

# Public Document Pack

# Sefton Council



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

DATE: Tuesday, 4th January 2022

TIME: 6.30 p.m.

VENUE: Town Hall, Bootle

## 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

## 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  
Telephone: 0151 934 2254  
Fax: 0151 934 2034  
E-mail: [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

**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](mailto: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, including from the public gallery, 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 - 12)

Minutes of the meeting held on 19 October 2021.

## 4. Liverpool University Hospitals NHS Foundation Trust (Pages 13 - 24)

Sir David Dalton, Interim Chief Executive, and Clare Morgan, Director of Strategy, of Liverpool University Hospitals NHS Foundation Trust to attend, to give a presentation (attached).

The link to the most recent Care Quality Commission inspection report is below:

[Liverpool University Hospitals NHS Foundation Trust \(cqc.org.uk\)](http://cqc.org.uk)

## 5. Integrated Intermediate Care Strategy (Pages 25 - 52)

Joint report of the Chief Officer of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group and the Executive Director of Adult Social Care and Health.

## 6. Sefton Clinical Commissioning Groups - Update Report (Pages 53 - 62)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

**7. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 63 - 70)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

**8. Cabinet Member Reports** (Pages 71 - 88)

Report of the Chief Legal and Democratic Officer.

Margaret Jones, Director of Public Health, to provide an update on the latest position in relation to developments with Covid-19.

**9. Work Programme Key Decision Forward Plan** (Pages 89 - 108)

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 19TH OCTOBER, 2021

**PRESENT:** Councillor Thomas (in the Chair)  
Councillors Cluskey, Halsall, John Joseph Kelly and Killen

**ALSO PRESENT:** Mr. B. Clark, Healthwatch Representative  
Councillor Cummins, Cabinet Member – Adult Social Care  
Councillor Moncur, Cabinet Member – Health and Wellbeing

### **28. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Brodie-Browne and his Substitute Councillor Pugh; Councillor Irving; Councillor Jones and his Substitute Councillor Riley; and Councillor Myers and his Substitute Councillor Brennan.

### **29. DECLARATIONS OF INTEREST**

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

### **30. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

That the Minutes of the meeting held on 7 September 2021, be confirmed as a correct record.

### **31. SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST**

The Committee considered a report detailing the latest Care Quality Commission (CQC) Improvement Plan Report received by the Southport and Ormskirk Hospital NHS Trust Quality & Safety Committee in June 2021, for information.

Ann Marr, Chief Executive; and Anne-Marie Stretch, Managing Director, Southport and Ormskirk Hospital NHS Trust, attended to give a presentation that outlined information on the following:

- The Agreement for Long Term Collaboration (ALTC) between St. Helens and Knowsley (STHK) Hospitals NHS Trust, Southport and Ormskirk (S&O) Hospital NHS Trust, and NHS

# Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 19TH OCTOBER, 2021

England/Improvement, including Governance of the ALTC and Priorities;

- The Shaping Care Together (SCT) Programme; and
- An Update on the CQC Unannounced Inspection in March 2021, including Key Findings, Areas for Improvement and Progress & Improvements.

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

- The amount of work required by executive members of the Board at S&O and the future of non-executive members at S&O.
- Resources available for staff support across sites.
- If ALTCs were a common approach and the benefits to STHK.
- Whether staff were working across all sites.
- Assurances that the ALTC would assist in retaining services.
- Transport from the patient perspective.
- Compassionate staff.
- How to tackle the issue of fragile services.
- The sustainability of fragile services.
- Patient consultation.
- The continuity of established pathways for services.
- Recruitment and training of staff at S&O.
- The stability of maternity services at Ormskirk Hospital.
- The potential for recruitment from local universities.

RESOLVED:

That the report and presentation be noted.

## **32. ADULT SAFEGUARDING**

The Committee considered the report of the Executive Director of Adult Social Care and Health on the work of the Safeguarding Adults Board and inviting comment from Members of the Committee.

The report set out the requirements of the Care Act 2014 for adult safeguarding; strategic developments in that Sefton had a newly established Safeguarding Adults Board, although Sefton Adult Social Care remained a member of the Merseyside Safeguarding Adults Board; operational safeguarding and Section 42 Enquiries; and performance and processes for concerns raised during the pandemic. The report concluded that performance would be reported to the Committee on a regular basis.

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

- Concerns that reporting of safeguarding issues decreased during the pandemic.
- Mitigations against risk factors.

RESOLVED:

That the report be noted.

### **33. 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, that provided an update about the work of the CCGs. The report outlined details of the following:

- Booster programme for COVID-19 jabs begins;
- annual flu vaccination;
- GPs ask for support as they work through their busiest period;
- Survey asks patients for their experience accessing services since the start of the pandemic;
- Sefton mental health review;
- Sefton residents to be part of ground-breaking cancer trial;
- Blood tube disruption;
- Improving eye care services;
- 'Big Chat' annual reviews; and
- Governing Body meetings.

Martin McDowell, Deputy Chief Officer for the Sefton CCGs, attended the meeting to present the update report and to respond to questions raised by Members of the Committee.

A verbal update was provided on Hightown Village GP Surgery in that the existing provider had asked to be released from the contract, together with an update on the Roe Lane Surgery, Southport and how services could be delivered in the area.

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

- The booster vaccination against Covid-19, including encouraging the public to take it up, the drug administered, capacity, and contact made with individuals regarding its uptake.

RESOLVED:

That the update report submitted by the Sefton Clinical Commissioning Groups, be received.

### **34. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD**

# Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 19TH OCTOBER, 2021

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, that provided data on key performance areas, together with responses for the Friends and Family Test for both 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 for the Sefton CCGs, attended the meeting to present the data and to respond to questions raised by Members of the Committee.

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

- Figures for TIAs for the Southport and Formby CCG were concerning.
- The ambulance category 1 response time.
- Take-up of the GP extended access scheme and if information on the scheme was provided via the NHS 111 service and the NHS app. Further information could be obtained.
- Proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire by the provision of a single site at Aintree Hospital and the step-down pathway care that would be provided at Southport Hospital.
- Fragile services at Southport Hospital and if this would impact on stroke services at the Hospital.

RESOLVED: That

- (1) the information on Health Provider Performance be noted; and
- (2) the Chief Officer for the Sefton Clinical Commissioning Groups be requested to provide information on how the GP extended access scheme is conveyed to patients.

## **35. 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 fall 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;
- Adult Social Care Budget:
  - External grants;
- Sefton’s Adults Safeguarding Board;



# Agenda Item 3

## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 19TH OCTOBER, 2021

- Mental Health Services:
  - Sefton Mental Health Review;
  - Brain in Hand App;
- Safeguarding Performance;
- Integration and National Policy Update:
  - Integrated Care Teams (ICTs) Updates; and
- Complaints Update.

Councillor Cummins, Cabinet Member – Adult Social Care, attended the meeting to present his report and to respond to any questions.

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

- Covid-19 Update;
- Obesity;
- Seasonal Influenza;
- Children’s Living Well Sefton;
- Leisure Update;
- Leisure: Children and Young People 121 Programme; and
- Adult Social Care and Health - Integration and National Policy Update.

Councillor Moncur, Cabinet Member - Health and Wellbeing, attended the meeting to present his report and to respond to any questions. He emphasised the increasing rates of Covid-19 and the importance of the booster vaccination.

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

- Hospital admissions for Covid-19.
- The influence of anti-vax groups.

RESOLVED:

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

### **36. WORK PROGRAMME KEY DECISION FORWARD PLAN**

The Committee considered the report of the Chief Legal and Democratic Officer reviewing the Committee’s Work Programme for the remainder of 2021/22; reporting on progress of the Mental Health Issues Working Group; reporting on progress of work on the Integrated Care Partnership; 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; reporting on progress made on the Joint Health Scrutiny Committee to consider proposals for the reconfiguration of the hyper-acute stroke services across

# Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 19TH OCTOBER, 2021

North Merseyside and West Lancashire; and noting the update from Healthwatch Sefton.

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

The report set out progress made on work on the Integrated Care Partnership.

There was just one Decision within the latest Key Decision Forward Plan, attached to the report at Appendix B, 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; reported on progress made on the Joint Health Scrutiny Committee to consider proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire; and set out an update on recent activities undertaken by Healthwatch Sefton, as attached to the report at Appendix C.

## RESOLVED:

- (1) the Work Programme for 2021/22, 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) progress made on work on the Integrated Care Partnership be noted;
- (4) the contents of the Key Decision Forward Plan for the period 1 November 2021 – 28 February 2022, be noted;
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (6) the progress made on the Joint Health Scrutiny Committee, to consider proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire, be noted; and
- (7) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix C to the report, be noted.

## 37. MR. ROGER HUTCHINGS

# Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 19TH OCTOBER, 2021

The Chair advised the Committee that Mr. Roger Hutchings, Healthwatch Representative, had submitted his resignation as a co-opted member of the Committee.

RESOLVED:

That thanks be placed on record for Mr. Hutchings' service to the Committee and for his participation on a number of working groups.

This page is intentionally left blank

# Liverpool University Hospitals NHS Foundation Trust

Page 13

Chief Executive Update  
Sir David Dalton

Sefton OSG - 4<sup>th</sup> January 2022

Agenda Item 4



LIVING OUR VALUES



# CQC inspection: context

- The CQC is a regulatory body which looks into whether services appear to be getting better or worse. Their report is their judgement of the quality of care provided by Liverpool University Hospitals.
- In June 2021, CQC inspectors assessed services in the following areas: Urgent and Emergency Care, Medicine and Surgery services at the Royal Liverpool University Hospital and Aintree University Hospital and overall Trust leadership.
- Liverpool University Hospitals has now been rated as **Requires Improvement**.



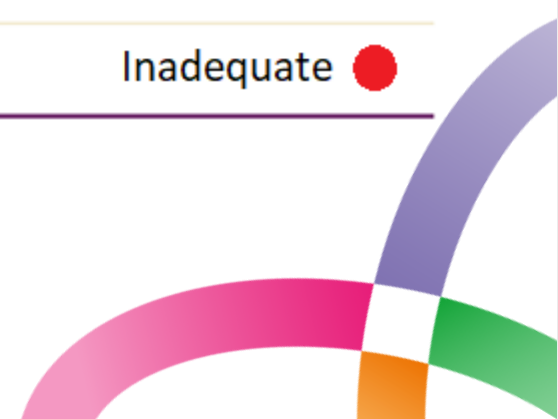
# CQC inspection: ratings

Page 15

## Ratings

Agenda Item 4

<b>Overall trust quality rating</b>	<b>Requires improvement</b>
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

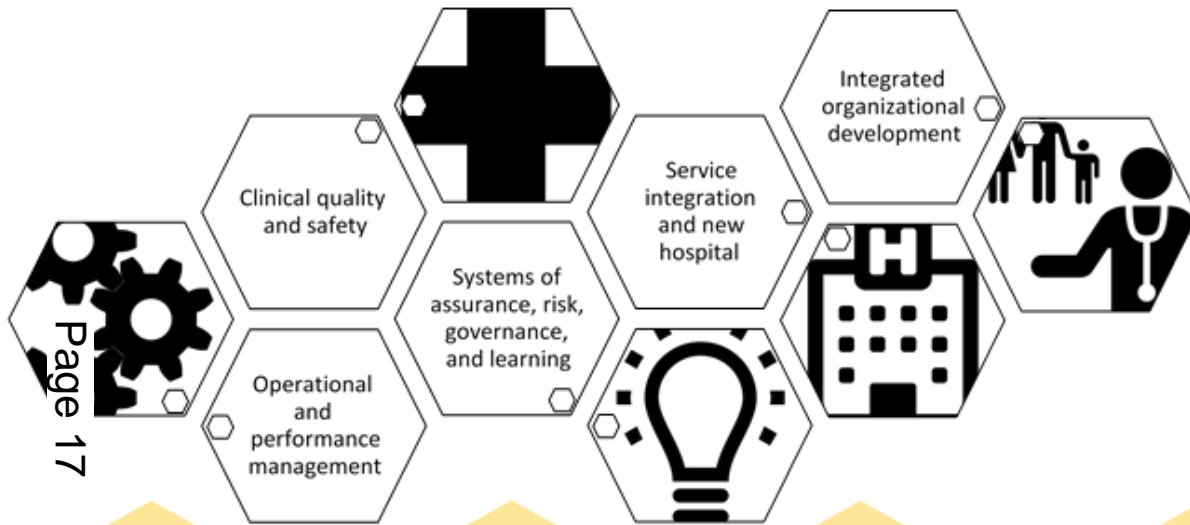


## 3 Fundamental Priorities

- **Purpose:** LUHFT's Improvement plan has now been submitted to the Care Quality Commission and shared with NHS England and Improvement
- **People:** We have instigated improvements within the Trust to enable the right level of support/resources to be provided to the Clinical Divisions.
- **Partners:** We continue to explore how we can unite with partners, in different ways, to improve the health and wellbeing of the people in the city region.

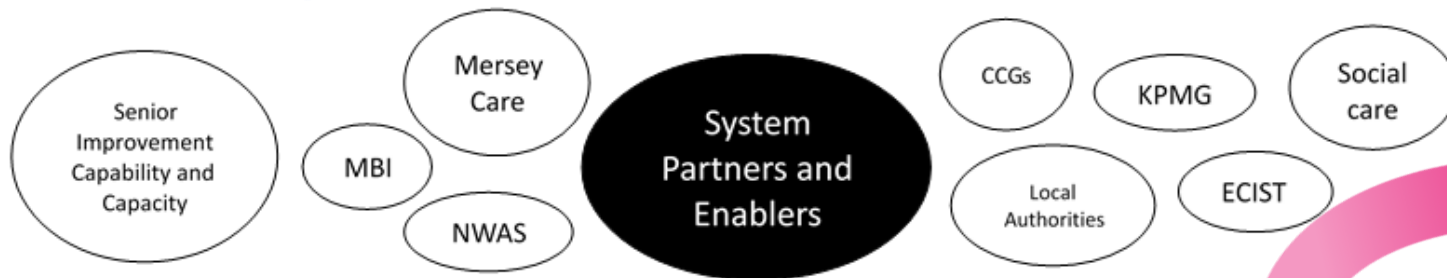






LUHFT  
Improvement  
Plan:  
The Journey to  
High Reliability

Agenda Item 4



# LUHFT improvement plan : Summary

- Clinical Quality & Safety
- Operational Performance & management
- Workforce capacity & capability + integrated OD Plan
- Systems of Assurance, risk management, governance and learning
- Improving leadership
- Readiness to move to new hospital



# LUHFT improvement plan: Fragile services

Page 19

Agenda Item 4

- Urgent and emergency care and assessment services;
- Patient-flow services with particular focus on transfer and discharge arrangements;
  - Elective administrative services i.e. out-patient assessment and booking; and
  - Dementia and delirium services.



