impact of pandemic and training / development needs											
	Mapping of current training opportunities available & review of training offer											

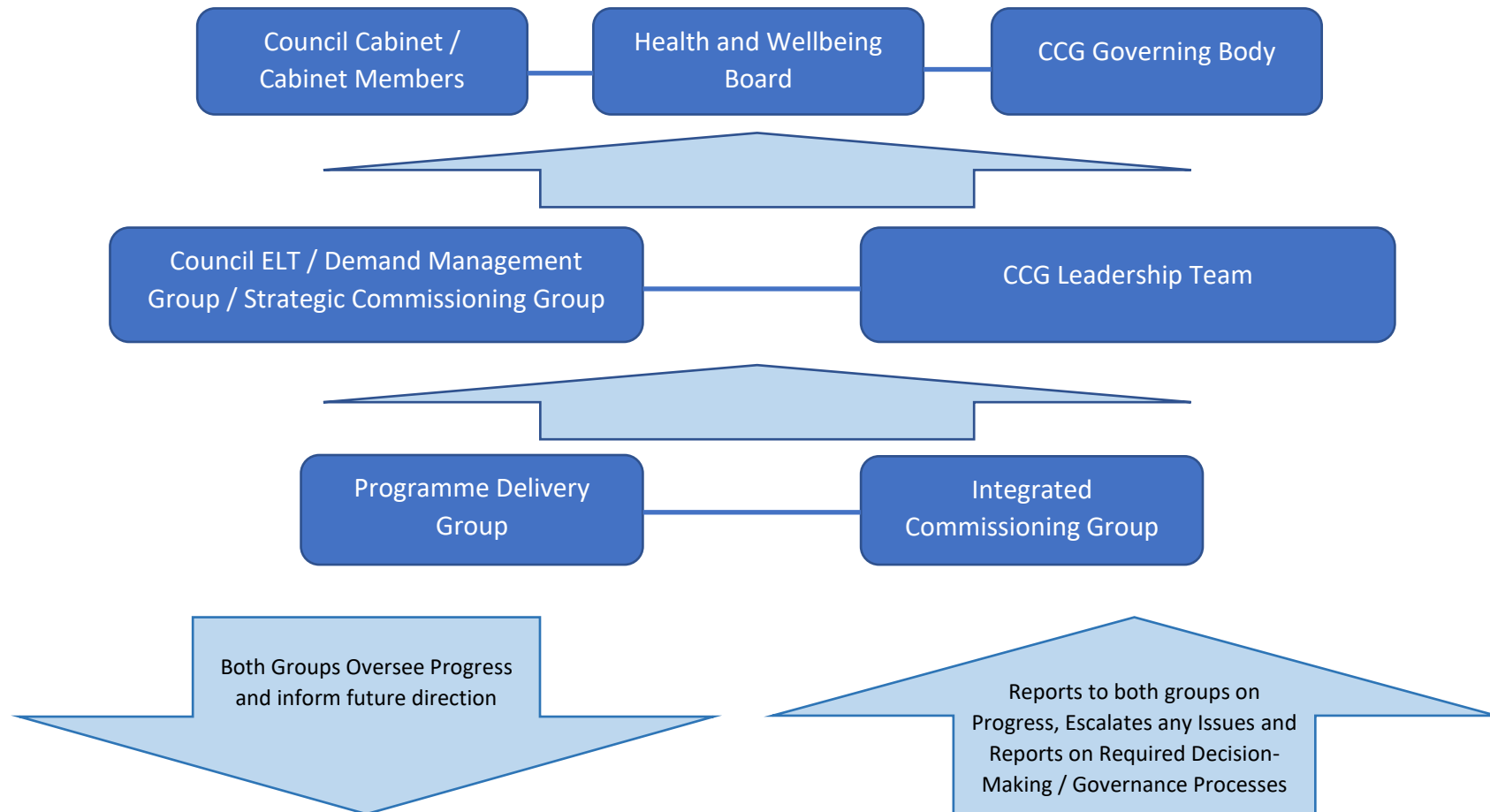
Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Consultation & Engagement	Ongoing pandemic Provider engagement - including gaining Provider feedback											
	Formulation of proposals on consultation & engagement approach											
	Dedicated engagement with care homes to discuss Strategy progress to date and future priorities											
	Development of Thematic Reviews											

Agenda Item 5

SEFTON CARE HOME STRATEGY 2021/24 - GOVERNANCE / DELIVERY STRUCTURE

This document outlines the proposed governance delivery structure for the joint Sefton Care Homes Strategy 2021-24.

It is proposed that the following governance and delivery structure be followed with the specific routes for individual decisions being based on factors such as the constitution of organisations and the financial impact. The structure will be subject to regular review in order to take into account any wider new governance arrangements implemented.



	Finance Related Issues Linkage to Existing Joint Finance Group	Support to Care Homes / Workforce Development	Contracting / Quality Monitoring / Commissioning Arrangements	Technology / Capital Improvements Sub-Group of Existing TECS Group	Consultation & Engagement
Delivery / Task & Finish Groups	<ul style="list-style-type: none"> • Fee setting • Analysis of current expenditure and placement activity • Development of new cost of care model – including Tiered pricing • Review of current commissioning arrangements / and future options (brokerage etc) • Gross Payments – LA Specific workstream 	<ul style="list-style-type: none"> • Implementation / embedding of Enhanced Health in Care Homes • Implementation and evaluation of My Home Life programme • Mapping of current training opportunities available & review of training offer • Care home workforce survey • Recruitment and Retention issues 	<ul style="list-style-type: none"> • Development of revised contract and service specification • Scoping of current Commissioners activity / commissioning arrangements • Exploration of integrated Quality Monitoring Team - including shared BI function • Implementation of implementation of Quality Monitoring I.T. systems • Viability work 	<ul style="list-style-type: none"> • Mapping of current local / national groups and initiatives • EMIS pilot • Exploration of Falls applications • Potential procurement of technological solutions • Evaluation of Capital Improvement Grant awards • Scoping of further capital improvements – including care planning I.T. solutions 	<ul style="list-style-type: none"> • Develop approaches to consultation and engagement for all delivery projects • Formulation of Proposals on long-term engagement mechanisms – including with established Provider and Stakeholder groups • Development of <i>Thematic Reviews</i> • Dedicated engagement with care homes to discuss Strategy progress to date and future priorities
Strategy Key Themes Link	<ul style="list-style-type: none"> • Commissioning / Finance / Analysis • Residents • Consultation & Engagement 	<ul style="list-style-type: none"> • Care Homes & Their Workforce • Quality • Consultation & Engagement 	<ul style="list-style-type: none"> • Quality • Commissioning / Finance / Analysis • Residents 	<ul style="list-style-type: none"> • Quality • Care Homes & Their Workforce • Commissioning / Finance / Analysis 	<ul style="list-style-type: none"> • Consultation & engagement • Residents • Commissioning / Finance / Analysis • Care Homes & Their Workforce

Agenda Item 6

Report to:	Health and Wellbeing Board Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 September 2021
Subject:	Sefton Integrated Care Partnership Development		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	All Wards
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report presents to the Committee the latest position with regard to steps to develop a Sefton Integrated Care Partnership following Cabinet approval given in April 2021. The paper in its original form went to Health and Wellbeing Board on the 9th June 2021, this paper has been slightly updated to reflect a change in terminology brought on by the publication of the Health and Care Bill in July 2021.

Recommendation(s):

- (1) Members receive and comment on 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 Overview and Scrutiny Committee (Adult Social Care and Health) have a key role in scrutinising changes to Health as a result of the Bill and its impact on Sefton Residents.

Alternative Options Considered and Rejected: (including any Risk Implications)
None considered.

What will it cost and how will it be financed?

- (A) **Revenue Costs**
Not detailed at this time

Agenda Item 6

- (B) Capital Costs**
Not detailed at this time

Implications of the Proposals:

<p>Resource Implications (Financial, IT, Staffing and Assets): There are no resource implications arising from this report at this stage</p>									
<p>Legal Implications: 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</p>									
<p>Equality Implications: There are no equality implications at this stage, however any policy change will be subject to an equality impact assessment</p>									
<p>Climate Emergency Implications:</p> <p>The recommendations within this report will</p> <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> <p>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 wherever 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.</p>		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:

<p>Protect the most vulnerable: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health</p>
<p>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</p>
<p>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.</p>
<p>Place – leadership and influencer:</p>

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.

Contact Officer:	Eleanor Moulton
Telephone Number:	07779162882
Email Address:	eleanor.moulton@sefton.gov.uk

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.

The following link provides a summary of the contents of the Health and Care Bill:

<https://www.hilldickinson.com/insights/articles/health-and-care-bill-published-%E2%80%93-key-points>

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

Agenda Item 6

Integrated Care Systems (ICS) and a Sefton Integrated Care Partnerships (ICP) by April 2022. This development also reflects the approach being taken at a Cheshire & Merseyside Health & Care Partnership level in terms of its own development as an Integrated Care System comprising of nine Place Partnerships (of which the Sefton Integrated Care Partnership 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/>
- 1.3 The Health and Care Bill defined a change of terminology in July 2021. Identifying the key components as:

Place Based Partnerships – the bringing together of key partners in the design, delivery, transformation and improvement of services that affect the Health and Wellbeing of the residents of Sefton. In Sefton this is referred to as the Sefton Integrated Care Partnership (ICP). Place arrangement and leadership are not explicitly defined by the Health and Care Bill and are for local determination – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, building from understanding at the level of neighbourhoods and primary care networks. Further supporting materials and guidance are awaited.

Integrated Care Board (ICB)- formerly referred to as the Integrated Care System NHS Body, locally this board will operate on a Cheshire and Merseyside footprint. The Board will have several duties including improving the quality of services, reducing inequalities in access and outcomes; promoting integration between health, social care and wider services. The board has the function of arranging for the provision of services for the purposes of the health service in England

Integrated Care Partnerships – These were formerly referred to as the Integrated Care System - Health and Care partnership and operate on a Cheshire and Merseyside footprint. The ICB and each responsible local authority (wholly or partly within the ICB area) must establish a statutory joint committee for the ICB area (“Integrated Care Partnership”). The Cheshire and Merseyside Integrated Care Partnership is to consist of one member appointed by the ICB, one member appointed by each of the responsible local authorities, and any members appointed by the Cheshire and Merseyside Integrated Care Partnership.

2. Introduction

- 2.1 This paper details the progress moving towards the development of place-based arrangements for Health and Social Care in Sefton. It should be noted although the legislation refers Place Based Partnerships in Sefton we continue to refer to the Sefton based arrangement as the Sefton Integrated Care Partnership (IPC).

The paper will detail Sefton 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 the Sefton ICP 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'. Subsequently in July 2021 the Health and Care Bill was passed by parliament in line with the contents of the White Paper aside from a change in terminology, which is described in section one of this report.
- 2.3 It means that Sefton's ICP will be one of nine 'places' referred to in the Health and Social Care Bill as Place Partnerships, 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 Bill, 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 by the end of 2021 with the goal of becoming established from April 2022, when it is expected that the Bill will become law.
- 2.6 The core aims of a Place Partnership or Sefton ICP is 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 place-based financial allocation and resources

3. Milestones

The Sefton ICP development is currently making effective progress with significant tasks to be completed by the end of 2021.

- October - There will be an expectation that we will have a governance and decision-making framework in place and the Sefton 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

Agenda Item 6

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.
- 1st April – The Integrated Care Partnership is operational and in receipt of delegated budgets.

4. Progress

Following Cabinet approval to progress in April 2021, interim governance to give oversight to the development of the Sefton ICP was established, this includes an overarching Strategic Task and Finish group. The Strategic Task and Finish Groups members are drawn from executive directors and leaders from across Sefton's strategic partnerships. The Group have met once a fortnight since the 9th 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.
- A review of Mental Health Services in Sefton.
- A refresh of the Children's commissioning priorities exploration of provider collaborative model has commenced. With a draft Starting Well work programme defined.
- 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. The Informal Health and Wellbeing meeting of the 2nd August 2021 was a dedicated session with an established LGA associate, Steve Bedser, exploring defining principles of working going forward in the new landscape.
- 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 Lawyers 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.

- Public Health led work to define priorities and impact, based on the Health and Wellbeing Strategy and local NHS Five year plan, Sefton2gether.
- The existing Better Care Fund (Clinical Commissioning Group and Local Authority pooled budget) and Integrated Commissioning Work programmes have been developed across life course thematic areas of Start Well, Live Well, Age Well and Good end of Life to form the emerging work plans for the Sefton Integrated Care Partnership or Place based partnership.

5. Key Deliverables

The following section of the report reflects what is within the scope of Place based partnerships

As a minimum, each Place based Partnership/Sefton 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 Memorandum of Understanding (this is a partnership document that will set out principles of operation and ways of working) within each place by October 2021.

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

Agenda Item 6

- 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 Sefton Place Based Partnership/ICP. This will include decision-making across all of the functions of the Sefton Place Based Partnership/Sefton ICP and all partners within this.
- 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 Sefton 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 Sefton ICP, as outlined by a scheme of delegation and enacted by the members of the Sefton ICP Board. This may need to be supported by other place-based committees, which could function using a Committees in Common approach. This will need to have key links to the Cheshire and Merseyside Health care Partnership which will be known as the Integrated Care Partnership with effect from the 1st April 2022.
- 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 Sefton 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 Sefton ICP, with proportionate distribution of risk across partners, and clarity on which partner within the Sefton 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 necessary. These will need to align to the accountability framework within the ICS and the approach agreed with regulators.

