

Public Document Pack

Sefton Council 

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

DATE: Tuesday, 22nd February 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
Diane Blair, Healthwatch
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

See overleaf for COVID Guidance and the requirements in relation to Public Attendance.

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

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

COVID GUIDANCE IN RELATION TO PUBLIC ATTENDANCE

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

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

Please include in your email –

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

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

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

AGENDA

1. Apologies for Absence

2. Declarations of Interest

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

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, 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 Meetings

(Pages 5 - 16)

Minutes of the meeting held on 4 January 2022

A copy of the Minutes of the Remote Informal Meeting of the Committee held on 4 January 2022 are submitted for information.

Minutes of the Special Meeting held on 31 January 2022.

A copy of the Minutes of the Special Meeting of the Committee held on 31 January 2022 are submitted for confirmation as a correct record.

4. North West Ambulance Service

(Pages 17 -
30)

At the last meeting, Members requested a representative of the North West Ambulance Service to be invited to attend the next Committee meeting.

Stuart Ryall, Sector Manager, Cheshire and Merseyside Area, North West Ambulance Service NHS Trust, to attend, to give a presentation (attached).

5. Public Health Annual Report

The latest Public Health Annual Report, which this year takes

the form of a short video, will be shown to the Committee.

- 6. Adult Social Care Performance** (Pages 31 - 36)

Report of the Executive Director of Adult Social Care and Health).
- 7. Care Homes and Safeguarding** (Pages 37 - 64)

Report of the Executive Director of Adult Social Care and Health).
- 8. Sefton Clinical Commissioning Groups - Update Report** (Pages 65 - 72)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 9. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 73 - 80)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 10. Cabinet Member Reports** (Pages 81 - 100)

Report of the Chief Legal and Democratic Officer.
- 11. Work Programme Key Decision Forward Plan** (Pages 101 - 122)

Report of the Chief Legal and Democratic Officer.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

REMOTE INFORMAL MEETING HELD ON TUESDAY 4TH JANUARY, 2022

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

ALSO PRESENT: Mr. B. Clark, Healthwatch Representative
Councillor Cummins, Cabinet Member – Adult Social
Care

38. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Brodie-Browne.

39. DECLARATIONS OF INTEREST

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

40. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 19 October 2021, be confirmed as a correct record.

41. LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

The Committee received a presentation from Sir David Dalton, Interim Chief Executive, and Clare Morgan, Director of Strategy, of Liverpool University Hospitals NHS Foundation Trust (LUHFT). The presentation outlined the following:

- CQC inspection: context;
- CQC inspection: ratings;
- Fundamental Priorities;
- LUHFT Improvement Plan: The Journey to high Reliability;
- LUHFT Improvement Plan: Summary;
- LUHFT Improvement Plan: Fragile services;
- LUHFT Improvement Plan: Organisational Change;
- System working patient flow opportunity; and
- High reliability.

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The link to the most recent Care Quality Commission inspection report was also provided.

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

- The reliability of data to indicate Trust performance.
- Electronic patient records and the ability of various NHS Trusts to share data.
- Assurances around the findings of the recent CQC report, particularly around fragile services.

RESOLVED:

That the presentation be noted and Sir David Dalton and Clare Morgan be thanked for their attendance.

42. INTEGRATED INTERMEDIATE CARE STRATEGY

The Committee considered the 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, that presented the Sefton Joint Intermediate Care Strategy 2021-24. Intermediate Care was defined as a range of integrated services that promoted faster recovery from illness; prevented unnecessary acute hospital admissions and premature admissions to long-term care; supported timely discharge from hospital; and maximised independent living.

The Sefton Joint Intermediate Care Strategy 2021-24 was attached to the report.

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

- Projections for staffing levels, etc. in order to accommodate an increasing older population requiring home based care. The Cabinet Member would discuss the matter with the Member concerned.
- Representations to the Government for increased support for carers and care packages at home.

RESOLVED:

That the report and the information on the Sefton Joint Intermediate Care Strategy 2021-24 be noted.

43. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 4TH JANUARY, 2022

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:

- Update on system changes;
- Blood tube disruption;
- COVID-19 vaccination update;
- Winter well communications;
- Public consultation about hyper acute stroke services underway;
- Roe Lane and Christiana Hartley patients surveyed;
- GP COVID-19 access survey begins to roll out;
- GP practice access;
- Practice self-care for life;
- Update on Shaping Care Together;
- New pilot to be launched at Liverpool Hospital's Emergency Departments;
- Sefton residents to be part of ground-breaking cancer trial;
- 'Lung MOTs' to find cancer cases sooner to be expanded in Merseyside;
- Sefton head pharmacist receives honour from the royal family; and
- Governing Body meetings.

Fiona Taylor, Chief Officer for the Sefton CCGs, was in attendance to present the update report and to respond to questions raised by Members of the Committee.

RESOLVED:

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

44. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

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.

Fiona Taylor, Chief Officer for the Sefton CCGs, was in attendance to present the data and to respond to questions raised by Members of the Committee. A verbal update was provided on Covid vaccines.

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

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- Whether Covid was likely to add to performance pressures over the following weeks.
- Particularly in relation to stroke services, if ambulance performance could be included within the data for future performance reports provided to the Committee. A representative of the North West Ambulance Services could be invited to attend the next Committee meeting.
- The process regarding the provision of health services for refugees. A briefing note could be provided.

RESOLVED: That

- (1) the information on Health Provider Performance be noted;
- (2) the Chief Officer for the Sefton Clinical Commissioning Groups be requested to:
 - (a) include information on ambulance performance within the data for future performance reports provided to the Committee; and
 - (b) provide a briefing note to the Senior Democratic Services Officer, outlining the process regarding the provision of health services for refugees; and
- (3) consideration be given to inviting a representative of the North West Ambulance Services to attend the next Committee meeting.

45. 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.

A revised version of the Cabinet Member update report – Adult Social Care, attached to the report at Appendix A, had been circulated prior to the Committee, that outlined information on the following:

- Care Homes - Vaccination
- Adult Social Care Budget, including external grants
- Sefton's Adults Safeguarding Board
- Mental Health Services
- Alternatives to Crisis
- Brain in Hand App
- Sensory Services
- Performance
- Integrated Care Teams (ICTs) Updates
- Complaints Update

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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
- Pharmacy Needs Assessment
- Breastfeeding
- Seasonal Influenza
- Residential Rehabilitation
- PH Service Plan
- Mental Health
- Dunes SplashWorld
- Leisure Update
- Summary of Leisure Summer Holiday Activity 2021
- Adult Social Care & Health

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

- The increase in figures relating to abuse occurring in care homes. The Cabinet Member would provide additional information.

RESOLVED:

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

46. 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 by the Joint Health Scrutiny Committee to consider proposals for the reconfiguration of the hyper-acute stroke services across 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.

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.

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An update on recent activities undertaken by Healthwatch Sefton, was attached to the report at Appendix C.

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

- Consideration could be given to inviting a representative of the North West Ambulance Service to attend the next Committee meeting.

RESOLVED:

- (1) the Work Programme for 2021/22, as set out in Appendix A to the report, be noted;
- (2) a representative of the North West Ambulance Service be invited to attend the next Committee meeting;
- (3) the progress made by the Mental Health Issues Working Group be noted;
- (4) progress made on work on the Integrated Care Partnership be noted;
- (5) the contents of the Key Decision Forward Plan for the period 1 January – 30 April 2022, be noted;
- (6) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (7) 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
- (8) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix C to the report, be noted.

47. COVID-19 UPDATE

Margaret Jones, Director of Public Health, provided a verbal update on the latest position in relation to developments with Covid-19, particularly in relation to the new Omicron variant, including figures provided for the previous month; rates by age groups; availability of tests; cases in care homes within Sefton; Public Health work with schools; business continuity; and take-up of vaccines.

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

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- Pregnancy and the Covid-19 vaccine.
- The likely impact of the new variant on the most vulnerable residents.
- The likelihood of reinfection amongst the population who had received the booster vaccination.

RESOLVED:

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

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

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE ON TUESDAY, 31ST JANUARY 2022

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)

Councillors Halsall, Irving, John Joseph Kelly and Killen

ALSO PRESENT: Mr. B. Clark, Healthwatch Representative

38. INTRODUCTIONS

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

39. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Cluskey and Jones; Diane Blair, Healthwatch; and Councillor Cummins, Cabinet Member – Adult Social Care.

40. DECLARATIONS OF INTEREST

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

41. CLINICAL SERVICES INTEGRATION - LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

The Committee considered the report of the Chief Legal and Democratic Officer requesting the Committee to consider each of the proposals in relation to the next phase of clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust (LUFT), as set out at Appendix A to the report, and seeking to determine whether the proposals constituted a substantial development or variation for Sefton residents. Appendix A to the report set out the background to the matter; the strategic context; and an overview of the proposals in relation to the following specialities:

- General surgery;
- Vascular services;
- Urology services;
- Nephrology services; and
- Breast services.

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Appendix A also outlined the duty to consult with local authority Health Overview and Scrutiny Committees; the public consultation approach to be taken; the indicative timeline and milestones; and a conclusion.

Carole Hill, Director of Strategy, Communications and Integration, Liverpool Clinical Commissioning Groups; and Dr John Brennan, Interim Medical Director, were in attendance to present the proposals and to respond to questions raised by Members of the Committee.

Dr. Brennan gave a presentation on the Clinical Services Reconfiguration Schemes that outlined the following:

- Integration and Reconfiguration Programme – Context;
- Integration and Reconfiguration Programme – Progress to Date;
- Integration and Reconfiguration Schemes 2022;
- Clinical Recommendation for Site Configuration;
- Proposed Reconfiguration Schemes:
 - General surgery;
 - Vascular services;
 - Breast services;
 - Nephrology services; and
 - Urology services.

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

- Staff and trade union consultation regarding the proposals.
- Any job creation/reductions associated with the proposals.
- The car parking situation around the vicinity of hospitals.
- Any cost savings/efficiencies associated with the proposals.
- Knock-on effects to other hospital trusts in the North Mersey patch, including Southport Hospital.
- Impact to the spinal service based at Southport Hospital.
- The need for hospital trusts to co-ordinate with adult social care services, particularly where proposals could result in shorter hospital stays.
- Advice to be offered to future patients regarding public transport links to the hospitals concerned.
- Assurances that the costings and business case for the proposals would be made available, in the event that a Joint Health Overview and Scrutiny Committee was established.

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

The Chair requested Committee Members present to indicate agreement that the proposals represented a “substantial” change for Sefton residents in relation to each of the services outlined and it was:

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - MONDAY 31ST JANUARY, 2022

RESOLVED:

That the Committee considers that the each of the proposals detailed in Appendix A to the report constitute a substantial development / variation in services delivered by Liverpool University Hospitals NHS Foundation Trust, for Sefton residents.

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Southport and Formby CCG

South Sefton CCG

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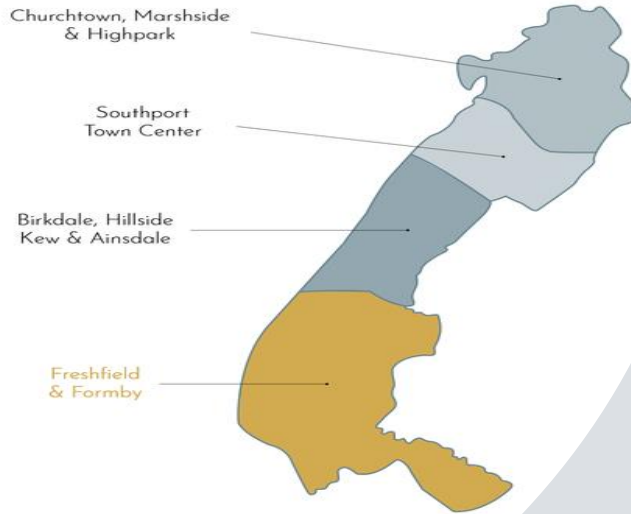
Performance for Q2 & October
2021

Stuart Ryall,
Sector Manager

Southport
and Formby
CCG

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Southport and Formby CCG

Aintree University Hospital NHS Foundation Trust

- Southport & Ormskirk Hospital NHS Trust
- Mersey Care NHS Trust Liverpool Community Health NHS Trust
- Liverpool Women's NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Walton Centre NHS Foundation Trust
- Clatterbridge Cancer Centre NHS Foundation
- Trust Liverpool Heart and Chest Hospital

- Population 123,729(Approx.) registered with a GP.
- North Southport 31,409
- Central Southport 35,733
- Ainsdale & Birkdale 31,409
- Formby 25,246



Resources

Emergency Ambulances
Southport Ambulance and Fire Station
0700-1900
1900-0700
0730-1930
1930-0730
0900-2100 (12hrs a day)

Falls car
0900-2100 (12hrs a day)

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RRV (Rapid response vehicle)
0700-1900
1900-0700

CSP (Community specialist Paramedic)
8hrs (5 day week)

Formby Ambulance and Fire station
Emergency Ambulances

0700-1900
1900-0700

1000-1800
1800-0200

Southport and Formby CCG

Total vehicle for the CCG

- 3 x 24/7 ambulances
- 1 x 24/7 RRV
- 1 x 12hr Falls car
- 1 x 8 hr 16/7 Ambulance
- 1 Community Specialist Paramedic 8 hrs 5 days a week.

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	C1		C2		C3		C4	C5	HCPIFT
Category	Mean	90th	Mean	90th	Mean	90th	90th	90th	90th
	7 mins	15 mins	18 mins	40 mins	60 mins	120 mins	180 mins		



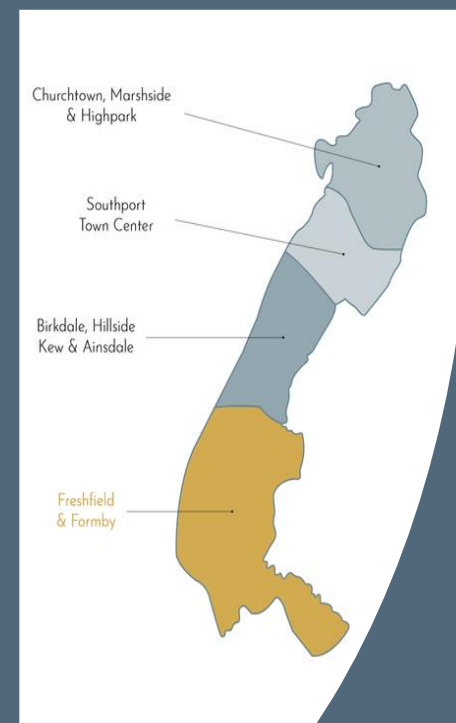
Activity Q2 & OCT 21

CCG Name	Calendar Year	Calendar Month Name	C1 Incidents	C2 Incidents	C3 Incidents	C4 Incidents	C4HCP Incidents	C5 Incidents
<input type="checkbox"/> NHS Southport and Formby CCG	Total		777	3271	1071	167		320
Total			777	3271	1071	167		320

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CCG Name	Calendar Year	Calendar Month Name	C1 Incidents	C2 Incidents	C3 Incidents	C4 Incidents	C4HCP Incidents	C5 Incidents
<input type="checkbox"/> NHS Southport and Formby CCG	Total		202	833	274	43		72
Total			202	833	274	43		72

Southport and Formby CCG



	C1		C2		C3		C4	C5	HCPIFT
Category	Mean	90th	Mean	90th	Mean	90th	90th	90th	90th
	7 mins	15 mins	18 mins	40 mins	60 mins	120 mins	180 mins		