# LUHFT improvement plan: Organisational Change

The new organisational arrangements are designed to:

- strengthen 'the middle of the organisation', shifting power from the Executive
- strengthen site leadership arrangements, with focus on patient flow
- retain x-site integrated clinical service improvement and development
- enhance the importance of clinical reliability and clinical effectiveness

The Board will operate new Assurance and Governance Arrangements:

- New Audit & Risk committee
- New Executive-Led Assurance Committees



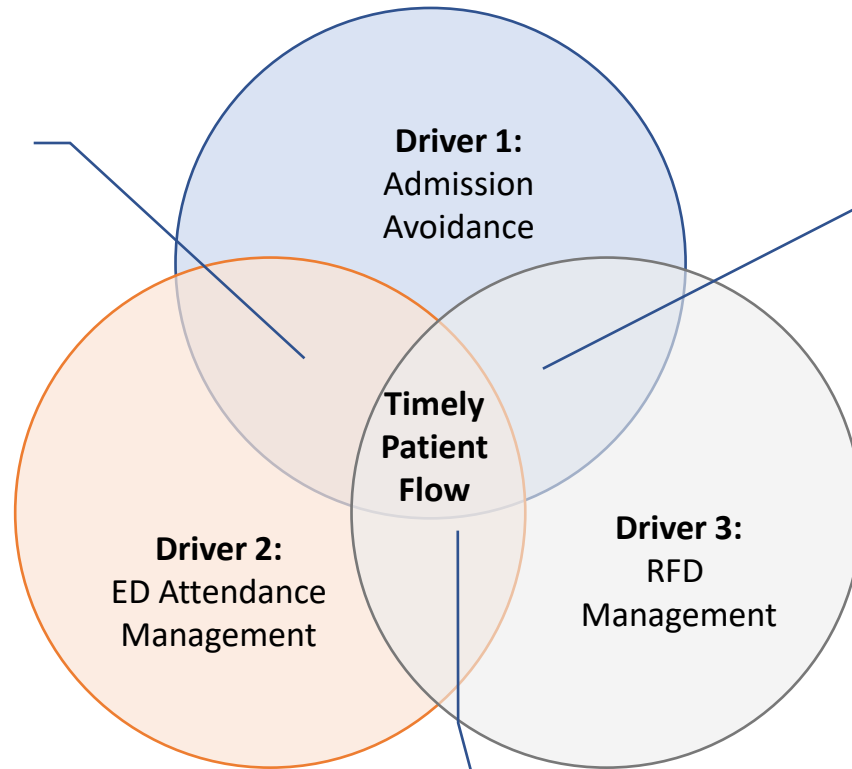
# System working patient flow opportunity

Page 21

**Initiatives**

- E-triage and redirection away from ED front door
- NHS 111 pathways
- Urgent treatment centre models
- Walk in Centre pathways

**Currency:** ED attendance reduction from baseline



**Initiatives**

- Discharge to Assess Pathways
- Home First Services
- Reablement Services

**Currency:** Occupied bed day reduction and bed availability

**Initiatives**

- Frailty pathways
- Direct Conveyancing
- Same Day Emergency Care
- Short Stay Pathways

**Currency:** RFD number reduction and/or total RFD over 72hrs reduction

Agenda Item 4



### Quality and Patient Safety

- Improvement Plan
- Patient Harms
- Safe Staffing
- LUHFT Learning Framework

### People

- Integrated OD Plan
- COVID-19 / Flu vaccine programme

## High reliability

### Performance

- 52 & 104 Week Waits
- Ready for Discharge
- Patient Flow

### Finance

- Forecast for H2 (Q3 & Q4)
- Electronic Patient Record (EPR)



### Partnerships

- Hyper-Acute Stroke Services for North Mersey Public Consultation



# Questions?

Agenda Item 4

Page 23



LIVING OUR VALUES



This page is intentionally left blank



# Agenda Item 5

<b>Report to:</b>	Health and Wellbeing Board  Overview and Scrutiny Committee (Adult Social Care and Health)	<b>Date of Meeting:</b>	8 September 2021  4 January 2022
<b>Subject:</b>	Integrated Intermediate Care Strategy		
<b>Report of:</b>	Executive Director of Adult Social Care and Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Cabinet Member Adult Social Care Cabinet Member Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

This report presents to the Board/Committee the Sefton Joint Intermediate Care Strategy 2021-24 for approval. Intermediate Care is defined as 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.

## Recommendation(s):

- (1) To approve the Sefton Joint Intermediate Care Strategy 2021-24
- (2) To note that that further reports will be submitted to the Board/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) Intermediate Care 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)

# Agenda Item 5

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 delivery of updated models of service delivery, which the strategy outlines and seeks to implement, which in turn will improve outcomes for Sefton Residents, including maintenance of their independence.

## 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:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>	
There are no resource implications arising from this report at this stage.	
<b>Legal Implications:</b>	
<ul style="list-style-type: none"> <li>• Care Act 2014</li> <li>• Care and Support Statutory Guidance</li> <li>• The Care and Support and After-Care (Choice of Accommodation Regulations) 2014</li> <li>• National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care</li> </ul>	
<b>Equality Implications:</b>	
The equality Implications have been identified and mitigated.	
<b>Climate Emergency Implications:</b>	
The recommendations within this report will	
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:

<p>Protect the most vulnerable:</p> <p>The strategy outlines how services will be delivered so that they continue to meet the needs of vulnerable people.</p>
<p>Facilitate confident and resilient communities:</p> <p>Delivery of the strategy will encompass a key focus on ensuring that the needs of the local population are met, and that people are supported to maintain their independence and remain part of their communities.</p>
<p>Commission, broker and provide core services:</p> <p>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.</p>
<p>Place – leadership and influencer:</p> <p>The strategy outlines to the market how Social Care and Health will work with the Provider market and ensure that it continues to meet needs.</p>
<p>Drivers of change and reform:</p> <p>The strategy is a key document outlining how change and reform in the delivery of services and patients / Service Users experiences will take place.</p>
<p>Facilitate sustainable economic prosperity:</p>
<p>Greater income for social investment:</p>
<p>Cleaner Greener</p>

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

### (A) Internal Consultations

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

### (B) External Consultations

This strategy has been informed by ongoing discussions with patients, carers, local residents and a wide range of stakeholders through the CCGs' "Big Chats", "Mini Chats" and other listening activities.

# Agenda Item 5

## Implementation Date for the Decision

Immediately following the Board meeting.

<b>Contact Officer:</b>	Neil Watson
Telephone Number:	Tel: 0151 934 3744
Email Address:	neil.watson@sefton.gov.uk

## Appendices:

Appendix A – Sefton Joint Intermediate Care Strategy 2021-24

## 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 delivery of Intermediate Care services. Intermediate Care is defined as 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.
- 1.5. To drive and support this work, the development of a joint strategy was a key identified workstream of the Integrated Commissioning Group and that its implementation should be subject to formal approval.

## **2. The Rationale and Development of the Strategy**

- 2.1. The strategy has been produced in order to communicate and outline how Sefton will deliver the overall aims of encouraging independence, avoiding unnecessary admission to hospital and to accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.
- 2.2. The strategy was developed following the alignment of a strategic vision for the borough or the place of Sefton via the Health and Wellbeing Strategy, Sefton2together and the NHS 5-year delivery plan.
- 2.3. The strategy outlines a joint health and social care commitment to making a real difference to the way services are delivered and the quality of the patient's individual experience of health and social care provision in Sefton.
- 2.4. As detailed in the strategy, its development was needed in order to address how Health and Social Care will meet the current and future needs of the Sefton population, and take into account the ageing population and the associated impact on the demand for services, as well as the COVID impact on services which has seen a greater demand for care delivered outside of a care home setting.
- 2.5. Delivery of the 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, demand management and a focus on outcomes for the local population. It also has a role in ensuring providers of health and care understand intermediate care and its importance to the system as a whole.

## **3. Key themes and Objectives within the Strategy**

- 3.1. The strategy focusses on the following four models of intermediate care and how they will be delivered in an integrated way so that people can move easily between them, depending on their changing support needs;
  - Home-based intermediate care
  - Reablement
  - Bed-based intermediate care
  - Crisis response
- 3.2. The strategy highlights that care will largely be provided in the person's own home, but for those assessed as at risk if 24-hour care is not provided or their home is unsuitable, an intermediate care bed in a residential setting, or with some nursing care may be the only viable option to avoid hospital admission.
- 3.3. A key theme within the strategy is working to achieve the following outcomes;
  - Ensuring individuals receive care at the right time in the right place, reducing acute hospital admission and managing the projected increase in demand;

# Agenda Item 5

- Ensuring decisions about long-term care are made only when individuals have had an opportunity for rehabilitation and recovery; and
- Increase individual satisfaction and maximise independent living

3.4. The strategy also highlights that a key element of its delivery will be activities relating to commissioning and also engagement with key stakeholders throughout its life, in order to ensure that all partners are aware of required services and to ensure that any services commissioned meet the needs and aspirations of the local population.

3.5. The strategy is included as Appendix A of this report, however please note that it may be subject to further design changes in advance of it being fully published and disseminated to key Stakeholders.

## **4. Delivery of the Strategy and Governance Arrangements**

4.1. As detailed in the strategy, its oversight ultimately rests with the Health and Wellbeing Board, however oversight will be conducted by the Programme Delivery Group.

4.2. In terms of the practical delivery of the strategy, an Operational Group will ensure that action plans and individual projects are managed, with this group including Providers delivering services, with a range of measures in place to ensure impact. This group includes clinical representation.

4.3. This is an area of significant collective spend in Sefton. The delivery of an integrated strategy would help facilitate its full inclusion in the Better Care Fund going forward and a more detailed report on impact of spend to the system will be brought to the board at a later date. It will be a significant area of investment through future Cheshire and Merseyside Health Care Partnership funding Streams.

## **5. Conclusion & Recommendations**

5.1. The Intermediate Care Strategy has been developed to outline how key deliverables of the Health and Wellbeing Board will be realised. It takes into account that the elderly and frail population is projected to rise significantly and there are an increased number of people living longer with more complex health needs.

5.2. Health & Wellbeing Board are asked to approve the strategy and note the delivery and governance arrangements associated with it.

5.3. The Health & Wellbeing Board are also asked to note that it is intended that further reports will be submitted to the Board to report progress against the delivery of the strategy and any identified issues and themes.



This page is intentionally left blank





South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

# Sefton Joint Intermediate Care Strategy 2021-2024

# Agenda Item 5

## Contents

<b>Section</b>	<b>Page Number</b>
<b>1. Executive Summary</b>	<b>3</b>
<b>2. Vision</b>	<b>4</b>
<b>3. Context</b>	<b>4</b>
<b>4. The National Model and Operating Policy</b>	<b>7</b>
<b>5. Supporting Infrastructure</b>	<b>9</b>
<b>6. The Models of Care</b>	<b>10</b>
<b>7. Outcomes</b>	<b>14</b>
<b>8. Commissioning Approaches</b>	<b>15</b>
<b>9. Consultation &amp; Engagement</b>	<b>16</b>
<b>10. Governance</b>	<b>16</b>
<b>11. Conclusion</b>	<b>16</b>
<b>Appendix 1 Terms Used in this Strategy</b>	<b>18</b>

## 1. Executive Summary


This strategy is the product of collaborative working with a range of professionals in both health and social care organisations from 2017 to date within the Integrated Community Reablement and Assessment Service (ICRAS). It is a combination of recommendations, values and beliefs, an understanding of what works well and what offers value for patients and these will shape the future development of an Intermediate Care Model for adults within Sefton, including ensuring that model implemented in Sefton is conversant with national discharge models and operating policies.

Intermediate Care is defined as 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.

This strategy sets out work undertaken to date and will lead to the delivery of an updated model of service delivery, designed to rebalance hospital and community care, provide home based intermediate care, reablement, bed based intermediate care and crisis response. The aim of which is to encourage independence, avoid unnecessary admission to hospital and accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.

This strategy will be underpinned with associated action plans to ensure adequate and timely delivery, and as a result the strategy will be a working document, subject to regular review in order to ensure that it reflects action plan progress and any newly emerging themes, findings and objectives.

Both health and social services are committed to making a real difference to the way services are delivered and the quality of the patient's individual experience of health and social care provision in Sefton.

	
Fiona Taylor Chief Officer NHS Southport and Formby CCG NHS South Sefton CCG	Deborah Butcher Executive Director of Adult Social Care and Health

# Agenda Item 5

## 2. Vision

Both Sefton Clinical Commissioning Groups and Sefton Council envisage a seamless intermediate care service designed to enable and support people to remain in their own homes for as long as possible; living independently, increasing time spent with family and friends and reducing the need for longer term care provision.

## 3. Context

Sefton now has established an aligned strategic vision for the borough or the place of Sefton via the Health and Wellbeing Strategy, Sefton2together and the NHS 5-year delivery plan.

There is a clear ambition to grow its integration and build on the success of its established Better Care Fund, delivery of the services described in this strategy are key to this. Other interdependent strategies to be considered alongside this are described in section 3.3.

Governance oversight to this ultimately rests with the Health and Wellbeing Board and its delivery will be driven by Sefton's Integrated Commissioning Group.

The provision of Intermediate Care is defined as 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. Sefton health and social care integrated team have committed to work collaboratively to develop the model and supporting infrastructure needed for effective and efficient delivery.

### 3.1 *Current and Future Demand*

The Sefton Population Projections<sup>1</sup> identifies the following key facts.