7. Governance and Accountability

- 7.1 The infrastructure and governance arrangements for each Place Based Partnership or the Sefton Integrated Care Partnership will need to be robust in order for the Integrated Care System to delegate the necessary functions. Sefton will need to confirm these place arrangements and identify areas for development to NHS (e) by October. Officers from the Council and Clinical Commissioning Groups are working together with additional support from Hill Dickinson Lawyers to get this in place as part of the transition of the system to new arrangements from April 2022, in line with the Health and Care Bill.

- 7.2 The overarching aim of our support is to inform the development of robust governance for the Partnership, at both Sefton Borough level and Cheshire and Merseyside Health Care partnership level, and ensure that the Cheshire and Merseyside Partnership has the necessary assurances on governance and clarity of leadership to be able to delegate the previous financial allocation for CCGs to individual Places from April 2022.
- 7.3 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

Overview and Scrutiny members are asked to note the progress of the development of Sefton's Integrated Care Partnership and consider Strategic and provide comment. Members are also asked to consider any elements they may wish to provide further oversight and scrutiny to.

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Agenda Item 7

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health) Cabinet Council	Date of Meeting:	7 September 2021 7 October 2021 18 November 2021
Subject:	Mental Health Issues Working Group Final Report		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member – Adult Social Care		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

To present formally the final report of the Mental Health Issues Working Group.

Recommendation(s):

That the Overview and Scrutiny Committee (Adult Social Care and Health) be requested to agree that the report and the following recommendations be referred to the Cabinet and thereafter the Council for approval:

1. That the Executive Director of Adult Social Care and Health be requested to develop an action plan that incorporates the following recommendations and that the recommendations are taken forward into commissioning plans:
 - A. Support the development of accurate data to evidence Key Performance Indicators, to include waiting times for services and customer satisfaction, to be presented to the Overview and Scrutiny Committee (Adult Social Care and Health) on a regular basis, in the form of a dashboard.
 - B. Support the development of greater parity of esteem for mental health within the Council's Health and Wellbeing Strategy and other strategic documents.
 - C. Consider methods of increasing feedback from service users, to include case studies and a "secret shopper" approach, in order to encourage an approach of continuous improvement for service user experience.
 - D. Consider methods of increasing service user involvement, particularly in their own crisis planning, in anticipation of reforms to the Mental Health Act.

Agenda Item 7

- E. Consider methods of encouraging service users to become “experts by experience”, particularly through the use of Mersey Care facilities such as the Life Rooms and Crisis Cafes.
 - F. Support the development of Integrated Care Systems for a more holistic approach to issues that can impact on mental health, such as housing, addiction, complex lives issues, etc.
 - G. Support the inclusion of approaches adopted during the pandemic, such as the use of video technology, within the development of the Technology Enabled Care Services Strategy.
 - H. Undertake a review of some of the services traditionally provided, in the light of alternative services provided and service user take-up of those services, during the pandemic.
 - I. Submit a report on the work and outcome of the Sefton Mental Health Review Task and Finish Group, set up between the Council, CCG’s, Mersey Care NHS Foundation Trust and the voluntary sector, to the to the Overview and Scrutiny Committee (Adult Social Care and Health), in due course.
 - J. Review digital entry points for service users to access the Council’s mental health services, in order to ensure that access is as straightforward as possible via the Council’s website and that links to other organisations are readily available.
 - K. Submit a report on the work undertaken in relation to transitions from children’s services to adult services, to the Overview and Scrutiny Committee (Adult Social Care and Health), in due course to include care leavers and other vulnerable user groups.
 - L. Review the Directory of Services available, in order to produce a map of services, to assist service users to navigate the system.
 - M. Report progress regarding the formal assessment of diagnosis for Special Educational Needs and Disabilities/Autism Spectrum Disorder conditions in young people aged 18-25 and adults, within the six-monthly monitoring report, on the outcome of additional funding and training of staff provided by Mersey Care NHS Foundation Trust and the Clinical Commissioning Groups for the reduction of waiting times for diagnosis.
2. That the Senior Democratic Services Officer be requested to liaise with relevant officers in order to ensure that the Overview and Scrutiny Committee (Adult Social Care and Health) receives a six-monthly monitoring report, setting out progress made against each of the recommendations outlined above.

Reasons for the Recommendation(s):

The Working Group has made a number of recommendations that require approval by the Overview and Scrutiny Committee (Adult Social Care and Health), the Cabinet and the Council.

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

No alternative options were considered. The Overview and Scrutiny Committee (Adult Social Care and Health) established the Working Group to review persistent mental health issues and the Working Group has performed this task.

What will it cost and how will it be financed?

(A) Revenue Costs

There are no financial implications arising for the Council as a direct result of this report.

(B) Capital Costs

There are no financial implications arising for the Council as a direct result of this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None directly. The recommendations take account of the forthcoming amendments to the Care Act.	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
The recommendations support residents seeking services for issues with their mental health.

Agenda Item 7

Facilitate confident and resilient communities: The recommendations support all residents throughout the Borough seeking services for issues with their mental health.
Commission, broker and provide core services: The recommendations support residents seeking services for issues with their mental health.
Place – leadership and influencer: None directly associated with this report.
Drivers of change and reform: The recommendations support residents seeking services for issues with their mental health.
Facilitate sustainable economic prosperity: None directly associated with this report.
Greater income for social investment: None directly associated with this report.
Cleaner Greener None directly associated with this report.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6486/21) and the Chief Legal and Democratic Officer (LD.4687/21) have been consulted and any comments have been incorporated into the report.

The Executive Director of Adult Social Care and Health has been involved in Working Group meetings and has been consulted in the preparation of this report.

(B) External Consultations

Consultations and discussions took place with service users and representatives of Mersey Care NHS Foundation Trust during the course of the Working Group review.

Implementation Date for the Decision

Immediately following the Council meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	Tel: 0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- The Final Report of the Mental Health Issues Working Group

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 At its meeting on 1 September 2020, the Overview and Scrutiny Committee (Adult Social Care and Health) established a Working Group to review the topic of mental health services and the prevention of issues. (Minute No. 7 (2) of 1 September 2020 refers). Councillors Howard and Roscoe; and Mr. Roger Hutchings, Healthwatch Sefton, were appointed to the Working Group. Councillor Roscoe was unable to participate in the latter stages of the review due to her appointment to the Cabinet.
- 1.2 The Working Group agreed the following terms of reference and objectives for the review:
 - (1) data on the number of people waiting to access services.
 - (2) a review of previous strategies – what has worked well and what could be improved.
 - (3) how to recommend greater integration.
 - (4) information on the need for services and the spending profile for services in Sefton.
- 1.3 The Final Report of the Working Group is attached for consideration. The Overview and Scrutiny Committee (Adult Social Care and Health); the Cabinet; and the Council are requested to support the contents of the Working Group Final Report and to approve the recommendations contained therein.

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**OVERVIEW AND SCRUTINY COMMITTEE
(Adult Social Care and Health)**



**MENTAL HEALTH ISSUES
WORKING GROUP**

**FINAL REPORT
SEPTEMBER 2021**

Overview
& Scrutiny



Overview & Scrutiny

**'Valuing
Improvement'**

www.sefton.gov.uk
scrutiny@sefton.gov.uk

CONTENTS PAGE

PARAGRAPH AND TITLE	PAGE NO.
Lead Member's Introduction	2
Background to the Review	3
Membership of the Working Group / Lead Member	3
Terms of Reference and Objectives for the Review	3-4
Methods of Enquiry	4
Summary of Meetings	4-5
Background Documents	5-6
Interviewing Key Witnesses	7
Impact of Covid-19 on the Working Group Review	7
Key Findings and Conclusions	7-9
Acknowledgement and Thanks	9-10
Recommendations	11-12



Agenda Item 7

LEAD MEMBER'S INTRODUCTION

I am pleased to introduce this Overview and Scrutiny Report into Mental Health Issues.

The Working Group was set up to look at services provided to residents of Sefton against the backdrop of the Covid-19 pandemic. We have all endured lockdowns and restrictions to our day-to-day living during the last few months, but for people with existing and new mental health issues, who require services and interventions, this has been a particularly challenging time.

The Working Group has sought the views of providers, service users and Adult Social Care managers in Sefton in establishing the main issues concerning the local provision of services and interventions for people with mental health issues. We also considered possible preventative measures to avoid the exacerbation of issues.

I would like to thank everyone who took part in interviews and submitted information that helped inform the Working Group. I am grateful to the Working Group Members for their commitment and efforts in looking at this issue. Finally, I would like to thank our support officers for their assistance and professional support provided to the Working Group and for producing this final report.



Councillor Christine Howard
Acting Lead Member of the Mental Health Issues Working Group

Former Member of Overview and Scrutiny Committee
(Adult Social Care and Health)



BACKGROUND TO REVIEW

1. At the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) held on 1 September 2020, Members considered that a working group could be established to consider mental health services and the prevention of issues.
2. The Committee:

“RESOLVED: That

(1) a working group be established to consider mental health services and the prevention of issues, consisting of Councillors Howard and Roscoe, and Mr. Roger Hutchings, Healthwatch;”

MEMBERSHIP OF WORKING GROUP

Councillors Howard and Roscoe, and Mr. Roger Hutchings, advisory member from Healthwatch Sefton were appointed to the Working Group by the Overview and Scrutiny Committee (Adult Social Care and Health) at its meeting held on 1 September 2020,

LEAD MEMBER

Councillor Roscoe was appointed as the Lead Member for the Working Group.

Towards the end of the life of the Working Group, the Lead Member, Councillor Roscoe, was appointed to the Cabinet and was unable to complete the review, as Cabinet Members must not sit on Overview and Scrutiny Committees or Working Groups. It is anticipated that Councillor Howard will present the final report to the Cabinet and to the Council. As Councillor Howard is no longer a Member of the Overview and Scrutiny Committee (Adult Social Care and Health), it is anticipated that Mr. Roger Hutchings will present the final report to the Committee.

TERMS OF REFERENCE AND OBJECTIVES

The Terms of Reference and Objectives for the review were as follows:

- (1) data on the number of people waiting to access services.
- (2) a review of previous strategies – what has worked well and what could be improved.
- (3) how to recommend greater integration.



Agenda Item 7

- (4) information on the need for services and the spending profile for services in Sefton.

METHODS OF ENQUIRY

1. Consideration of documents.
2. The interviewing of service users / providers.

SUMMARY OF MEETINGS OF THE WORKING GROUP HELD

Details of Working Group meetings are as follows:

Meeting Date	Activity
10 October 2020	Discussion on the wide remit of mental health and on which documents to consider.
17 November 2020	Consideration of various documents and scoping of the review.
8 December 2020	Consideration of various documents and possible witnesses to interview.
19 January 2021	Mental Health Service User Interviews.
22 January 2021	Meeting with Mersey Care representative to discuss Integrated Care Teams. Meeting with Mental Health Social Work Team Managers.
2 February 2021	Meeting to discuss findings of discussions held with service users, Mersey Care and Mental Health Social Work Team Managers.
25 February 2021	Further documents and other information received.
18 March 2021	Discussion with Consultant Clinical Psychologist, Mersey Care NHS Foundation Trust. Discussion with Strategic Support Officer, Adult Social Care, re: developments in the use of ICT for service users.



	Consideration of Mental Health Spend Comparison Information re: Landscape Database.
8 April 2021	Further consideration of Mental Health Spend Comparison Information re: Landscape Database. Consideration of waiting times for Asperger's assessment. Consideration of the outcomes of Mersey Care's interviews with 2 of the service users interviewed by the Working Group.
17 May 2021	Discussion with Mersey Care representative re: crisis intervention from a clinical perspective Consideration of documents relating to the Mental Health Act White Paper Consultation. Consideration of Mental Health Service Activity Comparison and clarification of waiting times for services.
7 June 2021	Further consideration of Mental Health Service Activity Comparison and clarification of waiting times for services. Consideration of Conclusions and Identification of Possible Recommendations

BACKGROUND DOCUMENTS

Working Group Members considered a range of documents during the course of their review, including the following:

Meeting Date	Documents Considered
17 November 2020	<ol style="list-style-type: none"> 1. Health and Wellbeing Strategy 2020-2025 2. JSNA Highlight Report 3. Sefton Mental Health Provision 4. Sefton2gether – Shaping Sefton II
8 December 2020	<ol style="list-style-type: none"> 1. Sefton Mental Health Provision – Waiting List 2. Adult Social Care Mental Health Service User Overview



Agenda Item 7

	<ol style="list-style-type: none"> 3. Mental Health Spend 18-64 From Year End 2019/2020 4. Service Based Policy Document – Integrated Care Team – Multi-Disciplinary Team Meeting Southport & Formby and South Sefton 5. Integrated Care Team Update (South Sefton)
25 February 2021	<ol style="list-style-type: none"> 1. Supporting adults with Learning Disabilities (LD) and Autism (ASD) Coping with COVID-19 Isolation 2. Liverpool and Sefton Annual Health Check Compliance Improvement Task and Finish Group – Terms of Reference 3. Why Complex Lives Multi-Disciplinary Team 4. Corona Virus Keeping safe and well, Mersey Care NHS Foundation Trust 5. Community Treatment Order (CTO) 6. Integrated approach to supporting health and Wellbeing for people with a learning disability, Liverpool and Sefton Provider Alliance 7. Integrated Care Team Multi-Disciplinary meeting for people living with complex lives 8. Purpose of Tribunals, Mental Health Act 1983, Chapter 12
18 March 2021	<ol style="list-style-type: none"> 1. Mental Health Spend Comparison Data
8 April 2021	<ol style="list-style-type: none"> 1. Waiting Times for Asperger’s Assessment 2. Outcomes of Mersey Care’s interviews with 2 of the service users interviewed by the Working Group.
17 May 2021	<ol style="list-style-type: none"> 1. Mental Health Act White Paper Consultation Questions 2. Supplement to the Consultation on the MHA.