Performance Q2 & OCT 21

Performance

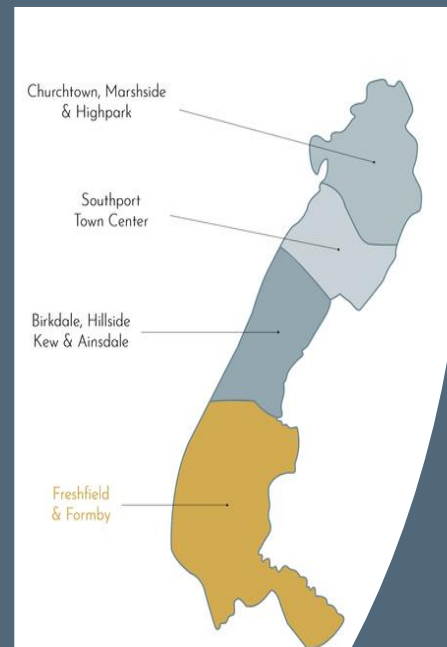
CCG Name	Calendar Year	Calendar Month Name	C1 Mean	C2 Mean	C3 Mean	C4 Mean
NHS Southport and Formby CCG	Total		00:10:59	00:59:19	03:05:35	06:17:33
Total			00:10:59	00:59:19	03:05:35	06:17:33

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Performance

CCG Name	Calendar Year	Calendar Month Name	C1 Mean	C2 Mean	C3 Mean	C4 Mean
NHS Southport and Formby CCG	Total		00:10:48	01:14:07	03:17:03	06:49:14
Total			00:10:48	01:14:07	03:17:03	06:49:14

Southport and Formby CCG



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Outcomes Q2 & OCT 21

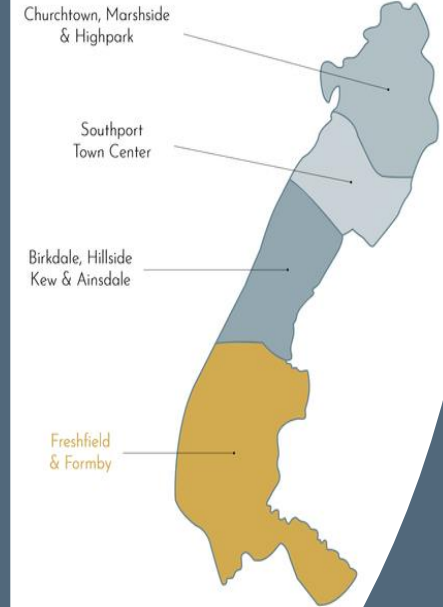


**North West
Ambulance Service**
NHS Trust

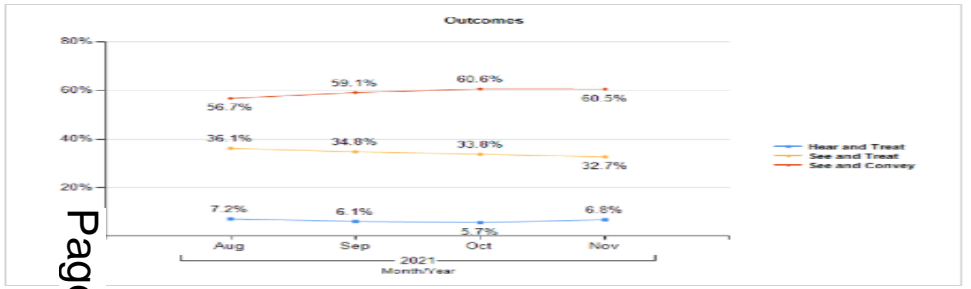


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Southport and Formby CCG

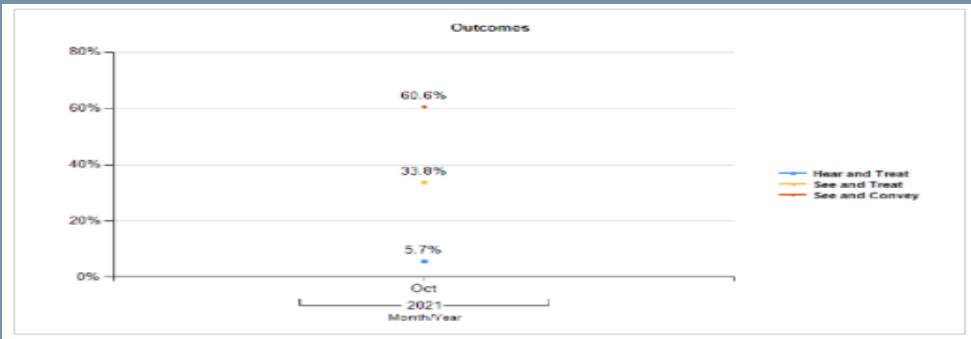


CCG Name	Calendar Year	Calendar Month Name	H & T	H & T %	S & C	S & C %	S & T	S & T %
□ NHS Southport and Formby CCG	Total		383	6.44%	3518	59.23%	2043	34.33%
Total			383	6.44%	3518	59.19%	2043	34.37%



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CCG Name	Calendar Year	Calendar Month Name	H & T	H & T %	S & C	S & C %	S & T	S & T %
□ NHS Southport and Formby CCG	Total		84	5.66%	899	60.58%	501	33.76%
Total			84	5.66%	899	60.58%	501	33.76%





South Sefton CCG

- Population 157,500(Approx.) registered with a GP.
- Maghull 20,444
- Crosby 50,044
- Seaforth & Litherland 35,538
- Bootle 51,394

- Aintree University Hospital NHS Foundation Trust
- Southport & Ormskirk Hospital NHS Trust
- Mersey Care NHS Trust Liverpool Community Health NHS Trust
- Liverpool Women's NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Walton Centre NHS Foundation Trust
- Clatterbridge Cancer Centre NHS Foundation Trust
- Liverpool Heart and Chest Hospital

Resources

South Sefton

- Buckley Hill Ambulance and Fire station

Emergency ambulances

0600-1800

1800-0600

0630-1830

1830-0630

Crosby Ambulance station

00-1900

00-0700

Bootle Ambulance Station

0600-1800

1800-0600

0700-1900

1900-0700

0800-1800

1800-0200

RRV

0700-1900

1900-0700

South Sefton CCG

Total vehicle for the CCG

- 5 x 24/7 ambulances
- 1 x 24/7 RRV
- 1x 24/7 Advanced Paramedic
- 1 x 16 hr Ambulance



Performance

	C1		C2		C3		C4	C5	HCPIFT
Category	Mean	90th	Mean	90th	Mean	90th	90th	90th	90th
	7 mins	15 mins	18 mins	40 mins	60 mins	120 mins	180 mins		

Activity Q2 & OCT 21

CCG	Calendar Year	Calendar Month Name	C1 Incidents	C2 Incidents	C3 Incidents	C4 Incidents	C4HCP Incidents	C5 Incidents
NHS South Sefton CCG	Total		1218	4027	1155	231		314
Total			1218	4027	1155	231		314

Performance

CCG Name	Calendar Year	Calendar Month Name	C1 Mean	C2 Mean	C3 Mean	C4 Mean
NHS South Sefton CCG	Total		00:08:37	01:09:38	03:50:16	07:31:14
Total			00:08:37	01:09:38	03:50:16	07:31:14

South Sefton CCG



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Performance

	C1		C2		C3		C4	C5	HCPIFT
Category	Mean	90th	Mean	90th	Mean	90th	90th	90th	90th
	7 mins	15 mins	18 mins	40 mins	60 mins	120 mins	180 mins		

Performance Q2 & OCT 21

CCG Name	Calendar Year	Calendar Month Name	C1 Incidents	C2 Incidents	C3 Incidents	C4 Incidents	C4HCP Incidents	C5 Incidents
NHS South Sefton CCG	Total		327	1062	280	63		63
Total			327	1062	280	63		63

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Performance

CCG Name	Calendar Year	Calendar Month Name	C1 Mean	C2 Mean	C3 Mean	C4 Mean
NHS South Sefton CCG	Total		00:09:34	01:27:31	04:33:28	09:28:25
Total			00:09:34	01:27:31	04:33:28	09:28:25



North West
Ambulance Service
NHS Trust



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South Sefton CCG



Outcomes Q2 and OCT 21



**North West
Ambulance Service**
NHS Trust

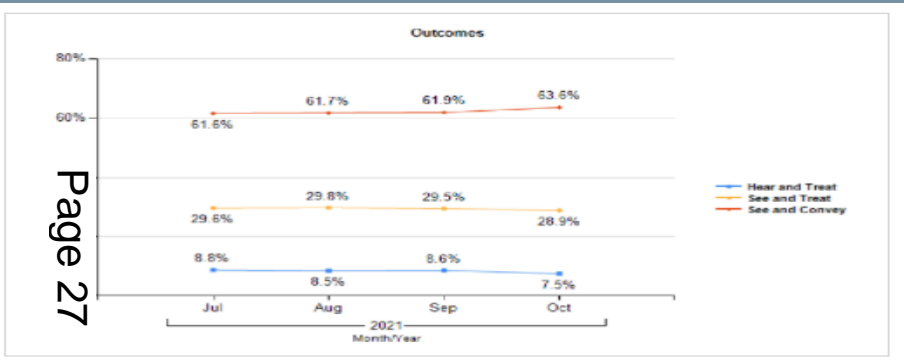


South Sefton CCG

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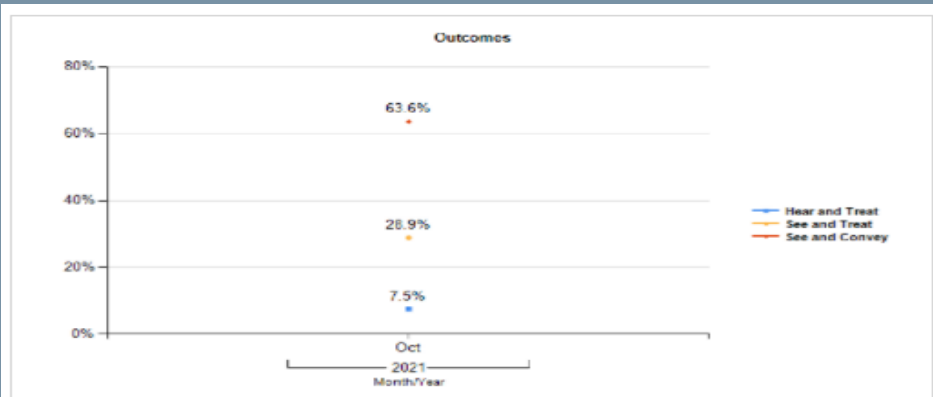


CCG Name	Calendar Year	Calendar Month Name	H & T	H & T %	S & C	S & C %	S & T	S & T %
□ NHS South Sefton CCG	Total		598	8.32%	4496	62.50%	2099	29.17%
Total			598	8.31%	4496	62.51%	2099	29.18%



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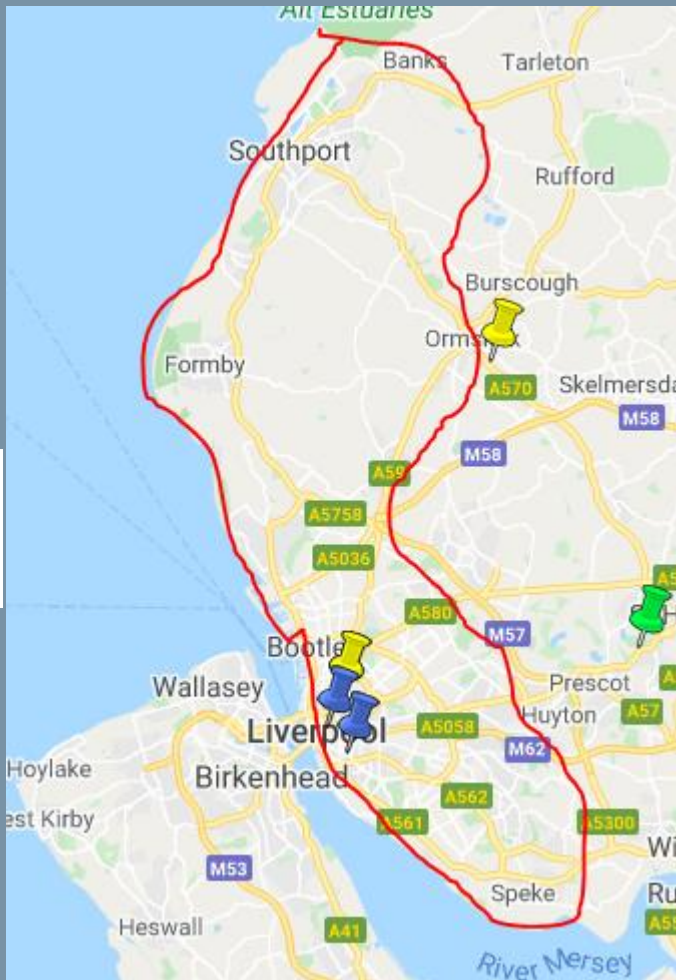
CCG Name	Calendar Year	Calendar Month Name	H & T	H & T %	S & C	S & C %	S & T	S & T %
□ NHS South Sefton CCG	Total		140	7.53%	1182	63.58%	537	28.89%
Total			140	7.53%	1182	63.58%	537	28.89%



South Sefton CCG
Southport and
Formby CCG &
Liverpool CCG

The mental health car covers
all the CCG and Acutes in the
north Sector area.

- Aintree University
Hospital NHS Foundation
Trust
- Southport & Ormskirk
Hospital NHS Trust
- Royal Liverpool Hospitals
NHS Trust
- Walton Centre NHS Trust



Mental Health Car



This car is ran in conjunction with Mersey care.

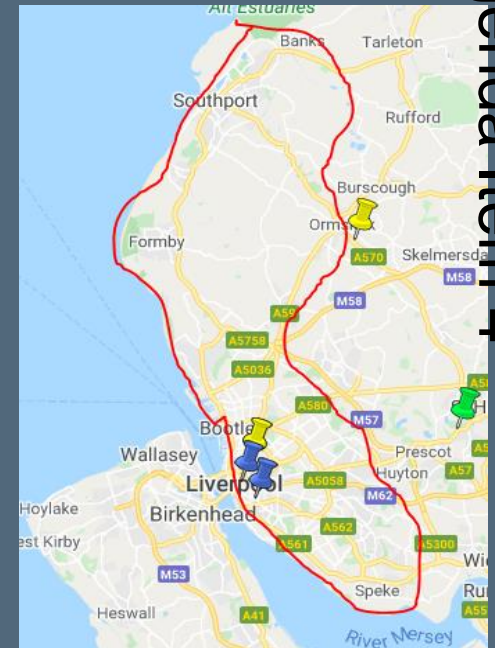
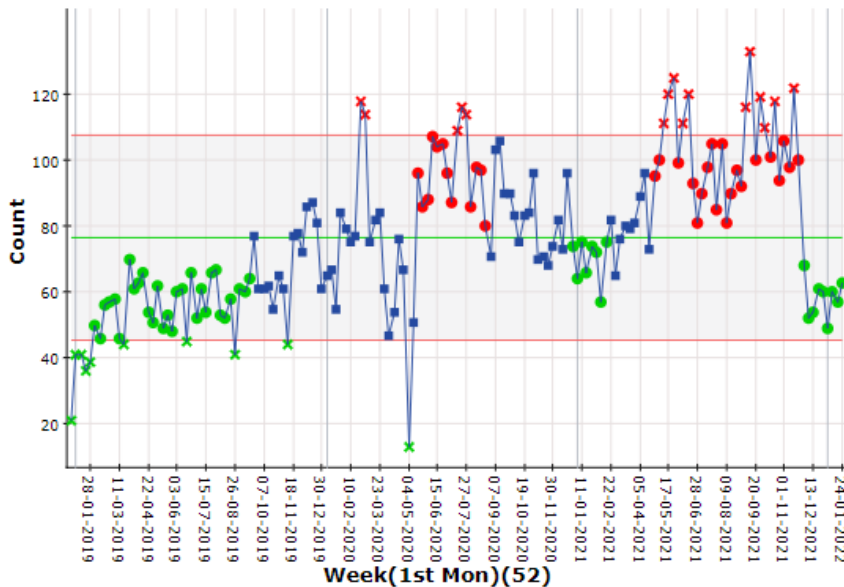
- Mersey Care NHS Trust Liverpool Community Health NHS Trust
- It covers the area circled in red.
- This is 1 of 3 mental health cars ran by NWS, Merseyside police and British transport police.