- The estimated population of Sefton in 2018 was 275,396. The latest 2018 based population projections suggest an increase in population year on year rising over 6% to 292,176 in 2043. The biggest percentage increase is estimated to be among residents aged 65 and over, with this age group expected to rise by a third from 64,032 in 2018 to 85,198 by 2043 (from 23% of the population to 29% of the population). Every quinary age group above 65 is projected to have a significant increase, in particular those aged 85-89 projected to increase by 61% and those aged 90 and over by 95%.
- Sefton's 65+ population is 64,032 accounting for 23% of the total population and largely accounts for the projected future increases in the total population.
- Sefton already has a sizeable population of older people. As this grows, it will have a large impact on services and their ability to cope.
- Sefton has the highest proportion of residents aged 65+ and 75+ than the other local authorities within Liverpool City Region.

---

<sup>1</sup> Sefton Population Projections – 2018, Business Intelligence & Performance on behalf of Sefton Council

- An increasingly elderly population are likely to attend A&E and be admitted to hospital as a result of falls - 36% more by 2035<sup>2</sup>.
- By 2035, it is projected that 38% more people aged 65 and over will have dementia. This will impact on their wider health and their care needs<sup>2</sup>.
- In 2019, over 2,800 people are forecast to be living in a care home (with or without nursing) – there will be an increase of over 40% by 2035<sup>2</sup>.
- Like most of the country Sefton has a growing and ageing demographic. By 2043 Sefton will have an overall forecast increase of 33% of residents who are 65+ and is set to account for 29% of Sefton’s population
- Current statistics show Sefton having the largest cohort of residents 65+ within the Liverpool City Region<sup>3</sup>.

Borough	Sefton	Wirral	St Helens	Halton	Knowsley	Liverpool
<b>Age 65+</b>	23.1%	21.3%	20.4%	17.9%	17.0%	14.6%

- A further analysis of the 23.1% of older Sefton residents by sub-areas is as follows;

Sefton	Southport	Formby	Maghull	Crosby	Bootle	Netherton
<b>Age 65+</b>	26.6%	31.4%	26.5%	21.7%	15.5%	17.5%

By way of summary, the Sefton Strategic Needs Assessment identifies Sefton as having a growing elderly population. Older people are more likely to develop complex and long term health conditions, which lead them to require increased health and social care.

Managing such increased demand will necessitate a new approach to service planning, enabling people to maximise their independence and decrease reliance upon acute and social care services.

### 3.2 Strategic Aims and Objectives

This strategy has been informed by ongoing discussions with patients, carers, local residents and a wide range of stakeholders through the CCGs’ “Big Chats”, “Mini Chats” and other listening activities and is congruent with the CCGs’ strategic priorities of:

- 3.2.1 Frail Elderly: to support the frail elderly, with long term conditions, to optimise self-care based in the community or home setting, while preventing unnecessary and unplanned admission to hospital;

<sup>2</sup> Projecting Older People Population Information System correct as 01/07/2020

<sup>3</sup> Mid-Year Estimates 2018

# Agenda Item 5

- 3.2.2 **Unplanned Care:** to support patients of all ages to manage their healthcare needs at home or in the community setting, while preventing unnecessary and unplanned admission to hospital;
- 3.2.3 **Primary Care Transformation:** to support the healthcare needs of the population through enhanced primary and community care services, supporting self-care and enabling appropriate intervention at home or in the community and preventing unnecessary and unplanned admission to hospital.

Further, as part of the Intermediate Care and Reablement Scheme of the Better Care Fund for Sefton, the main scope of this scheme is to reduce hospital admissions and readmissions, reduce the need for ongoing care and support and to reduce the number of admissions into long term residential and nursing care.

## 3.3 Linkage with Other Strategies and Priorities

This strategy will both link to, and be informed by associated strategies, plans and priorities, including, but not limited to;

- 3.3.1 **Sefton Care Home Strategy 2021/24** – this developing strategy 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. 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 which Intermediate Care services will be a part of;
- 3.3.2 **Sefton2gether** – this joint Council and CCGs plan has a focus on Early Intervention, Self-Care and Prevention and having Integrated Care Teams to ensure targeted care coordination.  
<https://www.southportandformbyccg.nhs.uk/media/4044/sefton2gether-final-print-version-2020.pdf>
- 3.3.3 **Seftons Health & Wellbeing Strategy 2020-25** – this identifies that the Sefton health and care system, including wider partners, works together to meet the needs of our entire population. This means focusing on the areas of greatest need and ensuring the best use of available resources.  
<https://www.sefton.gov.uk/media/1648266/sefton-health-and-wellbeing-strategy-2020-2025.pdf>
- 3.3.4 **Sefton's Market Position Statement** – this is currently in draft and will be published shortly and sets out a direction of travel including strategic and legislative drivers that are influencing change. It provides information to the social care market on population needs, service demands, commissioning priorities and resource availability, to facilitate the effective planning and development of services and opportunities to meet the needs of our residents – both now and in the future, of which Intermediate Care type services will be a key element.

3.3.5 **Sefton's Dementia Strategy** – in development due to be published September 2020, this outlines that positive, proactive approaches to service development providing individualised support can help ensure that physical and mental health are sustained as long as possible, that people live at home for as long as possible and that crises and unnecessary use of intensive costly services are minimised. It outlines the intention to ensure that older citizens experiencing dementia can access appropriate, joined-up services that are provided safely and effectively to maximise independence, choice and quality of life.

3.3.6 **Sefton Older People's Strategy** – a key element of this strategy is the identification of the need to ensure that Older People are supported to keep independent and that improving Health and Social Care services is one of the biggest things that Older People identified can help them. The aims and objectives outlined in this Intermediate Care strategy support these aims.

<https://www.sefton.gov.uk/your-council/plans-policies/adults.aspx>

3.3.7 **Extra Care Housing** – The development of extra care across the borough as an alternative housing option to other more costly and restrictive options such as residential and nursing care is a key driver for Sefton. Extra Care Housing offers a self-contained home of your own where social activities are easy to find, and help is on hand if you need it. 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. Our goal is to deliver 1,306 extra care units by 2035 this will then have significant impacts on our reliance on other more costly services across the spectrum.

<http://www.housingcare.org/jargon-extra-care-housing.aspx>

## 4. The National Model and Operating Policy

Underpinning and driving the delivery of this strategy will be the need to ensure that it supports and delivers a model in line with the *"Hospital discharge and community support: policy and operating model"* (July 2021).

This document sets out the hospital discharge service operating model for all NHS trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England.

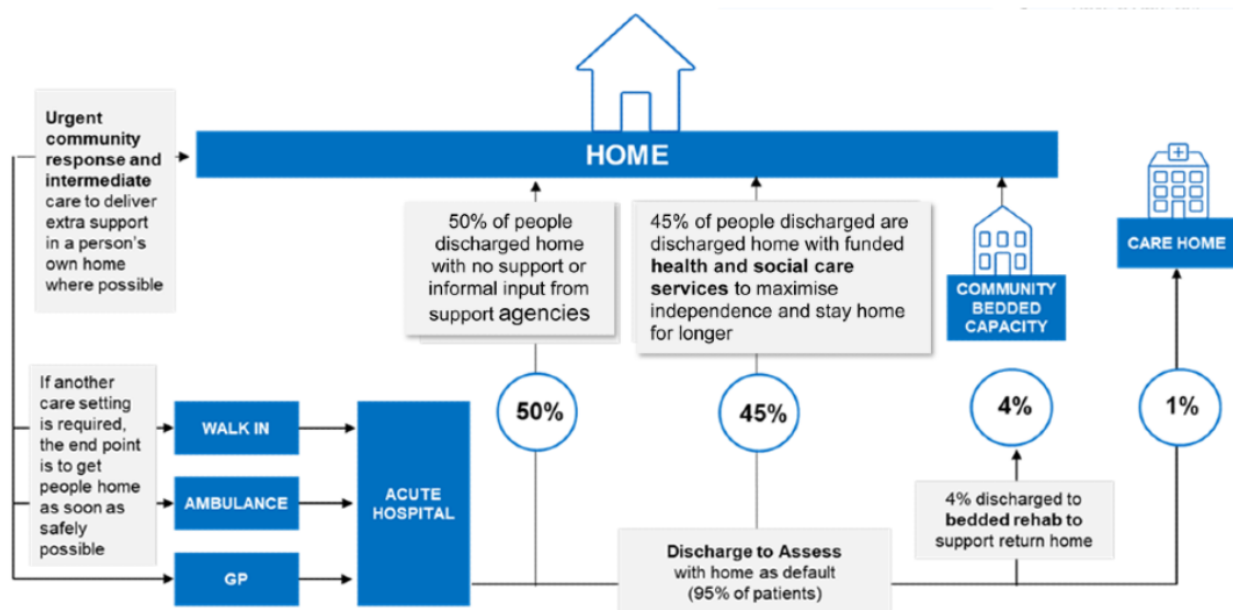
In summary, this model outlines the following four discharge pathways;

- **Pathway 0**
  - Likely to be minimum of 50% of people discharged:
  - simple discharge home
  - no new or additional support is required to get the person home or such support constitutes only:
  - informal input from support agencies

# Agenda Item 5

- a continuation of an existing health or social care support package that remained active while the person was in hospital
- **Pathway 1**
  - Likely to be minimum of 45% of people discharged: able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home.
  - Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.
- **Pathway 2**
  - Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, ideally before returning home
- **Pathway 3**
  - For people who require bed-based 24-hour care: includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting (for national data monitoring purposes, returning care home residents will count towards the 50% figure for Pathway 0).
  - Those discharged to a care home for the first time will have such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs.

The following diagram also summarises the model;



(Source: Hospital discharge and community support: policy and operating model - July 2021)

People with Mental Health conditions such as delirium or dementia will better recover in their own home/care home as this is an environment that is familiar to them. Additionally, it is far more likely that an accurate assessment of long-term health and social care needs will be possible once they have returned to their own home as opposed to an unfamiliar and often confusing environment.



It is our commitment to continue to embed some of the principles of the discharge to assess and home first adapted for mental health care pathways, such as;

- Assessment of long-term care and support needs in the most appropriate setting and at the right time for a person.
- Instigation of care packages as soon as a person is ready to leave hospital, doing what is right by them and crucially removing delays and disputes over funding and responsibilities (and if needed resolving these after the discharge support has started).

The first few days and especially nights following discharge home of someone with dementia or delirium are usually the most challenging and therefore we will endeavour to ensure that the package of care is tailored to individual need and that we utilise other resources to support independence such as assistive technology.

## 5. Supporting Infrastructure

At present Sefton has the following four schemes / services of intermediate care to support delivery of the overall model;

- Home-based intermediate care
- Reablement
- Bed-based intermediate care
- Crisis response

However, a key deliverable for this strategy will be to review these schemes / services to ensure that their individual operating models are in line with the national model and to ensure that they have sufficient capacity within them to meet demand.

We are committed to implementing a Discharge to Recover model and ensuring that long-term care needs assessments not being performed in an acute hospital setting as such assessments will not reflect the abilities of a person and may lead to an over-prescription of care and support, persons should be allowed a period of recovery to give an accurate picture of their future needs.

These services will be delivered in an integrated way so that people can move easily between them, depending on their changing support needs. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team and most commonly by healthcare professionals and/or care staff.

### 4.1 Intermediate Care

Intermediate Care is defined as 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.

(<https://www.nice.org.uk/guidance/ng74/chapter/recommendations#intermediate-care>, 2017)

Intermediate care services are usually delivered for no longer than 6 weeks and can be as little as 1 to 2 weeks in duration. Four service models of intermediate care are available: bed based intermediate care, crisis response; home based intermediate care and reablement.

# Agenda Item 5

## 4.2 Core principles of intermediate care, including reablement

Collaborative working to develop goals which optimise independence and well being  
Person centred approach, taking into account cultural differences and preferences

Ensure good communication at all stages of assessment and delivery between intermediate care practitioners, other agencies, people using the service and their families and carers.

Intermediate care practitioners should

- Work in partnership with the person to find out what they want to achieve and understand what motivates them
- Focus on the person's own strengths and help them realise their potential to regain independence
- Build the persons knowledge, skills, resilience and confidence
- Learn to observe and guide and not automatically intervene, even when the person is struggling to perform an activity, such as independent dressing and meal preparation.
- Support positive risk taking

Ensure that the service user and or their family or carers know who to speak to if they have any questions or concerns about the service, and how to contact them.

Offer the person the information they need to make decisions about their care and support, and to get the most out of the intermediate care service. Offer this information in a range of accessible formats, for example:

- Verbally
- In written format
- In other accessible formats, such as braille or Easy Read
- Provided by a trained, qualified interpreter

## 4.3 Assessment of need for intermediate care

- be provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery;
- have a planned outcome of maximising independence and typically enabling patients and service users to resume living at home
- be time-limited, normally no longer than six weeks and frequently as little as a few days;
- involve cross-professional working, with a single assessment framework, single professional records and shared protocols;
- Inclusive of older people with mental health needs, either as a primary or secondary diagnosis.
- Intermediate Care services may also:
  - form part of the pathway for end of life care, if there are specific goals for the individual or carer that could be addressed in a limited time; or
  - link with longer term plans for support.

## 6. The Models of Care

The four models of care within the pathway will ensure a flow through intermediate care for the patient at a time and level as their need dictates. To be effective, the pathway relies on the interdependence and close alignment of health and community services, together with third sector services to ensure there all gaps in services are bridged and there are no delays in transfers of care.

## **Home based intermediate care**

Home based intermediate care 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.

There will be access to and the further development of assistive technology to promote independence at home e.g. telecare (such as pendant alarms and falls detectors), community equipment (such as beds, hoists and walking trolleys), and minor and major adaptations to the home (such as hand rails and ramps). The introduction of other forms of digital assistive technology such as telehealth and teletriage will be explored to support people to remain in their chosen place of home for as long as possible.

The Sefton Integrated Commissioning Group will ensure that the home-based intermediate care offer will allow professionals to build a package of care and support around individual needs therefore enabling independence. In addition, we will work with the voluntary, community and faith sector in the development of community centred models of support which can be utilised by individuals in the longer term to enable transition from intermediate care.

## **Reablement**

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 enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services.

As a result, the Sefton Integrated Commissioning Group will seek to expand the provision of such services so that they 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.

## **Bed Based Intermediate Care**

Bed based intermediate care is designed to help people avoid hospital or get home sooner, recover from illness, and plan their future care. It is a model of care which sits at the heart of Sefton's vision for an integrated health and social care system.