KEY WITNESSES

Working Group Members met with a number of key witnesses, including the following:

Meeting Date	Witness(es)
19 January 2021	Mental Health Service Users – Interviews regarding experiences
22 January 2021	Deputy Director of Integration, Mersey Care NHS Foundation Trust – Discussion on Integrated Care Teams
22 January 2021	Meeting with Mental Health Social Work Team Managers.
22 January 2021	Mental Health Social Work Team Managers – Discussions regarding experiences during the pandemic
18 March 2021	Discussion with Consultant Clinical Psychologist, Mersey Care NHS Foundation Trust, regarding the development of the Low Secure Unit (LSU) at the Maghull Health Park site.
17 May 2021	Clinical Service Manager, Mersey Care NHS Foundation Trust - discussion on crisis intervention from a clinical perspective.

IMPACT OF COVID-19 ON THE WORKING GROUP REVIEW

Ordinarily, Working Group Members would have undertaken site visits to relevant premises/locations during the course of the review, but this was not possible due to the on-going pandemic throughout the duration of the Working Group.

KEY FINDINGS AND CONCLUSIONS

1. The Working Group considered that accurate data should be developed to evidence Key Performance Indicators, to include waiting times for services and customer satisfaction. It would be useful if such data could be presented in the form of a dashboard to the Overview and Scrutiny Committee (Adult Social Care and Health), in order for the Committee to monitor performance on a regular basis.



Agenda Item 7

2. The Working Group considered that parity of esteem for mental health, to put it on the same level as physical health, should be encouraged and developed, wherever possible. The Council's Health and Wellbeing Strategy and other strategic documents should reflect this approach.
3. Feedback from service users proved to be very valuable during the course of the Working Group review. Members felt that methods of increasing feedback from service users should be considered. This could include case studies and a "secret shopper" approach, in order to encourage an approach of continuous improvement for service user experience.
4. Having received service user feedback during the course of the Working Group review, Members considered that methods of increasing service user involvement, particularly in their own crisis planning, was required in anticipation of reforms to the Mental Health Act.
5. The Working Group heard from service users who had become "experts by experience" during the course of the review, and who had benefitted from the use of Mersey Care facilities such as the Life Rooms and also the Crisis Cafes. Members considered that methods of encouraging service users to become "experts by experience" should be considered.
6. Working Group Members heard from service users who had faced a range of issues and considered that the development of Integrated Care Systems should be supported for a more holistic approach to issues that can impact on mental health, such as housing, addiction, complex lives issues, etc.
7. During the course of the pandemic, increased technological approaches had to be adopted and these had brought certain benefits. The Working Group considered that these approaches, such as the use of video technology, should be supported and developed within the Council's Technology Enabled Care Services Strategy.
8. During the course of the review, the Working Group heard that certain alternative services had been provided as a result of the pandemic and that service user take-up of some of these services had been good. Members considered that in the light of this, some of the services traditionally provided should be reviewed, to determine whether they are still appropriate.
9. The Working Group heard about the work of the Sefton Mental Health Review Task and Finish Group, set up between the Council, Clinical Commissioning Groups, Mersey Care NHS Foundation Trust and the voluntary sector, during the course of its review. Members considered that a report on the work and outcome of the Task and Finish Group should be submitted to the to the Overview and Scrutiny Committee (Adult Social Care and Health), in due course.
10. Concerns were held that entry points for service users could be improved. The Working Group considered that digital entry points for service users to access



the Council's mental health services should be reviewed. This would ensure that access is as straightforward as possible via the Council's website and that links to other organisations are readily available.

11. Some concerns were held regarding transition for service users from children's services to adult services. Working Group Members considered that a report on the work undertaken in relation to transitions from children's services to adult services, should be submitted to the Overview and Scrutiny Committee (Adult Social Care and Health) in due course, to include care leavers and other vulnerable user groups.
12. Some concerns were held regarding the Council's Directory of Services and Working Group Members considered that this could be improved. The Directory of Services could be reviewed in order to produce a map of services, to assist service users to navigate the system.
13. The Working Group heard about waiting times for young people aged 18-25 and for adults aged 25 and over for Autism Spectrum Disorder (ASD) conditions during the course of the review. Mersey Care NHS Foundation Trust had invested additional funding for training 2 further members of staff to provide assessments. Members considered that progress regarding the formal assessment of diagnosis for Special Educational Needs and Disabilities/Autism Spectrum Disorder conditions in young people aged 18-25 and adults, could be reported within the six-monthly monitoring report.
14. The usual six-monthly monitoring report, setting out progress made against each of the Working Group recommendations, would be required in due course. Relevant officers would be required to liaise in order to ensure that the Overview and Scrutiny Committee (Adult Social Care and Health) received the monitoring report.

ACKNOWLEDGEMENTS AND THANKS

In producing this report on mental health issues, acknowledgements and thanks are attributed to the following individuals for their time and input:-

- ***Mental health service users who agreed to be interviewed regarding their experiences;***
- ***The Deputy Director of Integration, Mersey Care NHS Foundation Trust;***
- ***Mental Health Social Work Team Managers, Adult Social Care;***
- ***The Consultant Clinical Psychologist, Mersey Care NHS Foundation Trust;***
- ***Clinical Service Manager, Mersey Care NHS Foundation Trust;***



Agenda Item 7

- *Executive Director of Adult Social Care and Health;*
- *Interim Head of Service, Adult Social Care;*
- *Commissioning Officer, Adult Social Care;*
- *Service Manager, Adult Social Care; and*
- *Senior Democratic Services Officer, Corporate Services*

Thanks must also go to the Members of the Working Group who have worked hard and dedicated a great deal of time to this review, namely:-



***Councillor Diane
Roscoe
(Former Lead Member)***



***Councillor Christine
Howard
(Acting Lead Member)***



***Mr. Roger Hutchings
Advisory Member
Healthwatch Sefton***



RECOMMENDATIONS

1. That the Executive Director of Adult Social Care and Health be requested to develop an action plan that incorporates the following recommendations and that the recommendations are taken forward into commissioning plans:
 - A. Support the development of accurate data to evidence Key Performance Indicators, to include waiting times for services and customer satisfaction, to be presented to the Overview and Scrutiny Committee (Adult Social Care and Health) on a regular basis, in the form of a dashboard.
 - B. Support the development of greater parity of esteem for mental health within the Council's Health and Wellbeing Strategy and other strategic documents.
 - C. Consider methods of increasing feedback from service users, to include case studies and a "secret shopper" approach, in order to encourage an approach of continuous improvement for service user experience.
 - D. Consider methods of increasing service user involvement, particularly in their own crisis planning, in anticipation of reforms to the Mental Health Act.
 - E. Consider methods of encouraging service users to become "experts by experience", particularly through the use of Mersey Care facilities such as the Life Rooms and Crisis Cafes.
 - F. Support the development of Integrated Care Systems for a more holistic approach to issues that can impact on mental health, such as housing, addiction, complex lives issues, etc.
 - G. Support the inclusion of approaches adopted during the pandemic, such as the use of video technology, within the development of the Technology Enabled Care Services Strategy.
 - H. Undertake a review of some of the services traditionally provided, in the light of alternative services provided and service user take-up of those services, during the pandemic.
 - I. Submit a report on the work and outcome of the Sefton Mental Health Review Task and Finish Group, set up between the Council, CCG's, Mersey Care NHS Foundation Trust and the voluntary sector, to the to the Overview and Scrutiny Committee (Adult Social Care and Health), in due course.
 - J. Review digital entry points for service users to access the Council's mental health services, in order to ensure that access is as straightforward as possible via the Council's website and that links to other organisations are readily available.

Agenda Item 7

- K. Submit a report on the work undertaken in relation to transitions from children's services to adult services, to the Overview and Scrutiny Committee (Adult Social Care and Health), in due course to include care leavers and other vulnerable user groups.
 - L. Review the Directory of Services available, in order to produce a map of services, to assist service users to navigate the system.
 - M. Report progress regarding the formal assessment of diagnosis for Special Educational Needs and Disabilities/Autism Spectrum Disorder conditions in young people aged 18-25 and adults, within the six-monthly monitoring report, on the outcome of additional funding and training of staff provided by Mersey Care NHS Foundation Trust and the Clinical Commissioning Groups for the reduction of waiting times for diagnosis.
2. That the Senior Democratic Services Officer be requested to liaise with relevant officers in order to ensure that the Overview and Scrutiny Committee (Adult Social Care and Health) receives a six-monthly monitoring report, setting out progress made against each of the recommendations outlined above.



Overview & Scrutiny



For further Information please contact:-

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Sefton Council 



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Scrutiny Briefing Report to: Overview and Scrutiny Committee
(Adult Social Care and Health)

Date of Meeting: 7 September 2021

Subject: Report of Fiona Taylor, Chief Officer

Organisation: NHS South Sefton CCG and NHS Southport and Formby CCG

Contact Officer: Lyn Cooke
Tel: 0151 317 8456
Email: lyn.cooke@southseftonccg.nhs.uk

Purpose/Summary

To provide Members of the Committee with an update about the work of NHS South Sefton CCG and NHS Southport and Formby CCG.

Recommendation(s)

Members of the Overview and Scrutiny Committee (Adult Social Care and Health) are requested to receive this report.

Agenda Item 8



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Update for Overview and Scrutiny Committee (Adult Social Care) September 2021

If you would like more information about any of the items contained in this update, if you have any questions about local health services, or any particular issues you would like to raise, please call 0151 317 8456.

COVID-19 vaccination programme

The local NHS is preparing to support phase three of the national COVID-19 vaccination programme. This phase will concentrate on delivering booster shots, initially to our most vulnerable patients. At the same time, anyone eligible who has not yet taken up the offer of their first two doses of vaccine will continue to be encouraged to get protected. There will be a mixed delivery model in Sefton for phase three, seeing pharmacy services working alongside primary care network led services, in addition to regional centres and hospital hubs. Roving teams will build on their success from phase one to take vaccines out to the likes of care homes, specific groups and locations or events with high footfall. Uptake in Sefton remains good, in line with the national average and above some other areas of Merseyside. During July and August the programme focused on younger age groups and those hesitant to getting vaccinated. An increase in walk-in vaccination centres and their consistent promotion has greatly increased access for residents, as have a number of pop-up programmes. Peel Ports and Waterloo Festival have hosted pop ups, whilst Asda in Bootle and Netherton Activity Centre have welcomed a vaccination bus to deliver jabs. In addition, Seaforth Village Surgery, located in an area of low uptake opened as a vaccination centre in July to making access easier for local residents. We continue to work closely with our partners in Sefton to deliver the vaccination programme, including council Public Health colleagues and the authority's team of COVID-19 engagement officers, Sefton CVS and other voluntary community and faith groups. Partners have played an important role in helping us to cascade consistent communications to residents via their channels and networks for multi media campaigns like 'Let's Get Vaccinated', in addition to traditional and outdoor media approaches. You can find up to date information about the vaccination programme from our websites.

Annual flu vaccinations

This year it is even more important than ever to get your annual flu vaccination if you are eligible. The CCGs are urging as many people as possible to get jabbed when they are invited. You can find out about the serious effects of flu, particularly for those in specific groups by visiting <https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

Changing commissioning landscape

Published on the 6 July, the Health and Care Bill builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic that will benefit both staff and patients. In February 2021, the government set out its proposed plans following extensive discussions with NHS England, the Local Government Association and the health and care sector to refine this blueprint. COVID-19 has reinforced the need for closer collaboration between the NHS, local authorities and care providers to provide more joined up working, and staff and patients have rapidly adopted new technologies to deliver better care. However, at times in recent years the legal framework has made this more difficult, as it was not designed with this type of collaboration in mind. The Bill will ensure each part of England has an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined up care for its local population. A range of guidance was published in August to support the development of ICBs and ICPs and it can be found here www.england.nhs.uk/publication/integrated-care-systems-guidance The Bill will see CCGs disestablished by April 2022. New arrangements will strengthen our work in Sefton, through the ongoing establishment of our Place Based Partnership. This will deliver joint objectives of our health and wellbeing strategy and the supporting five year plan for the local NHS, Sefton2gether. Below is just one example of progress we are making together.