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South Sefton CCG
 Southport and
 Formby CCG &
 Liverpool CCG

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Count CAD Records : Inc Sctr = M North [MNOR] * Ogl MPDS = [25] Psychiatric/Suicide Attempt : (from 24-12-2018)(By Wk(1st Mon))
 Data Updated: 2022-02-04 07:54:09



Mental Health Car



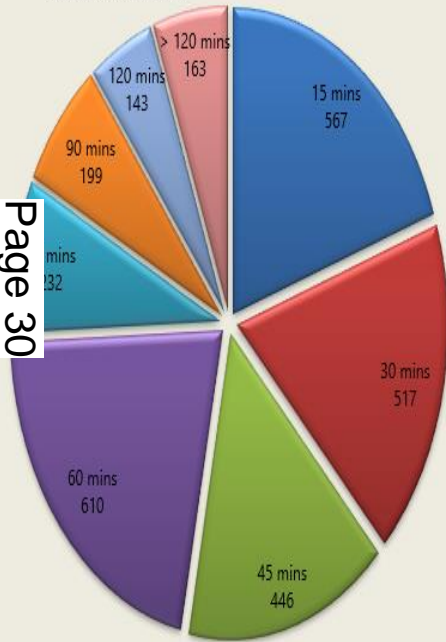
North West
Ambulance Service
NHS Trust



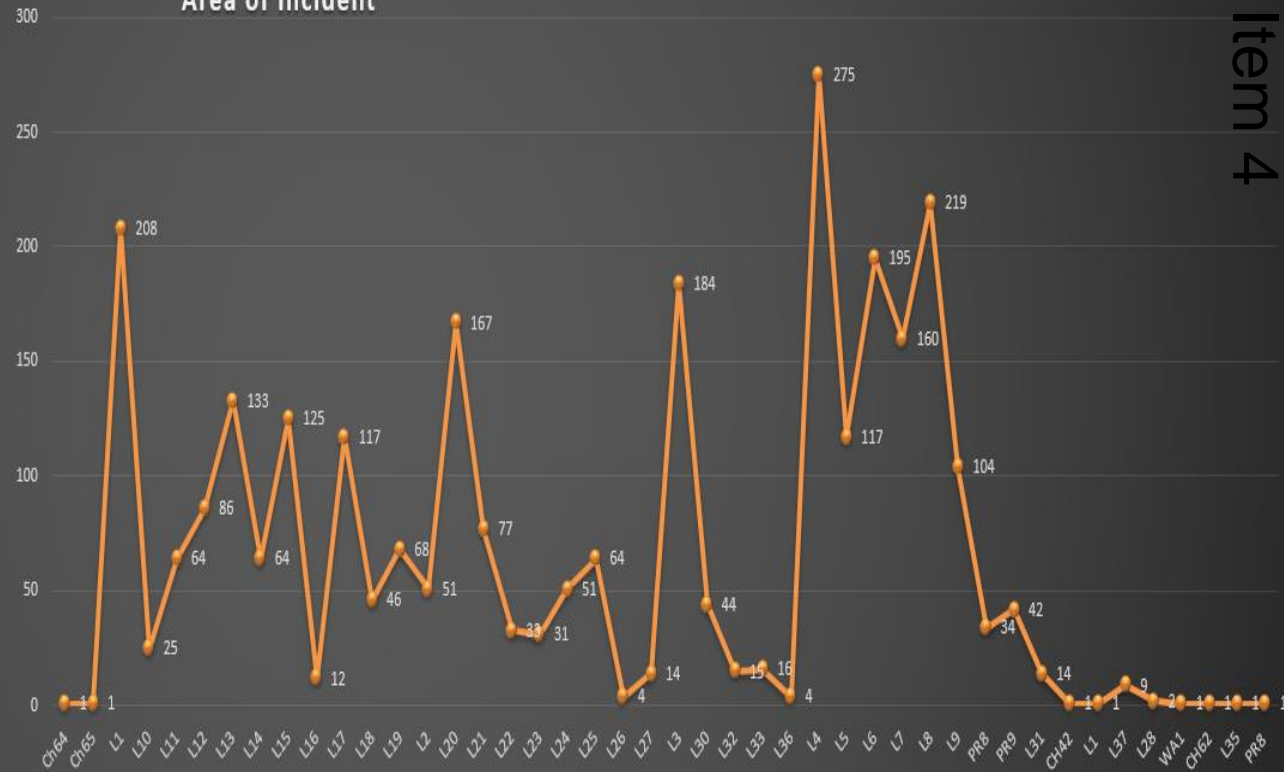
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Time On Scene



Area of Incident



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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	22 February 2022
Subject:	Adult Social Care Performance		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report is to update Overview and Scrutiny and to receive comments regarding Adult Social Care Performance and changes to the current reporting framework in line with the implementation of the Health and Social Care Bill.

Recommendation:

That the report be noted

Reasons for the Recommendation(s):

To provide overview and scrutiny into Adult Social Care Performance.

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

Not applicable

(B) Capital Costs

Not applicable

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None

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Legal Implications: The introduction of the Health and Care Bill and the requirement to introduce assurance through OFSTED type inspections.	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: This report details how social care perform in protecting and supporting the most vulnerable which is their key objective.
Facilitate confident and resilient communities: Adult Social Care work collaboratively with Localities and with Community and Voluntary Sector organisations to promote resilient communities and strength based social work practice which builds on a person's assets.
Commission, broker and provide core services: The Adult Social Care budget commissions front line care and support services to enable people to remain in their communities and this report outlines key performance indicators.
Place – leadership and influencer: Services will become more joined up as a result of new legislation which promotes integration and Place Leadership.
Drivers of change and reform: Not applicable
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6711/12) and the Chief Legal and Democratic Officer (LD.4911/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Deborah Butcher
Telephone Number:	0151 934 3329
Email Address:	deborah.butcher@sefton.gov.uk

Appendices:

There are no appendices are attached to this report.

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

The Current Performance Framework

- 1.1 The core performance metrics used to monitor Adult Social Care is the Adult Social Care Performance Framework (ASCOF), highlights of which are provided below:
- 1.2 Adult social care support around 4,500 people annually and numbers of people who approach the service may not need a Care Act Assessment. When this is the case there is a requirement to provide information and advice. Contacts to Information, Advice and Signposting have increased steadily over the past 3 years, though Q3 of 21/22 has seen a slight decline from the previous quarter, putting us just below the top quartile nationally.
- 1.3 The number of people who use services (as a rate per 10,000) aged 65+ receiving reablement or intermediate care has fallen since August of this year. This pattern of reduction is replicated in many other Northwest Local Authorities and is

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primarily a result of our inability to place people in the service due to impact of Covid on workforce short term sickness, recruitment, and retention. Further work is underway to understand and address these issues across the whole of the social care provider workforce. The overall success of reablement remains a positive as over 80% of clients remain at home 91 days later and for those over 65 discharged from hospital 98% remain at home 91 days after receiving reablement services.

- 1.4 Permanent admissions to care homes for those aged 65+ has continued a steady increase over the last year, partly as a result of 'recovery' in numbers of clients in Care Homes following the Covid pandemic impacts. New admissions to care homes for service users aged 18-64 have not risen at the same rate as those aged 65+. Sefton, however, does have an above average rate of admissions for all ages to care homes than the national average. This is due to the large number of care homes in Sefton and a lack of alternative provision such as Extra Care Housing. However, to address this issue there is an Extra Care Housing Strategy and delivery plan. This will support more people to remain in the community for longer and so offer choice and control to older people who need more intensive care.
- 1.5 In terms of carer support we currently provide below national averages in terms of self-directed support and direct payments. A piece of work is being undertaken to address this issue which will be concluded in April with recommendations.
- 1.6 Sefton continues to be in the bottom quartile for adults with learning disabilities in paid employment. For Sefton to move up to the best quartile, we would have to support just over 7% of LD Adults into employment - we currently have 2%. The service has a plan to address this indicator and will be working with service providers to develop social enterprise models and develop opportunities for people with learning difficulties to access work with support.
- 1.7 The proportion of adults with learning disabilities in settled accommodation continues to perform in the best quartile for this measure and looks to be stable at over 90%.
- 1.8 The proportion of adults in contact with secondary mental health services in employment Sefton ranks in the best quartile and has risen in each quarter of this year. We also rank in the top quartile on the proportion of those living independently, currently over 90%.
- 1.9 A large number of Adult Social Care Performance Framework (ASCOF) indicators are based on surveys of client and carer opinion. These were not undertaken last year due to Covid, but for this year these are currently underway and will be reported later once responses are collated.

2. New Regime

- 2.1 There is currently a national review of the reporting framework for Adult Social Care in line with the introduction of the Health and Care Bill and the requirement to introduce assurance through OFSTED type inspections. In preparation for this Adult Social Care have started to develop a new performance dashboard which will be ready in May and is currently being piloted within the service and will

include both local performance indicators as well as those required for national benchmarking and assurance purposes.

- 2.2 The new regime is still under development however there is unlikely to be major changes to the following approach at this stage:

Regional Assurance – at present a joint protocol is under development setting out roles and responsibilities.

Inspection- DHSC have drafted a Commissioning Framework which could form part of the national assurance framework. The publication is expected to be March 2022 with expectation of a CQC inspection approach in 2023.

Self- Assessment – the self- assessment is currently being piloted. The Local Authorities who have undertaken their self- assessment will be offered further feedback and support from the LGA ahead of the implementation in 2023.

Core Data- core data requirements are in development and will be communicated over the coming weeks.

2.3 Next Steps

The Head of Adult Social Care and Executive Director are currently leading on the local response to the new assurance framework. Sefton have completed a self-assessment and will be supported through the Local Government Association in preparing for inspection readiness. A more detailed report will be provided to OSC at the next meeting.

2.4 Summary

Overview and Scrutiny are asked to note this report and to provide comment.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	22 February 2022
Subject:	Care Homes and Safeguarding		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To provide Overview and Scrutiny assurance that there are policies and procedures in place to address safeguarding concerns in care homes in Sefton.

Recommendation:

That the report be noted and comments received.

Reasons for the Recommendation(s):

To address any safeguarding concerns.

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

Not applicable

(B) Capital Costs

Not applicable

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): Not applicable

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Legal Implications: The Care Act (2014)	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Any safeguarding concerns relating to people who live in care homes are addressed completely.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: Not applicable
Greater income for social investment: Not applicable
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6712/22) and the Chief Legal and Democratic Officer (LD.4912/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Deborah Butcher
Telephone Number:	0151 934 3329
Email Address:	deborah.butcher@sefton.gov.uk

Appendices:

The following appendix is attached to the report:

- Management of Organisational Safeguarding Concerns in Sefton

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 This report introduces the policy for Adult Social Care in relation to safeguarding people who live in care homes. The policy was developed to address the complexity of identification and management of adult safeguarding concerns relating to a whole service or organisational practices such as in a residential or nursing care setting.
- 1.2 The policy is appended to this report and is reviewed annually. The Sefton Safeguarding Board has oversight of this policy.
- 1.3 Safeguarding Vulnerable people is the statutory responsibility of the local authority and comes under the Care Act 2014.
- 1.4 Safeguarding adults means protecting a person right to live in safety, free from abuse and neglect.

2. Care Homes and Safeguarding

- 2.1 There are 131 care homes in Sefton and in the region of 3,100 people living in care homes. These will be a mixture of Council funded, health funded, private and other Local Authority funded placements. Safeguarding concerns raised and subsequent enquiries regarding care homes outweigh other types of referrals as a consequence.

The Care Act requires that local authorities must:

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- Make enquiries if it believes an adult is experiencing neglect or abuse
- An enquiry will determine whether action must be taken
- And by whom
- Set up a Safeguarding Adults Board
- Arrange independent advocacy to support the individual subject to a safeguarding enquiry

2.2 Organisational abuse as defined in the Care Act (2014) Statutory Guidance is “neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation”.

2.3 There is a duty on care homes to report on the safeguarding concerns which are in most cases not deliberate acts of wilful neglect or ill treatment and once the immediate safeguarding concern is addressed are managed through supporting the care home provider to improve and to address any shortfalls in care practice.

An adult at risk is any person over 18 who is at risk of abuse or neglect because of need for care and support and so those living in care homes would be considered at risk of abuse or neglect.

2.4 In Q3 of 21/22 170 safeguarding related contacts were received from care home providers. Of these, 87 progressed to safeguarding referrals.

Abuse marked as taking place within a Care Home accounted for 37% of episodes in Q3 of 21/22, the same proportion as that taking place in people’s own homes.

The most common type of abuse seen in these concluded enquiries in care homes was neglect and acts of omission – constituting 61% of abuse taking place in Care Homes in Q3 of 21/22.

For those that expressed a preferred outcome to their safeguarding enquiry, all either had that outcome either fully or partially met in Q3 of 21/22.

2.5 An important part of providing care is ensuring a working environment that encourages people to challenge practice in their own workplace. The law offers protection to people who do this under the Public Interest Disclosure Act 1998. A significant number of safeguarding concerns come from people working in care homes and registered managers as well as family members of those living in care homes. The Care Quality Commission regulate care homes and there is a requirement under the Health and Social Care Act for registered managers to report poor practice.

2.6 When several issues relating to one care setting is reported into Adult Social Care a decision will be taken to address any immediate action to protect the individual and then whether to convene a multi-agency organisational safeguarding meeting when there are concerns which may impact several residents in the care home.

This organisational safeguarding meeting will involve CQC and Quality and Safeguarding officers from Clinical Commissioning Group as well as social workers. In Sefton this meeting is chaired by a senior manager from Adult Social Care.

3. Summary

- 3.1 The full policy is appended to this report for assurance to Overview and Scrutiny that safeguarding concerns relating to people who live in care homes are addressed completely, utilising information from a broad range of sources to identify if and what further enquiries are required to ensure subsequent delivery of quality services to all.

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Management of Organisational Safeguarding Concerns in Sefton



Document Owner	Adult Social Care
Author	Joan Coupe
Approval Date	September 2020
Review Date	April 2021
Version	1:4

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The Care Act Statutory Guidance (2014) specifies that adult safeguarding is not a substitute for:

- service providers responsibilities to ensure safe and high-quality care and support.
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- the Care Quality Commission (CQC) ensuring that all regulated providers comply with fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property

This protocol is to provide guidance and support in identification and management of concerns relating to whole service or organisational practices.

Concerns may become apparent in a multitude of ways including analysis of data in the form of trends or patterns around failure or delivery of poor quality of care, or raised by individuals, in the form of whistle-blowing or by partner agencies through a variety of sources.

2. Provider Service

A provider service is an organisation delivering a care and support service to an individual or to a group of people. This includes but does not limit:

- Residential Care homes
- Nursing Care homes
- Day Care Services and Opportunities
- Domiciliary Care Providers
- Supported Living Services
- NHS Commissioned provision
- CCG Commissioned provision
- Private Hospitals and Clinics
- Rehabilitation Units
- Voluntary Provision

3. Whole Service Concerns

Whole service concerns can be determined when there is either an indication or evidence that a service, as a whole, has safety and quality concerns not adhering to regulatory standards. The concerns pose risk to the health and well-being of people accessing the services. A whole service concern can be initiated to reduce the risk of abuse occurring and to improve standards of care or where abuse has already occurred, to determine the necessary actions to safeguarding users of the service.