Assessment and interventions provided in a bed-based setting are designed to reduce the risk of further deterioration in the person's condition which can lead to reduced independence.

# Agenda Item 5

Sefton integrated commissioning group will ensure bed based intermediate care services are provided in a range of appropriate environments to meet the needs of the individual. We aim to ensure sufficient capacity to ensure that adults can start the service within 2 days of referral from hospital or the community setting. The aim of this is to maximise outcomes, prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and support timely discharge from hospital.

## **Crisis / Rapid Response**

Such services build on other existing short-term intervention services by also offering another mechanism to provide Domiciliary Care, Reablement tasks and practical support to enable Service Users who are medically stable, to remain safe and secure in their own homes when an acute situation occurs and who, without such support, may normally be admitted to Hospital or access other services such as longer-term care at home or in a care home setting.

As part of the implementation of this strategy, opportunities to develop such services will be considered, which will also encompass how such services can link with other services and provide timely interventions to people, thus reducing the need for an acute hospital admission and/or longer-term service.

### **5.1 WHO will deliver the care?**

The intermediate care offer within Sefton will be provided through multidisciplinary teams and services working through an integrated model of service delivery to provide holistic short-term care interventions and rehabilitation. Key to the delivery of this model will be a single point of access for those referring into the service and a single assessment and care planning process approach. There is a need for further review and consideration of these enabling processes as part of the implementation of this strategy.

The intermediate care model will comprise:

- Nurses and health care assistants
- Allied health professionals e.g. occupational therapist, physiotherapist
- GP or Geriatrician
- Social workers
- Care workers e.g. within reablement and crisis response

There will be clear routes of referral and engagement with commonly used services, for example:

- General practice, pharmacy, podiatry
- Mental health and dementia services
- Housing services
- Voluntary, community and faith services

The intermediate care model will encompass a broad range of disciplines and skills and competencies to support effective service delivery. There will be flexible utilisation of the intermediate care workers between community and bed-based care; and greater interaction of

health and social care to enable education and development opportunities for care workers to create a robust workforce to support reablement and crisis response.

The intermediate care model will link closely with other developments within Sefton. This will include the integrated care teams which are delivered at a local level and whose remit is to proactively support service users and avoid reactive interaction with the urgent primary and secondary care systems. The integrated care teams will identify and refer individuals to intermediate care where required and will also provide follow on support after intermediate care. The intermediate care model will also establish links with a variety of additional key health and social care community services to include, *inter alia*, stroke, falls, continence and respiratory services, together with Continuing Health Care Teams, to ensure that each individual's care is person-centred and that their journey through the Intermediate Care pathway is timely and seamless.

## **5.2 WHERE care will be provided**

Intermediate care will largely be provided in the person's own home, but for those assessed as at risk if 24-hour care is not provided or their home is unsuitable, an intermediate care bed in a residential setting, or with some nursing care may be the only viable option to avoid hospital admission.

## **5.3 WHEN care will be provided**

Step up: the service will provide a proactive "rapid response" assessment within two hours of referral, providing an intervention in people's homes (or place of residence) with a view to avoiding admission to hospital.

Step down: the service will also 'in reach' into local acute services with a view to facilitating early discharge. Decisions relating to long term care will not be made in a hospital environment, but in the patient's home environment to promote and sustain independence and wellbeing.

## **5.4 How long will care be provided for?**

Intermediate care should last no longer than 6 weeks and is a time-limited service with the intention of preventing unnecessary hospital admission, reducing lengths of stay in hospital and enabling patients to return home quickly by providing support in the community for a short period while on-going packages of care are commissioned from Adult Social Care.

It is goal-focussed and provides time for assessment and intervention based on specific, agreed outcomes to be achieved within days and weeks, supporting people to return to self-care.

## **5.5 Transition of Care**

Transition of care will be effectively planned within the 6 weeks service duration and will run parallel with intermediate care interventions. This will enable the service user to exit the service smoothly and transition into any ongoing service provision, the aim of which is to enable and maximise independence at home.

# Agenda Item 5

Persons needing ongoing support will have had an equal partnership with the multidisciplinary team to enable them to make choices about their own care. They will be treated with dignity and respect throughout their transition.

A clear plan will be provided to the service user on transition with good communication between intermediate care teams and other agencies and on other types of support available.

A contingency plan will be agreed equally between parties with Information readily available about how to self-refer back to the service and how to contact the team if needed.

## 6 Outcomes

### 6.1 *Ensuring individuals receive care at the right time in the right place, reducing acute hospital admission and manage the projected increase in demand*

- We will agree a model across Sefton, in partnership between health and social care, independent sector and the third sector to agree a single model for intermediate care.
- We will review and develop team capacity in the community, together with community bed provision to take account of the projected increase in the elderly and frail population, while demonstrating value for money and effectiveness in reducing hospital admission.
- Organisational boundaries will not be allowed to obstruct or delay operation of the system. A cohesive team will ensure effective co-ordination and accountability for all members of the intermediate care teams.
- Develop clear and consistent referral pathways between intermediate care services, primary and secondary care and the Social Services, ensuring the single point of access is promoted widely.
- The strategy will be delivered through a patient-centred approach and implemented through working in a collaborative manner.

### 6.2 *Ensuring decisions about long term care are made only when individuals have had an opportunity for rehabilitation and recovery*

- We will ensure that patients are not transferred directly from a hospital ward to residential care (unless in exceptional circumstances) without being offered a period of intermediate care and reablement.
- We will ensure that individuals with complex health needs are treated fairly and offered rehabilitation prior to any decision being made about their long-term needs.
- 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.

## 6.3 *Increase individual satisfaction and maximise independent living*

- We will continue to monitor and review the pathway to ensure a fully integrated service.
- We will ensure our services are individual centred.
- We will introduce a new series of measures to performance manage the operation and delivery of the service, which will include continuous assessment of the individual experience.
- We will ensure individuals do not become delayed in the system or access intermediate care services for longer than necessary.

## 6.4 *Ensuring that models and services work for people with mental health problems, dementia and delirium*

- We will deliver services that reflect that an accurate assessment of long-term health and/or social care needs will be possible once someone with dementia or someone recovering from delirium is back in their own home/care home and very unlikely if undertaken in the unfamiliar and confusing environment of a hospital.
- We will ensure that when following the principles of Discharge to Assess and Home First for people with mental health conditions on mental health care pathways, there will be in place the delivery of more supportive care packages than usual, which will be person-centred and planned in conjunction with the person and any identified carers, family and/or friends.
- Care coordinator or relevant mental health clinician will be involved in the discharge planning for people with a pre-existing mental health concern who are known to mental health services, to ensure their mental health needs are considered as part of duties under the Mental Capacity Act (2005). For people where new mental health concerns are considered in light of discharge psychiatric liaison teams should be contacted by Case Managers in the first instance to review and assess as appropriate

## 7 Commissioning Approaches

7.1 A key element of this strategy is the service models for Intermediate Care services, and as a result Commissioners will need to ensure that services commissioned reflect these models, meet the desired outcomes and have sufficient capacity within them to meet demand.

7.2 Commissioning intentions and options will be outlined as part of the ongoing development of this strategy and the associated action plans, however it is important to initially highlight that these options could include;

7.2.1 Reconfiguring existing contractual arrangements to ensure that services are aligned to multi-disciplinary Teams in order to ensure that efficiencies are achieved and that there is the best use of available resources; and

# Agenda Item 5

7.2.2 Reviewing existing services in place to ascertain whether they can be expanded and/or remodelled in order to better meet the required models of service.

7.3 When commissioning proposals are formulated, both the CCGs and Council will ensure that the appropriate approval and procurement processes are adhered to, and that these intentions are outlined to all stakeholders.

## 8 Consultation & Engagement

8.1 Through the life of this strategy, all stakeholders will be consulted and engaged with to ensure that the strategy continues to identify emerging needs and remain aligned to other associated strategies and plans.

8.2 In addition, as part of the implementation of associated action plans, consultation and engagement will take place, for example with Service Users and Care Providers to ensure that commissioning activities take into account identified needs, desired outcomes, feedback on current services being delivered and Provider market factors.

## 9 Governance

9.1 As outlined earlier, oversight of this strategy ultimately rests with the Health and Wellbeing Board, however oversight will be conducted by the Programme Delivery Group.

9.2 As part of the implementation and delivery of the strategy an Operational Group will ensure that action plans and individual projects are managed, with this group including Providers delivering services.

9.3 Oversight and governance will also take place through other mechanisms such as the Better Care Fund and internal CCGs and Council bodies, for example when procurement activities are proposed.

9.4 The quality of the services provided will be monitored via contractual arrangements and regulated by the care quality commission who monitor, inspect and regulate service to ensure they meet fundamental standards of quality and safety.

## 10 Conclusion

10.1 Delivery of this Intermediate Care Strategy will be crucial in supporting the delivery of the CCGs and Councils aligned strategic aims. The strategy also represents key deliverables of the Health and Wellbeing Board and takes into account that the elderly and frail population is projected to rise significantly and there are an increased number of people living longer with more complex health needs.

10.2 Our challenge is to commission services upon which there will be growing demand, which offer a high standard of care within the current financial constraints.



- 10.3 The benefits for the Sefton population will be an increased quality of care and an environment where they are not admitted to hospital unless it is absolutely necessary and if admitted to hospital, ensuring that they are discharged quickly with services put in place to support them to resume independent living.

# Agenda Item 5

Assessment and interventions provided in a bed-based setting, such as an acute hospital, community hospital, residential care home, nursing home, stand-alone intermediate care facility, independent sector facility, local authority facility or other bed-based setting. Bed-based intermediate care aims to prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and to support timely discharge from hospital. For most people, interventions last up to 6 weeks. Services are usually delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

## **Crisis response**

Community-based services provided to people in their own home or a care home. These services aim to avoid hospital admissions. Crisis response usually involves an assessment, and may provide short-term interventions (usually up to 48 hours). Crisis response is delivered by a multidisciplinary team but most commonly by healthcare professionals.

## **Home-based intermediate care**

Community-based services that provide assessment and interventions to people in their own home or a care home. These services aim to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

## **Home care**

Care provided in a person's own home by paid care workers which helps them with their daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by the local council or by the person receiving home care (or someone acting on their behalf).

## **Intermediate care**

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. Intermediate care services are usually delivered for no longer than 6 weeks and often for as little as 1 to 2 weeks. Four service models of intermediate care are available: bed-based intermediate care, crisis response, home-based intermediate care, and reablement.

## **Person-centred approach**

An approach that puts the person at the centre of their support and goal planning. It is based around the person's strengths, needs, preferences and priorities. It involves treating them as an equal partner and considering whether they may benefit from intermediate care, regardless of their living arrangements, socioeconomic status or health conditions.

## **Positive risk taking**

This involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether.

## **Reablement**

Assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks. Reablement is delivered by a multidisciplinary team but most commonly by social care practitioners.

This page is intentionally left blank

---

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

**Date of Meeting:** 4 January 2022

**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](mailto: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 6



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## **Update for Overview and Scrutiny Committee (Adult Social Care) January 2022**

*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.*

### **Update on system changes**

There were some important developments at the end of the year in Cheshire and Merseyside Health and Care Partnership's journey towards becoming a statutory Integrated Care System status by 1 April 2022. Naming conventions for the different parts of the system have been confirmed to NHS England and Improvement (NHSE/I). The Integrated Care Board (ICB) will be known as NHS Cheshire and Merseyside Integrated Care Board, the Integrated Care Partnership (ICP) will be Cheshire and Merseyside Health and Care Partnership, with the overall Integrated Care System (ICS) will be Cheshire and Merseyside Integrated Care System. These names, in line with conventions sets out in the Health and Social Care Bill, reflect little change and confirms the commitment shared by all partners in the system to working together and continuing to build on joint successes so far. Partners views have also informed a constitution for the ICB, which is now in place after agreement.

Graham Urwin started in his appointed role of Chief Executive Designate of Cheshire and Merseyside Integrated Care Board on 1 December. Graham, former director of performance and improvement at NHSE/I North West, replaces Sheena Cumiskey who has filled the role on interim basis since August last year and who has now returned to her substantive role with Cheshire and Wirral Partnership NHS Foundation Trust. David Flory has confirmed he will continue as interim chair until 31 March 2022 and this will ensure continued stability during the transition to an ICS. The process to appoint a permanent chair will begin early in the new year and recruitment has begun for two non executive and three statutory executive board members of the ICB.

Sefton CCGs are working towards close down and transfer to the ICB from 1 April. They continue to work closely with Sefton Council and other local partners on the emerging place based partnership (PBP), which is making good progress. The PBP will work as part of the ICS and strengthen local arrangements to improve health and care and deliver the priorities of our Health and Wellbeing Strategy and the local plan for the NHS, Sefton2gether.

## **Blood tube disruption**

Blood testing in Sefton is now back to normal levels. It follows issues with the national supply of blood testing tubes in August 2021, which led to NHS England and Improvement (NHSEI) issuing urgent guidance requiring all primary care and community blood testing to be halted until 17 September 2021, except for clinically urgent testing. The CCGs worked with local laboratory partners and providers to manage and monitor supplies as they have increased to expected levels in November.

## **COVID-19 vaccination update**

The NHS has been marking the first anniversary of the start of the biggest vaccination programme in its history. The COVID-19 vaccination programme launched nationally in hospital hubs on 8 December 2020. The set up of local vaccination centres quickly followed to boost the roll out of the programme and on 15 December the first local jab was given to 85 year old Southport resident, Marilyn Cull at Southport Centre for Health and Wellbeing. The first local vaccination centres were run by groups of GP practices known as primary care networks, working together with NHS South Sefton CCG and NHS Southport and Formby CCG and with vital support from a team of volunteers. As the programme has developed the majority of Sefton's local vaccination centres are now run by local pharmacies. Over the course of the year, vaccination sites have been in a variety of locations such as GP practices, town halls, community centres, pharmacies and more to help make the vaccines available to all communities in Sefton. As well as fixed vaccination sites there have been 'roving' teams launching pop-up sites in different locations, such as Hugh Baird College in Bootle and Peel Ports in Seaforth, as well as visiting care homes right across the borough. Sefton has also had several visits from the 'vaccination bus' – a four wheeled mobile vaccine clinic that has travelled all over Merseyside during the course of the vaccination programme.