Sefton mental health review

The first phase of a strategic mental health review in Sefton has now concluded. The review began in April 2021 and brings together partners from across the borough's health, care and wellbeing services to explore how together they can transform to better serve the needs of local people. A review group reports directly to Sefton's Health and Wellbeing Board and links closely with the wider Cheshire and Merseyside Mental Health Programme to ensure strong connectivity to national, regional and system-wide mental health transformation funding opportunities that may benefit Sefton residents. Phase one of the review focused on data and intelligence gathering about services and local needs. In Sefton as with all other areas, COVID-19 has had a profound effect on mental health. An overarching finding from phase one was data modelling that predicted a significant increase in demand for services over the next two years. Other emerging themes include the need to prioritise services for children and young people, better connection between services that span different age groups such as those for families and that combatting loneliness and more effective signposting to ensure people get the right support at the right time. A draft report has been issued to senior sponsors of the review, including the CCGs' chief officer and the council's executive director of adult social care and health. Subject to partner feedback on the draft report, the scoping of phase two will start in early September.

Changes at Cheshire Merseyside Health and Care Partnership

NHSE/I has confirmed that David Flory, chair of Lancashire and South Cumbria ICS will be acting chair for Cheshire and Merseyside Health and Care Partnership on an interim basis from 1 August. He replaces Alan Yates and the interim replacement of current CMHCP chief officer, Dr Jackie Bene followed this announcement. Sheena Cumiskey, chief executive at Cheshire and Wirral Partnership NHS Foundation Trust, takes on the post of chief officer for a period of three months, as the partnership goes through the process of making a substantive appointment to the role. This will be part of the national recruitment of ICS chairs and chief officers. Dianne Johnson,

Agenda Item 8

accountable officer for Knowsley CCG, has joined CMHCP as executive director of transition. She will be responsible for overseeing the transition of our nine CCGs and the safe and effective transfer of their functions into the Cheshire and Merseyside ICB.

Continued COVID-19 measures in healthcare settings

Whilst COVID-19 restrictions ended in many settings in England from 19 July, they remain in healthcare facilities to keep our most vulnerable patients safe. Everyone accessing or visiting healthcare facilities must continue to wear a face covering and follow social distancing rules. This relates to staff, patients and visitors in GP practices, hospitals, dental practices, optometrists and pharmacies. Staff in these settings will also continue to use other personal protection equipment to ensure patients and staff are protected. Members of the public are being urged to continue to play their part to control COVID-19 by:

- Continuing to wear a face covering
- Washing your hands and keeping your distance in GP surgeries and other healthcare settings and in busy indoor places
- Continuing to get tested regularly, whether you have symptoms or not
- Getting vaccinated as soon as you can

General practice update

The whole of the NHS is currently extremely busy and GP practices are no exception. Sefton's practices are continuing to experience rising demand for their services. Over the past year the number of patients they have provided advice, support and treatment to has significantly increased. The CCGs are reminding Sefton residents that practices continue to be there for them when they need them, as they have been throughout the pandemic. They are working with practices at this extremely busy time to thank local people for their ongoing patience and support, and for continuing to wear face coverings and follow social distancing when visiting the surgery like all NHS services to keep the most vulnerable safe. Practices are also urging continued kindness to their staff, who are working hard to support patients at a time when they are busier than they have ever been before. So, if services take a little longer to access than normal, rest assured that the whole practice team is there to help and working as hard as possible to get to you.

Patient experience

Amidst this challenging time, the latest national GP patient survey results highlight some positives for practices in both CCGs. NHS Southport and Formby CCG rated above the national average for overall patient experience, ranking the highest in Cheshire and Merseyside, whilst NHS South Sefton CCG rated around the national average and seventh out of ninth in the region for this indicator. Building on the results of the survey, all Sefton practices will start inviting their patients to share more details about accessing services since the start of the COVID-19 pandemic to gain a fuller understanding of their experiences and where improvements can be made where possible. You can see the full national GP patient survey results for 2021 by visiting the following website www.gp-patient.co.uk/

Specialist cancer clinics at Ormskirk Hospital

From Monday 6 September, The Clatterbridge Cancer Centre will be running chemotherapy / SACT treatment clinics at the Medical Day Unit (MDU) at Ormskirk District General Hospital, offering your patients expert care and treatment closer to home. Clatterbridge can now restart these local treatment clinics as Ormskirk's MDU has been expanded and redeveloped to provide additional capacity. The refurbished MDU has safe, high-quality facilities specially designed for cancer care. This is a temporary relocation of the clinics which cannot currently be provided in Southport due to COVID-19. Clatterbridge also continues to provide chemotherapy and other treatments at home for local patients where appropriate.

Engagement report published on north Mersey blood cancer proposals

During May and June 2021 local blood cancer patients, carers and support groups were asked for their views about plans to improve specialised haemato-oncology (HO) care and treatment. The proposals would see the consolidation of teams from Aintree University Hospital (AUH) and Clatterbridge Cancer Centre – Liverpool (CCC-L) working across both sites to strengthen this highly specialised area of cancer care and treatment. The aim is to create a local regional specialist service for HO led by The Clatterbridge Cancer Centre (CCC). As part of the proposals complex inpatient care could be permanently relocated from AUH to CCC-L. There are around 420 admissions a year (150-160 patients) for high acuity HO treatment and about 200 of those admissions are from Sefton. In June 2021, the Overview and Scrutiny Committee supported the focused approach to engaging with those who have experience of using these services and agreed it did not represent a substantial variation or development. There is overwhelming clinical support for the plans due to the significant benefits for patients including:

- Improved clinical outcomes
- Enhanced safety quality and patient experience
- Enhanced community provision and patient choice (as part of the CCC Future Clinical Model Project)
- Enhanced cancer service brand and reputation
- Addressing growth by increasing capacity and capability
- Access to a wide range of cancer services (local where possible, central where necessary)
- Targeted education and training programmes
- Equity of access to clinical trials

The engagement found strong support for the proposals, with all respondents seeing clear advantages of creating a single team. They also supported the proposed relocation of complex, high-intensity inpatient care from AUH to CCC-L. Alongside this, there was clear consensus that other services should be maintained on both sites. People who lived closer to AUH and supported relocation of the complex inpatient care also said they would want other services to remain local, as planned in the proposals. Travel was an important factor although it did not override the clinical case for the proposals. The programme team is now working through views from the engagement exercise along with the findings of an equality impact assessment to inform a final business case. The proposal will then need to work through NHS England and

Agenda Item 8

Improvement's assurance and local governance approval processes. It is hoped this can be completed by the end of the year.

You can read a full copy of the engagement report by visiting The Clatterbridge Cancer Centre's website <https://www.clatterbridgecc.nhs.uk/patients/bloodcancer2021>

Collection of GP Data for Planning and Research paused

The introduction of an improved national GP data collection system to further support vital health and care research and planning is being deferred to allow time to speak with patients, doctors, health charities and other stakeholders. For the past 10 years NHS Digital has collected patient data from all GP practices using a system called the General Practice Extraction Service (GPES). This system is old and NHS Digital was planning to replace it with the daily General Practice Data for Planning and Research (GPDPR) data collection from 1 September. The Department for Health and Social Care (DHSC) confirmed in mid-July that the introduction of GPDPR would be deferred whilst it continues to work on the infrastructure and communication for the project. Going further the DHSC says it will not set a specific start date for the collection of data until it has the following in place:

- The ability to delete data if patients choose to opt-out of sharing their GP data with NHS Digital, even if this is after their data has been uploaded
- The backlog of opt-outs has been fully cleared
- A Trusted Research Environment has been developed and implemented in NHS Digital
- Patients have been made more aware of the scheme through a campaign of engagement and communication

Patient data already helps to decide what new health and care services are required in a local area, informs clinical guidance and policy, and supports researching and developing cures for serious illnesses, such as heart disease, diabetes, and cancer. In addition to replacing what GPES already does, the GPDPR will also help to support the planning and commissioning of health and care services, the development of health and care policy, public health monitoring and interventions (including coronavirus (COVID-19) and enable many different areas of research, such as the long term impact of coronavirus, inequalities in healthcare and developing cures for serious illnesses.

You can find out more about this here <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research>

Invitation to virtual 'Big Chat' annual reviews

This year sees a return to interactive 'Big Chat' style events combined with each CCG's annual reviews held virtually. The events build on the success of last year's virtual Annual General Meetings (AGMs), which were broadcast online due to COVID-19. As well as looking back at the work of each CCG over the last year, the events will be a chance to get involved and give views during some interactive sessions about future plans for local health and care.

Agenda Item 8

Separate events will be held for each CCG as follows:

- NHS South Sefton CCG – Wednesday 8 September (6pm to 8pm)
- NHS Southport and Formby CCG – Wednesday 15 September (6pm to 8pm)

To register your interest in attending, please email communications@sefton.nhs.uk or call 0151 317 8456 before 5pm on Friday 3 September for NHS South Sefton CCG and Friday 10 September for NHS Southport and Formby CCG.

Governing Body meetings

The final Governing Body meetings of 2021 take place in November. Meetings are held virtually, recorded and published on our CCG websites to view afterwards contemporaneously. Although members of the public are not able to attend, questions can be submitted in advance and will be addressed by the governing bodies at the start of the formal session. As usual, any questions and responses are published after the meetings in the note pack.

The meetings take place as follows:

- NHS Southport and Formby CCG - Wednesday 3 November
- NHS South Sefton CCG - Thursday 4 November

Any questions should be submitted by midday on the day of the meetings using the following emails southportandformby.ccg@nhs.net or southsefton.ccg@nhs.net You can find out more information about governing bodies and view meeting papers from each CCG website using the links at the end of this briefing.

Visit the CCGs' websites for more about their work www.southseftonccg.nhs.uk or www.southportandformbyccg.nhs.uk, follow them on Twitter [@NHSSSCCG](https://twitter.com/NHSSSCCG) or [@NHSSFCCG](https://twitter.com/NHSSFCCG) or see a range of short films on You Tube for [NHSSSCCG](https://www.youtube.com/channel/UC...) or [NHS SFCCG](https://www.youtube.com/channel/UC...)

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Main Provider Performance June 2021

Page 121

The following slides present performance against key strategic, NHS constitution, quality and safety indicators for the main providers the two CCGs commission from.

Time periods vary for the indicators presented, and are indicated in the tables.

Agenda Item 9



Staying **local & together**
together with you

NHS Southport & Formby CCG

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk, cumulative YTD)	Jun-21	81.5%	92%	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Jun-21	85.8%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Jun-21	65.9%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Jun-21	95.2%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Jun-21	83.5%	92%	
Difficile (Southport & Ormskirk, cumulative YTD)	Jun-21	17	9 YTD 16 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Jun-21	0	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Jun-21	-	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Jun-21	-	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Jun-21	00:09:15	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 1 Jun-21	100.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Jun-21	0.57%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jun-21	40.9%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 1 Jun-21	88.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 1 Jun-21	100.0%	90%	

*No Stroke or TIA Data Reported

Southport & Ormskirk Hospital NHS Trust

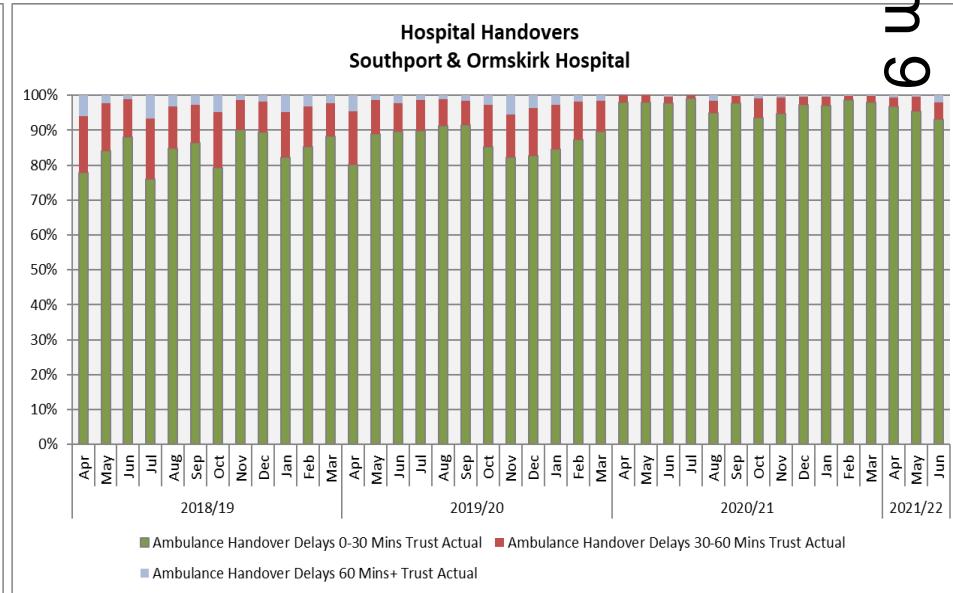
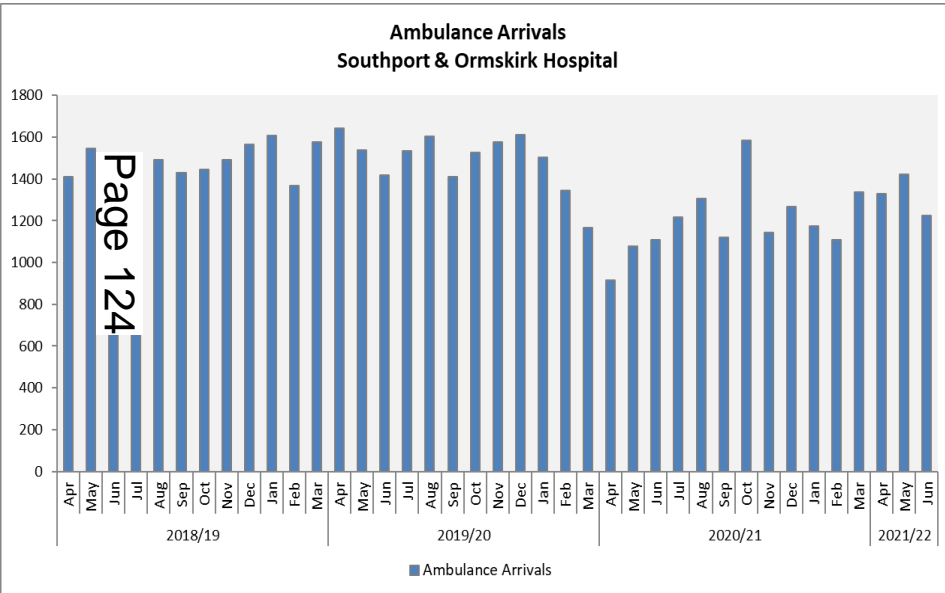
Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Jun-21	23.9%	19.6%	
Inpatient Recommended	Jun-21	90.0%	95.0%	
Inpatient Not Recommended	Jun-21	6.0%	3.0%	
A&E – response	Jun-21	26.1%	10.8%	
A&E Recommended	Jun-21	89.8%	82.0%	
A&E Not Recommended	Jun-21	6.3%	11.0%	



