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Sefton Council



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

DATE: Tuesday, 6th September 2022

TIME: 6.30 p.m.

VENUE: Town Hall, Southport

Member

Councillor
Cllr. Carla Thomas (Chair)
Cllr. Greg Myers (Vice-Chair)
Cllr. Iain Brodie - Browne
Cllr. Tony Brough
Cllr. Linda Cluskey
Cllr. Sean Halsall
Cllr. John Joseph Kelly
Cllr. Nina Killen
Cllr. Laura Lunn-Bates
Cllr. Dr. John Pugh
Ms. D. Blair, Healthwatch
Mr. B. Clark, Healthwatch

Substitute

Councillor
Cllr. Carol Richards
Cllr. Robert Brennan
Cllr. Gareth Lloyd-Johnson
Cllr. Sir Ron Watson C.B.E.
Cllr. Michael Roche
Cllr. Veronica Webster
Vacancy
Cllr. Paul Tweed
Cllr. Judy Hardman
Cllr. Leo Evans

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer
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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.

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AGENDA

1. Apologies for Absence

2. Declarations of Interest

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

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

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

3. Minutes of the Previous Meeting (Pages 5 - 10)

Minutes of the meeting held on 21 June 2022

4. Domestic Abuse Update (Pages 11 - 22)

Report of the Head of Communities

5. Sefton Partnership Development Update (Pages 23 - 32)

Report of the Executive Director of Adult Social Care and Health / Place Director Cheshire and Merseyside Integrated Care Board

6. Overview & Scrutiny Mental Health Review (To Follow)

Report of the Executive Director of Adult Social Care and Health

7. NHS Cheshire and Merseyside, Sefton - Update Report (Pages 33 - 42)

Report of the Place Director, NHS Cheshire and Merseyside

8. Sefton Clinical Commissioning Groups - Health Provider (Pages 43 -

Performance Dashboard

52)

Report of the Place Director, NHS Cheshire and Merseyside

9. Cabinet Member Reports

(Pages 53 -
76)

Report of the Chief Legal and Democratic Officer

10. Work Programme Key Decision Forward Plan

(Pages 77 -
108)

Report of the Chief Legal and Democratic Officer

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 21ST JUNE, 2022

PRESENT: Councillor Thomas (in the Chair)
Councillors Brough, Cluskey, Halsall, John Joseph
Kelly, Lloyd-Johnson (Substitute Member for
Councillor Brodie-Browne), Lunn-Bates, Chris Maher
and Pugh

ALSO PRESENT: Councillor Cummins, Cabinet Member – Adult Social
Care

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Brodie-Browne;
Councillor Myers and his substitute Councillor Brennan; Mr. B. Clark,
Healthwatch; and Councillor Moncur, Cabinet Member – Health and
Wellbeing.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 22 February 2022 be confirmed
as a correct record.

4. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT

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

- Update on system changes to health and care;
- Sefton Partnership;
- A personal message from Fiona;
- CCGs good performance recognised in annual assessment;
- Views sought on proposals for Liverpool University Hospitals
services;
- Update on COVID-19 vaccination programme;

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- Thousands respond to GP COVID-19 access survey;
- New interim provider for Hightown Village Surgery;
- Single PCN for South Sefton;
- Update on Shaping Care Together;
- Sefton resident thanks GP and reminds others “they are still here for you”;
- New eating disorders service for Sefton;
- Website provides reliable health apps to Sefton;
- New school nurse text messaging service launched for 11–19-year-olds in Sefton;
- Babies cry, you can cope – ICON Campaign; and
- Final CCG Governing Body meetings.

Fiona Taylor, Chief Officer for the Sefton CCGs, attended the meeting to present the update report and to respond to questions raised by Members of the Committee. She indicated that the CCGs could offer an informal briefing session on GP practices to Members of the Committee. She also reported that the Medicines Management Team had been shortlisted for an award.

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

- As it was Fiona Taylor’s final meeting of the Committee before retirement, Members paid tribute to her and thanked her for her service to the Committee.
- Difficulties for refugees from Ukraine in accessing GPs and a suggestion for information to be provided at the Netherton Feel Good Factory.
- Final figures for take-up of the covid vaccine across the Borough. Up-to-date figures could be provided to Members.
- The impact of health inequalities in vaccine take-up.
- The impact of the introduction of the Integrated Care System in Cheshire and Merseyside and how this would affect reporting to the Overview and Scrutiny Committee.
- The role of Primary Care Networks (PCNs) and addressing issues of health inequalities. PCN representatives could be invited to an informal briefing of Committee Members.
- Challenges due to the length of time required to train GPs.
- Promotion of the ICON campaign.

RESOLVED: That

- (1) the update report submitted by the Sefton Clinical Commissioning Groups, be received;
- (2) the offer by the Chief Officer for the Sefton Clinical Commissioning Groups to provide an informal briefing session on GP practices to Members of the Committee, be considered under Minute No. 8 below; and

- (3) the Chief Officer for the Sefton Clinical Commissioning Groups be requested to provide up-to-date figures for the take-up of the covid vaccine across the Borough to the Senior Democratic Services Officer, for circulation to Members of the Committee.

5. 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.

Further to Minute No. 50 (2) of 22 February 2022, ambulance response times were also included within the data.

Fiona Taylor, Chief Officer for the Sefton CCGs, attended the meeting to present the data and to respond to questions raised by Members of the Committee.

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

- Statistical trends at A&E at Southport Hospital, patient admittance and concerns regarding the size of the waiting area.
- The impact of drug and alcohol misuses at A&E.
- The provision of satellite services at Aintree Hospital for certain conditions and the impact to Southport and Formby patients.
- Waiting times for Mental Health: IAPT. Up-to-date figures could be provided.
- Community services and the 7-day GP extended access scheme.
- As it was Fiona Taylor's final meeting of the Committee before retirement, Members paid tribute to her and thanked her for her service to the Committee.

RESOLVED: That

- (1) the information on Health Provider Performance be noted;
- (2) the Chief Officer for the Sefton Clinical Commissioning Groups be requested to provide up-to-date figures to the Senior Democratic Services Officer on the waiting times for Mental Health: IAPT, for circulation to Members of the Committee; and
- (3) thanks be extended to Fiona Taylor for her service to the Committee.

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6. PUBLIC HEALTH OUTCOMES FRAMEWORK

The Committee considered the report of the Director of Public Health that provided an update on the Public Health Outcomes Framework.

A briefing previously received by the Cabinet Member - Health and Wellbeing was attached to the report.

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

- Performance targets and Indicators for Public Health services.
- The demographics of Sefton as a Borough.
- Health inequalities and the possibility of extending good practice.
- The issues of alcohol and drug use on medium and long-term health chances for the population.

RESOLVED:

That the report be received.

7. 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, whose portfolio fell within the remit of the Committee.

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

- Preparation for Implementation of the National Assurance Framework;
- Integration and National Policy Update;
- Life Course Commissioning:
 - Fee Increases for 2022/23;
 - Domiciliary Care – capacity issues within the domiciliary care market remain;
 - Care Homes - there are significant market issues resulting from the pandemic;
 - Day Services –consultation and engagement with local residents is ongoing;
- Adult Social Care Budget:
 - External grants - grants from the Department of Health and Social Care;
- Cost of Care;
- Adult Social Care Complaints Overview
- System Pressures - Hospital and Access into Social Care
- Performance and Key Areas of Focus:
 - Admission into care & reablement;

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- Self-directed support and direct payments;
- Employment;
- Housing;
- Safeguarding;
- Carers Services; and
- Liberty Protection Safeguards (LPS).

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

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

- Compliments and complaints.

RESOLVED:

That the update report from the Cabinet Member – Adult Social Care be noted.

8. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer seeking the views of the Committee on the draft Work Programme for the Municipal Year 2022/23; reporting on progress of the Mental Health Issues Working Group; inviting Committee Members to participate in informal briefing sessions during 2022/23, rather than establish a traditional working group; noting that there were no items for pre-scrutiny within the current Key Decision Forward Plan that fall under the remit of the Committee, on this occasion; receiving an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee; reporting 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; reporting on progress made by the Joint Health Scrutiny Committee in considering proposals in relation to clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust (LUFT); and noting the update by Healthwatch Sefton.

A draft Work Programme for 2022/23 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed. The Term of Reference for the Committee were set out at Appendix B to the report. Appendix C to the report set out developments on the Mental Health Services Review. An update on recent activities undertaken by Healthwatch Sefton, was attached to the report at Appendix D.

There were no Decisions within the latest Key Decision Forward Plan, that fell under this Committee's remit, on this occasion.

Suggestions for informal briefing sessions included the following:

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- GP practices, to be delivered by the Sefton Clinical Commissioning Groups;
- Health inequalities, to be delivered by Public Health;
- Inviting representatives from the following organisations:
 - Liverpool University Hospitals NHS Foundation Trust;
 - North West Ambulance Service – particularly regarding developments with the acute stroke service.
 - Primary Care Networks; and
 - Mersey Care NHS Foundation Trust.

RESOLVED:

- (1) the Work Programme for 2022/23, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) progress made to date on the recommendations made by the Mental Health Issues Working Group, as outlined in Appendix C, be noted;
- (3) rather than establish a traditional working group during 2022/23, all Members of the Committee be invited to participate in informal briefing sessions, and consideration be given to the suggestions raised above;
- (4) the fact that there are no items for pre-scrutiny within the current Key Decision Forward Plan that fall under the remit of the Committee, on this occasion, be noted;
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (6) the progress made on the Joint Health Scrutiny Committee (Hyper-Acute Services), be noted;
- (7) the progress made on the Joint Health Scrutiny Committee – Liverpool University Hospitals University Foundation Trust (LUFT), be noted; and
- (8) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix D to the report, be noted.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 6 September 2022
	Overview & Scrutiny Committee (Regeneration & Skills)		Tuesday 20 September 2022
	Overview & Scrutiny Committee (Children's Services & Safeguarding)		Tuesday 27 September 2022
Subject:	Domestic Abuse Update		
Report of:	Head of Communities	Wards Affected:	(All Wards);
Portfolio:	Communities & Housing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

The purpose of the report is to update Overview & Scrutiny Members on the Sefton's strategic approach to tackling domestic abuse, including an overview of the Domestic Abuse Act and work of the Sefton Domestic Abuse Partnership Board to date.

Recommendation(s):

(1) Members note the content of the report

Reasons for the Recommendation(s):

It is essential that elected members understand the work of the Domestic Abuse Board and how we are responded to the requirements of the Domestic Abuse Act locally. This will provide assurance as well as provide information to enable sufficient challenge.

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

There are no alternative options as Sefton's Domestic Abuse response and the work of the Domestic Abuse Partnership Board are a statutory requirement.

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What will it cost and how will it be financed?

(A) Revenue Costs

The Council received £607,271 in New Burdens funding in 2022/23 to provide support to victims/survivors living in safe accommodation.

(B) Capital Costs

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None at this time	
Legal Implications:	
The work of the board and commissioning of Domestic Abuse services is a statutory responsibility of the Council	
Equality Implications:	
The equality Implications have been identified and mitigated	
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

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Domestic Abuse survivors/victims and their children are some of the most vulnerable members of our communities. The work of the board will strive to ensure they have adequate support.
Facilitate confident and resilient communities: We want to create communities where Domestic Abuse is abhorrent and that residents have confidence in Domestic Abuse support services.
Commission, broker and provide core services: It is the responsibility of the Domestic Abuse Partnership Board to give effect to the Domestic Abuse Strategy by commissioning and decommissioning services for victims/survivors and their children.
Place – leadership and influencer: Not applicable
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.6913/22) and the Chief Legal and Democratic Officer (LD.5113/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

In producing the Domestic Abuse Strategic Needs Assessment the commissioners interviewed a wide range of victims/survivors to gain an insight into their experience of using Domestic Abuse services in Sefton.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Steven Martlew
Telephone Number:	
Email Address:	steven.martlew@sefton.gov.uk

Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

1.1 Domestic abuse does not fall under any one service, department or agency; it is a safeguarding responsibility that cuts across all areas of society and as such it is everyone's' business to help tackle. The strategic responsibility for tackling domestic abuse in Sefton Council sits with the Communities department and falls within the portfolio of the Cabinet Member for Housing and Communities. However, it is important the agenda of domestic abuse is also prioritised and acknowledged across other portfolio areas in recognition of the breadth of impact it has on our residents, communities and workplaces in relation to a wide range of our services.

2. Overview of the Act

2.1 The Domestic Abuse Act was signed into law on 29 April 2021. The Act is designed to raise awareness of domestic abuse and provide a range of further

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protections for victims of domestic abuse as well as strengthen measures to tackle perpetrators.

The act will:

- create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.
- establish in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers.
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order (*currently known as Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs)*).
- place a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation.
- prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.
- create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts.
- clarify the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims.
- extend the controlling or coercive behaviour offence to cover post-separation abuse.
- extend the offence of disclosing private sexual photographs and films with intent to cause distress (known as the "revenge porn" offence) to cover threats to disclose such material.
- create a new offence of non-fatal strangulation or suffocation of another person.
- clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences.
- provide for a statutory domestic abuse perpetrator strategy.

- enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody.
- place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing.
- Provide that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance.
- ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.
- prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid.
- provide for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes.

2.2 There will be a statutory guidance framework to support the implementation of the act. The consultation on the draft version of this guidance closed on the 14 September 2021 and is currently being reviewed by the Home Office. The guidance will be issued under section 84 of the Domestic Abuse Act 2021 and has been formulated to set standards and promote best practice. The guidance is therefore aimed at statutory and non-statutory bodies working with victims, perpetrators and commissioning services, including the police, local authorities, and the NHS to increase awareness and inform their response to domestic abuse. It is also aimed at support organisations working with victims. Once the final guidance has been published, further information will be provided to the Board.

3. Local authority statutory duties within the Act

3.1 Part 4 of the Act places a statutory duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. The Government has provided a statutory framework which outlines how local authorities are expected to meet the needs of this duty. This includes:

1. Appoint a multi-agency Domestic Abuse Local Partnership Board which it will consult with as it performs certain specified functions.
2. Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
3. Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.
4. Give effect to the strategy (through commissioning / de-commissioning decisions).