One year on and Sefton's COVID-19 vaccination programme continues to make steady progress in delivering first, second, third and booster doses to residents at a variety of centres in the borough – mainly at pharmacy run sites and bookable appointments at Southport Centre for Health and Wellbeing, Seaforth Village Surgery and Netherton Health Centre - and in people's homes for those who are housebound. Concerted promotion of the vaccine continues and the CCGs continue to share information and toolkits with partners so they can help encourage uptake via their communications channels, networks and forums. Monitoring of communities and areas of the borough with lower uptake continues and recent initiatives to address this includes working with COVID-19 engagement officers on a focused and intensive 'boots on the ground' promotion exercise.

To see a video charting the first year of the vaccination programme in Sefton, as well as interviews with volunteers and clinicians who have been involved please visit [here](#)

# Agenda Item 6

## Winter well communications

Sefton's CCGs have been working with Sefton Council, Sefton CVS, Healthwatch Sefton and other partners on a range of communications activities to help people stay well over the winter months. This includes encouraging people to get vaccinated against COVID-19 and flu and signposting them to the best service for their health and wellbeing needs. A 'Get Winter Ready' online event brought together speakers from a range of NHS and voluntary, community and faith sector services to raise awareness of the support available to people locally. Attendees included Healthwatch Community Champions and CVS Community Connectors, who were equipped with a winter ready checklist during the session, which they can use to support wellbeing conversations amongst their groups and networks.

Key winter campaign messages have also been shared via press releases, social media, newspaper adverts and leaflet distribution into community venues working with Sefton Council's COVID-19 engagement officers.

You can view the winter ready checklist from the following links:

- NHS Southport and Formby CCG - <https://www.southportandformbyccg.nhs.uk/your-health-and-services/winter-health-checklist/>
- NHS South Sefton CCG – <https://www.southseftonccg.nhs.uk/your-health-and-services/winter-health-checklist/>

## Public consultation about hyper acute stroke services underway

The NHS in Knowsley, Liverpool, Sefton and West Lancashire has launched a 12 week public consultation about the proposal to establish a Comprehensive Stroke Centre at Aintree University Hospital. The proposal aims to improve hyper acute stroke services, which is the hospital care provided in the 72 hour period immediately after someone has a stroke. Currently, there are hyper acute stroke services at the Royal Liverpool University Hospital, Aintree University Hospital, and Southport Hospital. However local expertise and resources are spread across three sites, so it can be difficult to ensure that patients get equitable access to the specialist staff, tests, equipment and procedures they need - especially in the critical three days following a stroke. Local clinicians have developed this proposal for a single, Comprehensive Stroke Centre at Aintree University Hospital. This would bring together local hyper acute services on the same site as The Walton Centre, which provides a specialist stroke treatment called thrombectomy. If the changes went ahead, it would mean that in the future all suspected stroke patients would be taken to Aintree Hospital for the first 72 hours of stroke care – even those who may have previously been treated at the Royal Liverpool Hospital or Southport Hospital. Afterwards, up to half of patients would leave hospital to continue their recovery in their own homes with an early supported discharge team. Those not ready for discharge, would transfer one of three acute stroke rehabilitation units at either Aintree, Broadgreen, or Southport hospitals to continue their recovery. The proposal does not involve any reduction in the amount of NHS funding spent on stroke care locally – in fact, it would see an increase in investment. This includes an additional one off investment of £4m to develop the new Comprehensive Stroke Centre at Aintree Hospital, and an extra £1.9m invested into running the service year on year.



The public can find out more about the proposals for improving hyper acute stroke services and how to share their views between 22 November 2021 and 14 February 2022 from the following website [www.liverpoolccg.nhs.uk/stroke](http://www.liverpoolccg.nhs.uk/stroke)

## **Roe Lane and Christiana Hartley patients surveyed**

Patients at two GP practices in Southport have been taking part in a survey about changes to the way their practices operate. Roe Lane Surgery merged with Christiana Hartley Medical Practice in April 2021 to strengthen services for patients as a result of the retirement of the sole GP partner and other workforce challenges. This merger ensured that continuous care and treatment could be provided to patients but it has led to the permanent closure of the site at Roe Lane to consolidate staff and create a single and stronger practice team. In early July 2021, Roe Lane became a COVID-19 Contact Centre, only seeing and treating patients with COVID-19 symptoms. This meant that all patients without COVID-19 symptoms have been seen by the team at Christiana Hartley Medical Practice if they have needed face to face appointments. Roe Lane Surgery stopped being a COVID-19 Contact Centre in September and it is not reopening for face to face appointments. This is due to ongoing estates and workforce challenges and will make the practice more resilient. By bringing the two teams together on one base, more appointments are now offered and the practice is better able to cover periods of leave or sickness. The modern facilities offered at Christiana Hartley have recently been updated, including an additional clinic room and it has better access for patients with disabilities, such as a ramp and automatic door at the entrance. By contrast Roe Lane is outdated and not fit for purpose for delivering modern primary care services and it would be too expensive to re-develop to meet future needs.

Patients at both practices have been asked what the change means for them and the results will inform any mitigations that need to be put in place now Roe Lane is permanently closed. At the same time patients are being asked for their experiences of the changes all GP practices have been required to introduce since the start of the pandemic to keep people safe. The survey closed on 4 December and the results will be evaluated in early 2022.

## **GP COVID-19 access survey begins to roll out**

A survey to gain patients experiences of the changes introduced in all GP practices in response to the COVID-19 pandemic has started to roll out in Sefton. The survey was launched first in Southport and Formby. From 29 November practices in the area began to send invitations mainly by text or letter asking their patients to complete an online questionnaire about their experience of using their services since the start of the pandemic in March 2020. The survey started to roll out in south Sefton from 6 December. The exercise will help practices respond to the requirements of this year's Local Quality Contract focused on understanding and improving patient access. Flexibility has been built into the survey's design. This means that patients registered at a small number of practices where there have been site changes as a result of the pandemic, or where there are longer term changes, such as those at Roe Lane and Christiana Hartley, will be asked additional questions.

# Agenda Item 6

Practice's will discuss their results with patient participation groups to explore how access can be improved. Additionally, the overarching themes will help the CCGs to understand if any wider measures can be put in place to support practices and their patients.

## GP practice access

We continue to remind residents, through press releases, social media and other channels about the four ways they can access healthcare at their GP practice during this busy time for the whole of the NHS:

- Visit your GP practice website and complete a confidential online form during normal opening hours to request advice or treatment. You will receive a response as soon as possible, usually within two working days. Online forms should not be used for very urgent medical problems.
- Call your practice to arrange an appointment. You will usually be assessed by a health professional or a member of the practice team on the telephone first, with face-to-face care arranged if clinically needed. If you have a preference about how to access care you can discuss it with your practice.
- For urgent issues or out of hours, you can also call the NHS on 111 or go online to seek NHS advice [nhs.uk](https://www.nhs.uk)
- Download the NHS App to order repeat prescriptions and get health advice.

We are also raising awareness of the range of professionals who are part of the practice healthcare team. To support this, we have produced some videos of staff talking about their expert roles, such as an advanced nurse practitioner and practice pharmacist. We have also produced videos of our CCG chairs talking about a typical day in the life of a GP so that residents can see how their day looks from start to finish.

You can find the video playlists here:

- NHS South Sefton CCG - [bit.ly/3IHPVsp](https://bit.ly/3IHPVsp)
- NHS Southport and Formby CCG - [bit.ly/31veh1E](https://bit.ly/31veh1E)

## Practice self care for life

During Self Care Week at the end of 2021 the CCGs worked with local health and care partners to partners to remind people of the support that is available locally to help them look after their health and wellbeing. The awareness week is organised by the NHS and Self Care Forum to encourage people to take steps to prevent illness, adopt healthier choices, manage minor ailments and look after their health and wellbeing. This could mean looking at what we eat or drink, how much we exercise, or how much sleep we're getting. The CCGs teamed up with the likes of Active Sefton, Talking Matters Sefton, Mersey Care and Living Well Sefton to promote some of the services that are there to help people self-care. You can find out more from the CCGs websites [www.southseftonccg.nhs.uk/get-informed/latest-news/practice-self-care-for-life](https://www.southseftonccg.nhs.uk/get-informed/latest-news/practice-self-care-for-life) or [www.southportandformbyccg.nhs.uk/get-informed/latest-news/practice-self-care-for-life](https://www.southportandformbyccg.nhs.uk/get-informed/latest-news/practice-self-care-for-life)

## Update on Shaping Care Together

Shaping Care Together is run by NHS leaders across West Lancashire, Formby and Southport, which seeks to 'futureproof' the NHS by looking at new ways of working and new ways of delivering services. Over the past few months, the programme has been listening to the thoughts, opinions and ideas of local residents, patients, staff and stakeholders about how we prepare our NHS to meet the challenges of the future. Main themes emerging from the engagement so far include:

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

All of the responses received so far are collected and analysed and have helped feed into the programme in a number of ways, most importantly the development of the future Models of Care. In the coming weeks, Shaping Care Together will publish 'Our Challenges and Opportunities', a discussion document that draws on the issues raised so far in the engagement programme, and the opportunities that exist to create a better future for local health and care. There is still time to contribute views by completing a survey from the dedicated website [www.yoursayshapingcaretogether.co.uk](http://www.yoursayshapingcaretogether.co.uk) where you will also find more information about the programme along with a short animated video.

## New pilot to be launched at Liverpool Hospital's Emergency Departments

A new pilot that will help more patients to be seen at the right place at the right time for their care needs is being launched at Liverpool University Hospitals NHS Foundation Trust. The Trust's sites are the latest hospitals to introduce a pilot that will ensure patients arriving at their A&E departments get the right healthcare in the right place. The pilot further builds on the national NHS 111 First campaign, which was launched in December 2020 and encourages those with non-urgent health needs to contact the service first before attending A&E, to ensure patients can be seen in the right healthcare setting most appropriate to them. From 6th December at Aintree University Hospital and the Royal Liverpool University Hospital, a care navigator will triage patients on arrival to the Emergency Department and advise the most appropriate place of care for their needs - potentially enabling them to be treated faster and out of a hospital environment. The Emergency Department will always be available to patients who require emergency care and treatment. Those attending where their care is not an emergency, and where it is safe to do so, may be advised to attend an alternative service in the community more appropriate for their needs, such as a specialist service at the Trust, a Walk-In Centre, GP, or local pharmacy. If it is an emergency, you should always call 999. If you think you need urgent care or medical advice, but you're not sure where to go, contact NHS 111 in the first instance, who will direct you to the most appropriate service.

# Agenda Item 6

## **Sefton residents to be part of ground breaking cancer trial**

South Sefton is amongst the latest areas in Cheshire and Merseyside to take part in the world's largest trial of a revolutionary new blood test that can detect more than 50 types of cancer before symptoms appear. People aged 50-77 are being asked to look out for a letter from the NHS over the next several weeks inviting them to volunteer for the trial. Participants, who must not have had a cancer diagnosis or treatment in the last three years, will have a small blood sample taken at a mobile clinic during January or February. They will be invited back after 12 months and again at 24 months to give further blood samples. The potentially lifesaving Galleri test checks for the earliest signs of cancer in the blood and the NHS-Galleri trial, the first of its kind, aims to recruit 140,000 volunteers nationally, including thousands across Cheshire & Merseyside, to see how well the test works in the NHS. The trial team is inviting people from a wide range of backgrounds and ethnicities to ensure results are relevant for as many different people as possible. Cheshire & Merseyside Cancer Alliance (CMCA) is helping to ensure that participants who test positive in this region get the necessary follow-up appointments. The test is a simple blood test that research has shown is particularly effective at finding cancers that are difficult to identify early – such as head and neck, bowel, lung, pancreatic, and throat cancers. It works by finding chemical changes in fragments of genetic code – cell-free DNA (cfDNA) – that leak from tumours into the bloodstream. Letters are going out now in for those eligible and registered with GP practices in south Sefton, Liverpool and Knowsley from the start of January. A mobile clinic will be at Sainsbury's in Rice Lane during January for the blood tests and will move to Knowsley at the start of February. The mobile clinics have already been to Runcorn, Warrington and St Helens and will move on to Southport and Chester after Knowsley. The NHS-Galleri trial is being run by The Cancer Research UK and King's College London Cancer Prevention Trials Unit in partnership with NHS England and healthcare company, GRAIL, which has developed the Galleri test. All participants will be advised to continue with their standard NHS screening appointments and to still contact their GP if they notice any new or unusual symptoms. Initial results of the study are expected by 2023 and, if successful, NHS England plans to extend the rollout to a further one million people in 2024 and 2025. The trial is the latest initiative launched by the NHS to meet its Long Term Plan commitment of finding three-quarters of cancers at an early stage by 2028. Patients whose condition is diagnosed at 'stage one' typically have between five and 10 times the chance of surviving compared with those found at 'stage four'. For more information on the study see: <https://www.nhs-galleri.org/>

## **'Lung MOTs' to find cancer cases sooner to be expanded in Merseyside**

An NHS initiative that invites current and ex-smokers to get an MOT of their lungs is being expanded to include areas of Sefton. The NHS lung health check programme, which began again in Liverpool in July, will be extended to south Sefton and St Helens next year as part of a major drive to catch more cancers earlier. The NHS Targeted Lung Health Check programme involves past and current smokers in the target areas, aged 55 to 74, being invited by their GP to a lung health check. Mainly based in convenient community sites like supermarket car parks, the NHS has already introduced lung health checks in 23 locations across the country that have some of the highest death rates from lung cancer – including Liverpool, Knowsley and Halton. The expansion means another 20 sites nationwide will be launched, so up to 750,000 more people will be offered a check, including in south Sefton and St Helens from the middle of next year. Data from the programme so far shows that with these potentially life-saving checks, lung cancer early diagnosis rates can be as high as 80% – compared to less than 30% without this

type of intervention. People are invited to speak to a healthcare professional and, if they have a higher chance of developing lung cancer, will be offered a scan of their lungs. Since July, the programme in Liverpool has invited around 10,000 people to take part, with around 2,300 later having scans. The scans are now taking place in Knowsley and will be in Halton in December. Latest projections show a total of around 1.5 million people will have been invited for a lung health check across the 43 projects by 2024-25. It is expected 9,000 cases of lung cancer may be caught at an earlier stage than would have otherwise been found. Lung cancer can often be caught too late as there are rarely symptoms at earlier stages. Trial data shows two-thirds of cancers identified in the programme are likely to be earlier, enabling doctors to treat thousands of cancer cases sooner when curative treatment is more possible, saving more lives. This is a potentially transformational leap forward – across England on average only 28% of lung cancers are diagnosed at an earlier stage.