Southport & Ormskirk Hospital NHS Trust

Ambulance Turnaround Times



NHS Southport & Formby CCG

7 Day GP Extended Access

Services were repurposed to provide COVID Hub in April and May, therefore there is no data to report for these two months.

Page 125

Agenda Item 9

Southport & Formby	Appointments Available	Booked	DNA	Utilisation
Apr-21	1161	877	34	72.61%
		75.54%	3.9%	
May-21	1064	881	26	80.36%
		82.80%	3.0%	
Jun-21	917	770	46	78.95%
		83.97%	6.0%	

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio	MH Practitioner
	Apr-21		351	275	220	149	186
		30.2%	23.7%	18.9%	12.8%	16.0%	2.6%
May-21		341	203	87	123	53	0
		32.0%	19.1%	8.2%	11.6%	5.0%	0.0%
Jun-21		363	176	73	88	70	0
		39.6%	19.2%	8.0%	9.6%	7.6%	0.0%



NHS South Sefton CCG

South Sefton Clinical Commissioning Group
 Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (LUHFT)	Jun-21	92.1%	93%	
Cancer 2 Week Waits (LUHFT)	Jun-21	85.8%	93%	
Cancer 62 Day - Screening (LUHFT)	Jun-21	75.0%	90%	
Cancer 31 Day (LUHFT)	Jun-21	100.0%	96%	
IP -18 Weeks Incomplete (LUHFT)	Jun-21	65.6%	92%	
Difficile (LUHFT)	Jun-21	33	14 YTD 56 (year end)	
SA (LUHFT)	Jun-21	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (LUHFT)	Jun-21	-	80%	
% TIA assessed and treated within 24 hours (LUHFT)	Jun-21	-	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Jun-21	00:08:19	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 1 Jun-21	100.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Jun-21	0.72%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jun-21	36.8%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 1 Jun-21	92.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 1 Jun-21	100.0%	90%	

*No Stroke or TIA Data Reported

Liverpool University Hospital site

Friends and Family

Measure	Time Period	LUHFT	England Average	Trend
Inpatient – response	Jun-21	22.2%	19.6%	
Inpatient Recommended	Jun-21	91.5%	95.0%	
Inpatient Not Recommended	Jun-21	4.7%	3.0%	
A&E – response	Jun-21	20.7%	10.8%	
A&E Recommended	Jun-21	79.7%	82.0%	
A&E Not Recommended	Jun-21	13.3%	11.0%	



NHS South Sefton CCG

7 Day GP Extended Access

There was an error in the data provided due to a change in the IT system which combined the 7 Day Access and Extended Hours data together for Jul to Sep. The revised data is currently being produced.

Month	Appointments Available	Booked	DNA	Utilisation	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Physio
Apr-21	1500	1160	86	71.60%	(This table is currently blank)	265	372	235	262
		77.3%	7.4%			22.84%	32.07%	20.26%	22.59%
May-21	1477	1006	112	60.53%		250	377	215	268
		68.1%	11.1%			24.85%	37.48%	21.37%	26.64%
Jun-21	1422	1145	143	70.46%		125	524	154	288
		80.5%	12.5%			10.92%	45.76%	13.45%	25.15%



Agenda Item 10

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 September 2021
Subject:	Cabinet Member Reports – June – August 2021		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To submit the Cabinet Member – Adult Social Care and the Cabinet Member - Health and Wellbeing reports relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Member - Adult Social Care and the Cabinet Member - Health and Wellbeing reports relating to the remit of the Overview and Scrutiny Committee be noted.

Reasons for the Recommendation:

In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

Alternative Options Considered and Rejected:

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

What will it cost and how will it be financed?

Agenda Item 10

Any financial implications associated with the Cabinet Member reports which are referred to in this update are contained within the respective reports.

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
<p>There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.</p>	

Contribution to the Council’s Core Purpose:

<p>Protect the most vulnerable: None directly applicable to this report. The Cabinet Member updates provides information on activity within Councillor Cummins’ and Councillor Moncur’s portfolios during the previous three-month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council’s Core Purpose.</p>
<p>Facilitate confident and resilient communities: As above</p>
<p>Commission, broker and provide core services: As above</p>
<p>Place – leadership and influencer: As above</p>
<p>Drivers of change and reform: As above</p>
<p>Facilitate sustainable economic prosperity: As above</p>
<p>Greater income for social investment: As above</p>

Cleaner Greener: As above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A - Cabinet Member - Adult Social Care - update report
- Appendix B - Cabinet Member – Health and Wellbeing – update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Adult Social Care and Health and Wellbeing portfolios.

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CABINET MEMBER UPDATE REPORT

**Overview and Scrutiny Committee (Adult Social Care and Health)
7th September 2021**

Councillor	Portfolio	Period of Report
Paul Cummins	Adult Social Care	July/August 2021

1. Care Homes

There continues to be a small number of care homes who are receiving support to ensure vaccination levels continue to improve. There is a 95.7% rate for residents, and 86.3% for staff overall, this is the second highest rate in the Liverpool City Region.

Work continues to provide full vaccinations to learning disability services. Domiciliary care workers vaccination rate is at 76% overall.

There are no issues in relation to sustainable PPE supply, and have confirmation that PPE supplies will be available to care homes at no cost until March 2022 through the Government portal.

2. Adult Social Care Budget

The reported position to Cabinet for Adult Social Care at June was a balanced position, however, early indications show further areas where positive variances against budget are forecast. Budgets relating to cost of packages are more difficult to forecast owing to the ongoing impact of Covid on services and income. Adult Social Care continues to transform areas, such as strategic commissioning, and are developing innovative approaches to offset demand for services. This transformation introduced in 2020/21 continues to produce results in the current financial year.

External grants - the 2020/21 year saw financial support from the Government (DHSC) in Infection Control, Rapid Test funding and Workforce Capacity grants. These grants totalled over £11m with a requirement to passport to providers. Infection Control grants and testing support to care providers have continued for April - September with allocations of circa £4.5M.

Fee consultations (2021/22) for care home and Community Services (Domiciliary Care, Supported Living etc) have concluded, and the fee proposals for care homes have been published as a decision. The cost of care in relation to care homes will be developed through the Autumn, and we will be engaging providers in this work over the next few weeks.

3. Launch of Sefton’s Adult Safeguarding Board

Sefton Safeguarding Adults Board has now held its first meeting, and the interim development plan has been created, which builds on previous activity and local priorities.

This includes progression towards seeking an Independent Chair, and establishing the Sub Groups to pick up on the work programme.

Agenda Item 10

APPENDIX A

Partner organisations have shown enthusiasm at re-kindling the links of working together at Board level, to have the assurance that adults with care and support needs across Sefton receive a quality service. Developments have been made around strengthening links into securing the voice of the service user, with conversations underway with Healthwatch as to how best this can be achieved.

Operationally, Adult Social Care continues to receive a steady stream of concerns, returning to the volume received prior to the onset of the pandemic. The Board and Sub Groups are to explore headline data, and look further at services that remain under the radar in reporting safeguarding concerns, and at how we can improve communications across communities to ensure all adults at risk, or their carers, friends and families, have opportunities to raise concerns relating to safeguarding, and assist in their resolution.

Sefton's Board website is under development, along with exploration of how we can best use other social media platforms of communications, to encourage engagement in safeguarding activities both internally, and with our partners' organisations.

4. Operational Pressures

As of 23 July 2021, there has been a slight reduction in Covid infection numbers in the community. This is not to say the hospitals are in recovery, unfortunately they remain, owing to Emergency Department pressures, in an escalated "surge phase". The general bed occupancy is high at both Aintree and Southport District General Hospital, and whilst the number of Covid inpatients seem to have plateaued at both Trusts, unfortunately critical care bed occupancy remains high. Therefore, Adult Social Care is supporting the Trusts with discharge flow and hospital avoidance, attending daily meetings with the Trusts (seven days a week), and continuing to follow the Discharge to Assess pathways, to support safe and timely discharge. We are though, currently experiencing a significant increase in demand for Domiciliary Care, and have a high number of referrals still awaiting acceptance by a Provider. We are prioritising Hospital discharges, and we have established a Domiciliary Care Development Partnership, to discuss such matters with the Providers. There continues to be a reduced demand for care home placements, and an increased volume of new referrals made to Adult Social Care, involving a younger cohort with noticeable themes being issues such as mental health and self-neglect. These areas will influence how we develop operational teams and commissioning plans to respond to changing referral patterns.

5. Mental Health Services

5.1 Mental Health Crisis Café

Sefton's first Mental Health Crisis Café which is located on Mornington Road, Southport and facilitated by Sefton CVS opened on Friday, 2nd July 2021.

The Crisis Café's opening times are Friday, Saturday and Sunday from 5pm – 11pm, and an open referral process is in place with individuals over the age of 18 being able to self-refer into the service.

The Crisis Café provides two core functions:

- A place of safety and support for those at high risk of self-harm or suicide who would otherwise attend A&E.
- Facilitation of a Mental Health Champions' Network of experts by experience.

Since its opening there have been 29 attendees, with referrals being received via a number of different sources, with support being provided including signposting to other services where necessary.

A Peer Support Worker (Expert by Experience), has also been recruited who will develop sessional/group activities to support people in their recovery going forward.

5.2 Mental Health Recovery Workers

The Council has recently recruited two additional Mental Health Recovery Support Worker posts, following the successful bid submission to the Cheshire and Merseyside Health and Care Partnership.

These posts have commenced, and will enhance the capacity within the Adult Social Care Mental Health Recovery Team, which is a boroughwide service providing intensive recovery-based support and reablement interventions to Sefton residents, under the care of secondary mental health services. The service uses a strengths-based approach, and is time limited, and goal orientated, with the aim of improving service users' confidence, independence, social inclusion and mental wellbeing.

5.3 Sefton Mental Health Review

The first stage of Sefton's Mental Health Review has concluded, and this has focussed upon the collection of data held by key stakeholders, which has enabled us to reflect on current practice, identify what's working well and what within the system needs to be reviewed/redesigned to ensure connectivity of pathways that will improve service user/patient experience. A key component of the review has also been to understand the impact of Covid 19, and what we need to do collectively as a system to address the wider determinants of health.

The review has also underpinned our approach to develop an all age Mental Health Strategy, as we know, mental health can have an intergenerational impact across grandparents, parents and children. For those living alone, social connectivity to mitigate the impact of loneliness and social isolation is paramount, and services need to connect more effectively across the life-course. Further updates will be provided as the review progresses.

5.4 The Mental Health Review will be taking forward recommendations from the Overview and Scrutiny Task and Finish Group, which will be subject to a separate report to this Committee.

6. Performance

6.1 Sefton's Adult Social Care performance in Q1 of 2021/22 remains at a level consistent with that of the previous year - some measures have seen gradual change over the last 12 months, but remain within expected parameters set by previous quarters.

Agenda Item 10

APPENDIX A

It is important to note that a group has been established to prepare for proposed inspection, with data submissions likely in 2022, and OFSTED style inspections to follow, with a wider focus on commissioning and feedback from people with lived experience of receiving services.

6.2 The main points to note from this report are as follows:

Permanent admissions to care homes for those aged 65+ decreased from Q3 to Q4 of 2020/21, the assertion that this was likely heavily influenced by the Covid pandemic looks to be accurate, as this figure has now risen to the highest level of the previous 12 months. Sefton remains out of the worst quartile, and care home admissions for 65+ remain lower than pre-Covid levels. This means that far too many people are admitted into care homes, which reflects the position of an over-supply in Sefton.