Whole Service Concern Indicators include:

- Pattern of single individual concerns when viewed collectively indicate serious organisational issues.
- Pattern of complaints against a service provider from a variety of sources.
- Serious single incident indicative of systemic and organisational abuse which may have led to a death or serious injury

- Large scale safeguarding enquiry involving multiple service users where abuse is suspected.
- Concern raised around systemic and organisational abuse.
- Lack of contract compliance which indicates poor care and /or lack of leadership skills or commitment in complying with contractual arrangements.
- Organisation failure to comply with Sefton Safeguarding Adults policy and procedures
- Poor CQC compliance report indicating non-compliance with major safeguarding concerns in one or more essential outcome areas

The above list is not exhaustive; information sharing across the partnership is essential in determining a holistic picture of concerns about a provider

When Individual Concerns require a Whole Service Response

Whilst a concern may be raised for the care and support of an individual, it may be that, through the s42 enquiry, it becomes evident that the abusive practice is endemic and embedded within the culture and practice within the organisation.

Organisational abuse as defined within the **Care Act (2014)** Statutory Guidance (2014) as: ***“neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation”***

Examples of abuse within organisations include:

- Poor management structure, or rigid authoritarian management
- Poorly trained or unsupervised staff
- Inadequate staffing levels
- Inappropriate use of physical restraint
- Medication misadministration, record keeping and storage.
- Failure to act on incidents of poor practice
- Repeated failure to meet basic health and social care needs of residents

Organisational abuse is often coupled with other forms of abuse

When dealing with abuse within organisations there may be concerns where it is not possible to identify the “perpetrator” or sometimes have clarity on how the concern impacts on specific individuals living in or receiving care from the organisation. This should not hinder progression of the concern.

This guidance aims to safeguard that fitting action is taken based on the seriousness of the concern. This action could include **day-to-day contract monitoring; unannounced spot checks; robust recording; information sharing; escalation to appropriate individuals/bodies; and attendance at safeguarding adults’ meetings.**

Whistleblowing

- Essential to improving standards and addressing issues of poor care, abuse or neglectful practice is ensuring a working environment that encourages employees to challenge poor or dangerous practice. Good leadership and

an open and honest culture enable individuals to feel comfortable about raising concerns with their colleagues or managers.

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- Blowing the whistle is not easy and needs careful consideration but it is a vital part of safeguarding for adults in health and social care services.
- ✦ Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service (DBS).
- ✦ As part of terms and conditions of undertaking business with the council Sefton expect a whistleblowing policy to be in place which clearly articulates the way employees will be treated and who staff and people who use the service can report suspected abuse.
- ✦ If someone is removed by being either dismissed or redeployed to a nonregulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the DBS. If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.

As with all concerns about abuse or neglect, there will be a continuum of harm. Regular, low level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults' procedures.

4. The Role of the Regulator with Adult Safeguarding

There are several Regulations that govern the performance and service delivery of care services. These include the fundamental standards – the standards below which care must never fall.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 cover over 20 areas of performance with Regulation 13 focusing on safeguarding service users from abuse and improper treatment. CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. CQC do not have to serve a Warning Notice before prosecution.

The overarching objective for all agencies is for adults to live a life free from abuse or neglect. This cannot be achieved by any single agency. Every organisation and person who come into contact with an adult has a responsibility and a role to play to help keep adults safe. The Care Act 2014 provided a legal framework for the first time.

Care Quality Commission (CQC) role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, this is done by:

- Checking that care providers have effective systems and processes to help keep adults' safe from abuse and neglect.
- Using Intelligent Monitoring of information, they receive about safeguarding (intelligence, information and indicators) to assess risks to adults using services and to make sure the right people act at the right time to help keep them safe.
- Acting promptly on safeguarding issues discovered during inspections, raising them with the provider and, if necessary, referring safeguarding concerns to the local authority – who have the local legal responsibility for safeguarding – and the police, where appropriate, to make sure action is taken to keep adults safe.
- Speaking with people using services, their carers' and families as a key part of our inspections so CQC can understand what their experience of care is like and to identify any safeguarding issues. We also speak with staff and managers in care services to understand what they do to keep people safe.
- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard adults, and that that they maintain improvements. Regulatory action includes carrying out comprehensive and follow-up inspections, requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and acting against unregistered providers.
- Publishing CQC findings about safeguarding in inspection reports and awarding services an overall rating within the key question 'Is the service safe?' which reflects findings about the safety and quality of the care provided.
- Supporting the local authority's lead role in conducting inquiries or investigations regarding safeguarding adults. CQC do this by co-operating with the local authority and sharing information where appropriate from our regulatory and monitoring activity. CQC assist the police in a similar way.
- Explaining the role of CQC in safeguarding to the public, providers and other partners so that there is clarity about responsibilities for and how CQC role fits with those of partner organisations.

In extreme circumstances a care providers registration can be cancelled to protect the welfare of the people in their care.

It is a statutory duty that all relevant agencies will cooperate with safeguarding enquiry. Section 6(1) of the Care Act (2014) states:

A local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of:

- (a) their respective functions relating to adults with needs for care and support,
- (b) their respective functions relating to carers, and

(c) functions of theirs the exercise of which is relevant to functions referred to in paragraphs (a) or (b).

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This specifically includes cooperating to fulfil the following duties: (d) protecting adults with needs for care and support who are experiencing, or are at risk of, abuse or neglect, and (e) identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect and applying those lessons to future cases. (Section 6 (6), Care Act 2014)

5. Powers of Enquiry

As determined within the Care Act 2014 Guidance, the local authority - Sefton Council-is the responsible agency in the safeguarding process, to undertake enquires or instruct others to do so, if they reasonably suspect an adult who meets the criteria, or who is at risk of being abused or neglected.

Indicators of organisational abuse

	Poor Practice	Significant Harm	Critical Harm
Examples of harm/abuse	<ul style="list-style-type: none"> ▫Lack of stimulation. ▫Service user not involved in running of service. ▫Care planning documentation not person-centred. ▫One-off incident without intent, causing no significant harm and managed appropriately by organisation e.g. medication error, missed call, low-level verbal abuse. <p>Whilst this may be recognised as poor practice there is a necessity to consider on an individual basis the true impact on the person and possibly escalate the action accordingly to reflect this</p>	<ul style="list-style-type: none"> ▫Rigid inflexible routines. ▫Service user's dignity is undermined, including more serious (or repeated) verbal abuse. ▫Poor practice (against recognised care standards) not reported and goes unchecked. ▫Unsafe, unhygienic living environments where the organisation is responsible for maintaining this. ▫Repeated abuse of service users by other service users. 	<ul style="list-style-type: none"> ▫Staff misusing position of power. ▫Over-medication and/or inappropriate restraint used to manage behaviour. ▫Widespread, consistent ill treatment and neglect, including repeated medication errors, missed calls etc.
Pattern of abuse	Isolated incident.	Recent abuse in ongoing relationship.	Repeated abuse which has gone on for significant period.
Impact on victim(s)	No impact or short-term impact.	Some impact but not long-lasting	Serious long-lasting impact.
Intent	Unintended or ill informed. Poor organisational culture	Opportunistic or serious unprofessional response.	Planned and deliberately malicious.
Illegality	Poor practice but not illegal.	Criminal act.	Serious criminal act.
Risk of repetition	Some form of action taken that means it is unlikely to recur	Not if significant changes are made e.g. training, supervision, support.	Very likely even if changes are made or more support provided.

This list is not exhaustive and professional judgement must be applied.

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6. Abuse within Organisations

The need for an abuse enquiry within an organisation may present at any point either within a standard s42 safeguarding adults process or through a concern being raised.

An enquiry into potential abuse within an organisation will need to draw upon information from a variety of sources (e.g. service provider investigations, CQC, Commissioners, recent safeguarding adult enquiries about individuals linked to the provider/organisation, complaints), as well as identifying further enquiries which may be needed (e.g. wider review of the service/service users/patients, criminal investigation).

If it is suspected that abuse has occurred within an organisation it may however not be necessary to commence an organisational abuse enquiry and an individual safeguarding enquiry may be more appropriate or work undertaken by the Quality Monitoring Team as the concerns relate more directly to poor standards of care.

7. Quality Concerns and the Process of Enquiry

When concerns are received that relate to the care and support delivered to adults with care and support needs in Sefton, and not a named individual service user, they should be **considered** for a whole service/ organisational enquiry.

When in doubt the receiving officer should initially raise the concern with the **Lead Safeguarding Practitioner** who will assess the available information and provide direction in its management.

Where there is evidence of incidence of poor care, which have not had a significant impact on an adult, but where the quality is deemed unacceptable and requiring improvement the concern should be directed to the **relevant Officer within the Quality and Compliance Team** for action. Work is still required to ensure that there is quality in service delivery.

The Quality and Compliance Officer (QaCO) will undertake their own enquiries with the commissioned service and identify if there are issues that will prevent the delivery of a quality service, in which case this will be escalated to an organisational enquiry. Otherwise the QaCO will report at the weekly Safeguarding and Commissioning Meeting of the actions undertaken and reach agreement that the concern can be considered adequately addressed.

8. Who to Involve in an Organisational or Whole Service Enquiry

Involvement in the strategy meeting/discussion should be limited to those who need to know and can contribute to the decision-making process.

In all cases where the enquiry involves a regulated Service Provider, the following agencies must be consulted/invited and receive copies of the minutes irrespective of attendance:

- Care Quality Commission
- Sefton Council Commissioning Team and Quality Monitoring Team
- Clinical Commissioning Group (CCG)

In the event of the concern relating to behaviours that will have had (or is likely to have) a significant impact on adults at risk there is a requirement to consider a potential large-scale or whole service safeguarding enquiry.

9. Organisational or Whole Service Enquiries

Concerns should be referred to the **Safeguarding Service Manager** in the **first instance, without delay**, by email and phone contact to alert of the email. The **Safeguarding Service Manager** will respond once there has been opportunity to digest the information and the response will be by email back into the Business Unit. Once a decision to progress has been made:

- a) The Safeguarding Business Unit staff member will ensure that a contact for the episode will be opened on LAS with the original contact information uploaded.

The **Safeguarding Service Manager** will:

- b) request that a **Strategy Discussion** is scheduled by the Safeguarding Business Unit staff and undertaken within 24 hours with all key relevant parties as identified by the **Safeguarding Service Manager** using **Appendix 1**. This will allow for all known information to be shared from the relevant parties and a decision reached as to how best progress and what additional information is to be sought and by whom. **Appendix A** will be used to record the strategy discussion.

OR

- c) request that a **Strategy Meeting** is scheduled by the Safeguarding Business Unit staff within **5 working days** with all relevant key parties identified as by the **Safeguarding Service Manager** invited, using **Appendix 1**. In the event of their non-availability a request will be made for the submission of a short Report that will advise the meeting of their knowledge of the provider.

Invitation to attend the second part of the strategy meeting should be considered for the service provider. This would be to be up-dated on all aspects of the enquiries unless it is agreed that this could be detrimental to the standards of care delivery in some way. If a decision is made not to invite provider representation THIS MUST BE CLEARLY RECORDED.

Every effort to chair Organisational Strategy meetings should be made by Service Managers or above in the absence of the Safeguarding Service Manager.

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Discussion / meeting will address key issues, including the process for:

- Agree the scope of enquiry and set clear timetables for agreed tasks
 - Clarify respective roles and responsibilities of organisations and individuals
 - Collating investigation information
 - Identifying risk to service users from available information, consider and agree risk management plans
 - Identification of themes and trends
 - Ensure the right agencies are invited and they can effectively contribute
 - Ensure each agency is clear about their respective responsibilities
 - Agreeing how adults at risk/representatives will be kept informed and updated
 - Ensuring out of area arrangements are reflected and considered
 - Considering recommendation to Commissioners of suspension of further placements
 - Agreeing how key stakeholders will be kept updated (e.g. senior managers, the Safeguarding Adults Board, Elected Members/MPs).
 - Considering how any potential media interest will be managed.
- d) It may be deemed that a professional in a partner agency, including service providers, is in a more suitable position to undertake an enquiry. Delegation of the enquiry will take place at the scheduled Strategy Meeting
- e) As part of the safeguarding adults process, there may be multiple enquiries/investigations undertaken by several different agencies. Sefton Council retains the responsibility for coordinating the overall safeguarding adult's enquiry. This will be discussed at the Strategy Meeting.
- f) Strategy meetings will be chaired by the **Safeguarding Service Manager** except in extenuating circumstances, such as annual leave or period of sickness.
- g) Clear accurate notes and records of decisions will be kept and the staff member from the Business Unit recording the Meeting Notes will submit a draft copy to the **Safeguarding Service Manager or Chair of the meeting within 48 hours.**
- h) The **Chair** will review them and return to the Unit within **48 hours for distribution within 24 hours.**
- i) The staff member of the Business Unit involved will up-load them onto the relevant LAS Record.
- j) A further meeting date will be established at the end of each continuing enquiry meeting to be held **within 15 working days.**

Where a recommendation of consideration to suspend is made to Commissioners and accepted a separate meeting with the provider will be convened by Commissioners within 5 working days.

10. Cross-boundary arrangements

Providers subject to a large scale/ whole service safeguarding enquiry may be hosting service users/patients from neighbouring authorities, referred to as 'placing authorities'. In large scale/ whole service safeguarding enquiries, placing authorities have a duty to assist the host authority in ensuring no further risk is posed to the adults affected.

The Association of Directors of Adult Social Services (ADASS) have produced Inter Authority Safeguarding Arrangement Guidance which outlines the roles and responsibilities in out of area safeguarding cases. The Safeguarding Adults Enquiry Officer coordinating the large scale/ whole service safeguarding enquiry should involve placing authorities in the arrangements where required, and co-ordinate any actions requested.

Where the degree and the severity of the large scale/ whole service abuse concern demands it, the convening of a strategic management group may be considered. This group sits with the safeguarding adult enquiry and involves a group of senior managers coming together to provide any necessary strategic oversight. This is not solely confined to the hosting and placing authorities but may be extended to agencies.

11. Potential outcomes of an organisational abuse enquiry

These will be dependent upon the nature of the concerns. Outcomes may include:

- Human Resources processes and procedure
- Introduction/ review of policy and procedures
- Review of systems
- Staff training
- Suspension of provider
- Referral to the Disclosure and Barring Service
- Referral to Professional Registration Bodies
- Referral for a Safeguarding Adult Review

Where it has been identified that SAR criteria may have been met, this should be discussed with the Service Manager for Safeguarding Adults or the Safeguarding Governance Manager and a referral made to the Safeguarding Adults Review (SAR) Group. It is the SAR Group's responsibility to decide whether to progress with a SAR.

Usually an organisational safeguarding enquiry will need to continue alongside any SAR processes (to safeguard the adults who may still be at risk), but this will need to be discussed with the Chair of the SAR Group to avoid any potential conflicts of interest.

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12. Meeting the needs of individuals at risk

Where there are concerns that the service provider is not able to confidently meet the assessed needs of the adults it is currently caring for or supporting, then individual care management or health reviews may be required. The decision for these to be completed will be discussed as part of the strategy meeting/discussion.

Where placements are commissioned by out-of-area authorities then undertaking of reviews will be the responsibility of the relevant commissioning authority.

Adults at risk who fund the placement themselves (often referred to as self-funders), will also be offered a review.

13. Communication

Involvement of adults at risk and their relatives

The purpose of the enquiry is to discuss the collective issues and concerns raised about a provider which may affect several adults at risk. For reasons of privacy and confidentiality it is not appropriate for the adult(s) at risk or their representative(s) to be present at the meeting. The Safeguarding Enquiry Officer will appoint someone to act in a liaison role with the service user and/ or their representative.