## **Sefton head pharmacist receives honour from the royal family**

Susanne Lynch, head of medicines management for both CCGs, was awarded an MBE - a Member of the Most Excellent Order of the British Empire - at a ceremony held in Windsor Castle. Formby resident Susanne received the award from Her Royal Highness Princess Anne at the end of October, after being recognised in Her Majesty the Queen's New Year's honours list announced on 30 December last year. Susanne was honoured for her services to pharmacy, including her work responding to the coronavirus pandemic. This has seen Susanne and her team providing additional direct support to some of the borough's most vulnerable patients. An example is the extra support the team provided to local care homes. The team set up new policies and training to enable care home staff to best care for their residents, ensuring consistent supplies of medicines and providing dedicated support online for care homes.

## **Governing Body meetings**

Recordings of November governing body meetings can be viewed on each CCG website. The first meetings of 2022 are scheduled for February following the Christmas break. The meetings take place as follows:

- NHS Southport and Formby CCG - Wednesday 2 February
- NHS South Sefton CCG - Thursday 3 February

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](http://www.southseftonccg.nhs.uk) or [www.southportandformbyccg.nhs.uk](http://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...)**

This page is intentionally left blank

# Main Provider Performance October 2021

Page 63

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 7



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)	Oct-21	77.4%	92%	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Sep-21	80.4%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Sep-21	64.3%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Sep-21	95.0%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Oct-21	80.9%	92%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Oct-21	36	9 YTD 16 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Oct-21	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Oct-21	48.1%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Oct-21	27.3%	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Oct-21	00:10:49	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 2 Sep-21	91.7%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Oct-21	0.80%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Oct-21	50.0%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 2 Sep-21	83.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-21	100.0%	90%	



# Southport & Ormskirk Hospital NHS Trust

## Friends & Family

Page 65

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Oct-21	29.0%	18.9%	
Inpatient Recommended	Oct-21	92.0%	94.0%	
Inpatient Not Recommended	Oct-21	6.0%	3.0%	
A&E – response	Oct-21	22.8%	9.7%	
A&E Recommended	Oct-21	83.0%	75.0%	
A&E Not Recommended	Oct-21	15.0%	17.0%	

Agenda Item 7



# NHS Southport & Formby CCG

## 7 Day GP Extended Access

Southport & Formby	Appointments Available	Booked	DNA	Utilisation
Apr	1161	877	34	72.61%
		75.54%	3.9%	
May	1064	881	26	80.36%
		82.80%	3.0%	
Jun	917	770	46	78.95%
		83.97%	6.0%	
Jul-21	834	672	25	77.58%
		80.58%	3.7%	
Aug-21	755	625	18	80.40%
		82.78%	2.9%	
Sep-21	948	755	16	77.95%
		79.64%	2.1%	
Oct-21	968	782	26	78.10%
		80.79%	3.3%	
Nov-21	935	759	18	79.25%
		81.18%	2.4%	

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio	MH Practitioner
Apr-21	Apr-21	351	275	220	149	186	30
		30.2%	23.7%	18.9%	12.8%	16.0%	2.6%
May-21	May-21	341	203	87	123	53	0
		32.0%	19.1%	8.2%	11.6%	5.0%	0.0%
Jun-21	Jun-21	363	176	73	88	70	0
		39.6%	19.2%	8.0%	9.6%	7.6%	0.0%
Jul-21	Jul-21	274	190	64	41	62	0
		32.9%	22.8%	7.7%	4.9%	7.4%	0.0%
Aug-21	Aug-21	274	209	37	30	69	0
		36.3%	27.7%	4.9%	4.0%	9.1%	0.0%
Sep-21	Sep-21	373	182	39	69	92	0
		39.3%	19.2%	4.1%	7.3%	9.7%	0.0%
Oct-21	Oct-21	360	187	51	87	97	0
		37.2%	19.3%	5.3%	9.0%	10.0%	0.0%
Nov-21	Nov-21	345	208	50	72	84	0
		36.9%	22.2%	5.3%	7.7%	9.0%	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)	Oct-21	64.1%	93%	
Cancer 2 Week Waits (LUHFT)	Sep-21	91.0%	93%	
Cancer 62 Day - Screening (LUHFT)	Sep-21	75.0%	90%	
Cancer 31 Day (LUHFT)	Sep-21	93.0%	96%	
Cancer >18 Weeks Incomplete (LUHFT)	Oct-21	57.6%	92%	
C.Difficile (LUHFT)	Oct-21	82	14 YTD 56 (year end)	
MRSA (LUHFT)	Oct-21	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (LUHFT)	Oct-21	N/A	80%	
% TIA assessed and treated within 24 hours (LUHFT)	Oct-21	N/A	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Oct-21	00:09:34	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 2 Sep-21	50.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Oct-21	0.87%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Oct-21	47.1%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 2 Sep-21	79.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-21	100.0%	90%	

\*No Stroke or TIA Data Reported

# Liverpool University Hospital site

## Friends and Family

Page 68

Measure	Time Period	LUHFT	England Average	Trend
Inpatient – response	Oct-21	25.9%	18.9%	
Inpatient Recommended	Oct-21	91.0%	94.0%	
Inpatient Not Recommended	Oct-21	5.0%	3.0%	
A&E – response	Oct-21	18.6%	9.7%	
A&E Recommended	Oct-21	55.0%	75.0%	
A&E Not Recommended	Oct-21	34.0%	17.0%	



# NHS South Sefton CCG 7 Day GP Extended Access

South Sefton	Appointments Available	Booked	DNA	Utilisation	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Physio
Apr-21	1500	1160	86	71.60%	Apr-21	265	372	235	262
		77.3%	7.4%			22.84%	32.07%	20.26%	22.59%
May-21	1477	1006	112	60.53%	May-21	250	377	215	268
		68.1%	11.1%			24.85%	37.48%	21.37%	26.64%
Jun-21	1422	1145	143	70.46%	Jun-21	125	524	154	288
		80.5%	12.5%			10.92%	45.76%	13.45%	25.15%
Jul-21	1151	958	101	74.46%	Jul-21	126	525	183	247
		83.2%	10.5%			13.15%	54.80%	19.10%	25.78%
Aug-21	1136	967	95	76.76%	Aug-21	303	273	244	141
		85.1%	9.8%			31.33%	28.23%	25.23%	14.58%
Sep-21	1214	1032	137	73.72%	Sep-21	232	306	291	127
		85.0%	13.3%			22.48%	29.65%	28.20%	12.31%
Oct-21	1190	1007	124	74.20%	Oct-21	148	336	207	146
		84.6%	12.3%			14.70%	33.37%	20.56%	14.50%
Nov-21	1238	1044	126	74.15%	Nov-21	125	317	224	212
		84.3%	12.1%			11.97%	30.36%	21.46%	20.31%

Agenda Item 7



This page is intentionally left blank

# Agenda Item 8

<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	4 January 2022
<b>Subject:</b>	Cabinet Member Reports – October – December 2021		
<b>Report of:</b>	Chief Legal and Democratic Officer	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Adult Social Care Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	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?

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

# Agenda Item 8

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

**Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> None	
<b>Legal Implications:</b> None	
<b>Equality Implications:</b> There are no equality implications.	
<b>Climate Emergency Implications:</b>	
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>
<p>Cleaner Greener: As above</p>



--

## 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.

<b>Contact Officer:</b>	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

## 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.

This page is intentionally left blank

### **CABINET MEMBER UPDATE REPORT**

**Overview and Scrutiny Committee (Adult Social Care and Health)  
19<sup>th</sup> October 2021**

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

#### **1. Care Homes - Vaccination**

The vaccination rate is positive for Sefton care homes. There is a 96.6% rate for residents, and 92.8% for staff overall, this is the second highest rate in the Liverpool City Region. There will be a rollout of the booster process, with a view to this being completed by the 1<sup>st</sup> November 2021.

Our contracts team are currently working with care homes who have non-vaccinated staff to ensure service continuity post 11<sup>th</sup> November 2021 when the statutory requirement takes effect for double vaccinations to be in place. Currently, we are working with 19 care homes that may be impacted when the statutory requirements come into force. This means that staff who are not vaccinated will not be able to work in care homes. We continue to discuss these issues on our strategic calls with Providers, and are also continuing to hold vaccination Q&A sessions for staff which are facilitated by a local GP.

Work continues to provide full vaccinations to learning disability services. Domiciliary care workers vaccination rate is now at 78.8% 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 in 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 is 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.

#### **3. Sefton's Adults Safeguarding Board**

# Agenda Item 8

## 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. Subgroups have now been established that sit under the Board, although their inaugural meetings are still to take place.

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. Mental Health Services**

#### **4.1 Sefton Mental Health Review**

The second phase of the Sefton Mental Health Review has commenced, and a Community Transformation Fund Task and Finish Group has been established to:

- ensure the model of care is co-designed with partners to achieve its intended outcomes of improving patient experience, having holistic care and enables patients to participate in achieving personalised care;
- assist Partners to agree with the approach - both in terms of the model itself, and the implementation plan;
- ensure there is sufficient connectivity with the wider strategic mental health review and other relevant programmes of work across Sefton;
- create appropriate communication and engagement across the system;
- develop a new, inclusive community-based offer based on redesigning mental health services around Primary Care Networks that integrates primary and secondary care, voluntary, community and social enterprise (VCSE) and local authority services.

#### **4.2 Brain in Hand App**

NHS Digital have approved a bid for £55k submitted by Sefton Clinical Commissioning Groups and the Council's Commissioning Team to pilot the Brain in Hand mobile phone application, which is a mobile application that provides self-help, on line support including a phone service that aims to support people with mental health conditions to live independently. The application will be targeted at people aged 16-25 and the licences will be co-ordinated by the Council.

### **5. Performance**

Sefton's Safeguarding performance report has highlighted the following: -

Sefton has a high rate of Safeguarding Concerns and when broken down by abuse type Sefton's profile reflects that of other North West authorities. The most common form of abuse is neglect and acts of omission, this is followed by physical and psychological abuse. The

Safeguarding Board will be focussing on plans to address this pattern and work with both providers and Sefton residents to raise the profile of prevention from abuse.

Sefton's performance in Making Safeguarding Personal compares well compared to other North West authorities.

### **6. Integration and National Policy Update**

As previously reported, work continues to ensure readiness for Sefton's Integrated Care Partnership to take effect from 1<sup>st</sup> April 2022. Detailed guidance recently released on 'Thriving Places' detailing local requirements, and further guidance on the interaction with the Cheshire and Merseyside Integrated Care System is currently being worked through with Sefton receiving a positive assessment of maturity in respect of this. A detailed report is due to Cabinet on the 4<sup>th</sup> November 2021 which will provide more information on form and function.

#### **6.1 Integrated Care Teams (ICTs) Updates**

An ICT Delivery Group has been established to explore the wider aspects of ICT working and the next steps to take this forward. This group will consider referral pathways in place between ICTs and others, and work is already underway with ICT leads in relation to the recently launched portal for referrals into Sefton Adult Social Care.

Both North and South area teams continue to work on an ICT footprint, attending weekly multi-disciplinary team (MDT) meetings held to discuss individual need and how need can be best met with a person-centred approach.

The ICT Delivery Group is also exploring how the work undertaken across the ICTs, as well as within the locality MDT's held, can be enhanced further to meet needs of the local communities, and explore potential gaps in the community offer that may need to be taken forward. Work is also underway to ensure a life course approach for those with complex lives can be considered from the onset.

### **7. Complaints Update**

We have received the Ombudsman annual report and we are now considering the findings contained within this and how this will impact our practice. We are still receiving a high number of compliments within Adult Social Care, although we are receiving an increase in the number of complaints received also, and full details of this will be provided in the quarter two report.

This page is intentionally left blank

<b>CABINET MEMBER UPDATE</b>		
<b>Overview and Scrutiny Committee (Adult Social Care) – 4 January 2022</b>		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	October/November 21

### **COVID-19 Update**

The verbal updates provided to me at the beginning of October and November noted that:

- Having peaked at around 175 cases per day towards the end of September, the weekly incidence of new cases in October stabilised and then gradually increased back up to a similar level by the start of November. The incidence rate of 430/100 000 was similar to the national average and equivalent to around 1200 new cases per week in Sefton.
- The incidence rate in the 60 years and over population continued to rise gradually, increasing by around one third to approximately 35 cases per day, as the high level of infection and mixing between younger and older generations continued
- Incidence rates remained highest in the 10-14 age group up to 1500/100 000 with incidence in the very high 300-600/100 000 range in most age groups up to the age of 70, and notably affecting people in their 40s.
- All areas of Sefton experienced high or very rates of Coronavirus infection in October, also reflecting widespread transmission, especially amongst school age children and their families.
- The number of patients with Coronavirus in local hospitals rose slowly from early October through to the start of November in bed, tracking the spread of infection in the population and the over 60 age group in particular. Bed occupancy has not reached levels in September 2021 and remain at around one quarter to one sixth of the demand seen in January 2021. However, this situation should be understood in the context of very high and rising pressures from other causes on health and care services.
- Registered deaths occurring in October, which mention Coronavirus on the death certificate, varied between 3 to 5 per week. This was lower than in September. Mortality trend lags incidence by about one month, so this reflects reducing new case rates in September, and a small increase in deaths is anticipated following higher rates in October.
- The Coronavirus death rate was 4 to 5 times higher last winter when incidence had reached a similar level, but vaccination had not yet started. Office of National Statistics analysis estimates that risk of dying from Coronavirus is 32 times greater in people who are unvaccinated, but older age groups still account for most deaths from Coronavirus, which remains a leading cause of deaths registered in England.