Admissions to care homes for service users aged 18-64 in Sefton were on a downward trend (most likely because of Covid). Figures for this measure have increased in Q1 of 2021/22, and Sefton is again back in the worst quartile. Current figures do, however, remain around 25% lower than pre-Covid levels. This performance will be reviewed in line with the supported living strategy.

Adults with Learning Disabilities in paid employment in Sefton have increased in Q1 of 2021/22. Sefton continues to be in the worst quartile for this measure, however, we have seen a small increase of 0.4% over the past 12 months. For Sefton to move up to the best quartile, we would have to support just under 9% of LD Adults into employment - we currently have 2.2%. Initiatives to improve this position will be reported to the Committee.

The proportion of adults with Learning Disabilities in settled accommodation continues to perform in the best quartile for this measure, however there has been a slight downward trajectory over the past 12 months. The decrease of 2.3% from Q4 of last year to Q1 of this is the largest decrease of the past 12 months.

The number of clients aged 65+ receiving reablement or intermediate care is continuing to increase. Having been in the bottom quartile for this measure, Q1 of 2021/22 is at the highest level for the past 12 months.

The proportion of clients who had a scheduled annual review completed within 12 months improved throughout 20/21, though has reduced slightly in the first quarter of 2021/22. However, the overall number of pending reviews to be completed continues to improve. The backlog of reviews saw a significant reduction in Q4 of 2020/21. Q1 of 2021/22 has seen a further reduction, putting Sefton in the best quartile nationally.

Throughout 2020/21 and into Q1 2021/22 the proportion of equipment delivered within 7 days was maintained at 99%.

The number of carers in receipt of a service continues to be impacted by the Covid pandemic, with a significant overall reduction in the services recorded as being provided directly to carers.

Contacts to Information, Advice and Signposting have increased steadily over the past 3 years. Q1 of 2021/22 has continued this trend and Sefton is now in the top quartile nationally for this measure.

As noted elsewhere, the Covid pandemic has had a significant impact on clients in care homes and the homes themselves. Our continued development of our Care Home and Extra Care strategy will help support clients and providers as we move out of the current crisis.

7. Integration and National Policy Update

The Health and Care Bill was published on the 6th July, the Bill provides detail on how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective integrated care system (and the immediate and long-term challenges presented by the Covid-19 pandemic). From April 2022, this will require all parts of the health and care system to work together as Integrated Care Systems, involving:

- Stronger partnerships in local authority areas between the NHS, local government and others with a more central role for primary care in providing joined up care;
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The Bill seeks to make Integrated Care Systems statutory, and details how the relationship of the system (Cheshire and Merseyside) and Place (Sefton) will work. These proposals sit alongside other requirements aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally. Of course, as it is this government that has drawn this Bill up, it is flawed in so many ways, and highly unlikely to achieve better outcomes for our population. The Bill includes the creation of greater powers for the Secretary of State, allowing for greater political interference, and the potential for greater privatisation and cronyism within the Health Service.

The Bill will change the way in which decisions are governed, particularly in relation to services, and finances, as we establish more integrated ways of working. This will require a review of current decision-making and governance groups. The Health and Wellbeing Board (HWBB) has now commenced a programme of development delivered by the Local Government Association.

Plans about the Integrated Care Partnership are being shared with partners and their staff, as well as being cascaded to Council staff over the next few weeks. Engagement has also begun with the Health and Social Care Forum, Every Child Matters Forum and Health Watch.

8. Complaints Update

8.1 General Overview

We received **59 compliments** regarding Adult Social Care staff from families/service users thanking staff for their support and acknowledging the positive impact that staff have had on service users and families.

We received **26 Adult Social Care complaints** in Quarter 1, and upheld, or partly upheld, **35%** of these complaints.

Key lessons from these complaints included:

- Documentation and communication must be completed and shared in a timely manner
- We must ensure that information gathering must be robust and proportionate.
- During the pandemic, regular communication is important for families/service users.
- Timeliness of complaint responses has improved. However, we must ensure that our investigations are thorough and robust, offering an appropriate remedy if required.

We have 3 Adult Social Care complaints which are being considered by the Ombudsman. We must be mindful of the potential financial and reputational impact of cases being referred to the Ombudsman, and therefore, should take every opportunity to resolve complaints satisfactorily via local resolution.

We have received **3 Final Decisions** from the Ombudsman this quarter - 1 was not upheld with no maladministration identified, and 2 identified that there was maladministration, and injustice identified and remedies needed to be actioned.

8.2 Ombudsman Annual Review Letter

The Ombudsman issued its Annual Review Letter 2020/21 on 21 July 2021 and raised the following key points:

- “good public administration is more important than ever” and that the Ombudsman hopes that “this feedback provides you with both the opportunity to reflect on your Council’s performance and plan for the future.”
- This year it took the unprecedented step to suspension its casework for approximately 3 months and the Council should be mindful of this if comparing statistics with those of previous years.
- It focuses on the outcomes of complaints and what can be learned from them.
- The intention of its information is to provide the Council with the most insightful information it can and have focused statistics on three key areas:

8.3 Complaints upheld

Where the Ombudsman identifies fault in an authority’s actions, including where the authority accepted fault before it investigated. For Sefton, **69%** of complaints the Ombudsman investigated were upheld. This compares to an average of **72%** in similar authorities.

8.4 Compliance with recommendations

The Ombudsman recommends ways for authorities to put things right when faults have caused injustice, and monitor their compliance with its recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern. For Sefton, in **100%** of cases the Ombudsman was satisfied the authority had successfully implemented its recommendations. This compares to an average of **100%** in similar authorities.

8.5 Satisfactory remedy provided by the Authority

In these cases, the authority upheld the complaint and the Ombudsman agreed with how it offered to put things right. The Ombudsman encourages the early resolution of complaints and credits authorities that accept fault and find appropriate ways to put things right.

For Sefton, in **11%** of upheld cases the Ombudsman found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman. This compares to an average of **11%** in similar authorities.

- Supporting Complaint and Service Improvement - the Ombudsman is concerned about the evidence “of the erosion of effective complaint functions in local authorities.” The Ombudsman acknowledged that the pandemic appears to have amplified the problems. The Ombudsman stated that, with much greater frequency, it encounters “poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.” The Ombudsman is developing a new work programme utilising complaints to drive improvements in both local complaint systems and services. It will use its casework to better identify authorities that need support to improve their complaint handling and target specific support to them. The Ombudsman explained that it is in the early stages of this and there will be opportunities for local authorities to shape it over the coming months and years.

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CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 7 September 2021		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	June - Aug 21

COVID-19 Update

This report covers the period June through July 2021. The statistics used in this report can be viewed on the Government’s open-access data tracker <https://coronavirus.data.gov.uk/> . During this time Sefton transitioned into the fourth and final step of the national roadmap on 19th July. This move followed a one-month postponement to enable more younger people to be vaccinated as cases increased due to the newly dominant, more infectious Delta variant. Other significant national policy developments included:

- Emphasis on encouraging people to act responsibly, instead of relying on legal measures to influence behaviour under step 4
- Exemption from self-isolation for fully vaccinated critical worker contacts under specific circumstances
- Announcement that from 16th August contacts aged under 18 and anyone who has had their second dose of vaccine more than two weeks previously will no longer need to self-isolate but should take a PCR test. (Anyone who tests positive with a PCR test is still required to self-isolate by law).
- B.1.621 (VUI-21JUL-01) was designated a new Variant Under Investigation on 21 July due to concerns from international spread, mutations linked to reduced vaccine effectiveness and presence of a small number of cases in UK.
- Updated ‘COVID-19 Contain Framework: a guide for local decision-makers’ published. This guidance describes the Government’s plan to manage Coronavirus and how organisations should work together from local up to national levels. This update emphasises the role of the Local Authority, including on management of non-COVID outbreaks, with advice and support coming from the new UK Health Security Agency, which will comprise NHS Test and Trace, health protection function of PHE and the Joint Biosecurity Agency and will launch in October 2021.
- New vaccination target: to offer one dose of vaccine to all those aged 18+ by 19th July and two doses by mid-September. Eligible age groups extended to include offer of first dose to 16 and 17 year olds, and two doses for children age 12 to 15 with specified risk factors. Plans to begin third dose booster vaccination in September for groups at highest risk of severe disease and death from COVID-19, who received their first doses in early 2021.

Epidemic trends in June to August

Following surge testing during May in the Formby area, daily incidence reached a 2021 low point of 5 cases per day in the third week of May. By early June, almost all infections were caused by the more transmissible Delta variant and a steadily increasing trend had re-established. At the start of June, the number of new cases of

Agenda Item 10

APPENDIX B

Coronavirus in Sefton averaged around 17 per day. The number of new cases in Sefton was doubling every 12 days on 21 June when the move to step 4 was originally expected to take place. Incidence levelled off at the start of July at around 180 cases per day, and contrary to expectations, the end of legal requirements on social distancing, mask-wearing and mass gatherings from 19th July coincided with a steady fall in new cases, levelling off at 120 cases per day in the last week of July.

The impact of Euro 2021, changes in testing behaviour linked to the end of the school year, holidays, and socialising in step 4 and sunny weather are all thought to have contributed to the reducing then stable trend in positive cases. The shape of Sefton's epidemic in the autumn and winter months will be influenced by the amount of infection circulating in the community; the level of vaccine coverage; how quickly people return to pre-pandemic patterns of contact, mixing and behaviours; when people switch to mixing much more indoors; and the main variant/s being transmitted.

Age Groups

As previously, the most socially active age groups had the highest diagnosed burden of infection, with weekly incidence reaching over 1200/100 000 in 18-24s in early July. The incidence rate in 10-14 year olds remained around 750-800/100 000 from the end of June to mid-July, and was over 500/100 000 for 5-9 year olds during this phase. Routine testing in secondary schools, and linked to family clusters helped to detect cases. The number of cases in school-age individuals reflects the prevalence of infection in the community. Many children experienced disruption to classroom learning towards the end of the school year. Cases in health and care settings and other workplaces also increased rapidly in July and created pressures on business continuity.

In the most vulnerable 60+ age group, daily incidence peaked and levelled off at around 20 cases per day in mid-July. This compares to approximately 100 cases per day in January 2021, and clearly shows the effectiveness of two doses of vaccine against the Delta variant.

Hospitalisation

In keeping with the protective effect from high vaccine uptake, the hospital admission rate has remained under half of the rates seen in late January and February 2021 when Sefton's incidence rate was similar to this summer's wave.

Deaths

Deaths associated with Coronavirus (i.e. it is mentioned on the death certificate) ranged from 0 to 1 in June but rose in July in response to the protracted peak in incidence, with 10 deaths registered in the week ending 23rd July.

Testing

Demand for PCR testing (for people with symptoms or a positive Lateral Flow test) rose as the more transmissible Delta variant spread in June and July. PCR testing

peaked at around 1850 tests per day in early July, when around 1 in 10 PCR tests returned a positive result. PCR test demand has reduced a little and is now at around 1500 tests per day in early August, with around 1 in 12 PCR tests giving a positive result.

Lateral flow test use increased gradually in June, peaking at around 3500 tests per day in early July, before falling back to around 2100 tests per day in early August. This reducing trend reflects the impact of school holidays and possibly also the impact of large-scale isolation in July, changes in test behaviour linked to time out of work on holiday, and testing fatigue in step 4. The same trend is seen in North West England and England.

Vaccination

At time of writing 19% of adults aged 18 and over are unvaccinated, 81.7% have had one dose, and 71.4% have had two doses. This compares with national figures of 12% unvaccinated 88.8% with one dose and 74.2% with two doses.

In phase two of the vaccine programme (ages 18 to 49), dose one vaccination uptake peaked on 21 June at around 740 vaccinations per day but declined steadily to around 100 vaccinations per day in early August. Daily second dose vaccinations continued to fall in June from around 1500 per day at the beginning of the month to around 400-450 per day into July as more middle-aged adults completed their vaccinations. Second dose uptake is now starting to rise again, as young adults who had their first doses in late May/June come forward for their second dose. Approximately 40% of 18-34-year-olds have not yet had their first dose of vaccine. Social inequality in vaccine uptake is a concern because reduced immunity at a community level favours continuing spread of infection where barriers to testing and isolating, and increased risk from other health inequalities are also present.

Response

The response of the Sefton Health Protection Team and wider Council and external partners in June and July 2021 has centred on:

- Communication to public and key stakeholders on the continued importance of testing, contact tracing and self-isolation
- Targeted testing for vulnerable people and settings
- Contact tracing (pause on contact zero, the local service, when rates would have overwhelmed the service)
- Support for vaccine uptake

Outlook

The reducing trend in infections seen at the start of August is welcome, but still warrants a considered and careful approach, especially as health and care services, and wider society are expected to experience a larger than average winter increase in infectious illnesses including influenza and other respiratory infections. Therefore, providing tailored support for testing, isolation and encouraging vaccination and maintaining Covid safe behaviours in the workplace and elsewhere is very important

Agenda Item 10

APPENDIX B

to help prevent severe illness and Long Covid, reduce the risk of new variants of concern taking hold, and to support the delivery of essential services.