The role of the liaison officer would be ensuring the views of the service user and/ or their representative is ascertained and shared at the meeting. At the meeting and within the guidelines of confidentiality and data protection consideration will be given to what is appropriate to be shared. The liaison officer would then provide this feedback, to the service users and/or their representative. Any actions relating to an individual service user's care provision must be made in partnership with the individual and/or their representative.

Informing other service users/patients not directly affected

Other service users/patients may need to be informed. This will be particularly relevant where there are widespread concerns and where clear communication would be helpful in providing assurance that appropriate actions are being undertaken. Consideration must be given at any large scale/ whole service safeguarding meeting, if such communication is required and how often it should occur throughout the safeguarding process.

Informing staff or partner agencies

Decisions about what information needs to be shared with who (outside of those professionals directly involved) will be made on a case-by-case basis. Specific information relating to the reasons for a decision to suspend or terminate commissioning should only be shared on a need to know basis. Commissioning will be responsible for notifying all relevant parties (e.g. Adult Social Care Senior

Management, Social Workers, CCG, CQC, regional colleagues) of such a decision.

14. Media interest

The **Safeguarding Service Manager must be** informed of any suspected media interest as soon as possible. Under no circumstances should an attendee of the safeguarding adults meeting provide a comment, statement or interview to the press.

As soon as it is identified that there may be media interest in a case, the Safeguarding Service Manager should liaise with their line management around a plan to manage this. This will often involve liaison with the Communications Team.

Appendix 1: Roles and responsibilities and suggested responses to the level of harm

	Dealt with outside of structured safeguarding approach	Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed	
	Poor Practice/ Low Level Harm	Significant Harm	Critical Harm
Actions within Triage / Safeguarding and Quality Compliance Team	<ul style="list-style-type: none"> • Provide advice / guidance based on any other intelligence about the provider that may be known • Record information against organisation on LAS as appropriate • Liaise with social care/ health commissioners as appropriate 	<ul style="list-style-type: none"> • Co-ordinate safeguarding enquiry • Commissioning staff to be invited to safeguarding adults meeting • If suspension needs to be considered this needs to be specified in the safeguarding plan • If strategy discussion only (no formal meeting) notify commissioning and CQC • Invite CQC to strategy meeting • Confirm out of area placements and confirm as appropriate • If complaint is also raised liaise with Complaints re: attendance at strategy meeting or sharing information. Confirm outcome of meetings with Complaints Team 	<ul style="list-style-type: none"> • Co-ordinate safeguarding enquiry • Commissioner invited to safeguarding meeting. Escalate if apologies sent. • CQC Inspector to be invited. Escalate if apologies sent • Consider notifying SAB Chair and/or senior management as appropriate • Confirm any out of area placements and notify as appropriate • If Complaint is also raised liaise with Complaints re: attendance at meeting and sharing of information. Confirm outcome of safeguarding enquiry to Complaints Team
Actions of Partners and other teams (i.e. Social Workers, CCG Colleagues)	<ul style="list-style-type: none"> • Record information against organisation on whatever appropriate system • Liaise with Commissioning as appropriate • Concern raised? seek advice from Triage or safeguarding team 	<ul style="list-style-type: none"> • Attend safeguarding meeting • Consider review of service users/ patients placed • Contribute to safeguarding adults plan as appropriate 	<ul style="list-style-type: none"> • Attend safeguarding meeting • Consider review of service users/ patients placed • Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns

	Dealt with outside of structured safeguarding approach	Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed	
	Poor Practice/ Low Level Harm	Significant Harm	Critical Harm
Placing Authority	<ul style="list-style-type: none"> • Liaise with own commissioning team as appropriate • Consider appropriate recording of information on service user's file 	<ul style="list-style-type: none"> • Attend safeguarding meeting • Consider review of service users/ patients placed • Contribute to safeguarding adults plan as appropriate 	<ul style="list-style-type: none"> • Consider review of service users/ patients placed • Consider whether previous, current new service users/ patients need to be informed of safeguarding concerns
Commissioning and Quality Monitoring Team Action	<ul style="list-style-type: none"> • Record information on equivalent system • Commissioning action e.g. action plans 	<ul style="list-style-type: none"> • Provide information or attend safeguarding meeting • Contribute to safeguarding adults plan as appropriate • Commissioning action as appropriate • Notify out of area, health / social care commissioning teams / bodies as appropriate • Undertake spot check if appropriate 	<ul style="list-style-type: none"> • Senior commissioning staff member to attend safeguarding meetings • Consider suspension • Consider whether the decommissioning process is to be instigated • Notify out of area health, / social care commissioning teams / bodies as appropriate • Consider what communication (if any) needs to be sent to care managers

<p>Care Quality Commission</p>	<ul style="list-style-type: none"> • Regulatory action as appropriate • Liaise with commissioning 	<ul style="list-style-type: none"> • Inspector to attend if CQC protocol threshold met • Contribute to safeguarding plan as appropriate • Regulatory action as required • If no attendance information to be provided to chair prior to meeting and throughout the enquiry 	<ul style="list-style-type: none"> • Inspector must attend safeguarding adults meeting (consider escalation to senior management within CQC) • Regulatory action as appropriate • Consider requesting voluntary suspension or formal suspension
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	<p>Dealt with outside of structured safeguarding approach</p>	<p>Dealt with via safeguarding adults' procedures – safeguarding contact must be recorded, and police involved if a crime is considered to have been committed</p>	
	<p>Poor Practice/ Low Level Harm</p>	<p>Significant Harm</p>	<p>Critical Harm</p>
<p>Complaints Action</p>	<ul style="list-style-type: none"> • Record information against organisation in appropriate system • Liaise with commissioning as appropriate • Undertake complaints investigation and escalate as required 	<p>IF CASE IS ALSO OPEN AS A COMPLAINT</p> <ul style="list-style-type: none"> • Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry • Provide information or attend safeguarding meeting • Continue to manage the complaints process 	<p>IF CASE IS ALSO OPEN AS A COMPLAINT</p> <ul style="list-style-type: none"> • Liaise with safeguarding around the most appropriate management of the complaint process alongside safeguarding enquiry • Attend safeguarding meeting • Continue to manage the complaints process • Update Chair of safeguarding meeting with developments within the complaints process, including outcome

		<ul style="list-style-type: none"> • Update Chair of safeguarding meeting with developments within the complaints process, including outcome 	
<p>Provider Action (independent sector, community and voluntary sector and NHS)</p>	<ul style="list-style-type: none"> • Make a record of low level of concern in appropriate place to allow for identification of trends or potential patterns • Review and manage any identified risks to users / patients • Liaise with commissioners and regulators as appropriate • Manage complaints process if appropriate • Follow clinical governance procedures 	<ul style="list-style-type: none"> • Manager of service to attend safeguarding adult meeting(s) • Undertake investigation and contribute to safeguarding plan as required • Provide information about users/ patients within the service concerned • Review and manage any immediate risks to service users, patients within the service concerned including taking disciplinary action against staff who have abused/ neglected those in their care • Notify commissioners/ regulators as appropriate 	<ul style="list-style-type: none"> • Senior Manager of service to attend safeguarding adult meeting(s) • Undertake investigation and contribute to safeguarding plan as required • Provide information about users/ patients within the service concerned • Review and manage any immediate risks to service users, patients within the service concerned including taking disciplinary action against staff who have abused/ neglected those in their care • Notify commissioners/ regulators as appropriate

<ul style="list-style-type: none"> Where a representative is directly implicated (or attendance may prejudice the planning of an organisational abuse enquiry) it may not be appropriate for them to present at the initial safeguarding meeting. It may also be necessary to hold an organisational strategy meeting without the service provider if a directive to do so has been received from the police or Care Quality Commission. In these circumstances, it must be decided how the service provider will be informed, how they will be communicated with, from what stage and by whom. It is vital at the initial organisational meeting that an Adult Social Care staff member is named as the liaison officer ensuring the service provider's involvement is continuous throughout the process. 			
<p>Police Action</p>	<ul style="list-style-type: none"> Review concern received and whether it requires forwarding to local authority. 	<ul style="list-style-type: none"> Provide relevant information to or attend the safeguarding meeting Consider whether any of the concerns could be pursued as crimes and investigate as appropriate. Criminal investigations will take priority over other enquiries. The police and safeguarding enquiry officer will discuss the coordination of how and when other agency enquiries are conducted to ensure that the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiry 	<ul style="list-style-type: none"> Police to attend the safeguarding adults meeting Consider whether any of the concerns could be pursued as crimes and investigate as appropriate. Criminal investigations will take priority over other enquiries. The police and safeguarding enquiry officer will discuss the coordination of how and when other agency enquiries are conducted to ensure that the police investigation is not compromised and there is no unnecessary delay in commencing the safeguarding enquiry
<p>Healthwatch Action</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Provide relevant information to or attend the safeguarding meeting Escalate concerns to Healthwatch England, CQC or NHS England as required 	<ul style="list-style-type: none"> Provide relevant information to or attend the safeguarding meeting Escalate concerns to Healthwatch England, CQC or NHS England as required

APPENDIX A: To be completed prior to and at Strategy Meeting and circulated by Business Unit

Organisational Safeguarding **Record of Strategy Discussion/Meeting**

Form to be used for strategy discussion, emergency strategy discussion or prior to strategy meeting.

Organisation:	
Owner:	
Manager:	
Address:	
Email:	
Post Code:	
Telephone:	
Date of discussion/meeting	

Original Concern:

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Discussion between:

Name	Role	Signature

Actions agreed	Date to be completed by

Name:	
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Signature:	
Date:	

Name of signature of Manager responsible for Strategy Discussion/Meeting

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Organisational Safeguarding Flowchart



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

Date of Meeting: 22 February 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

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.

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South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Update for Overview and Scrutiny Committee (Adult Social Care) February 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.

System updates

In late December 2021, NHS England and Improvement (NHSEI) formally confirmed a change to the go live date for new integrated care structures and the closedown of clinical commissioning groups (CCGs). These system changes are set out in the Health and Care Bill, which is currently being considered by parliament. A new target date of 1 July 2022 will allow sufficient time for the remaining parliamentary stages for new arrangements to take effect – putting Integrated Care Systems (ICSs) on a statutory footing and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working. We continue to prepare for the closure of CCGs and the establishment of NHS Cheshire and Merseyside Integrated Care Board, working towards the new target date. Recruitment to the majority of executive director roles for the ICB took place during January and the process to appoint all nine place directors begins in late February. Alongside this, NHSEI is leading on the recruitment of a permanent chair for the NHS Cheshire and Merseyside ICB.

Locally, the CCGs continue to work at pace with Sefton Council and other partners in developing place based partnership (PBP) arrangements through our Sefton Partnership. 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. Visit the Cheshire and Merseyside Health and Care Partnership website for latest progress on the ICB development <https://www.cheshireandmerseysidepartnership.co.uk/>

Planning and recovery

Formal confirmation of this date change for new integrated care structures was contained in NHSEI's operational planning guidance for 2022-23. The guidance sets out 10 overarching priority areas for systems to focus on including investing in workforce, responding ever more effectively to COVID-19, delivering more elective care to tackle backlogs and reduce long waits and improving timely access to primary care.

You can find the guidance on the NHSE/I website <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

Building on this guidance, the NHS and government set out a blueprint in early February to address backlogs built up during the pandemic and tackle long waits for care with a massive expansion in capacity for tests, checks and treatments. As well as setting out more diagnostic capacity and surgical hubs, the plan will also give patients greater control over their own health and offer greater choice of where to get care if they are waiting too long for treatment. The plan, developed with Royal Colleges, patient groups and health charities sets out how NHS staff will make the best use of additional government funding to begin to address the Covid backlog. The plan will ensure that the innovations put in place by local areas can be expanded and comes as the NHS has already committed to continuing to increase investment in mental health services through the mental health investment standard as well as providing further funding for primary and community care services.

You can read the plan in full here <https://www.england.nhs.uk/coronavirus/publication/delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care/>

White paper on integrating health and social care published

Joining up care for people, places and populations was published on 9 February 2022 and it is part of the reforms of the Health and Care Bill and the adult social care white paper. It sets out plans to join up care for patients and service users, staff looking for ways to better support increasing numbers of people with care needs and organisations delivering these services to the local population.

You can read the white paper on the NHSEI website

<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

COVID-19 vaccination update

The NHS in Sefton continues to encourage people to come forward for their booster jab. Rollout of the booster was accelerated in the face of the Omicron variant. The UK Health Security Agency reported in December that there is a significant drop in effectiveness against the Omicron variant after two vaccines. However, analysis shows a third, 'booster' dose typically gives around 75% protection against COVID-19 symptoms. Whilst numbers have slowed during the period following the festive holidays, uptake rates in Sefton are good. The best way to get a booster is to book an appointment at a local site. This can be done two months on from a second dose – a month in advance of becoming eligible to receive the jab. If you are invited for your booster, book an appointment as soon as possible. Alongside this, work continues in Sefton to encourage anyone eligible who still hasn't had a first or second dose that it is not too late and to come forward as soon as possible. We continue to work with partners to promote uptake in areas with the lowest numbers of people vaccinated. This includes pop up vaccine clinics at Firwood Cricket Club on 21 and 28 February from 10am to 4pm when anyone aged over 18 can simply turn up for first, second or booster jabs with no appointment needed. The vaccination programme was recently extended to include 5 to 11 year olds in a clinical risk group or who are a household contact of someone who is immunosuppressed. Our GP practices are currently identifying these children from their patient lists and will be inviting them to book a vaccine shortly. Locally two of our primary care network (PCN) run sites in Southport Centre for Health and Wellbeing and Netherton Health Centre will be offering vaccinations to this age group.

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The best way to book a vaccination is to go online www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ or call 119.

More eligibility and booking information can be found on our websites, including booking details for all three of our PCN vaccination sites at:

- NHS South Sefton CCG <https://www.southseftonccg.nhs.uk/get-informed/latest-news/walk-in-or-book-a-covid-19-vaccine/>
- NHS Southport and Formby CCG <https://www.southportandformbyccg.nhs.uk/get-informed/latest-news/walk-in-or-book-a-covid-19-vaccine/>

GP practice access

Healthcare professionals in Sefton are reminding patients how they can access healthcare at this busy time for all in the NHS. They are also letting you know about the different members of staff you might see at your GP practice who are there to help, not just your doctor. Four ways to seek healthcare advice:

1. 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.
2. 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.
3. For urgent issues or out of hours, you can also call the NHS on 111 or go online to seek NHS advice nhs.uk.
4. Download the NHS App to order repeat prescriptions and get health advice, your pharmacy can also help with minor illnesses

To raise awareness of the range of different clinicians at practices that support patients, not just GPs – like advanced nurse practitioners, healthcare assistants, physiotherapists and pharmacists - we have produced some new videos to explain these roles to patients. These can be viewed from the links below, along with short films showing a day in the life of a GP:

- NHS South Sefton CCG – www.southseftonccg.nhs.uk/gpaccess
- NHS Southport and Formby CCG - www.southportandformbyccg.nhs.uk/gpaccess

Infection prevention measures

The threat of infection from COVID-19 still exists within our communities, and although face coverings will no longer be mandatory in public places from Thursday it is still recommended that people continue to wear them to stop the spread. The UK Health Security Agency's infection prevention control (IPC) guidance remains in place for all healthcare settings and patients will be asked to wear a face covering and practice good hygiene when visiting their GP practice or hospitals etc. We ask that everyone please continues to follow this.