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5. Monitor and evaluate the effectiveness of the strategy.
6. Report back to central government.
7. Require tier two councils (district or borough councils, and London Boroughs) to co-operate with the lead local authority, so far as is reasonably practicable.
8. Require the Secretary of State to produce statutory guidance, having consulted the Domestic Abuse Commissioner, local authorities and such as other persons as considered appropriate.
9. Require local authorities to have regard to the statutory guidance in exercising their functions.
10. Domestic Abuse Partnership Boards will be expected to report the Domestic Abuse Commissioner on their progress and performance.

4. Sefton Domestic Abuse Partnership Board

- 4.1 Sefton Domestic Abuse Partnership Board was established in September 2021 and took over the responsibilities of the previous Sefton Domestic Abuse steering group. There is a legal requirement to have the following representatives included on the Board:
 - Local authority
 - Representative of victims of domestic abuse
 - Representative of children of victims of domestic abuse
 - Other VCF organisations working with domestic abuse victims
 - Health representative
 - Criminal justice representative.
- 4.2 However, to ensure a wider range of agency involvement and to continue the good partnership work started by the previous domestic abuse steering group, the membership of the Board includes a number of other representatives as outlined in the Board's Terms of Reference (see Appendix A).
- 4.3 The roles and responsibilities of the Board are also outlined in the Terms of Reference. Whilst there is a statutory requirement for the Board around meeting needs for safe accommodation, it has been agreed its functions will be wider than this and will provide the leadership for overseeing and coordinating domestic abuse related work across Sefton ensuring links with other local Boards are maintained. The Board is a strategic partnership and as such it is expected that agency membership and attendance is at a senior level. As the Board develops, consideration will be given to the development of sub/thematic groups that will be able to take forward Sefton's Domestic Abuse Strategy action plan at a more operational level.
- 4.4 One of the key requirements that the Board must fulfil is the undertaking of a domestic abuse needs assessment and the publishing of a Domestic Abuse Strategy. Following an open procurement process last year, a team of consultants

were commissioned to undertake Sefton's needs assessment and this work has been underway over the past 6 months. The needs assessment will be used over the coming months to review Sefton's Domestic Abuse Strategy and key priorities for action.

5. Links to other national/statutory guidance

5.1 Alongside guidance associated specifically with the Domestic Abuse Act, the Domestic Abuse Partnership Board are also cognisant of other relevant guidance and legislation and will ensure these are taken into account with the Domestic Abuse Strategy refresh and action planning. This includes (but is not limited to):

- Specific housing related Government guidance issued on improving access to social housing for victims of domestic abuse, Allocation of Accommodation guidance for local authorities Housing legislation changes and national consultation exercises relating to housing victims of domestic abuse
- The November 2021 Local Government and Social Care Ombudsman report on learning to improve council services for domestic abuse victims

6. Cross partnership collaboration

6.1 As outlined in the introduction, the impact of domestic abuse cuts across all agency services. To tackle it successfully we need to work in collaboration across departments, agencies and strategic Partnership Boards. To ensure this happens a range of activities will be needed alongside the work of Sefton Domestic Abuse Partnership Board. These include:

- Building on the links established between Sefton Domestic Abuse Partnership Board, Safer Sefton Together Partnership, Sefton Safeguarding Children's Partnership and Sefton Safeguarding Adults Board to ensure joint work is collaboratively supported and duplication is avoided. In particular, this will include sharing domestic abuse related learning from Domestic Homicide Reviews, Safeguarding Adults Reviews and Child Safeguarding Practice Reviews to improve services, practice delivery and training.
- Continued participation and contribution to Liverpool city region partnerships such as the Merseyside Strategic Domestic Violence & Abuse Group, the Merseyside Strategic Sexual Violence Group, Community Safety Leads meetings around suicide prevention, DHR learning, domestic abuse perpetrator work. Information and activities will be fed into the Sefton Domestic Abuse Partnership Board
- Updates to Cabinet Members and relevant Overview and Scrutiny meetings to report on progress.

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Appendix A

Sefton Domestic Abuse Partnership Board Terms of Reference

Purpose

Following the enactment of the Domestic Abuse Bill on 30 April 2021, Local Authority areas have a duty to establish a Domestic Abuse Partnership Board.

Sefton Domestic Abuse Partnership Board is a partnership group responsible for supporting Sefton Metropolitan Borough Council in meeting its duty under Part 4 of the Domestic Abuse Act.

The Board will work together to support, advise, and work in partnership with Sefton Metropolitan Borough Council to ensure survivors of domestic abuse have access to adequate and appropriate support within safe accommodation services.

The Board will work together to improve outcomes for survivors of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within safe accommodation services.

Meeting Frequency

The Board will meet on a bi monthly basis in the first year. This will be reviewed to ensure appropriate frequency, but as a minimum the Board will meet on a quarterly basis.

Administrative support will be provided by the Communities department of Sefton Council.

Membership

The Board is made up of the following including those that by law must be represented.

Position	Organisation	Representing
Cabinet Member Housing and Communities	Sefton Council	Tier One Local Authority
Localities Service Manager	Sefton Council, Communities	Tier One Local Authority
Consultant in Public Health	Sefton Council, Public Health	Tier One Local Authority
Director of Adults Social Care	Sefton Council, Adult Social Care/Safeguarding	Tier One Local Authority
Service Manager	Sefton Council, Children's Social Care	Tier One Local Authority / voice of children
Service Manager	Sefton Council, Housing & Investment Services	Tier One Local Authority/ housing services
Chief Executive	Sefton Women's and	Survivors of domestic

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	Children's Aid (SWACA)	abuse, adults and children
Operations and Partnerships Lead	Venus	Survivors of domestic abuse
Operations Manager	RASA	survivors of domestic abuse
Designated Safeguarding Manager	Southport and Formby and South Sefton Clinical Commissioning Groups	Health care services
Safeguarding Adults Specialist Nurse	Southport and Ormskirk Hospital NHS Trust	Health care services
Safeguarding	Liverpool University Hospitals NHS Foundation Trust	Health care services
Head of Safeguarding	MerseyCare	Health care services
Independent Living Manager	One Vision Housing	Housing services
D/Inspector Protecting Vulnerable People Unit	Merseyside Police	Criminal services
Head of Sefton PDU	Probation Service	Criminal services
Deputy Chief Executive	Sefton Council for Voluntary Service (CVS)	Voluntary and faith sector
Community Engagement	Office for the Police and Crime Commissioner Merseyside	
	Merseyside Fire and Rescue Service	

The Board is chaired by Cllr Trish Hardy, Cabinet Member for Communities and Housing.

The Vice Chair of the Board is Neil Frackelton, Chief Executive of Sefton Women's and Children's Aid (SWACA).

Members of the Board are responsible for ensuring they report back and feed into the Board on behalf of their represented group / body.

Roles and responsibilities

The Board will:

- provide strategic oversight of the issue of domestic abuse in Sefton by the commissioning, monitoring and evaluation of the Domestic Abuse Strategy for the borough.
- provide advice and data to support Sefton Metropolitan Borough Council to undertake a robust local needs assessment to identify and understand the needs of domestic

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abuse survivors and their children within their area, including those that require highly specialist and cross-authority support.

- ensure the preparation and publication of the future Domestic Abuse Strategy setting out the steps required to meet the needs of all survivors and their children.
- hold agencies to account for the delivery of the actions within the Strategy by requesting regular updates on the agreed Action Plan within the Strategy.
- consider the commissioning and decommissioning decisions in relation to domestic abuse services funded and provided in the borough.
- support Sefton Metropolitan Borough Council to effectively engage with domestic abuse survivors and expert services in understanding the range and complexity of needs and to ensure their voice is clearly heard.
- ensure that learning actions and recommendations from Sefton Domestic Homicide Reviews are taken forward and provide oversight to implementing multi agency practice and system change.
- provide advice about the provision of other local authority domestic abuse support.
- provide support in ensuring join up across other related areas such as housing, health, early years and childhood support, social services and police and crime services.
- oversee the development and submission of an Annual Report outlining activity and progress made against the requirements in the Act. This will be shared with other local partnership Boards to ensure cross partnership working.
- receive regular reports on the compliance of organisations against the requirements of the Act and its statutory guidance.
- consider best practice, policy development and future opportunities for service improvement in this sector.
- escalate issues to the relevant representative / body.

Collaborative Working

The Partnership Board will engage with other Partnership Boards from neighbouring areas and across the City Region. The Board will also engage with the existing Strategic Domestic Violence Action Group (SDVAG) led by Merseyside Police. The Board will also receive regular updates on the effectiveness of the MARAC from the MARAC Steering Group.

In recognition that domestic abuse is a cross cutting theme that does not just sit within the responsibility of one area, the Board will develop and maintain close links with other multi agency forums such as:

- Safer Sefton Community Partnership

- Sefton Safeguarding Children's Partnership
- Local Safeguarding Adults Board

This will be done through the sharing of actions/learning/tasks by members sitting on both the Board and other partnership forums.

Absence

Where members are unable to attend a meeting, they are responsible for informing the Board ahead of the meeting and, as far as possible, should ensure a representative is present on behalf of the organisation / body.

Accountability

The Board will provide strategic oversight on the issue of Domestic Abuse in Sefton. The Board will be accountable for its actions to its individual member organisations. Members of the Board are responsible for ensuring they report back and feed into the Board on behalf of their represented group(s) / body(ies)

Board members will be accountable through their own organisations' decision-making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference and constitution of the Board.

The Board will support Sefton Metropolitan Borough Council in reporting back to the Department for Levelling Up, Housing and Communities (DLUHC) on delivering the duty in line with statutory guidance and the standardised reporting form.

For clarity, in relation to Domestic Homicide Reviews, the notification, decision making and final reporting of completed reviews will remain with Sefton Safer Communities Partnership. The oversight for ensuring the recommendations and learning action plans are implemented and considered within future commissioning will be the responsibility of Sefton Domestic Abuse Partnership.

The Terms of Reference for the Board will be reviewed on an annual basis by officers in the Communities department of Sefton Metropolitan Borough Council.

Date Prepared: V1 July 2021, V2 November 2021
Date Agreed: 18 November 2021
Date to be Reviewed: November 2022

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Agenda Item 5

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 6 September 2022
Subject:	Sefton Partnership Development Update		
Report of:	Executive Director of Adult Social Care and Health/Place Director, Cheshire and Merseyside ICB	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

This report details on update for Overview and Scrutiny Committee on the establishment of a Sefton Partnership. This is as a result of the Royal assent given to the Health and Care Act 2022 in April of this year. The Act introduces significant reforms to the organisation and delivery of health and care services in England.

Recommendation(s):

- (1) The Committee receive and note the contents
- (2) The Committee engage on further work on the requirements within the policy document

Reasons for the Recommendation(s):

This is a pivotal time for the development of integrated Social Care and Health in Sefton, and the continued unique role Overview and Scrutiny play in this will be increasingly important for delivering what the people living in Sefton need from their Health and Care Services.

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

None

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What will it cost and how will it be financed?

(A) Revenue Costs

The contents of the report do not identify any additional revenue costs.

(B) Capital Costs

The contents of the report do not identify any additional capital costs.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None identified by the contents of the report	
Legal Implications:	
None identified by the contents of the report	
Equality Implications:	
There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
The contents of the report detail the development of integration of Social Care and Health in Sefton. The contents of the report have a neutral impact on climate change however part of the delivery of the Health and Care in this model includes the delivery of net zero Health services.	

Contribution to the Council's Core Purpose:

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

Drivers of change and reform: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate sustainable economic prosperity: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services
Greater income for social investment: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services
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.6919/22) and the Chief Legal and Democratic Officer (LD.5119/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The development of the local arrangements for the implementation of the Health and Care Bill are overseen by a Strategic Task and Finish Group chaired by Councillor Moncur.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Eleanor Moulton
Telephone Number:	07983939062
Email Address:	eleanor.moulton@sefton.gov.uk

Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Introduction

1.1 This report details an update for Overview and Scrutiny Committee on the establishment of a Sefton Partnership. This is because of the Royal assent given to the Health and Care Act 2022 in April of this year. The Act introduces significant

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reforms to the organisation and delivery of health and care services in England. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

- 1.2 At the heart of the changes brought about by the Act is the formalisation of Integrated Care Systems (ICSs). ICSs are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. Locally this is the establishment of the Cheshire and Merseyside Integrated Care System. This solidifies the move away from the old legislative focus on competition to a new framework that supports collaboration.
- 1.3 Each ICS is now made up of two parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). ICBs will be tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance. ICPs will bring together a wider range of partners, not just the NHS, to develop a plan to address the broader health, public health, and social care needs of the population. ICSs have the potential to reach beyond the NHS to work alongside local authorities and other partners to address the wider determinants of health.
- 1.4 A key premise of ICS policy is that much of the activity to integrate care and improve population health will be driven by organisations collaborating over smaller geographies within ICSs, often referred to as 'places', and through teams delivering services working together on even smaller footprints, usually referred to as 'neighbourhoods'. This means the disestablishment of the previous Clinical Commissioning Groups. Unlike previous reforms, which have over specified at a local level, the Act gives local leaders flexibility in how they setup these more local arrangements. Locally this has led to establishment of the Sefton Partnership as approved by Sefton Council Cabinet on the 23rd of June 2022. These new arrangements took effect on the 1st of July 2022.
- 1.5 The Act also does a number of things beyond progressing integration, including formalising the merger of NHS England and NHS Improvement with the resulting body, NHS England, now responsible for providing 'unified, national leadership for the NHS'. The Act also introduces targeted changes to public health (for example limiting the advertisement of junk food), to social care by creating a framework for assuring commissioners and sharing data, and to the quality and safety of care by formalising the role of the Health Services Safety Investigations Body – an independent body to investigate patient safety issues in England
- 1.6 At a late stage in the Act's passage through parliament, changes were added to amend the Care Act 2014 to change the cap-and-floor model of social care funding which will be implemented from October 2023. The changes will mean that local authority contribution towards paying for a person's care would no longer be counted towards the cap on their total costs, significantly reducing protection against very high care costs for people with low to moderate assets.