# Agenda Item 8

## APPENDIX B

- 100% of Sefton cases, which were genomically sequenced were the more transmissible Delta variant, and this is typical of other areas. On 20th October a sub-lineage of Delta, AY4.2 was declared a Variant Under Investigation (VUI-21-Oct-01) by the Government because it appeared to have an advantage over other types of Delta and the proportion of AY4.2 was slowly increasing. A small number of cases have been identified through routine genomic sequencing in Sefton in line with the national picture. UKHSA continues its research and surveillance and guidance for managing all types of Delta is the same.
- As expected, lateral flow testing remained stable through most of October (approximately 17 000 tests per week) influenced by the large amount of testing linked to schools and showed a brief drop over half-term. PCR testing also stayed high, reflecting rising demand for confirmatory tests and tests for symptoms (14 000 tests per week).
- The burden of infection remained high across Sefton with 8% of community PCR tests returning a positive result, and weekly incidence above 200/100 000 in most wards, with several areas in South Sefton and some in the Southport area in the 400-500/100 000 bracket
- At the start of November 80% of Sefton's population aged 12 and over had received one dose of vaccine and 74% had received two doses (vs 86% and 79% nationally). Vaccine uptake continues to be much higher in older age groups and in more affluent areas.
- Relevant policy developments included:
  - On 7th October the Government published an updated Contain Framework
  - On 13th October the Department for Education published an updated Contingency Framework describing principles of Outbreak Management in Educational settings

### **Pharmacy Needs Assessment**

I received an update about plans to produce a revised Pharmacy Health Needs Assessment (PNA). The PNA is a statutory document that assesses the pharmacy needs of the local population by identifying what services are currently available in the area and where the need for pharmaceutical services is likely to change in the future because of demographic shifts. Health and Wellbeing Boards are responsible for the development of PNAs and have related statutory duties concerning decisions made by NHS England about applications to enter the list of local pharmaceutical service providers or to amalgamate two or more pharmacies onto one site. The PNA is also used to inform commissioning of services from pharmacies.

The previous Sefton PNA was published in April 2018. By law, a new PNA is required every three years, unless the annual review has identified changes to need which are so significant that an earlier revised assessment is required. In May 2020, Department of Health and Social Care announced an extension to this timetable, requiring the revised PNA to be in place from October 2022. The entire process takes around one year to complete and includes collation and analysis of population health and



demographic data, survey and engagement with service and public stakeholders, a 60-day consultation on the new draft document, and progress through governance and oversight channels. Local authorities in Cheshire and Merseyside work to a common timeline and process to support quality and consistency. The Sefton Pharmacy Needs Assessment Steering Group including Elected Members, representatives from NHS and Pharmacy organisations, relevant Council teams and Healthwatch meets quarterly to oversee the PNA development process.

### **Breastfeeding**

Sefton 0-19 Service provided an update on the progress made around breastfeeding.

Sefton achieved full Baby Friendly Initiative (BFI) Accreditation in March 2021 which means there is a process in place to ensure families will receive evidence-based care to support them with infant feeding choices and relationship building; this is evidenced by policies, training and service provision within the 0-19 service meeting the standards required.

During the preparation for reaccreditation, a Specialist Infant Feeding service has been established in Sefton, designed in collaboration with parents and wider staff. The service now has highly trained staff who support women who experience difficulties whilst breastfeeding to continue. Breastfeeding maintenance rates are a key performance indicator and the target for Sefton borough is 30% prevalence of breastfeeding at 6 – 8 weeks post birth. There has been good progression with improving breastfeeding maintenance rates, increasing from 30.6% in 2018/19 to 35.6% in 2020/21.

Whilst there have been improvements overall for Sefton, inequalities continue to exist and are a priority for the service and future planning. This includes the development of an integrated approach with family wellbeing centres becoming fully accredited in the next couple of years. Developing a culture within Sefton where breastfeeding is normalised and where women are fully supported is a priority for Public Health and its partners.

### **Seasonal Influenza**

An update on the Sefton Flu Planning group was presented. The group is chaired by the Sefton Council Public Health team and has membership from the Sefton CCGs, provider organisations, adult social care, community infection prevention and control and from the Cheshire and Merseyside Screening and Immunisations team (NHS EI) the group works to ensure that any issues in relation to the vaccination programme or outbreaks can be identified and mitigated promptly. The group are meeting monthly.

An update was provided around the arrangements for the Sefton Council Staff Flu Vaccination Programme which will this year utilise a voucher that can be used at a number of community pharmacies across Sefton or at a workplace clinic.

### **Residential Rehabilitation**

# Agenda Item 8

## APPENDIX B

The briefing outlined the current commissioning arrangements for Substance Misuse Residential Rehabilitation Programmes and the intention to seek Cabinet authorisation to commence a procurement process for Residential Rehabilitation Placements utilising a Dynamic Purchasing System

Residential Rehabilitation is an integral part of any drug treatment and recovery system and an option for some people requiring treatment for dependency to substances.

Eligibility for Residential Rehabilitation Programmes is determined by the Adult Social Care Substance Misuse Assessment Team who carry out full social care assessment of need compliant with Care Act requirements and equality to access legislation.

Residential placements are matched to individual need based on assessment and clinical review from the specialist substance misuse treatment provider. Once agreed, placements will be funded from a fixed annual public health budget.

The demand for Residential Rehabilitation remains high. In 19/20, there were 34 admissions, but this rose to 64 in 20/21 and this increase has been sustained with 33 placements in the first 6 months in 21/22.

For procurement, a Dynamic Purchasing System (DPS) has been successfully in place in Sefton since October 2017. A DPS as provided for within the 2015 Public Contracts Regulations, enables the Council to ensure that fair and transparent commissioning arrangements are in place while enabling an individually tailored programme appropriate to the individual's needs and requirements. The key advantage of a DPS over other mechanisms, is that the applicable legislation allows the Council to open the DPS to new applicants at key points during its lifespan. This therefore gives the Council the flexibility to take advantage of beneficial changes within the marketplace. Additional benefits of having a DPS are that it reduces placement negotiation time and enables Public Health and the Adult Social Care Assessment Team to benchmark provision leading to greater efficiencies and savings.

A paper will go to Cabinet in December with the intention to have the new arrangement in place from April 2020.

### **PH Service Plan**

I received a summary report on the progress on delivery of the Public Health Service Plan 2021-22 over the last 6 months.

#### Staffing and Recruitment

A recruitment programme is underway to replace 2 Health Improvement posts and 2 fixed term Health Protection posts.

#### Obesity

A task force is in place to support delivery of the Obesity Action Plan and that strategic direction of travel will be shared with the HWBB and Integrated Commissioning Group in Oct/ Nov 21.

### Living Well Sefton

A 2-year contract extension will support service delivery across Sefton's 3 priority areas of mental health, obesity and communities.

### Community Adult Substance Use

Re-procurement of the service is complete and will transfer from Mersey Care NHS Trust to CGL on 1/4/2022. Cabinet agreed to a further 1 year out of contract extension to the Young People and Families Substance Use Service provided by We Are With You for 2022-23. A review of Residential Rehab Placements has commenced to inform the procurement and the system for commissioning placements from April 2022.

### Sefton's Integrated 0-19 Health (HCP)

Integrated 0-19 Health (HCP) service has novated to Mersey Care for the duration of its term. Includes an additional 1 year out of contract extension agreed by Cabinet, until March 2023.

### Sefton Stop Smoking Service

Disruption to the supply of Varenicline, (Champix) is having an impact on the choice of pharmaceutical support being offered by the service. All new clients are being started on alternative products including Zyban or NRT. Expected that varenicline will be back in circulation by the end of this year.

### Mental Health Support Teams

A further bid for a third Mental Health Support Team has been successful. From 2023 between 55-60% of Sefton schools/colleges will be supported.

### Children and Young People Emotional Wellbeing Toolkit

The 2021 edition of the toolkit was launched October 2021.

### Children and Young People Mental Health Survey

Repeating the mental wellbeing survey carried out with Liverpool John Moores' University (JMU) in 2019.

### Children and Young People's Emotional Wellbeing Strategy.

Strategy developed and launched by health partners in conjunction with children and young people - provides strategic direction to link all partnership activity over the next 5 years.

### COVID-19

Outbreak identification and rapid response continues with current focus on educational settings and workplaces.

# Agenda Item 8

## APPENDIX B

Review of asymptomatic testing offer in Sefton to ensure that there is a good offer of indoor sites across Sefton as we move into autumn and winter.

PH supporting sub-regional work on contact tracing including work on supporting self-isolation and development of the Cheshire and Merseyside Contact Tracing Hub.

### Flu

Sefton Public Health are chairing the Sefton Seasonal Flu Group – noted interdependencies with COVID-19 vaccination programme and acute respiratory infection in Care Home pathway development which is still in development by UKSHA. Commissioning of the Staff Flu Programme is underway.

### Commissioned Services Return to Business as Usual

I received an update on the business continuity progress on commissioned Public Health Services for 2021-22

### Sefton Integrated 0-19 Healthy Child Programme (Resuming Business as Usual)

Sefton Health Visitors have resumed face to face contacts with all children and families for all their mandated visits with risk assessments in place.

School nurses have resumed face to face contacts with children at school and are offering face to face drop-ins.

Delivery of the National 12-15yrs COVID-19 Vaccine Programme alongside an extended school aged Fluenz programme will continue for 9 weeks will see 49% of Sefton's school health workforce redeployed for this purpose. MerseyCare have proposed a delayed start to some areas of core service delivery, including NCMP, Hearing and Vision Screening, and Lancaster Class Surveys which will commence in January 2022.

### Smoking Services

Blended approach to delivery, including face to face and telephone support for clients. In May 2021, the distribution of Varenicline (Champix) was halted due to safety concerns over a batch. Clients using this product were supported to take up other alternatives i.e., NRT or Zyban. Resumption of supply expected by year end. Full-service delivery has been reintroduced for pregnant women including face to face contact at booking, Co2 Monitoring and home visits available from specialist midwife. Pressure on the maternity unit at Liverpool Women's Hospital (LWH), means more women from South Sefton are giving birth at Southport and Ormskirk, which will have an impact on Smoking at Time of Delivery (SATOD) rates for this unit.

### Living Well Sefton

BCP in place includes development of hybrid services, in person and online. Focused reporting on gaps and blockages in services around bereavement support, enabling further capacity around demand need in Sefton.

### Substance Use - Adult Community Substance Use Service (Ambition Sefton)

Service operational on both sites at Bootle & Southport, but within Mersey Care Health & Safety and estate restrictions around capacity have limited face to face delivery. Delivery via a mix of booked face to face appointments /virtual/telephone. Prioritisation of client groups for appointments in place with plans to increase numbers and reinstatement of supervised consumption. Some capacity issues in relation to sickness absence and vacancies, weekly meetings are in place across the service to manage any challenges. Business Continuity Plan is in place.

### Inpatient Detox Service (Drugs & Alcohol)

All inpatient wards are operational but with adherence to guidance. The service must ensure patients self-isolate on admission for 3 days with COVID-19 testing.

### Young People & Families Substance Use Service (WAwY)

Service is fully operational and can offer all services. Operating from both premises (both Landmark House, Bootle and YMCA, Southport).

### Mental Health Services

#### Kooth

BCP in place. Internet based and less affected by issues relating to lockdown. Service recruited extra bank staff to aid delivery.

### Health Checks NHS

Health Checks resumed delivery mid-Q1. Appointments are delivered in 2 parts with initial assessment phone based.

### Health Protection

#### Community Infection Prevention and Control Services

Continues to support providers with COVID-19 cases and outbreaks, working on infection prevention and control audits and education with care providers.

### Sexual Health

PREP Pre-exposure Prophylaxis (PrEP). Support and monitoring of PrEP was provided to individuals accessing PrEP medication online and funding was available through 'cross charging' arrangements to enable Sefton residents to access PrEP medication via neighbouring specialist sexual health service. In April 2021, service recruited a Clinical Consultant in Sexual Health and HIV Treatment providing full PrEP offer including access to medication, monitoring and support and has been available from both North and South Sefton Integrated Sexual Health Service Treatment Hubs.

### Community Sexual Health Service

All Sexual Health services are available from the 2 Community Hubs in Bootle and Southport. Spoke clinics in Maghull and Netherton remain suspended as do Saturday sessions, due to staffing issues and vacancies. Anticipated spoke services can be restored by the end of 2021 with service review underway to consider more flexible offer.

# Agenda Item 8

## APPENDIX B

### **Mental Health**

We are continuing to work with schools and colleges to help them improve their mental health and emotional wellbeing offer. This work is being supported by the Anna Freud Centre and sessions are being held to help schools embed the new Mental Health Lead role. This work will continue until Christmas and the offer will then change to wider training and a comprehensive free training offer to be offered by the Council's Corporate Training Centre, Sefton Educational Psychologists and the local charity Venus.

We are repeating the mental health survey carried out in 2018 with Liverpool John Moores' University. The last survey - completed by over 2000 young people and 350 staff - provided the evidence base and supported our business case for almost £1 million of external funding to support mental health in Sefton schools. Repeating it will provide further evidence which we will use to apply for more funding as it becomes available. We are also using the questions that were agreed with schools back in 2018 but have also added some Covid related questions as well. The finding will be compared with 2018 and a report produced in early 2022.

### **Dunes SplashWorld**

The contract to carry out remedial works to painting, concrete (flume tower) and tiling was awarded and began on 5<sup>th</sup> July 2021. The estimated length of the contract is around 48 weeks. Works are currently progressing in line with the agreed programme. The legal claim against the former contractor is progressing, albeit slowly.

### **Leisure Update**

The 6 Leisure Centres are now fully reopened with their usual swim, gym and fitness classes. Memberships continue to grow but are still substantially below the level they were at pre-pandemic. Swimming in particular has been incredibly popular since reopening with waiting lists for swimming lessons. Work has been completed at Meadows to provide a vibrant new spin studio space. A new 3G pitch surface together with new LED floodlighting to the pitch and running track has been installed at Litherland Sports Park which was also the subject on a mini tornado on Friday 29 October which saw substantial damage to the athletics equipment and football pitch.