There is some uncertainty about the scale and type of demands Sefton's Health Protection Team will experience in coming months. Additional winter pressures and disruption in health, social care and beyond are likely. This underlines the vital importance of non-Covid population health work focusing on emotional and physical health and wellbeing.

Adult Weight Management

Sefton Council have been allocated £262,000 for tier 2 adult weight management as part of the governments funding for adult healthier weight programme. This is 1-year funding will be used to expand existing weight management services and commission new services with Liverpool John Moores University and Sefton CVS.

The grant has been accepted by Margaret Jones as Director of Public Health, the Contract Procedure Rules required my authorisation of a Cabinet Member to allocate £132k to Active Sefton to deliver weight management services, £90,000 to Liverpool John Moores University (LJMU) for delivery of the Elevate programme and £40k to Sefton CVS for the LWS partners to deliver innovative community engagement opportunities.

The rationale for allocating the funding across the 3 organisations enables a joined-up approach at developing a flexible adult weight management programme. Active Sefton are the current specialist provider of weight management services as part of the LWS and will support and provide connectivity across all partners on this project. Sefton CVS will manage the community providers to deliver the community element and have chosen organisations with previous experience and established links as part of the LWS commissioned services. Identified centres are, May Logan Centre, Brighter Living Centre and Feel Good Factory. LJMU have run a very successful exercise 12-week intervention utilised during the pandemic which has had a high success rate at behaviour change and also compliments the Active Sefton weight management offer.

The proposed project is in keeping with guidance and conditions included in the healthier weight grant documentation utilising a localised model. The proposed model enables additional elements to the current existing tier 2 adult weight management programme in Sefton, utilising this additional funding to have a bigger impact on behaviour change and more positive outcomes for participants in maintaining a healthier weight. Activity is to take place locally, with agreed activity and identified performance measures which will be reported to Public Health England on a quarterly basis as per grant conditions.

Allocation of National Drugs Funding for Additional Drug Treatment Crime & Harm Reduction Activity in 21/22

The Council have been successful in securing £489k grant funding from central government. The funding will be used to deliver a range of interventions aimed at

reducing drug related crime and preventing drug related deaths. The Grant expenditure must be incurred over a maximum period of 12 months and delivery of outcomes will be monitored nationally.

The Contract Procedure Rules required the authorisation of a Cabinet Member to allocate £407k to the current provider of Substance Use: Assessment, Treatment and Recovery Services (Ambition Sefton) Mersey Care NHS Foundation Trust for delivery of the interventions approved within the funded application. There is provision for this allocation via a contract variation under Regulation 72 of the Public Contract Regulations. The Funding will be split between Sefton Council (£82k) and Mersey Care NHS Foundation Trust (£407k).

Sefton's proposal has been developed in collaboration with people from across the local substance use treatment pathway and reflects identified gaps and areas of need. The allocation of £407k is to support a range of Treatment, Assessment and Recovery interventions for the local substance use population, building on and improving access to existing evidence-based activities such as needle exchange, naloxone provision and community outreach and scaling up existing interventions provided by the service; pharmacology interventions for clients already engaged in the service; post detoxification rehab for clients who have been assessed and are known to the service. Recovery interventions for clients who are engaged in or exiting treatment from the service.

The current service provider has well established Treatment, Assessment & Recovery pathways in place across the system and are best placed to successfully deliver the interventions within the limited 12-month time period.

A memorandum of understanding has been signed between Sefton Council and Public Health England. A contract variation will be agreed by both parties and added to the existing sealed contract with Mersey Care NHS Foundation Trust.

NHS Health Checks

An update was provided on plans for restarting the Sefton NHS Health Checks Service in Summer 2021. Changes have been made to the way in which the NHS Health Check is delivered to reduce the risks of COVID transmission, with some elements conducted via a phone call before the face-to-face appointment. Partners have been updated about the restart of the programme. (The programme has now restarted). A further update on progress is due to in September.

Seasonal Influenza

Within Sefton Council, Public Health commissions the staff flu vaccination programme, which is open to all staff within the Council. The model for the 2020 staff vaccination programme was redesigned to ensure safe delivery in the context of the COVID-19 pandemic. The programme was accessed via a voucher scheme and vouchers were redeemable at any of the participating community pharmacies across the borough. On site clinics were coordinated where it was safe to do so and requested by managers, for example Hawthorne Road Depot, to support access to the programme

Between 2015 and 2019 uptake in the staff flu vaccination programme had continued to increase, however, uptake of the 2020 programme saw a significant decrease. The 2020 programme saw a 45% reduction in uptake from the previous year. There are a

Agenda Item 10

APPENDIX B

number of influencing factors to be considered that will have impacted the 2020 vaccination uptake.

From 1 December 2020 the eligibility criteria for the NHS flu vaccination programme was extended to include those who were 50 years and over. This change meant that 48% of Sefton Council's workforce (including schools) were eligible for the NHS vaccination programme from December 2020, with 2,866 members of the workforce being aged 50-59 and 1,661 aged over 60.

2020 saw a large-scale move to agile working in response to the COVID-19 pandemic. Informal feedback suggests that where people live out of borough and working from home, the preference was to pay privately for the vaccine instead of travelling to Sefton.

In addition to this, we saw an initial and unprecedented surge in demand for the flu vaccine which impacted the availability of stock and appointments at times during the programme, which may have impacted on uptake.

The staff flu vaccination programme was open to all employees of Sefton Council and the Family Wellbeing Centres. Schools were offered the opportunity to access the programme on a subsidised basis. As in previous years, the programme was also accessed by South Sefton CCG and Southport and Formby CCG workforce.

The largest number of staff vaccinated were from schools in, with 162 school staff being vaccinated in 2020 compared with 329 in 2019. The number of adult social care staff being vaccinated has fallen from 80 in 2019 to 48 in 2020 and there has been only a small increase in the number of children's social care staff being vaccinated.

This highlights that key groups of staff working with vulnerable groups, have low uptake rates. The reasons for low uptake in these staff groups will be explored prior to planning for next year's staff flu vaccination schedule. As discussed above, barriers may exist in terms of access as a result of changes that were implemented to ensure COVID-19 safe delivery or dissemination of the flu vaccination programme information.

An exploration of options available to support vaccine uptake and access to an effective flu vaccination programme for staff in the ongoing context of COVID-19 and the expanded eligibility under the NHS flu vaccination programme is planned.

Dunes SplashWorld

The contract to carry out remedial works to defective steelwork and tiles was awarded and began on 5th July 2021. The estimated length of the contract is around 48 weeks. The legal claim for compensation against the former contractor is progressing, albeit slowly. It is likely that the claim will end up in independent arbitration.

Leisure Update

The 6 Leisure Centres reopened in line with Step 3 of the Covid roadmap in May 2021. Swim, gym and fitness classes were available albeit with strict capacity restrictions. Innovative and creative half term holiday sessions were provided in June in order to remain compliant with Covid regulations. Despite reaching step 4 of the Covid roadmap on 19 July when all restriction ceased, a decision to remain at step 3 was taken in order to protect our staff and customers.

The wider leisure development offer is also being delivered in a different way to ensure Covid compliance. Park Nights are back as diversionary activities to prevent ASB and our Summer Be Active programme looks different too. We are running a targeted camp with LFC Foundation at Netherton Activity Centre to target children in most need and maybe open to Early help or Children's Social Care. This camp is in addition to the normal open access camps being run at NAC and at Dunes. LFC Foundation also delivered a U16/U17 football tournament in Formby on Sunday 1st August with the focus to raise awareness around knife crime, with a workshop taking place delivered by the Real Men Don't Carry Knives initiative before the tournament starts, also working in partnership with Merseyside Police and Community Safety.

The Active Workforce offer remains varied and important offer for our staff with a range of activities promoting physical and mental wellbeing.

Leisure Annual Report

The Annual report gave an overview of the last 12 months activity. The main issue was of course the response to Covid. Leisure centres whilst closed have provided venues for Covid testing and Leisure staff have been redeployed to support a range of critical services.

We have lost around 39% of members during Covid lockdown and whilst a number have returned following reopening, we have a long way to go to get back to the position we were in around March 2020.

Litherland Sports Pitch

The contract to renew the astro turf pitch and replace the lighting around the pitch and running track with energy efficient LED lighting started in June 2021 and is due to last for 8 weeks. Unfortunately, there will be a 3 week delay due to the astro turf grass being held up in Holland.

Communities Risk Register

The Communities Risk register was presented to provide assurance that risk was being managed. The risk register is a key tool in risk management as they identify the risk, the nature and level of the risk, who owns the risk and the mitigation measures in place to respond to it. Each service within Communities has a service specific risk register. These feed into the Communities departmental risk register which in turn identifies any key risks that need to be escalated to the Council wide corporate risk register. The risk register is updated on a monthly basis. There are no risks within Communities that feature on the Corporate risk register.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 September 2021
Subject:	Work Programme 2021/22, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To review the Committee's Work Programme for the remainder of the Municipal Year 2021/22; to report on progress of the Mental Health Issues Working Group; to agree to undertake a piece of work on the Integrated Care Partnership; to identify any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan; to receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee; and to note the update by Healthwatch Sefton.

Recommendations:

That:

- (1) the Work Programme for 2021/22, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) the progress made by the Mental Health Issues Working Group be noted;
- (3) rather than establish a traditional working group during 2021/22, all Members of the Committee be invited to agree to participate in undertaking a piece of work on the Integrated Care Partnership;
- (4) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix D to the report, be considered and any agreed items be included in the work programme referred to in (1) above;
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted; and

Agenda Item 11

- (6) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix E to the report, be noted.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2021/22; to identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny Committee “adds value” to the Council; and to comply with a decision of the Committee to update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

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

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme; to potentially consider scrutiny review topics; and consider other activities in relation to the work of the Committee.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in	

the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.

Contribution to the Council’s Core Purpose:

Protect the most vulnerable: None directly applicable to this report. Reference in the Work Programme to the approval of, and monitoring of recommendations, will contribute towards protecting vulnerable members of Sefton’s communities.
Facilitate confident and resilient communities: None directly applicable to this report.
Commission, broker and provide core services: None directly applicable to this report.
Place – leadership and influencer: None directly applicable to this report.
Drivers of change and reform: None directly applicable to this report.
Facilitate sustainable economic prosperity: None directly applicable to this report.
Greater income for social investment: None directly applicable to this report.
Cleaner Greener: None directly applicable to this report.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Work Programme and Key Decision Forward Plan Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports will be reported to Members as appropriate.

Relevant Heads of Service have been consulted in the preparation of the Work Programme for the Committee.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
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Agenda Item 11

Appendices:

The following appendices are attached to this report:

- Appendix A - Work Programme for 2021/22;
- Appendix B – Terms of Reference for the Committee (extract from the Constitution);
- Appendix C - Criteria Checklist for Selecting Topics for Review; and
- Appendix D - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix E - Update of recent activities undertaken by Healthwatch Sefton.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2021/22

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2021/22 is attached at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee (set out at **Appendix B**). The Work Programme will be submitted to each meeting of the Committee during 2021/22 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2021/22, as appropriate, and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPIC 2020/21 – MENTAL HEALTH ISSUES WORKING GROUP

- 2.1 At the meeting held on 1 September 2020, the Committee established a working group to review the topic of mental health services and the prevention of issues.
- 2.2 The Committee:

“RESOLVED: That

- (2) a working group be established to consider mental health services and the prevention of issues, consisting of Councillors Howard and Roscoe, and Mr. Roger Hutchings, Healthwatch;”

2.3 At the time of drafting this report it is anticipated that the Final Report of the Working Group will appear elsewhere on the agenda for the meeting. The Final Report is likely to be submitted to the Cabinet for consideration during October 2021 and to the Council meeting in November 2021. The outcome will be reported back to the Committee in due course.

2.4 **The Committee is requested to note that the Mental Health Issues Working Group has completed its review.**

3. SCRUTINY REVIEW TOPICS 2021/22

3.1 It is good practise for Overview and Scrutiny Committees to appoint a Working Group to undertake a scrutiny review of services during the Municipal Year.

3.2 In the event that the Committee is minded to appoint a working group for 2021/22, a criteria checklist for selecting and rejecting potential topics to review is attached at **Appendix C**, to assist the Committee in selecting a topic and appointing a Working Group for the Municipal Year.

3.3 If the Committee wishes to establish a working group to review a potential scrutiny topic, the Committee is requested to appoint at least 3 Members to the Working Group.

3.4 Members of the Committee may have their own suggestions for a working group review.

3.5 The Executive Director of Adult Social Care and Health has suggested that rather than undertake a traditional working group review, all Members of the Committee may wish to participate in a piece of work on the Integrated Care Partnership. This could lead to recommendations being developed in terms of planning for the Health and Care Bill. A separate report on Sefton Integrated Care Partnership Development is anticipated to appear elsewhere on the agenda for the meeting and this provides further information on the matter.

3.6 **The Committee is requested to consider undertaking a piece of work on the Integrated Care Partnership.**

4. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

4.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four-month period.

4.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.