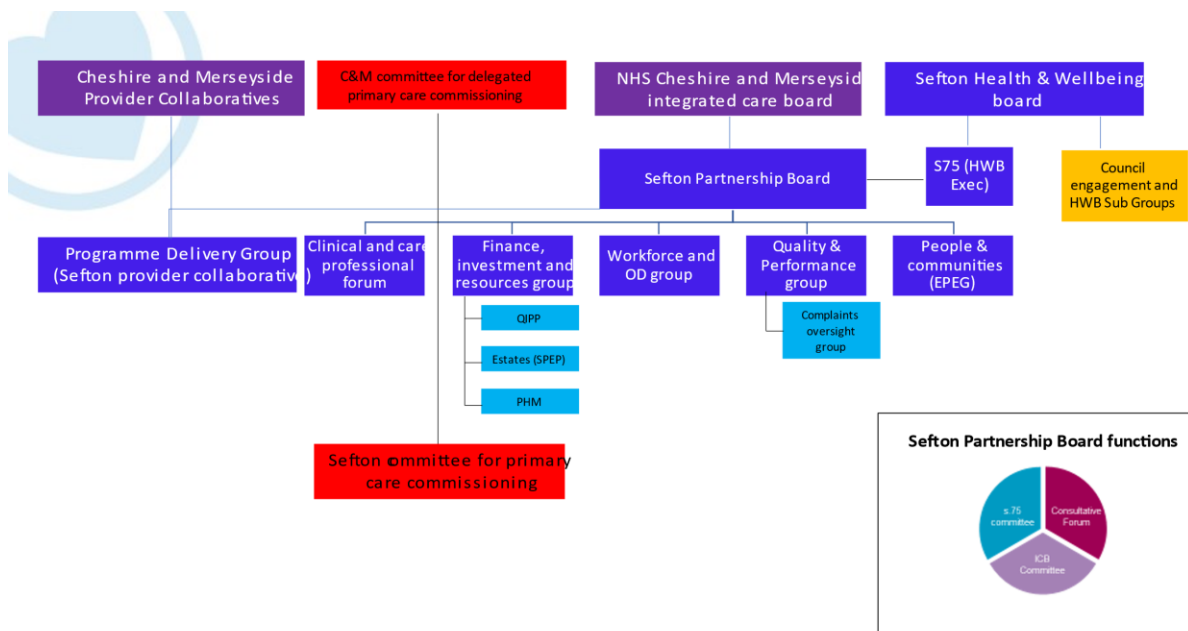
Adult Social Care are now working with national and regional policy leads and other local authorities on implementation of charging reforms.

2. Key updates

2.1 Further to the report received by Overview and Scrutiny Committee in March 2022 this report summarises the following key updates.

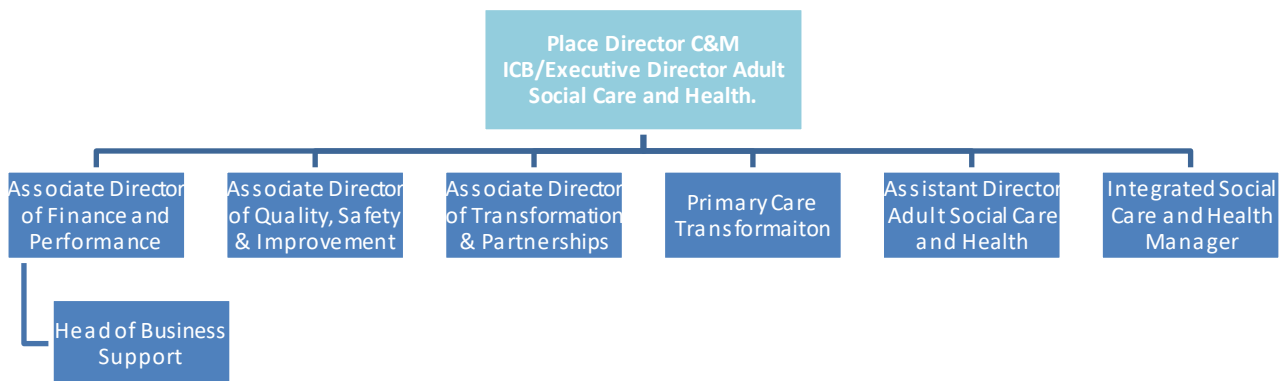
Deborah Butcher Executive Director for Adult Social Care and Health has now taken up post as Place Director, this is a joint appointment by the Council and ICB. The Place Director will be working closely with local partners and will play a central role in the future integration of health and care, taking a lead on tackling the health inequalities within our communities. NHS decisions will be taken through this joint role.

2.2 The following Governance Structure is agreed and is now in operation in the main, however some groups will not be established until required:



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- 2.3 Initially all Health staff have transitioned to employment by the Cheshire and Merseyside ICB. The following new permanent executive level structure has been established:



- 2.4 The Partnership is required to provide a Place Delivery Plan setting out how it will deliver improvements to Health and Wellbeing of Sefton Residents this is currently being developed through co-production with the Programme Delivery Group which will detail delivery across the life course with the following areas of key delivery.

- **Start Well** - Emotional Wellbeing and Mental Health, Children in Care, Early Help and Intervention and Transforming Care
- **Live Well** - Learning disabilities & autism, Long-term conditions, Early Help for Children & Families, Complex needs
- **Age Well** – Frailty, Dementia, End of Life
- **All Age** - Integrated Community Teams, Mental health & wellbeing, Workforce planning

The ICB will be required to produce an Integrated Care Strategy incorporating all Cheshire and Merseyside ‘places’ and their plans by December 2022. There will also be a requirement to refresh the Joint Strategic Needs Assessment plan.

- 2.5 Cheshire and Merseyside ICB have established four clear objectives; Improve outcome in population Health and Health Care, Tackle inequalities in outcomes,

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experience and access, enhance productivity and Value for Money, Help the NHS support broader Social and Economic development.

These objectives have been aligned to the Sefton Partnership through a process of establishing the objectives for Place Director for the initial period. These are as follows.

Core Objective	Core Objective
Place Development	Refresh of Sefton place plan to include NHS Operational planning priorities 22/23 and aligned to Health and Wellbeing Board strategic delivery
	Development of Place outcomes monitoring framework and dashboard, inclusive of Community Insight (qualitative) tools
	Sefton Place Partnership governance embedded to progress delegations and contract monitoring
Start Well	Reduction in service waiting times - e.g., Speech and Language services
	Development of place-based logic model to ensure coverage of all 9 Child and Adolescent Mental Health Service review recommendations
	Reduction in childhood obesity
Live Well	Reduction in usage of secondary health services for those with complex lives (known as System P priority cohort)
	Improved access to early intervention and prevention for preventable diseases that have the greatest burden on Sefton residents
	Implementation of the community Mental Health model in line with national strategy
	Reduction in adult obesity, in line with NHS Long Term Plan objectives
	Implementation of Learning Disabilities and Neurodiversity strategies - in line with Transforming Care Agenda
Age Well	Implementation of Ageing Well programme (Anticipatory Care, 2hr Urgent Response, Enhanced Care in Care Homes)
	Full roll-out of Integrated Community Team model across Sefton, in line with the "team of team" approach (Fuller report)
	Reduction in adult obesity, in line with NHS Long Term Plan objectives

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	Reduction in usage of secondary health services for those with frailty and dementia
PCN Development	Develop plan to progress at least one step on the framework
Adult Social Care	Development of a fair cost of care and market sufficiency strategy
Wider Determinants	Reduction in childhood poverty
	Equitable access to healthcare
	Improvements to the physical environment across the borough
Workforce	Working with corporate ICB colleagues, further develop and implement a Organisational Development plan to support the work of the Sefton Partnership Board and its component parts.
	Implementation of the NHS System Leadership for Change programme across the partnership around identified key work streams
	Development of a Place based workforce plan to respond to local workforce risks and opportunities as part of wider ICB workforce planning approach in conjunction with Health Education England
Integrated Estates	Development of a fully integrated estates strategy linked to One Public Estate (with improved access to Health and Diagnostics on the High Street, focused on areas of deprivation)
Digital	Development of a Digital Inclusion Strategy
	Implement opportunities to utilise Technology Enabled Care Solutions (Telehealth, Telecare, Remote Monitoring solutions etc.) in line with strategy
	Access to digital care records for Adult Social Care providers

2.6 Guidance on the role of Overview and Scrutiny

On July 29th, the Department of Health and Social Care issued new guidance on the establishment of place-based working that provided principles for how the system should work in partnership with Overview and Scrutiny.

Five principles for effective partnership working to ensure the benefits of effective scrutiny is realised:

- a. **Outcome-focused** – a strategic approach to consider the best way to scrutinise key strategies, including joint Overview and Scrutiny Committees (OSCs) to cover all or a greater part of the ICB area
- b. **Balanced** – ICBs and ICPs should take an inclusive and future-focused approach to agreeing scrutiny arrangements
- c. **Inclusive** – system partners should work with OSCs to ensure local people’s needs and experiences are considered
- d. **Collaborative** – communities, providers and planners of health and care services should help to inform the strategic direction of OSCs in their areas, given the OSC role in scrutinising delivery of the integrated care strategy and joint forward plan
- e. **Evidence-informed** – quantitative and qualitative intelligence should be provided that is “reasonable, proportionate and relevant”

Further information on the guidance can be found here:

<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

3. **Conclusion**

This is a pivotal time for the development of integrated Social Care and Health in Sefton, and the continued unique role Overview and Scrutiny play in this will be increasingly important for delivering what the people living in Sefton need from their Health and Care Services. The Committee is asked to note the contents of the report and engage on further work on the requirements within the policy document.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	6 September 2022
Subject:	Report of Deborah Butcher, Sefton Place Director, NHS Cheshire and Merseyside		
Report of:	NHS Cheshire and Merseyside, Sefton	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Laura Gibson		
Tel:	07557 205 544		
Email:	laura.gibson@southseftonccg.nhs.uk		

Purpose / Summary of Report:

To provide Members of the Committee with an update about the work of NHS Cheshire and Merseyside, Sefton

Recommendation

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

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Update for Overview and Scrutiny Committee (Adult Social Care)

September 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 07557 205 544.

Introduction to Deborah Butcher, Sefton Place Director

Sefton Partnership was formally established on 1 July as one of nine place-based partnerships within the Cheshire and Merseyside Integrated Care System. These partnerships are leading on shaping health and care in their areas and clinical commissioning groups have been replaced by NHS Cheshire and Merseyside Integrated Care Board, the new statutory NHS body.

For Sefton this means a continuation of long-standing work to bring health and care closer together, to improve and shape services around the needs of local people.

Sefton Partnership is a collaboration between the NHS, Sefton Council, Sefton CVS, Healthwatch and other local organisations. It is chaired by Cabinet Member Ian Moncur.

Deborah Butcher, executive director for adult social care and health for Sefton Council has now taken on the post as Place Director at NHS Cheshire and Merseyside in Sefton and brings a wealth of experience gained from working in a number of senior positions in local government in Plymouth and Cumbria.

In her previous role, Deborah was responsible for leadership across social work, occupational therapy, professional standards, safeguarding adults and integrated commissioning and she has worked closely with health partners on joint work throughout her time in the borough.

Deborah has been the senior responsible officer for developing Sefton's local place-based partnership working closely with colleagues across Sefton's two clinical commissioning groups (CCGs) and supported by a talented team from across the Council and CCGs.

Deborah's role is a joint appointment between the NHS and Sefton Council.

Sefton Partnership Board meetings

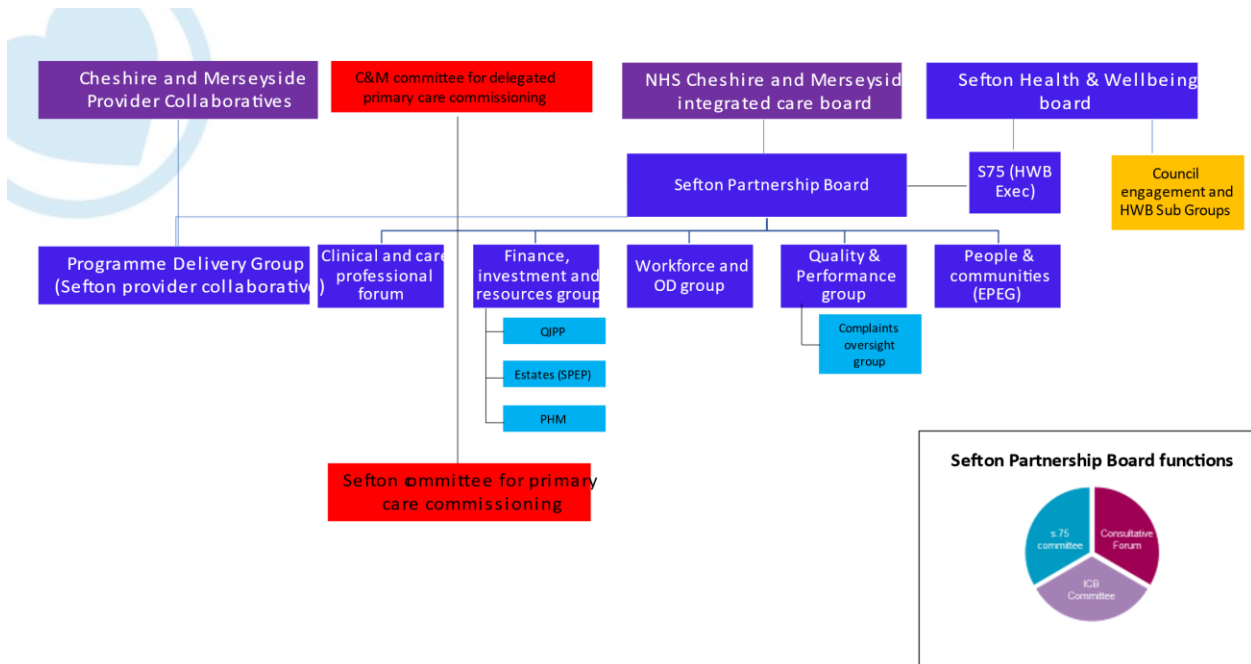
The first Sefton Partnership Board held its first meeting on 21 July. Board meetings will be held monthly, chaired by Councillor Ian Moncur, to monitor health and care performance in Sefton and the ongoing work to support the Partnership in achieving its vision.

In July, the Board discussed arrangements for how Sefton Partnership will be run and approved a collaborative agreement outlining how partners will work together that each organisation has signed up to.

The second meeting was held on 15 August and the Board agreed the objectives for the Partnership that have been set in cooperation with the Integrated Care Board and examined plans for transforming outdated primary care estate in line with wider proposals for regenerating parts of Sefton and the economic strategy for the borough.

Sefton Partnership governance

The following Governance Structure is agreed and is now in operation in the main, however some groups will not be brought online until required:



The Primary Care Committee and Quality Performance Group are now fully established with new terms of references and the other groups will follow with revised terms of reference and membership if and where required.