Last calls for GP COVID-19 access survey

The final phase of our survey to gain patients experiences of the changes introduced in all GP practices in response to the COVID-19 pandemic was rolled out at the end of January. The survey launched in most areas of Sefton by the end of 2021. Practices have been sending 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 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 so that patients registered at a small number of practices where there have been other changes, such as those at Roe Lane and Christiana Hartley, have been asked additional questions. This final phase of the survey asks patients at six PC24 run practices for some additional views about temporary site closures, made in response to the pandemic. Practices have been working in pairs to ensure they could continue to provide care for their patients. It has meant the following arrangements have been temporarily in place for face to face appointments:

- Seaforth Village Surgery patients are seen at Litherland Practice
- Netherton Practice patients are seen at Thornton Practice
- Crosby Village Surgery patients are seen at Crossways

Once all the surveys have closed and the information is collated, 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.

Consider an NHS career says chief officer as she reflects on 40 years of service

Chief officer for Sefton CCGs, Fiona Taylor is celebrating 40 years in the NHS and is encouraging others to consider a career in the service. Fiona joined the NHS on 1 February 1982 as a trainee nurse aged just 17. She was one of the youngest trainees in her group and has since spent her entire adult life working to improve healthcare for patients across the north of England. Fiona has enjoyed a varied NHS career. She began in Salford with a variety of clinical roles in nursing, midwifery and health visiting before stepping into management from 1992 onwards, showing that joining the NHS at a junior level can lead to such a senior position over time. This year also marks the 10th anniversary of Fiona's appointment as chief officer with the two CCGs, a role she holds alongside a position as trustee of St Ann's Hospice in Manchester and as board member at the Advancing Quality Alliance (AQuA).

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In 2014, Fiona was nominated by her team and went on to win the Inspirational Leader of the Year award from the NHS North West Leadership Academy. Additionally, her work for the CCGs during the pandemic was recognised in 2021 when she was shortlisted for a national Parliamentary Award for leadership in fostering innovative and patient-centred work around medicines management. Fiona hopes her story inspires others to join the NHS, whether in patient care or in one of the many other roles that can be found across the service. If you are considering a job in the NHS, visit the NHS Careers website to find out more about the positions available, hear from other NHS staff about their experiences, or take a 'Find Your Career' quiz to match you to your ideal role. Visit: www.healthcareers.nhs.uk/findyourcareer

Integrating and improving blood cancer services in North Mersey

Plans to improve specialist blood cancer services for patients in Sefton, Liverpool, Knowsley and West Lancashire came into effect on 1 February. Haemato-oncology (HO) is the diagnosis and treatment of blood cancers including leukaemia, myeloma and lymphoma. This area of medicine has become increasingly specialist as researchers learn more about what causes blood cancers and the best ways of treating each patient. Last summer the local NHS asked patients, carers and others with experience of local blood cancer services for their views on whether the Aintree University Hospital team should join together and combine their expertise with colleagues in The Clatterbridge Cancer Centre. People overwhelmingly agreed it was the right thing.

Bringing the haemato-oncology teams at Aintree and Clatterbridge together in this way means both hospitals can continue to offer the very best care as new, more complex treatments emerge. So, from 1 February 2022, blood cancer specialists in the haematology team at Aintree University Hospital will be part of The Clatterbridge Cancer Centre NHS Foundation Trust, not Liverpool University Hospitals NHS Foundation Trust. They will deliver a new specialist haemato-oncology service for confirmed or suspected blood cancers such as leukaemia, lymphomas and myelomas. The service will also monitor a number of other conditions like monoclonal gammopathy of undetermined significance (MGUS) and myeloproliferative neoplasms (MPN).

It also means that in time the service will be able to offer a wider range of treatments, clinical trials and support services that are usually only available in bigger hospitals with more blood cancer patients and staff.

You can find out more here: <http://www.clatterbridgecc.nhs.uk/patients/bloodcancer2021>

Groundbreaking cancer trial comes to Sefton

The NHS Galleri clinical trial takes place in Sefton during March, when participating residents will help to determine the effectiveness of a new test that uses a single blood sample to check for many different cancers. The test is designed to be used alongside other cancer screening tests and letters inviting people to participate in the study are going out during February in Sefton area to invite people who qualify to participate in the trial. The trial is led by Cancer Research UK and King's College London Cancer Prevention Trials Unit, in partnership with the NHS and healthcare company GRAIL, which has developed the Galleri test. The NHS is supporting the study to see if the test can help the NHS to find more cancers at an early stage. Participants who consent to take part will be asked to provide a blood sample at a local mobile clinic. They will be invited back for a second and third blood sample at yearly intervals.

The mobile clinic has been situated across Cheshire and Merseyside in a rolling programme since September, with areas such as Runcorn, Warrington, St Helens, Widnes and Liverpool already hosting the unit. Detection of a cancer signal by the test does not confirm a diagnosis of cancer and will be followed up by diagnostic evaluation. Participants whose results indicate a cancer signal will be referred directly to an appropriate local NHS 2 Week Wait cancer referral pathway by the trials team. GPs will be informed of the test result but do not have to make the referral. As one of eight cancer alliances involved nationally, Cheshire & Merseyside Cancer Alliance is supporting the trial team to recruit healthy volunteers, aged 50-77 with no history of cancer in the last three years and representative of the UK population. The trial aims to recruit 140,000 people across the trial regions.

The trial is being rolled out across Cheshire and Merseyside until the middle of 2022. For the Sefton area, the mobile blood collection unit will be at Floral Hall Car Park, Southport, PR9 0EA, from 28 February until 19 March. For more information on the trial, please visit its website at <https://www.nhs-galleri.org/>

Governing Body meetings

The penultimate governing body meetings of the CCGs take place next month, ahead of their dissolution as part of NHS system changes that are expected to come into place in July, signalling the creation of ICBs. The dates are as follows:

- NHS Southport and Formby CCG - Wednesday 6 April
- NHS South Sefton CCG - Thursday 7 April

Governing body meetings continue to be held virtually and recordings of previous sessions can be viewed on each CCG website, along with meeting papers and how to submit any questions in advance.

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

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Main Provider Performance December 2021

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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.

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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)	Dec-21	78.3%	92%	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Nov-21	78.5%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Nov-21	0.0%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Nov-21	97.2%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Dec-21	80.1%	92%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Dec-21	39	9 YTD 16 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Dec-21	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Dec-21	67.9%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Dec-21	25.0%	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Dec-21	00:10:02	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 3 Dec-21	100.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Dec-21	0.55%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Dec-21	30.8%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 3 Dec-21	70.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 3 Dec-21	95.0%	90%	

Southport & Ormskirk Hospital NHS Trust

Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Dec-21	28.7%	16.4%	
Inpatient Recommended	Dec-21	94.0%	94.0%	
Inpatient Not Recommended	Dec-21	5.0%	3.0%	
A&E – response	Dec-21	23.2%	10.1%	
A&E Recommended	Dec-21	88.0%	80.0%	
A&E Not Recommended	Dec-21	9.0%	13.0%	

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NHS Southport & Formby CCG

7 Day GP Extended Access

Southport & Formby	Appointments Available	Booked	DNA	Utilisation
Apr-21	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%	
Dec-21	685	618	23	86.86%
		90.22%	3.7%	
Jan-22	816	786	23	93.50%
		96.32%	2.9%	

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio	MH Practitioner	Ear Irrigation
Apr-21		351	275	220	149	186	30	
		30.2%	23.7%	18.9%	12.8%	16.0%	2.6%	
May-21		341	203	87	123	53		
		32.0%	19.1%	8.2%	11.6%	5.0%		
Jun-21		363	176	73	88	70		
		39.6%	19.2%	8.0%	9.6%	7.6%		
Jul-21		274	190	64	41	62		
		32.9%	22.8%	7.7%	4.9%	7.4%		
Aug-21		274	209	37	30	69		
		36.3%	27.7%	4.9%	4.0%	9.1%		
Sep-21		373	182	39	69	92		
		39.3%	19.2%	4.1%	7.3%	9.7%		
Oct-21		360	187	51	87	97		
		37.2%	19.3%	5.3%	9.0%	10.0%		
Nov-21		345	208	50	72	84		
		36.9%	22.2%	5.3%	7.7%	9.0%		
Dec-21		298	134	34	63	102		49
		43.5%	19.6%	5.0%	9.2%	14.9%		7.2%
Jan-22		284	159	47	99	119	39	20
		34.8%	19.5%	5.8%	12.1%	14.6%	4.8%	2.5%



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)	Dec-21	66.2%	93%	
Cancer 2 Week Waits (LUHFT)	Nov-21	68.2%	93%	
Cancer 62 Day - Screening (LUHFT)	Nov-21	62.6%	90%	
Car 31 Day (LUHFT)	Nov-21	93.1%	96%	
RT 12 Weeks Incomplete (LUHFT)	Dec-21	54.1%	92%	
C.D 77 le (LUHFT)	Dec-21	103	14 YTD 56 (year end)	
MRSA (LUHFT)	Dec-21	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (LUHFT)	Dec-21	-	80%	
% TIA assessed and treated within 24 hours (LUHFT)	Dec-21	-	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Dec-21	00:09:08	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 3 Dec-21	80.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Dec-21	0.83%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Dec-21	35.3%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 3 Dec-21	70.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 3 Dec-21	100.0%	90%	

*No Stroke or TIA data reported with agreement of host commissioner

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Liverpool University Hospital site

Friends and Family

Measure	Time Period	LUHFT	England Average	Trend
patient – response	Dec-21	24.8%	16.4%	
patient Recommended	Dec-21	92.0%	94.0%	
patient Not Recommended	Dec-21	4.0%	3.0%	
A&E – response	Dec-21	17.4%	10.1%	
A&E Recommended	Dec-21	65.0%	80.0%	
A&E Not Recommended	Dec-21	25.0%	13.0%	

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NHS South Sefton CCG 7 Day GP Extended Access

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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%
Dec-21	1041	801	108	66.57%	Dec-21	165	341	170	141
		76.9%	13.5%			20.60%	42.57%	21.22%	17.60%
Jan-22	1084	902	109	73.15%	Jan-22	141	269	183	237
		83.2%	12.1%			15.63%	29.82%	20.29%	26.27%

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	22 February 2022
Subject:	Cabinet Member Reports – December 2021 – January 2022		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

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

Recommendation:

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

Reasons for the Recommendation:

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

Alternative Options Considered and Rejected:

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

What will it cost and how will it be financed?

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

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
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. 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.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above

Cleaner Greener: As above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendices are attached to this report:

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

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

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

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<p>CABINET MEMBER UPDATE</p> <p>Overview and Scrutiny Committee (Adult Social Care and Health)</p> <p>22nd February 2022</p>		
COUNCILLOR	PORTFOLIO	Period of Report
Paul Cummins	Cabinet Member Adult Social Care	Dec 2021- Jan 2022

1. Introduction

It has been an extremely challenging time for Adult Social Care over the last few months, not least owing to the impact of Covid on care providers across the Borough, but also in terms of preparing for the introduction of the new legislation which will have a focus on several key areas such as funding care, the implementation of a new assurance regime, and a requirement to take forward integration. Implementation of the Health and Care Bill has been delayed to 1st July 2022 from the 1st of April 2022, and significant preparation work is continuing in relation to this with system partners.

The permanent Head of Adult Social Care and Health has been appointed and joined Sefton in December. Sarah Alldis has a wealth of experience from previous roles. She will report into Deborah Butcher and will lead the Adult Social Care operational teams. During her first few weeks Sarah has been meeting with front-line practitioners and colleagues across the service and the wider Council, discussing the key work being undertaken on behalf of residents, to ensure the best outcomes for individuals and families. Sarah has also been meeting with key partners from across the Sefton Health and Care System and will continue to build on the strong links and relationships which are already in place.

2. Life Course Commissioning

The Commissioning Team for both Children and Adults has transferred across to the Executive Director of Adult Social Care and Health as of 14th October 2021. Commissioning and procurement plans are being reviewed to align with Council priorities and in respect of structural alignment with health commissioners to ensure so that the focus on integrated commissioning remains once the Clinical Commissioning Groups have been disestablished.

2.1 Key areas of focus for commissioning over the last 2 months have included the following:

- Care Homes and Domiciliary Care

Care Homes are managing the Omicron outbreaks with support from Public Health, Infection Prevention and operational teams, and, unlike the first wave, very few Care Home residents are being admitted into hospital. 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. Guidance on visiting has changed as of January and the teams are working to support care homes with implementation.

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The second round of Care Home capital grants closed just before Christmas with an excellent response rate. This scheme is to provide capital funding to homes to support an improved environment for their residents. The scheme has a focus on supporting dementia and the previous rounds included the use of interactive tables, improved outdoor areas and enabling increased use of digital technology. Further funding is being made available through the government for implementation of digital care records. Decisions on the grants have been made by a multi-agency panel which I have Chaired.

Access to domiciliary care over the last few weeks has been difficult with staff absence owing to Covid. The situation is under constant review, and all agencies have been asked to implement business continuity plans and inform the Council if they require additional support. A full update on this position has been shared with Cabinet Members. The availability of home care is severely affected by staff shortages owing to recruitment challenges and Covid.

3. Adult Social Care Budget

The December budget monitoring exercise indicated a favourable forecast outturn position, however, the Adult Social Care budget is volatile, and will be managed closely to year end. This surplus was across a range of areas including staffing, transport, and increased income. Vacancies are difficult to fill at present in this sector leading to savings against salary budgets, however, the extension of agency staff to alleviate pressures has offset this. Forecasting the cost of packages is more difficult owing to the ongoing impact of Covid on services. Increased income levels have contributed significantly to this potential surplus, although there continues to be an element of financial risk which may impact on the outturn forecast as the year progresses. This includes pressure on the Domiciliary Care sector. Adult Social Care transformation continues to produce results in the current financial year.

External grants - grants from the Department of Health and Social Care regarding Infection Control, Testing, Vaccine and more recently Workforce Recruitment and Retention continue, and are in place for the remainder of the financial year. The Hospital Discharge funding has been extended until March 2022 - this allows the first 4 weeks of package costs following hospital discharge to be charged to Health. Health funding for Winter Pressures c £0.235M has also been made available for specific pieces of work, but must be spent before March 2022.

4. Integration and National Policy Update

Work continues towards the implementation of the Health and Care Bill on the 1st April 2022, with the Strategic Task and Finish group continuing to oversee progress. A recent assessment of maturity has placed Sefton at 'evolving', and the Cheshire and Merseyside Health Care Partnership on track to become an Integrated Care System from the 1st April 2022. This gives a positive assessment of where progress is in Sefton. Further work in the next three months will focus on the expansion of the existing pooled budget, aligning business intelligence and population health approaches and the development of a work plan for the first 12 months. This will build on the existing integration achievement to help deliver the objectives of the Health and Wellbeing Strategy. The Sefton arrangements will now be known as the Sefton Partnership following the use of the term Integrated Care Partnership being adopted at a system or Cheshire and Merseyside level.

On the 24th December 2021, NHS Planning guidance was issued stating that the date of implementation would now be the 1st July 2022 as opposed to the 1st April 2022; (CCG) Clinical Commissioning Group colleagues are working through the Governance implications of the 3-month extension whilst progress against the Sefton Partnership project plan continues.

5. Adult Social Care Complaints Overview

The number of complaints, MP and Councillor enquiries and compliments have increased this quarter. We have improved our timeliness when responding to complaints (**76%** responses issued within 25 working day timescale) and we will continue to monitor this. Almost half of the complaints received related to finance and funding.

Of the complaints concluded to date, **61%** were either upheld in full or in part which is an increase from the Quarter 2. Complaints were upheld for the following reasons:

- Delays in communication, which could have been clearer, and, on occasion, there was a lack of an integrated response between the Council and health colleagues.
- Delays in completing pieces of work.
- IT issues caused errors with invoices – these issues have since been rectified.
- Insufficient information provided in relation to financial implications of services.