Agenda Item 11

- 4.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 4.4 The latest Forward Plan, published on 30 July 2021, is attached at **Appendix D** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 4.5 There are two items within the current Plan that fall under the remit of the Committee on this occasion, namely:
- Living Well Sefton Service Contract Extension; and
 - Mental Health Issues Working Group Final Report.
- 4.6 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.
- 4.7 At the time of drafting this report the next Forward Plan is due to be published on 31 August 2021. In the event of any additional items that fall under the remit of the Committee, Members will be advised.
- 4.8 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix D to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

5. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

- 5.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).
- 5.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCA O&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.
- 5.3 In accordance with the above decision, information on the LCRCA O&S is set out below.
- 5.4 **Role**

The Overview and Scrutiny Committee was established by the Combined Authority in May 2017 in accordance with the Combined Authorities Order 2017.

The role of the Overview and Scrutiny Committee is to:

- Scrutinise the decision and actions taken by the Combined Authority or the Metro Mayor;
- Provide a “critical friend” to policy and strategy development;
- Undertake scrutiny reviews into areas of strategic importance for the people of the Liverpool City Region; and
- Monitor the delivery of the Combined Authority’s strategic plan.

5.5 **Membership**

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

Sefton’s appointed Members are Councillors Hansen, Howard and Waterfield. Councillor Howard is Sefton’s Scrutiny Link.

Councillor Patrick Moloney is the representative of the Liberal Democrat Group on the Committee. The Conservative Group nomination is still awaited by the Liverpool City Region Combined Authority.

5.6 **Chair and Vice-Chair**

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair was appointed at the first meeting of the Committee on 14 July 2021.

5.7 **Quoracy Issues**

A high number of meetings of the LCRCA O&S have been inquorate.

The quorum for meetings of the LCRCAO&S is 14, two-thirds of the total number of members, 20. This high threshold is not set by the Combined Authority but is set out in legislation.

The Combined Authority’s Monitoring Officer will be looking to work with the Monitoring Officers from the other Combined Authorities to identify what problems they are experiencing with Scrutiny and how/if they had overcome them. Representations to Government would also be considered once all options locally to resolve the quorum issue had been exhausted. The CA Monitoring Officer would then be able to provide evidence to Government that the quorum level was obstructing the work of scrutiny within the CA.

5.8 **Meetings**

Information on all meetings and membership of the LCRCAO&S can be obtained using the following link:

<https://moderngov.merseytravel.gov.uk/ieListMeetings.aspx?CId=365&Year=0>

Agenda Item 11

Latest Meeting – 14 July 2021

The latest meeting of the LCRCAO&S was held on 14 July 2021.

Matters considered at the meeting related to:

- Appointment of Chairperson for 2021/22
- Appointment of Vice Chairperson for 2021/22
- Verbal Update from Metro Mayor Steve Rotheram
- Liverpool City Region Combined Authority Corporate Plan 2021-24
- Work Programme 2021/22
- Appointment of Scrutiny Members to the Audit and Governance Committee 2021/22

The next meeting of the LCRCAO&S will be held on 8 September 2021.

Details of all meetings can be obtained using the link referred to above.

5.9 *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

6. HEALTHWATCH SEFTON

6.1 An update of recent activities undertaken by Healthwatch Sefton is attached to this report at **Appendix E**, for information.

6.2 ***The Committee is requested to note recent activities undertaken by Healthwatch Sefton.***

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

WORK PROGRAMME 2021/22

Date of Meeting	22 JUNE 21 Bootle	07 SEPTEMBER 21	19 OCTOBER 21	04 JANUARY 22	22 FEBRUARY 22
Item					
Regular Reports:					
Cabinet Member Update Report (Julie Leahair/Julie Eliot/Debbie Campbell)	X	X	X	X	X
Work Programme Update (Debbie Campbell)	X	X	X	X	X
CCGs' Update Report (CCGs)	X	X	X	X	X
Health Provider Performance Dashboard (CCGs)	X	X	X	X	X
Service Operational Reports:					
Sefton Integrated Care Home Strategy (Neil Watson / Eleanor Moulton)		X			
Sefton Integrated Care Partnership Development (Eleanor Moulton)		X			
Mental Health Issues Working Group Final Report (Debbie Campbell)		X			

Item	22 JUNE 21 Bootle	07 SEPTEMBER 21	19 OCTOBER 21	04 JANUARY 22	22 FEBRUARY 22
Service Operational Reports (Continued):					
Safeguarding of Adults (Deborah Butcher)			X		
Early Intervention and Prevention (Deborah Butcher)				X	

CCGs' Updates					
Access to General Practice and NHS 111 Services During the COVID-19 Pandemic	X				
Phase 2 Clinical Integration of Haemato-Oncology Services in North Merseyside	X				
NHS Updates:					
Current Challenges Faced by Dentistry in Light of the Covid 19 Pandemic (NHS England and NHS Improvement (NHSEI))	X	X			
Southport & Ormskirk Hospital NHS Trust			X		

Chapter 6 Overview and Scrutiny Committees

MEMBERSHIP AND TERMS OF REFERENCE FOR OVERVIEW AND SCRUTINY COMMITTEES

ADULT SOCIAL CARE AND HEALTH

MEMBERSHIP

10 Councillors

TERMS OF REFERENCE

To fulfil all the functions of an Overview and Scrutiny Committee as they relate to Adult Social Care and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to review and make recommendations for improvement in relation to the following functions:

- Public Health
- Leisure
- Welfare Reform
- Integrated Wellness Service
- Parks and green spaces (including Allotments, Golf Courses, Trees and Sports Pitches, play areas and skate parks)
- Day care
- Home care
- Residential care
- Respite care
- Carers
- Quality
- Safeguarding
- Assessments
- Direct Payments

To formally respond to consultations by relevant NHS bodies and relevant service health providers on substantial reconfiguration proposals.

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CRITERIA CHECKLIST FOR SELECTING TOPICS FOR REVIEW

Criteria for Selecting Items
▪ Issue identified by members as key issue for public (through member surgeries, other contact with constituents or volume of complaints)
▪ Poor performing service (evidence from performance indicators/benchmarking)
▪ Service ranked as important by the community (e.g. through market surveys/citizens panels)
▪ High level of user/general public dissatisfaction with service (e.g. through market surveys/citizens panels/complaints)
▪ Public interest issue covered in local media
▪ High level of budgetary commitment to the service/policy area (as percentage of total expenditure)
▪ Pattern of budgetary overspends
▪ Council corporate priority area
▪ Central government priority area
▪ Issues raised by External Audit Management Letter/External audit reports
▪ New government guidance or legislation
▪ Reports or new evidence provided by external organisations on key issue
▪ Others

CRITERIA FOR REJECTION

Potential Criteria for Rejecting Items
▪ Issue being examined by the Cabinet
▪ Issue being examined by an Officer Group : changes imminent
▪ Issue being examined by another internal body
▪ Issue will be addressed as part of a Service Review within the next year
▪ New legislation or guidance expected within the next year
▪ Other reasons specific to the particular issues.

Agenda Item 11

APPENDIX C

SCRUTINY CHECKLIST DO'S AND DON'TS

DO
◆ Remember that Scrutiny <ul style="list-style-type: none">◆ Is about learning and being a "critical friend"; it should be a positive process◆ Is not opposition
◆ Remember that Scrutiny should result in improved value, enhanced performance or greater public satisfaction
◆ Take an overview and keep an eye on the wider picture
◆ Check performance against local standards and targets and national standards, and compare results with other authorities
◆ Benchmark performance against local and national performance indicators, using the results to ask more informed questions
◆ Use Working Groups to get underneath performance information
◆ Take account of local needs, priorities and policies
◆ Be persistent and inquisitive
◆ Ask effective questions - be constructive not judgmental
◆ Be open-minded and self aware - encourage openness and self criticism in services
◆ Listen to users and the public, seek the voices that are often not heard, seek the views of others - and balance all of these
◆ Praise good practice and best value - and seek to spread this throughout the authority
◆ Provide feedback to those who have been involved in the review and to stakeholders
◆ Anticipate difficulties in Members challenging colleagues from their own party
◆ Take time to review your own performance
◆ DON'T
◆ Witch-hunt or use performance review as punishment
◆ Be party political/partisan
◆ Blame valid risk taking or stifle initiative or creativity
◆ Treat scrutiny as an add-on
◆ Get bogged down in detail
◆ Be frightened of asking basic questions
◆ Undertake too many issues in insufficient depth
◆ Start without a clear brief and remit
◆ Underestimate the task
◆ Lose track of the main purpose of scrutiny
◆ Lack sensitivity to other stakeholders
◆ Succumb to organisational inertia
◆ Duck facing failure - learn from it and support change and development
◆ Be driven by data or be paralysed by analysis - keep strategic overview, and expect officers to provide high level information and analysis to help.

KEY QUESTIONS

Overview and Scrutiny Committees should keep in mind some of the fundamental questions:-

Are we doing what users/non users/local residents want?
Are users' needs central to the service?
Why are we doing this?
What are we trying to achieve?
How well are we doing?
How do we compare with others?
Are we delivering value for money?
How do we know?
What can we improve?

INVESTIGATIONS:-

To what extent are service users' expectations and needs being met?
To what extent is the service achieving what the policy intended?
To what extent is the service meeting any statutory obligations or national standards and targets?
Are there any unexpected results/side effects of the policy?
Is the performance improving, steady or deteriorating?
Is the service able to be honest and open about its current performance and the reasons behind it?
Are areas of achievement and weakness fairly and accurately identified?
How has performance been assessed? What is the evidence?
How does performance compare with that of others? Are there learning points from others' experiences?
Is the service capable of meeting planned targets/standards? What change to capability is needed.
Are local performance indicators relevant, helpful, meaningful to Members, staff and service users?

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 SEPTEMBER 2021 - 31 DECEMBER 2021

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

Agenda Item 11

APPENDIX D

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Dwayne Johnson
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Living Well Sefton Service Contract Extension	Lisa Whittingham lisa.whittingham@sefton.gov.uk, Julie Murray julie.murray@sefton.gov.uk Tel: 0151 934 3343
Mental Health Issues Working Group Final Report	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Living Well Sefton Service Contract Extension Request to execute option to extend the Living Well Sefton Service			
Decision Maker	Cabinet			
Decision Expected	2 Sep 2021			
Key Decision Criteria	Financial	Yes	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Chief Legal and Democratic Officer, Executive Director of Corporate Resources and Customer Services, Head of Health and Wellbeing, Living Well Sefton Partners			
Method(s) of Consultation	Emails, online meetings, phone calls			
List of Background Documents to be Considered by Decision-maker	Living Well Sefton Service Contract Extension			
Contact Officer(s) details	Lisa Whittingham lisa.whittingham@sefton.gov.uk, Julie Murray julie.murray@sefton.gov.uk Tel: 0151 934 3343			

**SEFTON METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN**

Details of Decision to be taken	Mental Health Issues Working Group Final Report To present formally the final report of the Mental Health Issues Working Group.			
Decision Maker	Cabinet Council			
Decision Expected	7 Oct 2021 18 Nov 2021 Decision due date for Cabinet changed from 24/06/2021 to 07/10/2021. Reason: the Working Group is still deliberating on recommendations			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Executive Director of Adult Social Care and Health; mental health social work team managers; individual service users; Mersey Care NHS Foundation Trust.			
Method(s) of Consultation	Meetings and emails.			
List of Background Documents to be Considered by Decision-maker	Mental Health Issues Working Group Final Report			
Contact Officer(s) details	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254			

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UPDATE FROM HEALTHWATCH SEFTON FOR OSC – 7 SEPTEMBER 2021

Access to NHS Dental Care

Healthwatch Sefton continues to support residents who are contacting our Signposting and Information Service. Residents are looking for support with emergency treatment and also registering with a local dentist. We will be publishing a report early in September, which updates residents on this issue and current inequalities.

GP Access

We continue to hear from patients about their frustrations in accessing services and the way in which this differs practice to practice. We have written to both Clinical Commissioning Groups to review how further messaging can be shared and we have begun to hold some online engagement sessions with residents who are supported by our local community champion organisations to gather their feedback to share some case studies about “a day in the life of a patient”.

NHS 111 First pathway.

We are hearing from Sefton residents about how the NHS 111 First pathway is not working for patients. Patients who are calling 111 to find out the most appropriate service to access and are then provided with an appointment to attend their A & E department are finding that this is not working and they attend, only to wait for hours and hours. We are gathering more feedback and have shared a case study with the department at Aintree hospital which is being reviewed. Discussions with colleagues from the Care Quality Commission have shared how this appears to be a common issue across the country.

Vaccine Hesitancy

We have shared our feedback gathered from those residents aged 18 – 30 on their attitudes to the vaccine. There was some concern about side effects and the rumours of fertility side effects. Our Signposting and Information service is also asking residents if they have had their vaccine(s) and the overall response has been positive, with the majority of residents we have spoken with already having both vaccines.

Review of Domiciliary care

We continue to plan our review with commissioner Pippa McHaffie and are working through some issues relating to data sharing etc.

Diane Blair BA (Hons) MSc

Manager

0151 920 0726 ext 236

Agenda Item 11

APPENDIX E

You can receive newsletters and updates by signing up [here](#)
Don't forget our Healthwatch Sefton Signposting can help you find the right
Health or Social care services. Call free today for independent up-to-date
information.

Freephone:0800 206 1304



Healthwatch Sefton
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