ICB Board meeting – September

The next ICB Board meeting will be on Thursday 29 September – venue TBC. The meeting which will comprise of a private and a public aspect on the agenda including a patient video to showcase some of our collaborative work across the partnership in Sefton. We have a small planning team focussed on ensuring the smooth running of the event and we are working with St Helens colleagues to share any learning from the event they hosted on 4 August.

There will also be a market place where we will have some of the services we support and our providers who will be happy to talk to the Board and any members of the public about what they can offer to our Sefton residents. For more information please visit:

www.cheshireandmerseyside.nhs.uk/get-involved

Update on Shaping Care Together engagement

Over the past 18 months, Shaping Care Together (SCT) has been asking local people what they think of health and care services provided across Southport, Formby and West Lancashire. So far, it has received almost 3,000 responses through online questionnaires and hard copy feedback forms. It has run a series of online and face-to-face in-depth discussion groups with local community organisations and delivered electronic newsletters and information videos about the programme.

What is happening now?

SCT has come to the end of the listening phase of the engagement programme and are now reviewing and analysing all of the responses we've received.

SCT is also working on a document that captures all ideas for the improvement of health and care services in Southport, Formby and West Lancashire as received from patients, public, staff and local stakeholders throughout the programme's listening phase. All of these ideas will be considered by local health and care providers as they continue to explore new ways of working and delivering services for each speciality. The main objective for the document is to clearly demonstrate all recommendations submitted and how these will be addressed in the weeks, months and years to come. The programme will look to share this with you in due course.

What happens next?

The community of Southport, Formby and West Lancashire is integral to the process in which we change, and SCT will of course continue to be led by everyone's recommendations and advice, including those of clinicians and experts.

Depending on the options that are developed, the programme will undertake a thorough and robust options appraisal process that evaluates all the options put forward, where patients, key stakeholders and clinicians will then analyse in detail the options for change. The timescale for this is being developed and once SCT has developed the options based on the outputs of extensive public engagement and clinical views, this would then help to decide what solutions would be taken forward to public consultation.

In the meantime, patients, members of the public, stakeholders and staff will continue to receive updates through newsletters, social media posts, information posters and leaflets, and the programme plans to update all Overview Scrutiny functions in due course, as it has done previously.

What's the role of Integrated Care System?

Following the transition of Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICB), the ICB for Cheshire and Merseyside and Lancashire and South Cumbria took on the statutory responsibilities previously performed by its predecessor CCGs with Cheshire and Merseyside ICB taking the lead for Shaping Care Together as the 'lead commissioner'. Subsequently SCT are now reviewing all programme governance and contractual continuity of the programme delivery team in line with guidance published by the ICB.

A further, more detailed update will be delivered during the next update to the committee.

Keeping updated and getting involved

SCT will continue to keep you updated through all traditional communication methods alongside regular updates to the [Shaping Care Together](#) website.

Please do continue to share your views with the programme at yoursayshapingcaretogether.co.uk/your-views or get in touch with the programme via email, shaping.caretogether@nhs.net.

We look forward to carrying on *Shaping Care Together*.

GP Out of Hours Services – Business Continuity

In early August, Advanced, a third-party software supplier, was subject to an external cyber incident. The attack was not targeted against the NHS, rather the third-party software provider. While Advanced works to resolve their software problems, the NHS immediately put in robust defences to protect its own networks – this is in line with cyber security advice that has been widely circulated to data leads, digital teams and cyber security teams

The National Cyber Security Centre is supporting Advanced with the investigation and response to the cyber-attack. The priority for the NHS is the knock-on impact of the systems being offline, particularly where this relates to referrals, access to patient records and financial systems. A number of NHS services, including NHS 111, some Urgent Treatment Centres (UTCs) and some mental health providers, use software that have been taken offline. This presents a significant challenge to these services.

Interim measures taken are often more labour intensive and as a result services, including NHS 111 and GP out of hours services, are currently extremely busy and we may not be able to answer calls as quickly as we would like at all times. The impact on our local services is that as a result of business continuity measures our local out of hours provider has consolidated access to four sites, this means that the centre at Southport is currently closed. Anyone contacting the services who requires a face to face assessment will be offered either access at another site or a home visit.

Our message for patients is NHS 111 is available but is currently extremely busy and we are unable to answer calls as quickly as we would like to. If you are able, you may find it quicker to use 111 online accessible at 111.nhs.uk, the online service is only for people aged 5 and over. If you feel that you are safely able to look after yourself without speaking to someone then guidance on self-treatment is available at www.nhs.uk. You can also get advice at your local pharmacy or GP when open. As ever if it is an emergency, please call 999.

GP access survey - next steps

We are currently working on the results of our local GP access survey that had over 10,500 responses. GP practices have been sent their individual reports and are currently working up action plans to talk through with their Patient Participation Groups (PPGs) to see what improvements can be made. We will be working with our Primary Care Committee to oversee these plans going forward and the wider report will be sent to key stakeholders and partners in the due course.

This follows the national GP patient survey that had over 4,900 responses from Sefton residents, both of which see similar themes in terms of access showing the scale of the challenge we face nationally and locally due to increased demand. Common themes include patients finding it difficult to get through on the phones as well as differing views on digital, telephone and video appointments.

For a small number of practices, we asked further questions on the ongoing temporary site closures. The results of this survey have been shared with the provider, PC24 and we are working with them on a plan for those practices which will be shared with committee members in due course.

Building on the work we have done to support residents to understand the pressures to primary care and how to access their GP practice since the pandemic we are looking to expand on the work we have done to highlight the different roles in primary care. This will include the importance of triage to ensure patients are seen by the professional most suited to their needs,

as well as raising awareness of some new roles under the Additional Roles Reimbursement Scheme¹, such as social prescribers, paramedics, out of hours service, care co-ordinators, physiotherapists, and pharmacists to our public. This will be promoted to residents and partners in Sefton to spread the word about the roles and how they can help.

You can see a playlist of some of those primary care roles we have covered so far here:

<http://bit.ly/3AcXymb>

Patient Participation support with Healthwatch Sefton

Working with Healthwatch Sefton we have built up a patient participation network group to support general practice and our Primary Care Networks with recruitment and promotion of their Patient Participation Groups (PPG). This has included the creation of PPG support packs for patients and practices and the sharing of good practice and lessons learnt between current PPGs.

Most recently a breadth of speakers joined the network meeting to talk about their roles in primary care and the support that is available to patients as an alternative to seeing the traditional GP, such as social prescribers, paramedics and the out of hours service, a piece of work we are looking to share wider.

A&E pressures/Winter plans and national position

With Accident and Emergency (A&E) performance being nationally lower than the expected target due to ongoing pressures within urgent care services, we are working together with our system partners to try to minimise overcrowding in A&E departments and to release ambulance crews as quickly as possible.

The focus of strategic planning for winter is to strengthen service provision for hospital avoidance services, supporting the acute trusts with internal patient flow and improving discharge services to enable patients to return to their own homes soon after an episode of care.

Dermatology

VITA Health Group have been appointed as the new provider of the Sefton Community Dermatology service and will take over from DMC Healthcare Ltd on the 1 September. The local commissioning team have been working alongside both providers to facilitate a phased approach to mobilisation. As part of this approach, patients on the existing waiting list are expected to be triaged and an action plan will be developed to manage the outcome for patients to ensure a safe transition, taking into account their clinical need.

Estates configuration

Sefton Partnership is keen to develop an integrated approach to its health and care estate in Sefton and is looking at opportunities, both in the shorter and longer term, to co-locate

¹ <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/>

services to support a more collaborative approach to service delivery. The Council's headquarters at Magdalen House in Bootle will also provide an office base for staff from Sefton's former CCGs. Work is also being undertaken to consider options with the Strand Shopping Centre in Bootle and other sites across the borough to co-locate services.

Enhanced access

Our Primary Care Networks (PCNs) are working on their plans for the GP enhanced access service which launches in October. This is a national change to services, however locally in Sefton services will continue to run from Litherland Town Hall in south Sefton and from The Family Surgery in Southport and Formby. The new specification requires enhanced access appointments to be available between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. As with the existing service appointments are booked via your usual GP practice.

The PCNs have been engaging with current patients who have previously used this service to get their feedback and let them know about the revised service and are creating a communications plan with Sefton Partnership to raise awareness of enhanced access going forward. This will include leaflets for patients in GP practices, short videos from those in the service to be promoted on social media and a press release explaining to patients to ask their GP practice about the service if they are interested who can book them an appointment.

Crisis Café case studies

A series of short videos are being produced telling the lived experience stories of users of the Crisis Cafes in Southport and Crosby and the positive impact the cafes have had on their lives. Various members of Sefton Partnership have been involved in establishing the Crisis Cafes and these case studies demonstrate the benefits that collaboration between health and care partners can have on Sefton residents.

Health checks and COVID vaccination bus

The 'Living Well' bus came to Netherton Activity Centre on 23 August to give Sefton residents a great opportunity to keep healthy and well with a free holistic health check and the opportunity to get any COVID-19 vaccinations they may have missed, without needing to book an appointment.

The team from Cheshire and Wirral Partnership NHS Foundation Trust also attended a stall at Bootle Strands marketplace on Friday 29 July offering the same health checks and vaccinations.

Many routine appointments were postponed during the pandemic so if you are invited for a health check or you see an offer such as this one in Sefton, we would encourage you to take it up and have your health check.

Long COVID service

In November 2021 we commissioned the new Long COVID service for adults, provided by Mersey Care NHS Foundation Trust for Sefton, Liverpool, Knowsley and St Helens, working in partnership with Liverpool University Hospitals Foundation Trust, Liverpool Heart and Chest Hospital, primary care and third sector providers. Figures at the end of June show that we had 263 referrals of patients in Sefton to the service.

Recently the team at Mersey Care have been out to local supermarkets and community venues to speak to members of the public about the service and provided virtual drop in sessions with our GP practice staff to explain about the service and how to refer patients.

Details of how some people are affected by Long COVID are still emerging, but research suggests around one in five people who test positive for COVID-19 have symptoms for five weeks or longer. For around one in ten people, they last 12 weeks or longer.

These long-term effects are often reported by people who didn't need to go to hospital during the acute phase of COVID. Long COVID symptoms commonly experienced by patients include:

- fatigue
- breathlessness
- anxiety and depression
- palpitations
- chest pains
- joint or muscle pain
- not being able to think straight or focus ('brain fog')
- dizziness
- persistent cough
- loss of taste or sense of smell.
-

If people think they may have long COVID or know somebody who does, they should speak to their GP practice who can refer them to Mersey Care.

For more information please visit: www.merseycare.nhs.uk/our-services/liverpool/long-covid-service

Follow Sefton Partnership on Twitter [@SeftonPartners](https://twitter.com/SeftonPartners) and on [Facebook](https://www.facebook.com/SeftonPartners) or see a range of short films on You Tube for [Sefton Partnership](https://www.youtube.com/SeftonPartners)

Visit the NHS Cheshire and Merseyside website here:
www.cheshireandmerseyside.nhs.uk

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	6 September 2022
Subject:	Health Provider Performance Dashboard		
Report of:	NHS Cheshire and Merseyside, Sefton	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Laura Gibson		
Tel:	07557 205 544		
Email:	laura.gibson@southseftonccg.nhs.uk		

Purpose / Summary of Report:

To provide Members of the Committee with the latest available performance data of the main health service providers commissioned by NHS Cheshire and Merseyside in Sefton.

Recommendation

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

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Main Provider Performance June 2022

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

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

Sefton Place – North Sefton



Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk)	Jun-22	77.74%	95%	
Cancer 2 Week Waits (Southport & Ormskirk)	Jun-22	74.55%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk)	Jun-22	No patients 0%	90%	
Cancer 31 Day 1st Treatment (Southport & Ormskirk)	Jun-22	93.10%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk) snapshot	Jun-22	74.86%	92%	
C. Difficile (Southport & Ormskirk) cumulative YTD	Jun-22	13	2022-23 Target <=49	
MRSA (Southport & Ormskirk) cumulative YTD	Jun-22	0	zero tolerance	
SE (80% of Pts spending 90% of time on SE Unit, Southport & Ormskirk)	May-22	54.76%	80%	
% assessed and treated within 24 hours (Southport & Ormskirk)	May-22	76.47%	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Jun-22	00:09:05	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (CCG LEVEL)	Jun-22	00:17:41	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (CCG LEVEL)	Jun-22	00:47:48	<=18 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (CCG LEVEL)	Jun-22	01:42:53	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (CCG LEVEL)	Jun-22	05:56:15	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (CCG LEVEL)	Jun-22	07:38:08	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 1 Jun-22	TBC	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Jun-22	TBC	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jun-22	TBC	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 1 Jun-22	TBC	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 1 Jun-22	TBC	90%	

<<<- May latest Data (reported a month in arrears)

<<<- May latest Data (reported a month in arrears)

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – Response Rate	Jun-22	35.0%	19.4%	
Inpatient Recommended	Jun-22	93.0%	94.0%	
Inpatient Not Recommended	Jun-22	5.0%	3.0%	
A&E – Response Rate	Jun-22	23.1%	10.0%	
A&E Recommended	Jun-22	87.0%	74.0%	
A&E Not Recommended	Jun-22	11.0%	17.0%	

Sefton place – North Sefton

7 Day GP Extended Access

North Sefton	Appointments Available	Booked	DNA	Utilisation	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio	MH Practitioner	Ear Irrigation
Apr-22	824	802	31	93.57%	279	170	69	113	106	12	23
		97.33%	3.9%		33.9%	20.6%	8.4%	13.7%	12.9%	1.5%	2.8%
May-22	861	819	24	92.33%	357	160	74	85	73	15	27
		95.12%	2.9%		41.5%	18.6%	8.6%	9.9%	8.5%	1.7%	3.1%
Jun-22	899	860	52	89.88%	349	166	70	110	88	15	32
		95.66%	6.0%		38.8%	18.5%	7.8%	12.2%	9.8%	1.7%	3.6%