Complaints and compliments are monitored through the Departmental Management Team to ensure lessons are learned from the process.

6. System Pressures - Hospital and Access into Social Care

- System Pressures

The Cheshire and Merseyside systems are extremely challenged owing to the impact of the Omicron variant. Sefton Adult Social Care continues to support with discharge, seven days a week, as per the national guidance, and while we are not struggling in terms of staffing presently, despite prioritising hospital discharge, challenges in relation to the availability of commissioned care remain. Owing to the pressures in the health system Sefton Adult Social Care has senior representation on the daily escalation calls with system partners, which include the North Mersey Capacity and Flow meetings, Southport and Ormskirk Executive ready for discharge Review, and Cheshire and North Mersey Integrated Capacity and Flow meetings.

Owing to the challenges with domiciliary care capacity, there has been impact on discharge flow from hospital. Sefton Adult Social Care has been working with community health partners bridging care where feasible to facilitate bridging arrangements, and nursing staff and short-term placements are being utilised where necessary. Additional domiciliary care capacity has come online, and will aid continued hospital discharge flow during what is expected to be an extremely challenging winter for all system partners. However, this additional capacity is in North Sefton, and there remain a large number of packages waiting for acceptance by providers.

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Weekly meetings have been established with all providers to address and support with workforce challenges. There continues to be strong focus within Adult Social Care to ensure oversight of:

- Waiting times for assessment, ensuring regular communication with individuals and families.
- Ensuring that any risks are mitigated, and regular reviews undertaken to identify changes in circumstances and need.
- Supporting teams with escalation arrangements to ensure senior support.
- Ensuring support packages are commissioned at the right level and all community support is maximised.
- Ensuring a focus on support for carers.

7. National Policy

Councils are being provided with funding in the next financial year to undertake a fair cost of care exercise with older people, residential and home care providers. This will be a significant piece of work, and although additional funding will be made available, this may not be sufficient to achieve the government's objectives, at least in the short term.

Further government funding will be based on Councils evidencing that work has been undertaken, including market engagement and submissions are required to Central Government by September 2022.

Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023

From October 2023 people who fund their own care in care homes will be able to ask their local authority to arrange care on their behalf to secure better value. This will help to address the current differential in fee rates charged to some self-funders. The market effect of this change will be that some providers will, over time, need to reduce reliance on subsidising state-funded care from self-funders. Where this has an impact, local authorities will need to ensure their market can be sustained and fee rates are sustainable.

Available Funding:

The Government have made available £162m in 2022/2023 to fund a range of activities relating to Market Sustainability and Fair Cost of Care (see below). Sefton's allocation is **£1.029m**. The overall funding will increase to £600m nationally in 2023/2024 and 2024/2025.

The Spending Review outlined that there would be additional funding available for other elements of Adult Social Care Reform relating to charging reforms. This would be £800m nationally in 2023/2024, increasing to £1,400m in 2024/2025. No details have been provided yet on how this may be allocated.

2022/2023 policy expectations and funding conditions.

Funding is designed to ensure local authorities can prepare their markets for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances. To prepare markets, local authorities will carry out activities such as:

- conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it.

- engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care).
- strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management to ensure markets are well positioned to deliver on our reform ambitions.
- use this additional funding to increase fee rates genuinely, as appropriate to local circumstances. To fund core pressures, local authorities can make use of over £1 billion of additional resource specifically for social care in 2022 to 2023. This includes the increase in Social Care Grant and the improved Better Care Fund, a 1% adult social care precept and deferred flexibilities from last year's settlement.

As a condition of receiving further grant funding in the 2 following years, local authorities will need to submit to the Department of Health and Social Care (DHSC):

- a cost of care exercise - produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings. Exercises will need to accurately reflect local costs such as staff pay and travel time, and provide for an appropriate return on capital, or return on operations. Local authorities will be expected to publish the exercises.
- a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025) - using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate, and new models of care (including housing).
- spend report – this will detail how money has been allocated in line with expectations in order to achieve a more sustainable local market (as set out in 1 to 4 above).

These returns will give government assurance that local markets are being managed well.

DHSC will reserve the right to withhold future fair cost of care funding until satisfied that all fund conditions have been met.

8. Performance and Key Areas of Focus

Sefton's performance in Q3 of 2021/22 remains relatively stable in most areas relating to the national Adult Social Care Outcomes Framework.

The main areas of note are as follows:

Admission into care

The reduction in the rate of over 65s receiving reablement or intermediate care, and a relatively high rate of admission of over 65s to care homes. As a result of this, the teams are monitoring admissions, and working with care providers to ensure there are plans in place to expand domiciliary care capacity as we move out of the immediate impact of the pandemic.

The number of clients (as a rate per 10,000) aged 65+ receiving reablement declined by 14% from Q1 to Q2 of this year. This has come down a further 21% in Q3.

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This seems to be a result of a drop off in the number of clients starting reablement from August 2021. Whilst this fall in provision is significant, it does follow similar patterns of reduction in many of our Northwest neighbours. The overall success of reablement remains a positive, however, as over 80% of clients remain at home 91 days later and for those over 65 discharged from hospital 98% remain at home 91 days after receiving reablement services. Reablement is a service provided by New Directions, and commissioners have flagged the requirement to expand this service to improve availability.

Admissions to care homes for service users aged 18-64 have not risen at the same rate as those aged 65+, though we remain in the national top quartile of local authorities placing 'younger' people in residential settings. A new commissioning programme has commenced to provide housing pathways, rather than residential care for younger people. Benchmarking will take place with other areas to review and implement best practice in these areas.

Carers Services

Sefton is placed in the bottom quartile nationally for carers receiving self-directed support, but is just above the bottom quartile for those receiving direct payments. To move into the top quartile nationally for both measures we would need to provide self-directed support, and/or direct payments to all carers. One of the reasons for this is that not all the activity undertaken by the Carers Centre within Sefton can be reported nationally; therefore, although a high proportion of carers are supported by the service the reporting requirements do not align. Work is currently in progress to review the local reporting arrangements, and to meet with other Local Authorities (within the top quartile) to gather further learning.

Employment

Sefton continues to be in the bottom quartile for adults with learning disabilities in paid employment. For Sefton to move up to the best quartile, we would have to support just over 7% of Learning-Disabled adult clients into employment - we currently have 2%. Plans are being developed to address this position, and I have been working with partners to bring about positive initiatives.

The proportion of adults in contact with secondary mental health services in employment in Sefton ranks in the best quartile nationally, and has risen in each quarter of this year.

Housing

The proportion of adults with Learning Disabilities in settled accommodation continues to perform in the best quartile for this measure and looks to be stable, at over 90%.

We also rank in the top quartile on the proportion of those living independently: currently over 90%.

Safeguarding

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Timeliness in handling safeguarding contacts and referrals have improved in Q3 of 2021/22. 94% of safeguarding contacts were resolved within 7 days in Q3, this is an improvement of 11% on the previous quarter. The number of referrals resolved within 28 days saw an improvement of 17% from Q2.

Sefton continues to perform well in Making Safeguarding Personal with 99% of those expressing a preferred outcome having that preference either fully or partially met. This puts us in the top quartile for this measure in the Northwest.

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CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 22 February 2022		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	December 21 - January 22

COVID-19 Update

The verbal updates provided to me at the beginning of December and January noted that:

- On 8th December, the Government announced implementation of Plan B measures in response to the rapid rise in infections driven by the newly identified Omicron variant. Omicron quickly displaced Delta as the dominant variant circulating in the UK.
 - From Friday 10th December, it became a requirement to wear a face-coverings in indoor public venues where practical and excluding hospitality venues
 - From 13th December, people were advised to work from home if possible
 - From 15th December, entrance to large venues required the NHS Covid Pass
 - On 22nd December, the Government announced that self-isolation could end after 7 days if lateral flow test results on both day 6 and day 7 were negative
- On 12th December UK CMOs announced the UK Alert Level had been raised to level 4 (out of 5). This higher alert level reflected evidence of much higher transmissibility of Omicron, lower vaccine protection from two doses against symptomatic illness and rising number of hospital admissions due to Omicron infection.
- On 2nd January, DfE published updated guidance for schools, including advice for secondary school pupils to extend face covering use to classroom settings, and for adults in primary schools to wear face coverings in communal areas.
- Daily cases of Covid were fairly steady at around 200/day through early to mid-December. However, as the Omicron variant became dominant, daily numbers rose rapidly to a peak of 1531 positive tests on the 26th December. Weekly all age rates stood at 2471/100,000 at my briefing on the 10th January 2022.
- All areas of Sefton experienced extremely high rates of Coronavirus infection in December and into January, reflecting widespread transmission, especially amongst school age children and their families.
- The number of patients with Coronavirus in local hospitals rose sharply from the end of December through to the start of January. Covid bed occupancy in Southport and Ormskirk Hospital Trust, Liverpool University Hospitals NHS Foundation Trust, and St Helen’s and Knowsley Teaching Hospital NHS Trust increased to 16% (442 beds) week ending 4th January compared to 10% (251

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APPENDIX B

beds) at the end of the previous week. Covid bed occupancy was just over two fifths of the level reached in January 2021 (1007 beds).

- Fortunately, early assessments suggested that vaccines provided protection against severe disease.

Seasonal Influenza

A verbal update was given on the Sefton Council Staff Flu Vaccination Programme. This year's programme consists of both work-place clinics and a voucher scheme which allows staff to book an appointment with a number of community pharmacies. The uptake of the work-place clinics has been lower than expected to date, though final data is not yet available. A full evaluation and report will be produced is expected in May 2022.

Public Health Annual Report

The Director of Public Health is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues. I received an update of the 2021 annual report for Sefton, which will focus on the coronavirus pandemic, looking at its impact across a number of sectors, the key partnership working, and the lessons learned along the way.

Dunes SplashWorld

Work on site had been progressing in accordance with the agreed programme up to the Christmas break. A painting sub-contractor went in liquidation shortly after and this has delayed commencement of the painting works. The main contractor has managed to quickly find and appoint an alternative company to undertake works. The new contractor is due to start on site this week.

This unexpected event has resulted in the programme being delayed by 3 weeks. The main contractor is currently looking at the situation with a view to minimising the impact over the remaining programme. This could result in the planned completion date being pushed back by a number of weeks. The situation is being monitored through regular site progress meetings and further updates will be provided.

The main contractor is reporting some very positive outcomes to date relating to Social Value derived from this works contract.

The legal aspects of a latent defects claim against the original developer have been considered by an Adjudicator and his decision was published in early January. This decision came out in our favour on all aspects of claim, and we have been awarded approximately £2.2m in settlement. The payment, in accordance with the findings should have been made within 7 days of the decision. Unfortunately, this has not occurred, and we are currently working with our external legal team to move forward with enforcement through the courts.

Leisure Update

The report provided Cabinet Member with an update on delivery during November 2021. Leisure Services comprises six Leisure Centres, alongside over 20 sport, physical activity, health and community outreach interventions, operating under the banner of 'Active Sefton'.

Leisure Centre Updates

Due to a high number of staff vacancies, a theme that ran through all Leisure Centre updates was recruitment, with some Centres part way through the process and others (Bootle Leisure, Netherton Activity Centre and Crosby Lakeside) welcoming new members to the team.

In October the Be Active Programme was delivered within the Leisure Centres, making it a busy month for all sites, particularly with the addition of pool activities.

Meadows Leisure Centre and Library opened a new cycle studio in October, with a mixture of supervised and virtual spin classes for all abilities, which was met with incredible customer feedback. The fitness suite saw an additional 227 new members joining, taking the figure to 2901. The library extended its opening hours to Monday, Tuesday, Wednesday, Friday and Saturday, with the Hornby Heritage exhibition falling in line and offering advanced booking outside of these hours.

Crosby Lakeside has gained over 400 new members since the gym re-opened in April, with a new fitness class timetable launched on 8th November, offering 81 classes per week. Following on from the termination of the contract with Crossfields Construction who were overseeing the hospitality development, Lakeside Leisure were working closely with the Project Team regarding next steps. The ground floor of the hospitality development is expected to be opened in May 2022 and a large open day in conjunction with the RNL is being planned for the middle of May, which could prove to be a fitting launch. As a result of recommencing the procurement process for the bunk barn it was agreed that the team would seek business with schools or other residential from September 2022. The accommodation for Sea Cadet staff has now been handed over.

Crosby Lakeside received some incredible feedback from a St Helens based Pupil Referral Unit following some work carried out with their students.

The new 3G pitch at Litherland Sports Park is complete and already almost fully booked. The Team will shortly be completing publicity and arranging a press launch. The Centre received some positive news for local residents after Cycle Project made a decision to carry on offering disability cycling throughout the winter months.

Litherland Sports Park was hit by freak weather on Friday 29th October, with some damage being incurred to the high jump canopy, running track, football pitch and surrounding fencing, leading to short terms cancellation of activities.

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The Centre was working with the insurance section to cover repairs. Until then risk assessments have been carried out allowing some activity to resume.

An incredible young person that uses Netherton Activity Centre has been raising money for Children in Need. Rainbow is 8-years old and a promising blind footballer who competes in international competitions and is trained at Netherton Activity Centre by Darren White. He took part in Children in Need "The Rickshaw" around the UK cycle ride and will be on the BBC One show during Children In Need. Through the work delivered in partnership with Liverpool Football Club, the NAC saw fully booked football camps during the school October half term break.

Active Aquatics Service

Although not impacting on lessons, the Aquatics Team faced staff shortages and are continuing to find ways to recruit by working with Swim England and sourcing sponsored media job advertisements to widen reach. There are also a number of staff working on a voluntary basis, covering lessons (supported) as part of their swimming qualifications. After carrying out assessments on children on waiting lists as lockdown lifted, the team were busy placing children on lessons as spaces become available.

Leisure Development Offer

Active Lifestyles

The Active Lifestyles Team have attended all Primary Care Network meetings to update on the services, how to access them and as such aim to increase referrals. During these meetings discussion took place on the following services: Exercise Referral (GP / Health Professional referral), Weigh Forward Weight Management Programme (Self-referral), Falls Prevention – Active Ageing (GP / Health Professional referral), MOVE IT (for overweight or obese children and their families) (GP / Health Professional referral / Self-referral) and NHS Health Checks (Self-referral). The team have also provided an update at the Integrated Care Partnership and met with MerseyCare to enhance linkages with the Intermediate Care Teams, in addition to partnership working with LWS and the wider VCS.

Active Sports

October half term saw delivery of the Be Active programme, with sessions including football camps with LFC Foundation, dance workshops, Ditch the Stabilisers sessions, and sports and games camps. There were **12** sessions, **61** hours of activity and **202** participants, as well as **300** attendances at swim and splash sessions.

As part of Operation Banger the team delivered **16** sessions in parks as part of the 'Park Frights' programme with **263** attendees, bringing the annual total to **89** sessions and **1464** participants.

The 121 programme has recently expanded, with staff working in localities to offer secondary schools support for their young people suffering from poor mental or physical health.

Couch 2 5k has now been completed at Litherland Sports Park, with graduates joining in their first Parkrun on Saturday 20th November at Crosby beach. The programme will return in January. Back to Netball sessions in partnership with England Netball have continued, with 20+ women attending weekly, with ages ranging from 18-60.

The team supported Family Wellbeing Centres during October through the adult ACE's programme, providing gym passes and delivering football sessions with the group, in addition to supporting 'Ride the Rapids', which focuses on the wellbeing of parents of children with special educational needs who have behaviour issues. The Commit 2 Change programme, which works with perpetrators of domestic abuse, has finished at Litherland Sports Park. The team supported the programme by providing access to gym memberships and delivering activities.