The wider Leisure development offer continues to support the wider work of the Council. In October Park Nights or Park Frights as they were marketed, supported the wider partnership's response to Operation Banger with diversionary activities to prevent ASB around mischief night and bonfire night. Other programmes supporting the wider Public Health agenda such as Weigh Forward, NHS Health Checks, Exercise Referral Programme and Active Ageing are all back up and running following the pandemic and the Be Active programme offered a variety of activities for children during October half term

The Active Workforce offer remains varied and important offer for our staff with a range of activities promoting physical and mental well-being. A men only, men and the

menopause session was delivered to staff and this was reported in the national press as being an innovative and bold approach in tackling a typically taboo subject

### **Summary of Leisure Summer Holiday Activity 2021**

The report provided a summary of the 2021 summer holiday activity delivered by Leisure's Active Sports Team through the Be Active and Park Nights Programmes.

During the summer of 2021, Be Active operated a heavily reduced timetable due COVID-19 restrictions still being in place locally and the lack of indoor space available, which was being utilised as additional gym space or for exercise classes to allow for social distancing. Park Nights, funded through Police Crime Commission, included 7 weeks of sessions delivered in parks across the borough, with the aim of reducing anti-social behaviour and creating a safe space for children and young people to take part in activities.

Be Active consisted of **23** sessions, **50** hours of delivery, **270** participants and **5** locations. The sessions included 'Ditch the Stabilisers' which gives children the confidence to ride their bikes independently, as well as dance, athletics, cricket and tennis taster sessions, and football camps run in partnership with LFC Foundation. LFC Foundation provided free activity at Netherton Activity Centre and Dunes Leisure Centre through funding received from the Steve Morgan Foundation. At Netherton Activity Centre this was expanded further by utilising Street Games funding received as part of the 'Fit and Fed' initiative, allowing for the offer of three days of activity targeted specifically at children known to Early Help or Social Services. An element of 'Fit and Fed' also included a half-day session at Crosby Lakeside where young people were able to experience water sports and team building activities.

The Park Nights Programme took place from 19<sup>th</sup> July – 3<sup>rd</sup> September, operating in one park north and one south each weekday evening, between 5pm-7pm, for the full 7 weeks. There were **73** sessions delivered, **150** hours, **1,200** participants and **11** locations. Sessions included multi-sports, zorb football, street golf, and inflatable games. The parks utilised were identified in partnership with colleagues in Community Safety, Youth Service, Area Coordinators and Merseyside Police and included; North Park Bootle, Kirkstone Park Litherland, Hapsford Park Seaforth, South Park Bootle, Crosby Coastal Park, King George V Maghull, Bedford Park Birkdale, Kings Gardens Southport, Devonshire Road Southport, and Deansgate Lane Formby. The youth bus also attended some of the locations to engage young people.

Plans for October half term for Be Active include expansion back to its original format (restrictions allowing), with all day camps and swimming sessions added back in, the introduction of fun activities such as 'Glow Sports' and continued work with LFC Foundation. Challenge still remains around capacity within the team to deliver activities to meet the £81,000 income target and operational issues such as the lack of a booking system to make the booking process easier for parents.

# Agenda Item 8

## APPENDIX B

Plans are already confirmed for Park Nights as part of Operation Banger, which will provide activities Monday – Thursday 5pm-7pm in parks from 25<sup>th</sup> October – 4<sup>th</sup> November, with parks once again identified in partnership with colleagues internally and Merseyside Police.

### **Adult Social Care & Health**

Adult Social Care and Health continue to progress preparation for the implementation of the Health and Social Care Bill in April 2022 with a current focus on establishing the Governance infrastructure and aligned form and functions. This includes a development programme for the Sefton Health and Wellbeing Board supported by the LGA

A key focus is the continued support to the Care Home Market and Domiciliary Care providers to ensure their workforce is fully vaccinated and able to manage the impact of the mandatory vaccination requirement that comes into effect on the 11<sup>th</sup> November 2021.

A robust consultation and engagement process has been launched on the 11<sup>th</sup> October until the 9<sup>th</sup> January regarding the future delivery of Day Opportunities in Sefton colleagues are encouraged to review the information on this on the council's website



# Agenda Item 9

<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	4 January 2022
<b>Subject:</b>	Work Programme 2021/22, Scrutiny Review Topics and Key Decision Forward Plan		
<b>Report of:</b>	Chief Legal and Democratic Officer	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Adult Social Care Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	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 report on progress of work on the Integrated Care Partnership; to identify any items for pre-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; to report on progress made by the Joint Health Scrutiny Committee in considering proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire; 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) progress made to date of work on the Integrated Care Partnership be noted;
- (4) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix B 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 9

- (6) the progress made on the Joint Health Scrutiny Committee in considering proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire, be noted;
- (7) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix C 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:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> None	
<b>Legal Implications:</b> None	
<b>Equality Implications:</b> There are no equality implications.	
<b>Climate Emergency Implications:</b>	
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.

<b>Contact Officer:</b>	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

# Agenda Item 9

## Appendices:

The following appendices are attached to this report:

- Appendix A - Work Programme for 2021/22;
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix C - 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. 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 The Committee agreed the Final Report of the Working Group at its last meeting held on 7 September 2021.
- 2.4 The Final Report was submitted to the Cabinet for consideration on 7 October 2021 and the recommendations were agreed.
- 2.5 The Final Report was submitted to the meeting of the Council for consideration on 18 November 2021, and the recommendations were agreed.
- 2.6 The recommendations will now be actioned and an update on the recommendations will be submitted to the Committee in six months' times.
- 2.7 **The Committee is requested to note the progress made by the Mental Health Issues Working Group be noted.**

### **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 Following a suggestion made by the Executive Director of Adult Social Care and Health, at the meeting of the Committee held on 7 September 2021, the Committee agreed that:  
  
"rather than establish a traditional working group during 2021/22, all Members of the Committee be invited to participate in undertaking a piece of work on the Integrated Care Partnership;" (Minute No. 27 (4) refers).
- 3.3 An informal workshop on Integration and the Health & Care Bill took place on 5 November 2021 for the Chair and Vice-Chair of the Committee.
- 3.4 At the time of drafting this report, an informal meeting of Members of the Committee is scheduled to be held on 20 December 2021 via Microsoft Teams, to receive a briefing around Marmot and region establishment. Any further developments will be reported verbally at the Committee meeting.
- 3.5 **The Committee is requested to note the progress made to date on 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 9

- 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 November 2021, is attached at **Appendix B** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 4.5 There is just one item within the current Plan that falls under the remit of the Committee on this occasion, namely:
- Sefton Integrated Care Partnership
- 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 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B 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 of Liverpool City Council is the representative of the Liberal Democrat Group on the Committee. Councillor Sir Ron Watson of Sefton MBC is the representative of the Liverpool City Region Conservative Group.

## 5.6 **Chair and Vice-Chair**

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair of the LCRCAO&S cannot be a Member of the majority group. Councillor Steve Radford, a Liberal Party and Independent Group Councillor serving on Liverpool City Council has been appointed Chair for the 2021/22 Municipal Year.

## 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?CIId=365&Year=0>

**Latest Meeting – 3 November 2021**

# Agenda Item 9

The latest meeting of the LCRCAO&S was held on 3 November 2021 and was quorate.

Matters considered at the meeting related to:

- Verbal Update from Metro Mayor S Rotherham
- Update on Liverpool City Region Combined Authority Corporate Planning and Proposed Reporting Practice
- Race Equality Programme Update
- Developing the Liverpool City Region Combined Authority Equality Strategy
- Update on the Air Quality Action Plan and its Integration into the Climate Action Plan
- Work Programme 2021/22

The next meeting of the LCRCAO&S will be held on 20 January 2022.

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. JOINT HEALTH SCRUTINY COMMITTEE**

6.1 At the Special Meeting of the Committee held on 27 July 2021, the Committee considered proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire and agreed:

“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.” (Minute No. 16 refers).

6.2 Other local authorities consulted also agreed that the reconfiguration of the hyper-acute stroke services across North Merseyside constituted a substantial development / variation in services for residents. The other local authorities affected are Knowsley, Liverpool and West Lancashire Councils.

6.3 A Joint Health Scrutiny Committee has now been established, comprised of Members from the four local authorities consulted.

6.4 In accordance with the decision made by the Cabinet in relation to the Appointment to Outside Bodies 2021/22, on 24 June 2021, Councillors Myers and Thomas are Sefton’s representatives on the Joint Health Scrutiny Committee (Minute No. 23 refers).

6.5 The first meeting of the Joint Health Scrutiny Committee took place on 11 November 2021.

6.6 The second meeting of the Joint Health Scrutiny Committee is scheduled for 28 January 2022. Details of meetings can be obtained using the link below:



[Browse meetings - Joint Health Scrutiny Committee \(Hyper-Acute Stroke Services\) - Liverpool City Council](#)

Any further developments will be reported verbally to the Committee.

- 6.7 **The Committee is requested to note the progress made on the Joint Health Scrutiny Committee.**

## **7. HEALTHWATCH SEFTON**

- 7.1 An update of recent activities undertaken by Healthwatch Sefton is attached to this report at **Appendix C**, for information.
- 7.2 ***The Committee is requested to note recent activities undertaken by Healthwatch Sefton.***

This page is intentionally left blank

## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

## WORK PROGRAMME 2021/22

Date of Meeting	22 JUNE 21 Bootle	07 SEPTEMBER 21 Southport	19 OCTOBER 21 Bootle	04 JANUARY 22 Bootle	22 FEBRUARY 22
<b>Item</b>					
<b>Regular Reports:</b>					
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
<b>Service Operational Reports:</b>					
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 Southport	19 OCTOBER 21 Bootle	04 JANUARY 22 Bootle	22 FEBRUARY 22
<b>Service Operational Reports (Continued):</b>					
Safeguarding of Adults (Deborah Butcher)			X		
Integrated Intermediate Care Strategy (Eleanor Moulton)				X	

<b>CCGs' Updates</b>					
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				
Dis-Establishment of the CCGs					X
<b>NHS Updates:</b>					
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 – Representatives to attend			X		

**APPENDIX A**

<b>Item</b>	<b>22 JUNE 21 Bootle</b>	<b>07 SEPTEMBER 21 Southport</b>	<b>19 OCTOBER 21 Bootle</b>	<b>04 JANUARY 22 Bootle</b>	<b>22 FEBRUARY 22</b>
<b>NHS Updates (Continued):</b>					
Liverpool University Hospitals NHS Foundation Trust – Representatives to attend				<b>X</b>	

This page is intentionally left blank



## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

**FOR THE FOUR MONTH PERIOD 1 JANUARY 2022 - 30 APRIL 2022**

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](http://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 9

## APPENDIX B

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](http://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
Sefton Integrated Care Partnership	Eleanor Moulton <a href="mailto:eleanor.moulton@sefton.gov.uk">eleanor.moulton@sefton.gov.uk</a>

# Agenda Item 9

APPENDIX B

## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<b>Sefton Integrated Care Partnership</b> A report to present to Cabinet an update following the report it received in April 2021 on the progress towards a Sefton Integrated Care Partnership to meet the requirements of the Health and Care Bill, with effect from the 1st April 2022.			
Decision Maker	Cabinet			
Decision Expected	6 Jan 2022 Decision due date for Cabinet changed from 02/12/2021 to 06/01/2022. Reason: further legal and policy updates on the appropriate governance mechanism for Sefton are awaited.			
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	The Strategic Task and Finish Group includes representation from:  Elected Members Sefton CVS NHS South Sefton and Southport and Formby CCG's Liverpool University Hospitals NHS Foundation Trust Mersey Care NHS Foundation Trust Alder Hey Children's NHS Foundation Trust Southport and Ormskirk Hospitals NHS Trust Healthwatch Sefton			
Method(s) of Consultation	The design of the proposed Sefton Integrated Care Partnership has been overseen by the Strategic Task and Finish Group with membership that is representative of key partners in Sefton			
List of Background Documents to be Considered by Decision-maker	Sefton Integrated Care Partnership			
Contact Officer(s) details	Eleanor Moulton eleanor.moulton@sefton.gov.uk			

## UPDATE REPORT FROM HEALTHWATCH – 4 JANUARY 2022

### Access to NHS Dental Care

Report was recently shared with all key stakeholders on local access to NHS Dental Care. <https://healthwatchsefton.co.uk/wp-content/uploads/2021/11/6f.-Healthwatch-Sefton-Report-Access-to-NHS-Dentistry.-Listening-to-Sefton-residents-2021.pdf> Local residents continue to contact the Healthwatch signposting and information service for support and updated information, however calls have reduced, with 37% relating to NHS dentists for the 3 weeks up to 30 Nov.

### GP Access

This continues to be the main focus for residents who share their feedback with us and we have been working with our NHS commissioners, encouraging local people to complete their GP access survey which has been rolled out initially across practices located in Southport and Formby localities. We continue to gather our own independent feedback which will be shared with commissioners (report will be available early in 2022) and have been sharing feedback on key themes/issues as they arise including those relating to patients who are struggling to contact their practice via online means or the telephony services used by the practice.

### Supporting and strengthening local patient participation groups

In partnership with our NHS commissioners, we have recently held our second meeting of the steering group which is supporting our local practices and patients to set up their own group or strengthen the one they have. Following a recent mapping exercise, out of the 45 practices across Sefton, 16 practices confirmed their group is active, with 19 practices welcoming support to do this. In partnership with commissioners, we have developed two support packs, one for practices and one for patients, which is hoped to provide some uniformity across the borough. The packs will be available shortly.

### Looking at how we can centralise and proactively use the qualitative data we collect to support the new local structures.

Working with local authority colleagues (including public health) and Sefton CVS, we are part of a small working group to look at the data we all capture from talking and listening to our residents and how we can best centralise this moving forward to support population health management. We will be looking at the online system we use and how we can ensure that the independent feedback we collect can support in improvements not only to experience but health outcomes.

### Recruiting an independent Chairperson

Bill Bruce will continue as Healthwatch Sefton Chairperson until we have successfully recruited his successor. The campaign remains open and we will be looking to appoint early in the New Year.

**Diane Blair BA (Hons) MSc**

Manager

0151 920 0726 ext 236

# Agenda Item 9

APPENDIX C



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  
Sefton Council for Voluntary Service (CVS)  
3rd Floor, Suite 3B  
North Wing, Burlington House,  
Crosby Road North, Waterloo, L22 0LG

[www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)