Sefton Place – South Sefton

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (LUHFT)	Jun-22	66.95%	95%	
Cancer 2 Week Waits (LUHFT)	Jun-22	53.53%	93%	
Cancer 62 Day - Screening (LUHFT)	Jun-22	53.23%	90%	
Cancer 31 Day 1st Treatment (LUHFT)	Jun-22	92.89%	96%	
RTT -18 Weeks Incomplete (LUHFT) Snapshot	Jun-22	51.68%	92%	
C.Difficile (LUHFT) cumulative YTD	Jun-22	51	2022-23 Target <=134	
MRSA (LUHFT) cumulative YTD	Jun-22	1	zero tolerance	
Stroke 80% of Pts spending 90% of time on Stroke Unit (LUHFT)	Jun-22	-	80%	
% of patients assessed and treated within 24 hours (LUHFT)	Jun-22	-	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Jun-22	00:08:13	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (CCG LEVEL)	Jun-22	00:13:16	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (CCG LEVEL)	Jun-22	00:53:49	<=18 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (CCG LEVEL)	Jun-22	01:52:49	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (CCG LEVEL)	Jun-22	05:55:30	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (CCG LEVEL)	Jun-22	17:05:16	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 1 Jun-22	TBC	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Jun-22	TBC	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jun-22	TBC	50%	
Mental Health: IAPT waiting <6 weeks	Jun-22	TBC	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 1 Jun-22	TBC	90%	

Stroke and TIA data will be reported from 2022-23 previously not reported in agreement with host commissioner

Liverpool University Hospital NHS FT

Friends and Family

Measure	Time Period	LUHFT	England Average	Trend
Inpatient – Response Rate	Jun-22	24.5%	19.4%	
Inpatient Recommended	Jun-22	92.0%	94.0%	
Inpatient Not Recommended	Jun-22	5.0%	3.0%	
A&E – Response Rate	Jun-22	17.4%	10.0%	
A&E Recommended	Jun-22	66.0%	74.0%	
A&E Not Recommended	Jun-22	24.0%	17.0%	

Sefton Place – South Sefton

7 Day GP Extended Access

South Sefton	Appointments Available	Booked			DNA	Utilisation	GP	Advanced Nurse Practitioner	Practice Nurse	Physio
		Booked	Closed by Triage	Total						
Apr-22	1118	939			133	72.09%	294	240	193	212
		84.0%			14.2%		31.31%	25.56%	20.55%	22.58%
May-22	1124	1213			62	102.40%	280	595	150	153
		107.9%			5.1%		23.08%	49.05%	12.37%	12.61%
Jun-22	1201	930	348	1278	59	72.52%	266	718	91	163
		77.4%	37.4%		6.3%		28.60%	77.20%	9.78%	17.53%

South Sefton changed their reporting method in May-22. This has been addressed in the June-22 data and will continue to be supplied in this way going forward. The current May data however is not currently complete and shows an exaggerated utilisation rate due to the inclusion of appointments closed by triage in the overall count.

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Agenda Item 9

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	6 September 2022
Subject:	Cabinet Member Reports – June - August 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?

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

Agenda Item 9

(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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CABINET MEMBER UPDATE

Overview and Scrutiny Committee (Adult Social Care and Health)

6 September 2022

Councillor	Portfolio	Period of Reporting
Paul Cummins	Cabinet Member - Adult Social Care	June – August 2022

1. Update on recent Adult Social Care Peer Review

Adult Social Care recently underwent a Peer Challenge Review which was held between the 5-7th July 2022. Facilitated by the Local Government Association and Northwest Association of Directors of Adult Social Services (NWADASS) the review was conducted by a number of senior colleagues from other local authorities including, Leeds, Lancashire, Tameside, and Wigan, and also included the Cabinet Member for Adult Social Services from the London Borough of Waltham Forest. The review focused on four domains including working with people, providing support, ensuring safety, leadership, and governance.

During the course of the review the Peer Challenge Team spoke directly to individuals accessing services and carers and reviewed cases files from across a range of services within Adult Social Care. The team held meetings over sixty people ranging from staff, managers, and senior colleagues, both with the service and from our partners agencies including health and the third sector. They also reviewed over one hundred and eighty pieces of documentation.

The final report is due in August and a full updated with any identified actions will be presented for assurance at the next Overview and Scrutiny Committee.

2. Integration and National Policy Update

As of the 1st July, Deborah Butcher has assumed the substantive role as Place Director for Sefton. Since this time, the Sefton Place Executive have been reviewing priorities and supporting the development of governance arrangements (as agreed by the Council on the 23rd June) to establish and support the work of the Sefton Partnership Board. This has included the review of the work of existing groups, consolidation of activities where it makes sense to do so, and also the alignment of our committees and groups to ensure that we are supporting delivery of key objectives both at place and at ICB level. The outcome of this work will be presented at the September Sefton Partnership Board.

In addition, work has been underway to review and redesign local internal management meetings to ensure all opportunities to integrate teams, align ways of working, and having clinical leadership and transformation as the golden thread throughout have been explored.

To ensure that our system remains stable and sustainable, we have been working with ICB leads to examine how best we can ensure that those appointed on short term contracts or in temporary roles, can be extended and continue to support key programmes.

Work continues on key areas of development including: a ward profile design to support the required Population Health approach, and the development of a place delivery plan in line with place director objectives and the Cheshire and Merseyside ICS expectations. A clear delivery and development plan for our Integrated Care Teams as a key part of the Sefton Partnership is also evolving through coproduction between PCN, Providers, Sefton Place, and Council leads.

3. Life Course Commissioning

Commissioning for Adults and Children has remained a key focus, during the last two months. The team has continued to review existing commission plans to ensure alignment to Council priorities and provide structural alignment with health colleagues post disestablishment of the Clinical Commissioning Groups, in order to deliver an integrated commissioning approach.

Fee Increases for 2022/23 – were agreed by Cabinet on 26th May 22 and have been implemented in line with agreed timescales. Feedback from Providers (linked to the fair cost of care work detailed below) has been that they are experiencing increased costs such as those related to utilities and fuel / mileage for Care Staff.

Domiciliary Care – capacity issues within the domiciliary care market remain in part due to factors such as workforce recruitment, retention, and increased acuity. Additional capacity has been commissioned through a block-booking arrangement to support timely discharges from Hospital, however at present this is only in place in North Sefton and work is ongoing to try and establish similar capacity in the South of the Borough. A report which outlined future commissioning arrangements was approved by Cabinet in June and work is now taking place on formulating the associated tender documents and the co-design of a ten-year Market Strategy. This work has included engagement and co-design with key Partners and the Provider market to ensure an informed approach in relation to future sustainability of provision and the development of new commissioning arrangements that will focus on quality, safeguarding and effectiveness reflecting the diversity of the borough and the variation in need at place. The voice of lived experience is integral to the approach.

4. Adult Social Care Budget

Initial monitoring of the 22/23 Adult Social Care budget for July is reporting a balanced position although there are pressures to be aware of including staffing and placement costs. ASC have a programme of savings to agree in order to mitigate the financial pressures forecast. Work in relation to this is in progress. National workforce challenges continue to cause recruitment difficulties and the continued essential use of agency staff have added to budget pressures. The introduction of a new budget monitoring system across Sefton in the forthcoming months will allow budget managers increased oversight of the current and forecast financial position.

4.2 Charging Reform / Cost of Care / Market Sustainability

The Health and Care Act 2022 outlines key reforms in relation to charging and from October 2023, there will be “a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support”. Once a person reaches the care cap amount of £86,000, they will no longer be required to contribute to their care other than their daily living costs and any third party top up.

The reform also proposes a more generous means-test for those with eligible care and support needs to be eligible for local authority financial support and the upper capital limit will increase from £23,250 to £100,000. This will mean an increase in the numbers of people eligible for support from the Local Authority. The reform also means that those people who are self-funding and who arrange their own care, will be able to ask the Local Authority to arrange their care for them.

The impact of the reform will result in increased demand for support throughout the social care process including Care Act assessments, financial assessments, billing, payment, and debt management. A dedicated work programme has been established with commissioning, performance, operational and finance colleagues to understand the impact and requirements to deliver the changes and to ensure readiness before going live in October 2023. This programme of work is predicated by the existing cost of care exercises which are currently in progress across all local authorities.

Cost of Care exercises are ongoing with Older People Care Home and Domiciliary Care (18+) Providers. These exercises require providers to submit full cost data for their services which will then be analysed. Adult Social Care have commissioned external expertise to support them with these exercises and analysis of Provider submissions.

Sefton have received additional funding from the Department of Health and Social Care which can be used to increase fees to care homes and Domiciliary Care Providers and fund additional internal capacity to deliver Market Sustainability and Fair Cost of Care work requirements. A report is being submitted to the 1st September Cabinet regarding this work and proposals on use of the new funding are currently being devised.

5. Adult Social Care Complaints Overview

In June and July 2022, we received twenty complaints concerning Adult Social Care which is an increase from previous months. For these complaints, sixty-five per cent were resolved upon receipt or within the twenty-five-working day target which we set. We upheld fifteen per cent of these complaints for the following reasons:

- There was a delay in allocating a social worker and being unable to specify a timeframe for this to be done which caused frustration for the family.

- There were avoidable delays in one case in completing an assessment and support plan.
- There was a delay in finalising an assessment due to requiring clarification from health colleagues.

The majority of complaints arose due to concerns about communication, delays in process or about the quality of service received. As a result of these complaints, we have been reflecting on how we can communicate better with families so that clearer information can be provided. We also learned that, in one case, more timely reassessments and formal discussions with our colleagues in legal may have enabled a swifter outcome.

In the same period, we received twenty-eight compliments and twenty-two MP enquiries. With regard to MP enquiries, over seventy per cent were responded to within the ten-day timescale.

We currently have two complaints which are being considered by the Local Government and Social Care Ombudsman as follows:

1. One complaint concerns a delay in arranging a care provider for an individual and we upheld the complaint in full and offered sincere apologies and a remedy which we considered to be in line with the Ombudsman's Guidance on Remedies. The complainant was not satisfied with this and escalated the matter to the Ombudsman. We have submitted initial information to the Ombudsman for consideration.
2. The second case involves both Adult Social Care and Children's Social Care. The complainant considers that the Council failed to arrange service provision to meet his relative's needs. We are currently collating the information requested by the Ombudsman for this case.

The Complaints Team continues to work with the Principal Social Worker (PSW) and present case studies of complaints to the Practice Forum so that an individual service user's experience, or that of their family, can be reflected upon with staff to consider where issues could have been dealt with better and where we could have improved our service. Information gathered via complaints will be considered in conjunction with the PSW to inform any Quality Practice Alerts so that lessons learned can be quickly disseminated to staff and embedded into practice.

Local Government and Social Care Ombudsman: Annual Review Letter 2021/22

When considering all complaints the Ombudsman received regarding Sefton Council, the Ombudsman recorded that seventy-three per cent of complaints it investigated were upheld (eight of eleven cases) which compares to an average of sixty-eight per cent in similar organisations. This is an increase of the sixty-nine per cent upheld last year (nine of thirteen cases).

With reference to compliance with recommendations made by the Ombudsman, in one hundred per cent of cases the Ombudsman was satisfied that the Council had successfully implemented its recommendations. This is the same as last year and compares to an average of one hundred per cent in similar organisations.

The Ombudsman also considers whether a Council has offered a suitable remedy, prior to the case being presented to the Ombudsman. The Ombudsman noted that there were no such cases for Sefton which compares to an average of eleven per cent in similar organisations. Last year we achieved eleven per cent of complainants being offered a suitable remedy (one case in thirteen).

Key messages from the Annual Review Letter:

The Ombudsman reported receiving thirteen contacts concerning adult social care which equates to twenty-three per cent of the total number of contacts received by the Ombudsman regarding Sefton Council.

The Ombudsman finalised fifteen Decisions concerning Adult Social Care services (some of these Decisions were made based upon contacts originally received in previous financial years).

Decision	Number of decisions
Referred back for local resolution	1
Closed after initial enquiries	8
Advice given	1
Upheld	4
Not upheld	1
TOTAL	15

Recommendations

The four cases which were upheld identified maladministration causing injustice. In all cases, the Council apologised to the complainants for the identified faults.

- The Ombudsman recommended financial redress for two of these cases in recognition of the distress caused to the complaint and the time and trouble caused to them as a result of the Council's faults.
- Two cases recommended a change or review in procedure or policy. This included reminding officers in the teams involved in this complaint that the Ombudsman expects councils to keep proper and appropriate records. We also had to provide an update to the Ombudsman with regard to our proposal to change the way we pay care provider for residential care.
- Two cases recommended that additional training or guidance was required. For the first case, the Council accepts it failed to comply with the public sector equality duty under Section 149 of the Equality Act 2000, as it did not do an equality impact assessment before the reopening of day centres. We agreed to complete the equality impact assessment and identifies the lessons we learnt from this complaint. For the second complaint, we agreed to ensure the care provider reminds its staff of the importance of promptly completing adequate daily care records for residents to comply with Regulation 17 of the CQC Fundamental standards of care. We agreed to carry out a dip sample of residents' daily care records at the care provider six months after the Final Decision to ensure compliance of this action.

Compliance with Recommendations

For one complaint, the Ombudsman acknowledge that the remedy was not complete, however the Ombudsman was satisfied with the actions taken by the Council to try to resolve this. The Council had requested the complainant's bank details to ensure that the recommended payment could be made, however, despite several requests, we did not receive this information.

For two of the upheld complaints, the Ombudsman acknowledged that the remedies had been completed to its satisfaction.

For one complaint, the remedy was completed late due to a breakdown in communication between staff.

6. System Pressures - Hospital and Access into Social Care

Impact of the New Royal

The new Royal Liverpool Hospital is set to open on the 28 September 2022, with patients moving over from the old site on a phased approach thereafter. The delay with opening the New Royal has been well publicised, with the original date for opening being March 2017. The new building offers state of the art technology and crucially individualised rooms to allow for better infection control. There are, however, concerns across the system with the opening of the building on the horizon. The new building will have one hundred and thirty-two less beds for General and Acute patients than the current site holds. Given that current bed occupancy is at seven hundred and twenty-one patients, there are concerns regarding how as a system the bed occupancy is reduced to eighty-five per cent of its present capacity to facilitate the opening of the new building.

From a Sefton Adult Social Care perspective, the Aintree Social Work Team receive less than twenty per cent of their current referrals from the Royal site as it stands. Regardless, there will be increased pressure to free any capacity from all sites, with discussions taking place currently about the transfer of patients needing ongoing treatment from Royal to beds at Aintree and Longmoor House (Ward 35, site of Sefton Intermediate Care Bed Base). Sefton Adult Social Care are expecting increased scrutiny on discharge flow, with the backdrop of challenges in the system regarding care market capacity.

7. Performance and Key Areas of Focus

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people as put forward by Central Government. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability. The main points of note on Sefton's performance are detailed below with further details provided in Appendices 1-2.

Admission into care & reablement:

Admissions into care homes has seen a slight decline this month, with both admissions to residential and nursing care now below the monthly average.