As a result of Covid Recovery funding, physical activity passes are being provided to individuals / groups adversely effected by the pandemic. This includes access to gym memberships, free access activities (e.g. Couch 2 5K and Active Buggies) or providing space for groups.

The team has issued 120 Leisure passes to Looked After Children to date this year.

Leisure General

Leisure are now offering foster carers and their birth children free memberships to access their facilities as a thank you for their service and as part of an incentive package to encourage new foster carers. Existing foster carers are also able to call and transfer to a free membership.

Up to 31st October Leisure had 9,654 members of the 6 leisure Facilities, an increase of **1864** since reopening in April with an average of **338 additional members per month**.

Active Workforce

Active Workforce have continued their work around the menopause, which has been recognised nationally in the Daily Mail Good Health Section. The team continue to deliver seminars to target groups (including men only) to raise awareness of the menopause and its impact on women in the workplace. The link to the article is as follows:

[Could menopause classes help men understand what women suffer as the symptoms strike? | Daily Mail Online](#)

As a result of enhanced recognition over staff wellbeing during COVID, Active Workforce became more in demand by employer and employees. As a result of this,

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APPENDIX B

New Directions and Sefton Carers joined the service, with several other local organisations currently considering plans to invest. After redesigning the service to be virtual and adding in new offers to focus on mental and emotional health, Active Workforce saw an **increase of 75% in participation**.

Active Workforce has also become a pivotal part of the new Workforce Wellbeing Group within Sefton Council (currently as chair). Due to the increased recognition of the impact of COVID on staff health, Active Workforce have been granted £50,000 from long COVID Recovery monies to work with small to medium size employers whose workforce has been affected by COVID.

Active Workforce continued to deliver the following to staff this month; Lets Walk & Talk, Online Sessions, Mindfulness & Meditation, signposting to Park Run and Couch 2 5K, Staff Book Club, Live Seminars in Stop Smoking and Alcohol, delivery of Exercise Referral, delivery of Weigh Forward Weight Management Programme, Menopause Group sessions, recorded health seminars and signposting to QWell.

Active Sefton GP Referral Based Services

The report provided an update on a range targeted health and wellbeing services delivered by Active Sefton's Active Lifestyles Team and commissioned by Public Health, which form part of the Living Well Sefton Service. Services included were:

- Exercise Referral (GP / Health Professional referral)
- Weigh Forward Weight Management Programme (Self-referral)
- Falls Prevention – Active Ageing (GP / Health Professional referral)
- MOVE IT (for overweight or obese children and their families) (GP / Health Professional referral / Self-referral)
- NHS Health Checks (Self-referral)

Prior to COVID, Active Sefton received approximately 4,000 referrals per year across all children and young people and adult based referral services, 2,000 of these specifically through Active Lifestyle Service and predominantly received through Primary Care settings. There had been discussions in previous meeting regarding the significant reduction in referrals to the service since it reopened following lockdown, which were 70% reduced as of September and 62% reduced as of October 2021. The report outlined the work that continued to progress around this, in addition to any developments or potential new ways of working.

Work that had been carried out to raise awareness of the services and resultantly increase referrals included:

Partnership work through Living Well Sefton and wider VCS – Workshops had been delivered to Living Well Sefton staff on all services and how to access in an effort to encourage residents to register, in addition to suggesting residents contact their GP Surgery for referral if necessary. This was repeated across the Social Prescribing workforce.

Attendance at Primary Care Networks – Over the course of October and November 2021 all Primary Care Network meetings were attended to update on the services, how to access them and as such aim to increase referrals. Discussion took place on how to improve referrals between Primary Care and Active Lifestyles due to changes that have occurred in Primary Care settings, in addition to what could make the process of referral easier (e.g. patients requesting via e-consult).

Individual Surgery Meetings – Every member of the Active Lifestyles Team was tasked with making contact with individual surgeries to discuss the services, how to access and any potential barriers at practice level.

MerseyCare – Meetings took place with MerseyCare to discuss closer partnership working with the Intermediate Care Teams and if there was potential for Active Lifestyles to be added to the managed referral process.

Integrated Care Partnership – An update was provided at the Integrated Care Partnership, which sparked discussion regarding connectivity of services. This was followed up through circulation of information on all services alongside referral forms.

Public Health / CCG – Discussion took place with Public Health and CCG colleagues regarding ideas or key contacts that will support with increasing referrals, in addition to support from CCG's Marketing leads.

Internal communications support – Work was carried out to raise awareness of the services through the community supported by Corporate Communications, included on all social media channels alongside My Sefton, in addition to the team designing slides for TV screens in GP Surgery waiting areas and redesigning all materials to be user friendly and current.

Access to EMIS and other ICT developments – discussion took place with ICT and IM Merseyside regarding the possibility of the team having restricted access to EMIS to streamline the referral process, alongside internal discussions with ICT regarding whether the Active Lifestyles referral form can be added to a digital referral platform accessed by all referrers.

Accessing referrals on behalf of patients – The Active Lifestyles Team have, with consent, part populated referral forms for patients and sent to Surgeries (GDPR compliant) to complete and returned.

Work with UK Active – As the issue in receiving referrals due to changes in Primary Care is likely to have impacted nationally, Active Lifestyles contacted UK Active to request feedback on developments made in other areas of the country, as well as ascertaining whether it is possible to work with residents without a referral. Discussions will also soon take place with legal around the same subject.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	22 February 2022
Subject:	Work Programme 2021/22, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To review the Committee's Work Programme for the remainder of the Municipal Year 2021/22; to report on progress of 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 noted, along with any additional items to be included within the Work Programme for 2022/23 and thereon be agreed;
- (2) progress made to date of work on the Integrated Care Partnership be noted;
- (3) 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;
- (4) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;

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- (5) 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; and
- (6) 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:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.

Contribution to the Council’s Core Purpose:

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

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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

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

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
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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 has been submitted to each meeting of the Committee during 2020/21 and updated, as appropriate.
- 1.3 **The Committee is requested to note the Work Programme for the remainder of 2021/22 and note that any additional items may be included within the Programme for the next Municipal Year, 2022/23.**

2. SCRUTINY REVIEW TOPICS 2021/22

- 2.1 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.
- 2.2 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).
- 2.3 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.

2.4 An informal meeting of Members of the Committee was held on 20 December 2021 via Microsoft Teams, to receive a briefing around Marmot and region establishment.

2.5 **The Committee is requested to note the progress made to date on work on the Integrated Care Partnership.**

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

3.1 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.

3.2 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.

3.3 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.

3.4 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.

3.5 There are 5 items within the current Plan that falls under the remit of the Committee on this occasion, namely:

- Sefton Integrated Care Partnership
- Adult Social Care Transport PolicyActivation of the Extensions to the Community Infection Prevention and Control Service ContractNew Directions Annual Report and Business PlanAdult Social Care Fees 2022/23

3.6 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.

3.7 **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.**

4. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

4.1 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

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Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).

4.2 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.

4.3 In accordance with the above decision, information on the LCRCA O&S is set out below.

4.4 **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.

4.5 **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.

4.6 **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.

4.7 **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.

4.8 Meetings

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

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

Latest Meeting – 20 January 2022.

The latest meeting of the LCRCAO&S was held on 20 January 2022.

Matters considered at the meeting related to:

- Combined Authority Budget Report 2022/23
- LCR Combined Authority Corporate Plan 2021-24 - Biannual/Q2 Performance Report 2021/22
- Liverpool City Region Pathway to Net Zero - Overview and Progress Update
- Equality Strategy Draft Vision and Objectives

The next meeting of the LCRCAO&S will be held on 16 March 2022.

Details of all meetings can be obtained using the link referred to above

4.9 *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

5. JOINT HEALTH SCRUTINY COMMITTEE

5.1 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).

5.2 Other local authorities consulted also agreed that the reconfiguration of the hyper-acute stroke services across North Merseyside constituted a substantial

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development / variation in services for residents. The other local authorities affected are Knowsley, Liverpool and West Lancashire Councils.

- 5.3 A Joint Health Scrutiny Committee has now been established, comprised of Members from the four local authorities consulted.
- 5.4 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).
- 5.5 The first meeting of the Joint Health Scrutiny Committee took place on 11 November 2021.
- 5.6 The second meeting of the Joint Health Scrutiny Committee took place on 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.

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

6. HEALTHWATCH SEFTON

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

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

WORK PROGRAMME 2021/22

Date of Meeting	22 JUNE 21 Bootle	07 SEPTEMBER 21 Southport	19 OCTOBER 21 Bootle	04 JANUARY 22 Remote Informal	22 FEBRUARY 22 Bootle
Item					
Regular Reports:					
Cabinet Member Update Report (Julie Leahair/Julie Eliot/Debbie Campbell)	X	X	X	X	X
Work Programme Update (Debbie Campbell)	X	X	X	X	X
CCGs' Update Report (CCGs)	X	X	X	X	X
Health Provider Performance Dashboard (CCGs)	X	X	X	X	X
Service Operational Reports:					
Sefton Integrated Care Home Strategy (Neil Watson / Eleanor Moulton)		X			
Sefton Integrated Care Partnership Development (Eleanor Moulton)		X			
Mental Health Issues Working Group Final Report (Debbie Campbell)		X			

Item	22 JUNE 21 Bootle	07 SEPTEMBER 21 Southport	19 OCTOBER 21 Bootle	04 JANUARY 22 Remote Informal	22 FEBRUARY 22 Bootle
Service Operational Reports (Continued):					
Safeguarding of Adults (Deborah Butcher)			X		
Integrated Intermediate Care Strategy (Eleanor Moulton)				X	
Public Health Annual Report (Charlotte Smith)					X
Adult Social Care Performance (Deborah Butcher)					X
Care Homes and Safeguarding) (Deborah Butcher)					X

CCGs' Updates					
Access to General Practice and NHS 111 Services During the COVID-19 Pandemic	X				
Phase 2 Clinical Integration of Haemato- Oncology Services in North Merseyside	X				

APPENDIX A

Item	22 JUNE 21 Bootle	07 SEPTEMBER 21 Southport	19 OCTOBER 21 Bootle	04 JANUARY 22 Remote Informal	22 FEBRUARY 22 Bootle
NHS Updates:					
Current Challenges Faced by Dentistry in Light of the Covid 19 Pandemic (NHS England and NHS Improvement (NHSEI))	X	X			
Southport & Ormskirk Hospital NHS Trust (Representatives to attend)			X		
Liverpool University Hospitals NHS Foundation Trust Representatives to attend				X	
North West Ambulance Service (Representatives to attend)					X

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 MARCH 2022 - 30 JUNE 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

- 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:-

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1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Dwayne Johnson
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Sefton Integrated Care Partnership	Eleanor Moulton eleanor.moulton@sefton.gov.uk
Adult Social Care Transport Policy	Carol Cater carol.cater@sefton.gov.uk
Activation of the Extensions to the Community Infection Prevention and Control Service Contract	Charlotte Smith charlotte.smith@sefton.gov.uk
New Directions Annual Report and Business Plan	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744
Adult Social Care Fees 2022/23	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<p>Sefton Integrated Care Partnership 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.</p>			
Decision Maker	Cabinet			
Decision Expected	<p>10 Mar 2022 Decision due date for Cabinet changed from 03/02/2022 to 10/03/2022. Reason: to allow further discussion with Cheshire and Merseyside Integrated Care system members</p>			
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	<p>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</p>			
Method(s) of Consultation	<p>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</p>			
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			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Adult Social Care Transport Policy to approve the refreshed policy in relation to the provision of transport for vulnerable people where this is part of an assessed need.			
Decision Maker	Cabinet			
Decision Expected	10 Mar 2022			
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	people who use transport provision and their carers; VCF representatives; strategic partners health; and social care practitioners			
Method(s) of Consultation	Public Engagement and Consultation Panel; User Reference Group; Meetings; Emails			
List of Background Documents to be Considered by Decision-maker	Adult Social Care Transport Policy			
Contact Officer(s) details	Carol Cater carol.cater@sefton.gov.uk			

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Activation of the Extensions to the Community Infection Prevention and Control Service Contract To seek approval to activate the extension clauses within the Community Infection Prevention and Control Service contract			
Decision Maker	Cabinet			
Decision Expected	7 Apr 2022			
Key Decision Criteria	Financial	Yes	Community Impact	No
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Sefton Clinical Commissioning Groups; Head of Strategic Support; Chief Legal and democratic Officer; Executive Director of Corporate Resources and Customer Services; Executive Director of Adult Social Care and Health			
Method(s) of Consultation	Meetings; emails			
List of Background Documents to be Considered by Decision-maker	Activation of the Extensions to the Community Infection Prevention and Control Service Contract			
Contact Officer(s) details	Charlotte Smith charlotte.smith@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	New Directions Annual Report and Business Plan To submit to Cabinet the annual report and Business Plan for New Directions			
Decision Maker	Cabinet			
Decision Expected	26 May 2022 Decision due date for Cabinet changed from 10/03/2022 to 26/05/2022. Reason: the Annual report and Business Plan are still being consulted on, with this consultation scheduled to be completed by the end of March 2022			
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	Council Officers; New Directions Officers; Elected Members			
Method(s) of Consultation	Consultation has taken place with Adult Social Care Senior Officers, Finance Officers and New Directions, via meetings and emails.			
List of Background Documents to be Considered by Decision-maker	New Directions Annual Report and Business Plan			
Contact Officer(s) details	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744			

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Adult Social Care Fees 2022/23 The purpose of this report is to enable Cabinet to determine fees for Adult Social Care services for the financial year period 2022/23			
Decision Maker	Cabinet			
Decision Expected	26 May 2022			
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	Council Officers; Health; External Providers			
Method(s) of Consultation	Internal meetings / emails. Meetings with Health partners and formal consultation with external Providers.			
List of Background Documents to be Considered by Decision-maker	Adult Social Care Fees 2022/23			
Contact Officer(s) details	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744			

UPDATE REPORT FROM HEALTHWATCH – 22 FEBRUARY 2022

GP Access

Our independent report detailing local residents experiences of accessing primary care (GP access) is in draft and will soon be published. The report details over 100 local stories and we are recommending that local NHS commissioners will utilise this local intelligence to support their own work (the current GP access survey which is currently open) with GP practices to review access.

Experiences of domiciliary care

We have been working with local commissioner, Pippa McHaffie (Sefton MBC) on our project to gather feedback from local residents who receive care in their home. This project has been on hold since the outbreak of covid but we are now in a position to start this work in the coming weeks. We have been working with the commissioner to finalise the questions, sample and we will be writing out to residents, following this up with a telephone call to book in telephone conversations. We hope to have this project completed by April with a report detailing the feedback.

Support for GP practices and educating patients; Patient Participation Groups

Our first outcome was to get commissioners to agree that support to develop local GP patient participation groups was needed and this has been achieved. We have since, worked with our NHS Clinical Commissioning Group colleagues, to set up a steering group to progress this area of work and we now have 2 support packs ready, one pack to support practices in setting up their group and the other pack to educate patients on what to expect. Healthwatch England is keen to learn from this work too and we will be sharing them nationally.

Engagement

Although the Government has lifted most restrictions, Healthwatch providers, like all organisations, have a duty of care to our staff, volunteers and the public we engage with. We will be planning a phased return to face to face engagement with local community groups and continue to hold online engagement events with both NHS providers and our community champions.

Current emerging issues

In reviewing feedback from our residents and those who contact our signposting and information service, the following issues are emerging;

- Unpaid Carers are sharing how they are not receiving supportive information on discharge from hospital about their loved ones
- Patients struggling to register with a new GP (moving into the borough/ unhappy with their current practice)

Diane Blair BA (Hons) MSc
Manager
0151 920 0726 ext 236



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)
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www.healthwatchsefton.co.uk