The rate of admission for those aged 18-64 does remain high compared to other local authorities, with Sefton still positioned in the bottom quartile nationally and in the Northwest in June. The rate of admission for those 65+ has fallen again this month and Sefton continues to be out of the bottom quartile nationally and against NW and statistical neighbours. There will be a focus on this area during Q3 and Q4.

Pre Covid (2019/20) admissions for those aged 65+ averaged at around forty-three people per month, at the height of the Covid impact (2020/21) the average number of admissions per month went down to around forty. In 2021/22 this increased to fifty people aged 65+ admitted to care homes each month and has so far stayed consistent this year.

Admissions of those aged 18-64 pre Covid averaged at around four people per month, at the height of Covid this declined to an average of three per month where it has stayed for the last year.

The number of clients starting a reablement service continues to be low, with around ninety-five clients in June. This has seen a steady decline over the past twelve months. Additional funding has been secured from Health budgets to expand the rapid response reablement offer, discussions have been held with New Directions who will be recruiting new staff over the next two to three months.

The effectiveness of reablement continues to perform well with just under ninety per cent of clients aged 65+ still at home after hospital discharge into reablement, this puts Sefton in the top quartile nationally.

Self-directed support & direct payments:

Provision of services to clients by either self-directed support or direct payments has remained relatively consistent over the last twelve months, and whilst not in the top quartile nationally we currently sit above the average of our North-West neighbours.

Sefton continues to be placed in the bottom quartile nationally for carers receiving self-directed support, and just above the bottom quartile for those receiving direct payments. These metrics do not measure the number of carers supported, or the quality of service received but the means of providing services to carers.

The overall number of carers receiving a direct payment has been increasing over the last eight to ten months as a result of work done by the Carers Centre to assess more carers and offer the option of a direct payment. This area of work remains a key focus. However, carers already assessed and not in receipt of a direct payment remain a barrier to rapidly increasing the proportion of all carers in receipt of a direct payment.

Employment:

Just under fifteen per cent of adults in contact with secondary mental health services in Sefton are in employment, putting us in the top quartile nationally. This remains a positive area of performance.

Rates of employment of adults with learning disabilities remain low at around two per cent - putting us in the bottom quartile when compared to our statistical neighbours, the Northwest and nationally. For Sefton to reach the top quartile nationally for this metric we would need to support more than seven per cent of learning-disabled adults into employment.

Performance is showing marginal improvement, and this will remain a key area of focus during Q3 and Q4.

Housing:

Sefton compares well to other local authorities on clients in settled accommodation. Over ninety per cent of clients in contact with secondary mental health and over eighty per cent of clients with a learning disability are living independently.

Safeguarding:

Timeliness in handling safeguarding contacts and referrals continued to perform well with ninety-six per cent being resolved within seven days, this is up from eighty-four per cent ten to twelve months ago. Seventy-seven per cent of safeguarding referrals are completed within twenty-eight days, up from sixty per cent ten to twelve months ago. Sefton also continues to perform well in Making Safeguarding Personal with ninety-eight per cent of those expressing a preferred outcome having that preference either fully or partially met.

It was noted following the last statutory return that our conversion rate from safeguarding concerns to enquiries was low compared to other local authorities. This was a result of practitioners doing the work of an enquiry but necessarily progressing this in the safeguarding referral pathway (within Liquid Logic) but instead resolving the episode as a 'contact'. Since this has been rectified, we have seen an increase in our conversion rate from safeguarding concerns to enquiries and our rate is now average when compared to other North-West authorities.

Repeat safeguarding enquiries in Sefton are lower than the North-West average and on repeat Section 42 enquiries Sefton is in the top five performing councils in the North-West. The most common forms of abuse types seen in Sefton are similar to those seen across the North-West, neglect & acts of omission being the most common. The same is true for abuse locations – most frequently occurring in own homes or care homes.

Our rate of DoLS applications and authorisations is high compared to other North-West authorities. Only Wirral has a higher rate of applications and only Trafford a higher rate of authorisations.

Appendix 1 (Adult Social Care Overview)

ASC Overview	First 3M	Second 3M	Third 3M	Fourth 3M	Direction of Travel	Trend
Open Long-Term Services At Quarter End (Numbers)	3964	3955	3935	3921	-14 ▼	
Open Carer Services At Quarter End (Numbers)	151	208	294	356	62 ▲	
Contacts Received In Quarter (Numbers)	6259	5581	5314	5836	522 ▲	
Assessments Undertaken In Quarter (Numbers)	1573	1609	1452	1465	13 ▲	
Reviews Undertaken In Quarter (Numbers)	1630	1576	1299	1434	135 ▲	
Safeguarding Contacts Received In Quarter (Numbers)	821	676	525	628	103 ▲	
Safeguarding Contacts Resolved Within 7 days In Quarter (Percentage)	86.3	88.8	94.6	95.9	1 ▲	
Safeguarding Enquiries Concluded In Quarter (Numbers)	235	377	444	506	62 ▲	
Safeguarding Enquiries Concluded Within 28 days In Quarter (Percentage)	59.8	64.3	74.2	74.6	▲	
Safeguarding Enquiries Where Preferred Outcome Has Been Fully Or Partially Met In Quarter (Percentage)	98.5	97.3	96.2	96.4	▲	

Appendix 2 (ASCOF Measures)

Measure	What is good?	Previous Year 12m Average	Rolling 12M Average	Previous Period	Latest Period	Target	Direction of Travel	Within Target Range?	Trend	England Quartile	NW Quartile	SNN Quartile	NW Quartile Chart	England Quartile Chart
Proportion of people using social care who receive self-directed support - Clients (1C1A)	High	99.1	99.2	99.4	99.3	95.0	-1.1▼	✓		●	●	●		
Proportion of people using social care who receive self-directed support - Carers (1C1B)	High	76.0	70.2	70.2	70.9	71.6	.7▲	●		✗	✗	✗		
Proportion of people using social care who receive direct payments - Clients (1C2A)	High	26.0	24.9	24.9	24.5	25.4	-1.4▼	●		●	●	●		
Proportion of people using social care who receive direct payments - Carers (1C2B)	High	76.0	70.2	70.2	70.9	71.6	.7▲	●		●	●	●		
Proportion of adults with learning disabilities in paid employment (1E)	High	2.1	2.0	2.0	2.2	2.0	.2▲	✓		✗	✗	✗		
Proportion of adults in contact with secondary mental health services in employment (1F)*	High	11.3	13.2	14.0	14.7	14.3	.7▲	✓		✓	✓	✓		
Proportion of adults with learning disabilities who live in their own or with their family (1G)	High	81.7	81.2	81.1	81.1	82.7	-	●		●	✗	●		
Proportion of adults in contact with secondary mental health services live independently, with or without support (1H)*	High	88.8	90.3	90.6	89.7	92.4	-1.9▼	✓		✓	✓	✓		
Long-term support needs of younger adults aged 18-64 met by admission to residential and nursing care homes, per 100,000 population (2A1)	Low	23.8	25.3	28.0	27.0	26.5	-1.0▼	●		✗	✗	✗		
Long-term support needs of older adults aged 65 and over met by admission to residential and nursing care homes, per 100,000 population (2A2)	Low	534.5	672.4	685.0	606.0	593.9	-79.0▼	●		●	●	●		
LOCAL MEASURE Long-term support needs of older adults aged 65 and over met by admission to residential and nursing care homes, per 100,000 population (2A2)	Low	773.9	864.3	861.0	867.0	843.8	6.0▲	●						
Proportion of older people 65 and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services effectiveness of the service (2B1)	High	86.1	89.2	89.4	90.3	91.2	.9▲	✓		✓	✓	✓		
Proportion of those that received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level (2D)	High	68.9	73.7	83.3	80.2	85.0	-3.1▼	✓		●	✓	●		

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 6 September 2022		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	June - Aug 22

Public Health

COVID-19 Update

Prevalence of Coronavirus infection continued to fall during May 2022. Robust estimates from the Coronavirus Infection Survey show that by the end of May around 1 in 70 people would test positive on a PCR, compared to the recent peak at the end of March of 1 in 13.

In England, the percentage of people testing positive for COVID-19 decreased in all age groups except those aged 2 years to school Year 6, those aged 25 to 34 years and those aged 70 years and over for whom the trend was classified as uncertain by the Office of National Statistics.

The dominant variant in England and Sefton is Omicron BA.2, with early but notable inroads coming from two other sub-lineages, Omicron BA.4 and BA.5, which together made up around 21% of sequenced PCR tests in England. The UK Health Security Agency (UKHSA) have declared BA.4 and BA.5 variants of concern, considering evidence that shows a transmission advantage over BA.2. The reinfection rate continues higher than at earlier points in the pandemic, before Omicron became dominant and risk of infection remains higher in younger age groups and amongst unvaccinated individuals.

In the North West, the number of people admitted to hospital with Coronavirus, and the number of standard, and high dependency beds in use by patients with Coronavirus plateaued at the end of May, but at levels one seventh, one sixth and one fortieth of those reached at the all-time peak in January 2021. Hospitalisation risk remains highest in oldest and unvaccinated individuals, notably pregnant women.

Deaths that include a mention on Coronavirus on the death certificate averaged 2.3 per week in May in Sefton, showing a significant fall from the previous month when deaths averaged 4.8 per week. This level is almost the lowest over the past year.

At the end of May, 70.2% of residents aged 75 years and over have received a spring booster vaccine dose in Sefton, which is the same as national uptake. 63.6% of Sefton’s population aged 12 and over had received a third or booster dose, compared with 68.2% in England. Lower vaccine coverage continues to be seen in

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areas with higher deprivation, for example, in parts of Southport 69.3% of the population aged 12 and over have had at least one dose of vaccine, compared to 92.0% in parts of Ainsdale.

Statistics in this report are from publicly accessible sources:

[England Summary | Coronavirus \(COVID-19\) in the UK \(data.gov.uk\)](#)

[Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](#)

CHAT Health Survey

The 0-19 Healthy Child Programme, has introduced two new initiatives, which are aligned and aim to improve communication and identification of unmet health need amongst children and young people in Sefton.

- A digital 'Health Survey' for children called CHAT Health, has been introduced to the school nursing offer, the surveys will be completed with children (or with parents at reception age), at different stages during throughout their school life. The survey provides a health needs assessment and opportunity to respond early to any unmet need. The questions have been developed and agreed in consultation with Sefton Children's Partners. The survey is being piloted to year 9 pupils from 13th June 2022 and will be completed by the summer holidays.
- Aligned to the survey is 'ChatHealth' text messaging service, which went live from 23rd May 2022. The service is aimed at children and young people aged 11-19 years. The service allows for anonymous text messages to be sent to the school nurse team regarding any health concerns, providing the team with the opportunity to respond with information, advice and guidance, signposting on to local services, or, if identity is shared, allowing for follow up through the offer of appointments or access to drop in clinics should the issues warrant increased support or raise more serious concerns.

Health Checks

Briefing provided on the National NHS Health Checks Review and implications for the delivery of NHS Health Checks in Sefton which includes the need to increase participation and consider ways of integrating the programme into the wider NHS Cardiovascular Disease Prevention Strategy. In response to this the public health team will consider ways to improve participation and to consider possible links to other workstreams that are being led by NHS England and NHS Improvement (NHSEI) which aim to prevent cardiovascular health problems (such as stroke and heart disease).

An update was also provided on a pilot and bid funding awarded to Sefton Council public health team to support improving uptake of annual health checks for people with severe mental illness (SMI Health Checks) as part of the NHS Core20Plus5

Programme. These SMI Health Checks are commissioned by NHS England and NHS Improvement (NHSEI) through General Practice and aim to identify physical health conditions and risk factors which may be more common in people with severe mental health problems and are less likely to be identified at an early stage. The Public Health team will work with colleagues in the Primary Care Networks to explore ways to improve access to SMI health checks as part of this pilot.

NCMP Data

Prior to 2020/21 the prevalence of obesity and severe obesity, measured by the National Child Measurement Programme, had only seen small annual changes. In 2020/21 sharp increases were seen in the prevalence of obesity in the Reception and Year 6 Cohorts. Caution should be taken when considering the exact size of the increases, due to the reduced sample collected in 2020/21 compared to previous years. However, OHID assert that the data is comparable to previous years and demonstrates a clear increase in Child Obesity following the COVID-19 pandemic.

Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity. Furthermore, groups that previously had the highest levels of obesity (e.g. children living in the most deprived areas of England and from certain ethnic backgrounds) have also experienced the greatest increases in 2020/21. As a result, the already large disparities in child obesity have widened even further in 2020/21. The increases in child obesity follows the COVID-19 pandemic when children experienced school closure, social distancing, confinement and reduced access to health services and public health interventions. It cannot yet be determined whether these increases in obesity are a short term consequence of the pandemic or if this trend will persist over the long term. Further data will be required to assess this.

Public Health are leading a Whole Systems approach to obesity, which includes the development of a local plan and delivery model to tackle childhood obesity in Sefton.

Public Health Risk Register

The Director of Public Health shared the departmental risk register. Mechanisms are in place to mitigate against the key risks. These include the impact of emerging new national and regional strategies relating to core public health functions.

Healthy Weight Declaration (HWD)

The update provided information on plans and progress towards achieving the Healthy Weight Declaration (HWD) for Sefton Council. The declaration is the key delivery objective for the 'Live Well' task group which is part of a 3-pronged approach to tackling the healthy weight and obesity agenda in Sefton and sits within the Live Well agenda, working alongside Start Well and Age Well approaches to tackling obesity.

It is important to recognise that a long-term approach needs to be adopted to tackle this serious and significant issue and as the National Food Plan 2021 highlights, the complexities of obesity are far ranging. Today's dietary patterns have formed over a

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period of at least 70 years, and we will need long-term political commitments to reverse them. Accepting that this is a national and systemic issue, Sefton remains committed to working together to halt the rise in obesity and overweight and a multi-agency task force has been created to adopt a whole system approach to tackling this growing trend.

The HWD has been produced by Food Active, a charitable organisation born from a group of local experts who formed a healthy weight task force in the Northwest, who recognised the key leadership role of local authorities in advocating for better policies at national level. The Declaration consists of 16 commitments towards a joined-up system for creating a healthy environment and action plan has been developed to identify how Sefton Council can meet the 16 recommendations to achieve HWD status.

An action plan, which was originally developed with my approval in 2017 has been updated and refreshed and builds in the post pandemic issues current in Sefton, including consideration of the current cost of living crisis. The plan highlights how Sefton is already committed to and acting on each of these commitments, as they have already been recognised as important for supporting individuals and communities in keeping to a healthy weight.

Next steps are:

- The Live Well task group will work through the 16 recommendations and prioritise each, developing actions for all partners.
- I will be updated periodically over the next 24 months
- It is envisaged that once Sefton Council achieves HWD status, partner organisations in Sefton will be encouraged to adopt the same process with a view to achieving the HWD for their own organisation.

Start Well

The briefing provided information on plans and progress around the Start Well Obesity Task and Finish group. The progress of this group feeds into the wider obesity strategic work and has strong linkages with the other 2 thematic groups of Live Well and Age Well. A key objective for the Start Well group is the development of the Children's Living Well Sefton Service (CLWS).

The Start Well group is one of 3 task groups focusing on obesity and overweight and works alongside the Live Well and Age Well groups delivering on this agenda. Start Well also has a cross cutting focus across the 0-19 service and focuses on the development of a pilot CLWS programme which will have a similar holistic focus as the current adult Living Well Sefton Service.

Progress achieved:

- Whole system membership includes Alder Hey Children’s Hospital, NHS colleagues, partners from VCF sector, School Catering, Early Help, Mersey Care 0-19 service, Active Sefton, and Public Health.
- A mapping exercise is currently underway to establish an up-to-date picture of the current support services and pathways for children and young people to access support around a healthy weight.
- The development of the CLWS service is a key objective of this work group, and some key achievements so far include a full complement of core staff now recruited.
- The focus on existing work has considered the issue of data and intelligence which will be included in the action plan. This is an opportunity to pool the insight across the services to provide a robust picture of the scale of children and young people in need of support, whilst evaluating existing measures such as the National Child Measurement Programme.

Next steps:

- An action plan is in development based on opportunities identified through the mapping exercise and focused on current provision. The intention is to highlight areas of development where further collaboration is required to create a seamless and highly functioning Children’s LWS pilot.
- Development of a relevant brand identity which will be determined by local consultation with young people. (CLWS is a working title)
- Longer term evaluation of service delivery and performance will set out proposals for service development and sustainability and include all partners.

Supplemental Substance Misuse Treatment & Recovery Grant Allocation

In February 2022, the Office of Health Inequalities and Disparities (OHID) Department of Health & Social Care announced additional supplemental drugs funding which all local authorities are eligible to receive through a Section 31 Grant to support the delivery of the new national 2021 drug strategy. In April, Sefton Council received notification of the 3yrs funding from 2022/23 to 2024/25 subject to the submission of a OHID approved plans. The Sefton overall plan and 2022/23 detailed plan has now been approved. Detailed plans for 2023/24 and 2024/25 will be required before the start of each of those years.

Sefton Council will receive this enhanced funding for 3yrs starting from 2022/23. See allocation table below:

Supplemental Substance Misuse treatment & Recovery Grant	2022/23	2023/24	2024/25
	£1, 002,318	£1,642,287 Indicative figure	£3,169,979 Indicative figure

The Supplemental Substance Misuse Treatment and Recovery Grant should be used by local authorities to directly address the aims of the treatment and recovery

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section of the drug strategy. In order to achieve these aims, it is necessary to transfer funds to Change, Grow, Live (CGL) the current providers of Substance Use: Assessment, Treatment and Recovery Services and We Are with You (WAwY) the providers of the Young People & Families Substance Use Service.

Given the level of funding there is a requirement for Council and Cabinet to approve the proposed contract variations with CGL and WAwY for the current services to deliver the funded interventions.

Permission will also be sought to delegate authority to the Head of Health & Wellbeing/Director of Public Health to formalise the agreement and issue a contract variation to uplift the contract by an additional £772,068 in the first instance and the uplift for the years 2& 3 by the amounts yet to be determined, with CGL for the provision of Substance Use: Assessment, Treatment and Recovery Services. Also, agreement to add via a contract variation an additional £110,250 to the contract with WAwY.

The Sefton Council Contract Procedure Rules (CPR) requires authorisation by the Cabinet to allocate the funding.

There is provision for this allocation via a contract variation using Regulation 72 of the Public Contract Regulations.

Grant Funding for Individual Advisors for Substance Use Services

I received a report detailing that Sefton Council have been successful in securing revenue-only funding for the delivery of Individual Placement and Support (IPS) employment support in community drug and alcohol treatment services.

This funding is from the Department of Work and Pensions (DWP) through the support of the Office for Health Improvement & Disparities (OHID). A total sum of £317,953 has been identified for Sefton. The breakdown of funding is £87,996 (part year) for 22/23, and indicative allocations of up to £113,868 for 23/24 and £116,088 for 24/25 has been allocated, subject to annual confirmation from HM Treasury. This grant will be provided pursuant to section 31 of the Local Government Act 2003. This is a three-year funding scheme running from April 2022 to March 2025, to support the delivery of the IPS approach.

The Sefton Council Contract Procedure Rules require my authorisation to allocate £317,953 to the current provider of Substance Use: Assessment, Treatment and Recovery Services, Change, Grow, Live (CGL) for delivery of the support approved within the funded proposal. There is provision for this allocation via a contract variation under Regulation 72 of the Public Contract Regulations. The intended beneficiaries are already engaged in the Substance Use: Assessment, Treatment and Recovery Services commissioned from CGL by the Council.

I also approved the proposed contract variation to the current contract with Change, Grow, Live for the current service, to deliver the funded IPS interventions. I also delegated authority to the Head of Health and Wellbeing / Director of Public Health to formalise the agreement to add via a contract variation an additional £317,953 to the contract with CGL for the provision of Substance Use: Assessment, Treatment and Recovery Services..

Sexual Health Needs Assessment

I was presented with the Sexual Health Needs Assessment which included an overview of all available data and information on sexual and reproductive health in Sefton. I was advised that sexual health services had been heavily impacted by the pandemic and currently by the monkeypox response nationally, so it is now a good time to take stock. Of note late diagnoses of HIV were low indicating they were being picked up earlier, while testing for other STIs could be improved. The recommendations made within the needs assessment will inform the management of the service going forward.

Public Health Outcomes Framework (PHOF)

The Public Health Performance Framework uses 26 indicators from the Public Health Outcomes Framework (PHOF [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://phe.org.uk)) to describe the scale and distribution of health problems, their underlying causes and associated health inequalities, and is usually updated on a six-monthly basis at Health and Wellbeing Cabinet Member Briefing.

This report spans January 2021 to February 2022 and includes 17 updates to data presented in the previous report. Of note, most indicators in the framework now include data from the period after March 2020 when the impact of the Coronavirus epidemic may be detectable. Whilst recognising multiple and wide-ranging influences on these indicators, additional information in the report brings a focus to improvement work delivered through Public Health services and wider programmes.

Key points are:

Sefton continues to reap the rewards from good progress on smoking, but impacts from alcohol and obesity are significant issues for the medium and long-term health prospects of the population.

Inequalities in life expectancy in Sefton are steeper than in many parts of England. Compared to England, Sefton residents in the most affluent fraction of the population have slightly better than average life expectancy at birth and at age 65, while those living in areas of highest deprivation have lower life expectancy compared to the national average for similarly deprived areas. Looking at local authorities that have similar levels of deprivation overall, Sefton ranks towards the higher end in terms of its life expectancy gap. This reflects a wider picture of north-south health inequality as well as challenges within Sefton. Coronavirus impacts continue to exacerbate these and other health inequalities, but data is only beginning to emerge in PHOF data.

Continuing severe socio-economic and environmental pressures present a clear added risk to health and wellbeing in terms of pandemic recovery and resilience and signal another series of big shocks that will drive up population health need and inequality. Sustained national, regional, and local action are all necessary to interrupt the trends described in the report.

Encouraging trends and performance are seen in:

- Relatively lower rates of preventable, premature respiratory disease compared to local authorities in Liverpool City Region and other similar areas
- Reduced smoking in pregnancy, which has fallen in line with the national average and improved at a faster rate than in most of the North West
- Improvements in successful drug treatment outcomes
- The continued fall in suicide rate, bringing Sefton back in line with the national average

Areas of concern include:

- In 2018-20, Sefton has the largest gap in life expectancy at birth in the North West - 14.2 years in males and 12.3 years in females. This reflects the differential influence of health determinants across the life course and an element of the two times higher Covid-19 mortality rate in people from most compared to least deprived areas, which is also seen nationally.
- The rate of preventable mortality from cardiovascular disease in under 75s is rising faster than the national trend. The same indicator for cancer showed a larger than average uptick in Sefton between 2019-20, and liver disease mortality increased by two thirds in women and one third in men
- Sefton's alcohol-related hospital admission rate remains significantly above the English average and sixth highest in the North West
- In 2019/20 over two thirds of adults are estimated to be overweight or obese, which is similar to the national picture. Obesity in Sefton is a whole population health and health inequality priority
- All three low wellbeing indicators (low satisfaction, high anxiety, low happiness) show big increases in 2020/21 compared to 2019/20, reflecting the population-wide impact of the pandemic on mental wellbeing

Response

- As individuals, communities, and whole populations our health and wellbeing are constantly shaped by different influences - by behaviours like alcohol use, by the effectiveness and accessibility of health and care services, by the support available from social and community networks and by the environments around us.
- Sefton's Public Health and other services are increasingly oriented towards joining up support across multiple health determinants. Partnership working is drawing these threads together – building more effective and cost-effective support, and better enabling communities and individuals to tap into their

inherent resourcefulness. Equitable approaches to pandemic recovery are essential to secure everyone's health, social, and economic prospects and are an investment in pandemic resilience.

Combatting Drugs Partnership

I received a briefing in relation to the new Combatting Drug Partnerships National Drug Strategy guidance for a local delivery plan which was published June 2022. The guidance identifies key principles and structure to support the formation of Combatting Drug Partnerships, asking local areas to:

- Form a clearly defined partnership based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements.
- Select a senior responsible owner (SRO) who can represent the partnership nationally, reporting to central government for its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues where necessary.
- Involve all those people and organisations affected by drugs in developing solutions to these issues.

All areas are required to establish a partnership with Terms of Reference agreed by end of September. Other key milestones include the completion of a Joint Needs Assessment in November and the development of a delivery plan by end of December. An initial scoping meeting is planned for early August to discuss with key partners the way forward in Sefton.

Extension of Sexual Health Service Contract

The purpose of the report was to seek approval from Cabinet for a 1 year contract extension to the Sexual Health Service contract and sought authority to action the two further extensions as required.

The Integrated Sexual Health Service is currently provided by Southport & Ormskirk NHS Hospital Trust. The Service was procured in 2018 through an OJEU light touch open procedure. The contract started 1st July 2018 and has a four-year nine-month core contract ending on 31st March 2023 with three, one-year built in extension options. Considerations is now required for activating the first of the 12-month extensions.

Therefore approval was requested from Cabinet for the Director of Public Health to be granted delegated authority to activate the first of the 12-month contract extension clauses in consultation with myself as Cabinet Member for Health and Wellbeing and the 2 further 12-month extensions as required. The first contract extension would be activated on the 1st of April 2023.

Leisure

Leisure Update

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The 6 Leisure Centres are now fully reopened with their usual swim, gym and fitness classes. Memberships continue to grow but are still substantially below the level they were at pre-pandemic. Swimming in particular has been incredibly popular since reopening with waiting lists for swimming lessons. Work has been completed at Meadows to provide a vibrant new spin studio space.

The wider Leisure development offer continues to support the wider work of the Council. Park Nights have returned for the summer holidays to provide diversionary activities for young people away from causing ASB through the summer period. A full Be Active programme is also being offered for children over the summer holidays, the first full programme since pre-pandemic times.

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

Domestic Abuse

The work of the Domestic Abuse Partnership Board and their response to the contents of the Domestic Abuse Act was reported. Further reports around this subject, in particular the work that is going on across the Health & Well Being landscape that supports the work of the Board will be brought to future briefings.

Communities Quarterly Performance Dashboard

The Head of Communities presented Q1 performance dashboard that showed good performance of a number of key teams, many that support the Health & Well Being agenda, in particular the Active Sefton service. The report also highlighted the challenges the Leisure Centre estate was facing not only with recruiting members back to pre-pandemic levels and how this was affecting income targets, but the repairs and maintenance issues that were being faced by our ageing leisure centre estate.

3G Pitch Development

Sefton council, in partnership with the Liverpool FA and the Football Foundation, are looking to appoint a 3G Pitch Development officer that will work across Sefton and St Helens to identify and develop 3G pitch sites, submit bids for funding, coordinate contractors etc.. This will be a joint funded post between the Liverpool FA, St Helens and Sefton council and will provide some much needed capacity in this area.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	6 September 2022
Subject:	Work Programme 2022/23, 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 2022/23;
- report on progress of the Mental Health Issues Working Group;
- report on progress of informal briefing sessions for Committee Members to be held during 2022/23;
- to identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- 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;
- report on progress made by the Joint Health Scrutiny Committee in considering proposals in relation to clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust (LUFT);
- report on progress of the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board; and
- 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 and thereon be agreed;

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- (2) progress made to date on the recommendations made by the Mental Health Issues Working Group, be noted;
- (3) progress of informal briefing sessions for Committee Members to be held during 2022/23 be noted;
- (4) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix C to the report, be considered and any agreed items be included in the work programme referred to in (1) above;
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (6) the progress made on the Joint Health Scrutiny Committee (Hyper-Acute Services), be noted;
- (7) the progress made on the Joint Health Scrutiny Committee – Liverpool University Hospitals University Foundation Trust (LUFT), be noted; and
- (8) The progress of the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board, be noted; and
- (9) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix D to the report, be noted.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2022/23; 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
<p>There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.</p>	

Contribution to the Council's Core Purpose:

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

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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
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Appendices:

The following appendices are attached to this report:

- Appendix A - Work Programme for 2022/23;
- Appendix B - Terms of Reference of the Committee, taken from the Council's Constitution
- Appendix C - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix D - Update of recent activities undertaken by Healthwatch Sefton.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2022/23

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2022/23 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. The programme was approved by the Committee at its meeting held on 21 June 2022.
- 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 (set out in

Appendix B) of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2022/23 and updated, as appropriate.

- 1.3 **The Committee is requested to comment on the Work Programme for 2022/23, as appropriate, and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

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

- 2.1 During 2020/21, the Committee established a Mental Health Issues Working Group. The Final Report of the Working Group can be found here: [Sefton Home](#)
- 2.2 At the time of drafting this report it is anticipated that a separate report will appear elsewhere on the agenda, setting out the progress of the recommendations made by the Mental Health Issues Working Group and developments on the Mental Health Services Review.
- 2.3 **The Committee is requested to note the progress of the recommendations made by the Mental Health Issues Working Group.**

3. SCRUTINY REVIEW TOPICS 2022/23 – INFORMAL BRIEFING SESSIONS

- 3.1 At the last meeting of the Committee held on 21 June 2022, it was agreed that:
- “(3) rather than establish a traditional working group during 2022/23, all Members of the Committee be invited to participate in informal briefing sessions, and consideration be given to the suggestions raised above;” (Minute No. 8 (3) of 21/06/22 refers).
- 3.2 Suggestions for informal briefing sessions had included the following:
- GP practices, to be delivered by the Sefton Clinical Commissioning Groups;
 - Health inequalities, to be delivered by Public Health;
 - Inviting representatives from the following organisations:
 - Liverpool University Hospitals NHS Foundation Trust;
 - North West Ambulance Service – particularly regarding developments with the acute stroke service.
 - Primary Care Networks; and
 - Mersey Care NHS Foundation Trust.
- 3.3 NHS Cheshire and Merseyside, Sefton (formerly the CCGs) have offered to deliver an informal briefing session on primary care and GP practices on 20 September 2022, and invitations for the session on Microsoft Teams have been forwarded to Committee Members.
- 3.4 At the time of drafting this report, officers are holding discussions regarding the possibility of delivering an informal workshop session for Committee Members on

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health inequalities during October 2022 and further information will be provided to Committee Members as and when it becomes available.

3.5 The Committee is requested to note the progress of informal briefing sessions for Committee Members to be held during 2022/23.

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

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

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

4.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.

4.4 The latest Forward Plan, published on 29 July 2022, is attached at **Appendix C** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.

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

- Market Sustainability and Fair Cost of Care
- Sexual Health Service Contract
- Active Sefton Leisure Management System Business Case
- Allocation of Supplemental Substance Misuse Treatment & Recovery Grant
- Sefton Carers Centre
- Integrated Employment Service

4.6 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.

4.7 At the time of drafting this report, the Forward Plan to be published on 31 August 2022, covering the period 1 October 2022 – 31 January 2023 is in course of preparation and any items that fall under the remit of the Overview and Scrutiny Committee will be shared with Members prior to the meeting.

4.8 The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix C to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.

5. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

5.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).

5.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being, that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCA O&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.

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

5.4 Role

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

The role of the Overview and Scrutiny Committee is to:

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

5.5 Membership

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

Sefton's appointed Members are Councillors Howard, Hansen and Waterfield (Scrutiny Link).

Representatives of the Liberal Democrat Group and Conservative group on the Committee will be reported to Members at the next meeting.

5.6 Chair and Vice-Chair

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The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair will be appointed at the first meeting of the Committee on 13 July 2022.

5.7 Quoracy Issues

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

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

5.8 Meetings

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

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

Latest Meeting – 13 July 2022

The latest meeting of the LCRCAO&S was held on 13 July 2022.

Matters considered at the meeting related to:

- Appointment of Chair and Vice-Chair for 2022/23
- Metro Mayor Steve Rotheram's Update
- Appointments of Scrutiny Members to the Audit and Governance Committee 2022/23
- LCR Overview and Scrutiny Committee Work Programme 2022-23
- Apprenticeship Task and Finish Group - Final Report
- Liverpool City Region Combined Authority Corporate Plan 2021-24 - Q4 Performance Report 2021-22
- UK Shared Prosperity Fund (UKSPF)
- The Liverpool City Region Spatial Development Strategy Engagement Proposals

The next meeting of the LCRCAO&S will be held on 7 September 2022. At the time of drafting this report the agenda for the meeting has not yet been published. Matters discussed at this meeting will be reported to Members at the next meeting of the Committee.

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

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

6. JOINT HEALTH SCRUTINY COMMITTEE (HYPER-ACUTE SERVICES)

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

“That the Committee considers that the proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside constitute a substantial development / variation in services for Sefton residents.” (Minute No. 16 refers).

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

6.3 A Joint Health Scrutiny Committee has now been established, comprised of Members from the 4 local authorities consulted, to consider proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire.

6.4 In accordance with the decision made by the Cabinet in relation to the Appointment to Outside Bodies 2022/23, on 26 May 2022, Sefton's representatives on the Joint Health Scrutiny Committee for 2022/23 are as follows:

- Chair (Councillor Thomas) of the O & S Committee (Adult Social Care) and one LD&PA Member (Councillor Brodie-Browne) (Lab 1/LD&PA 1) (Minute No. 6 refers).

6.5 Meetings of the Joint Health Scrutiny Committee have taken place as follows:

- 11 November 2021;
- 28 January 2022;
- 1 March 2022; and
- 11 May 2022.

6.6 Details of meetings held to date 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 to the Committee, as and when they occur.

6.7 The Committee is requested to note the progress made on the Joint Health Scrutiny Committee (Hyper-Acute Services).

7. JOINT HEALTH SCRUTINY COMMITTEE – LIVERPOOL UNIVERSITY HOSPITALS UNIVERSITY FOUNDATION TRUST (LUFT)

7.1 At the Special Meeting of the Committee held on 31 January 2022, the Committee considered proposals in relation to clinical service integration for a number of

Agenda Item 10

services delivered by Liverpool University Hospitals NHS Foundation Trust (LUFT), and agreed:

“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.” (Minute No. 41 refers).

7.2 Other local authorities consulted also agreed that the proposals constituted a substantial development / variation in services delivered by Liverpool University Hospitals NHS Foundation Trust, for their residents. The other local authorities affected are Knowsley and Liverpool Councils. The proposed reconfiguration schemes are in relation to:

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

7.3 A Joint Health Scrutiny Committee has now been established, comprised of Members from the 3 local authorities consulted, to consider proposals in relation to clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust (LUFT).

7.4 Sefton’s representatives on the Joint Health Scrutiny Committee for 2022/23 are as follows:

- Chair (Councillor Thomas);
- Vice Chair (Councillor Myers) of the O & S Committee (Adult Social Care); and
- Councillor Brough (the Labour Group offered the place to Councillor Brough in order to retain continuity on the Joint Health Scrutiny Committee).

7.5 One meeting of the Joint Health Scrutiny Committee has taken place to date, as follows:

- 22 March 2022.

7.6 At the time of drafting this report the next meeting of the Joint Health Scrutiny Committee is planned for Friday, 30 September at 10.00 a.m. in the Council Chamber, Knowsley MB Council, Municipal Building, Archway Road, Huyton L36 9YU.

Details of meetings held to date can be obtained using the link below:

[Browse meetings - Joint Health Scrutiny Committee \(LUHFT Clinical Services Reconfiguration\) - Liverpool City Council](#)

Any further developments will be reported to the Committee, as and when they occur.

7.7 **The Committee is requested to note the progress made on the Joint Health Scrutiny Committee – Liverpool University Hospitals University Foundation Trust (LUFT)**

8. JOINT CHESHIRE AND MERSEYSIDE SCRUTINY COMMITTEE

8.1 On 1 July 2022 the Health and Care Act required the Cheshire and Merseyside Integrated Care Board to commence operation.

8.2 A Joint Cheshire and Merseyside Scrutiny Committee has now been established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board, comprised of representatives of local authorities from Cheshire and Merseyside. Sefton's representatives are Councillors Brodie-Browne and Thomas.

8.3 Knowsley MBC will be acting as secretariat to the Joint Cheshire and Merseyside Scrutiny Committee and it is anticipated that agendas and Minutes of meetings of the Joint Scrutiny Committee will be included on the website once formal meetings commence.

8.4 The Committee is requested to note the progress of the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board.

9. HEALTHWATCH SEFTON

9.1 An update of recent activities undertaken by Healthwatch Sefton is attached to this report at **Appendix D**, for information.

9.2 ***The Committee is requested to note recent activities undertaken by Healthwatch Sefton.***

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

WORK PROGRAMME 2022/23

Date of Meeting	21 JUNE 22 Bootle	06 SEPTEMBER 22 Southport	18 OCTOBER 22 Bootle	03 JANUARY 23 Southport	22 FEBRUARY 23 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 (To include NWAS data) (CCGs)	X	X	X	X	X
Service Operational Reports:					
Public Health Outcomes Framework (Margaret Jones)	X				
Update on Implementation of Mental Health Services Working Group Recommendations (Eleanor Moulton)		X			
Domestic Abuse (Simon Burnett/Janette Maxwell)		X			

Item	21 JUNE 22 Bootle	06 SEPTEMBER 22 Southport	18 OCTOBER 22 Bootle	03 JANUARY 23 Southport	22 FEBRUARY 23 Bootle
Service Operational Reports (Continued):					
Sefton Integrated Care Partnership - Development (Eleanor Moulton)		X		X	
Safeguarding of Adults (Deborah Butcher)			X		
Winter Plan (Deborah Butcher/Eleanor Moulton)			X		
Public Health Annual Report (Charlotte Smith)					X
Adult Social Care Performance (Deborah Butcher)					X
Care Homes – Quality & Safeguarding) (Deborah Butcher)					X

APPENDIX A

Item	21 JUNE 22 Bootle	06 SEPTEMBER 22 Southport	18 OCTOBER 22 Bootle	03 JANUARY 23 Southport	22 FEBRUARY 23 Bootle
NHS Updates:					
Liverpool University Hospitals NHS Foundation Trust (Representatives to be invited to attend)			X		
Southport & Ormskirk Hospital NHS Trust (Representatives to be invited to attend)				X	

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CONSTITUTION

Chapter 6 Overview and Scrutiny Committees

SCRUTINY COMMITTEES

ADULT SOCIAL CARE AND HEALTH MEMBERSHIP

10 Councillors

TERMS OF REFERENCE

To fulfil all the functions of an Overview and Scrutiny Committee as they relate to Adult Social Care and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to review and make recommendations for improvement in relation to the following functions:

- Public Health
- Leisure
- Welfare Reform
- Integrated Wellness Service
- Parks and green spaces (including Allotments, Golf Courses, Trees and Sports Pitches, play areas and skate parks)
- Day care
- Home care
- Residential care
- Respite care
- Carers
- Quality
- Safeguarding
- Assessments
- Direct Payments

Agenda Item 10

APPENDIX B

Chapter 6 Overview and Scrutiny Committees

- To formally respond to consultations by relevant NHS bodies and relevant service health providers on substantial reconfiguration proposals.



SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 SEPTEMBER 2022 - 31 DECEMBER 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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APPENDIX C

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
Market Sustainability and Fair Cost of Care	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744
Sexual Health Service Contract	Julie Tierney julie.tierney@sefton.gov.uk
Active Sefton Leisure Management System Business Case	Simon Burnett Simon.Burnett@sefton.gov.uk
Allocation of Supplemental Substance Misuse Treatment & Recovery Grant	Julie Tierney julie.tierney@sefton.gov.uk
Sefton Carers Centre	Angela Clintworth angela.clintworth@sefton.gov.uk
Integrated Employment Service	Angela Clintworth angela.clintworth@sefton.gov.uk

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Market Sustainability and Fair Cost of Care To update Cabinet on work taking place on the Market Sustainability and Fair Cost of Care exercises for Adult Social Care and to seek approval of the governance and approval arrangements for the required submissions to the Department of Health and Social care.			
Decision Maker	Cabinet			
Decision Expected	1 Sep 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; External Partners - such as NWADASS and LGA			
Method(s) of Consultation	Meetings and emails			
List of Background Documents to be Considered by Decision-maker	Market Sustainability and Fair Cost of Care			
Contact Officer(s) details	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Sexual Health Service Contract To seek approval to extend the current contract for Sexual Health Service.			
Decision Maker	Cabinet			
Decision Expected	1 Sep 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	Councillor Moncur - Cabinet Member Health & Wellbeing.			
Method(s) of Consultation	Briefings			
List of Background Documents to be Considered by Decision-maker	Sexual Health Service Contract			
Contact Officer(s) details	Julie Tierney julie.tierney@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Active Sefton Leisure Management System Business Case The purpose of the report is to identify the requirement for a new Leisure Management System for Sefton's Leisure Centres			
Decision Maker	Cabinet			
Decision Expected	1 Sep 2022			
Key Decision Criteria	Financial	Yes	Community Impact	Yes
Exempt Report	Fully exempt (Part 3)			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Cabinet Member Health & Wellbeing			
Method(s) of Consultation	Meetings , Emails, Briefings			
List of Background Documents to be Considered by Decision-maker	Active Sefton Leisure Management System Business Case			
Contact Officer(s) details	Simon Burnett Simon.Burnett@sefton.gov.uk			

**SEFTON METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN**

Details of Decision to be taken	Allocation of Supplemental Substance Misuse Treatment & Recovery Grant To seek approval of the allocation of the Supplemental Substance Misuse Treatment & Recovery Grant			
Decision Maker	Cabinet, Council			
Decision Expected	1 Sep 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	Cabinet Member Health & Wellbeing; Executive Director – People; Executive Director - Corporate Resources & Customer Services			
Method(s) of Consultation	Meetings and Emails			
List of Background Documents to be Considered by Decision-maker	Allocation of Supplemental Substance Misuse Treatment & Recovery Grant			
Contact Officer(s) details	Julie Tierney julie.tierney@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Sefton Carers Centre Seek approval to implement a 2 year contract whilst we undertake a full service review.			
Decision Maker	Cabinet			
Decision Expected	6 Oct 2022 Decision due date for Cabinet changed from 01/09/2022 to 06/10/2022. Reason: further consideration is being given to the proposal following consultation			
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	Procurement, Legal, Finance, Adult Social Care, Children's Social Care, Communities, Clinical Commissioning Groups, Service Provider.			
Method(s) of Consultation	Stakeholder meetings via Microsoft Teams and communication via email.			
List of Background Documents to be Considered by Decision-maker	Sefton Carers Centre			
Contact Officer(s) details	Angela Clintworth angela.clintworth@sefton.gov.uk			

**SEFTON METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN**

Details of Decision to be taken	Integrated Employment Service To seek approval to procure an integrated employment service.			
Decision Maker	Cabinet			
Decision Expected	6 Oct 2022 Decision due date for Cabinet changed from 01/09/2022 to 06/10/2022. Reason: further consideration is being given to the proposal following consultation			
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	Procurement, Legal, Adult Social Care, Inward Investment & Employment, Clinical Commissioning Groups.			
Method(s) of Consultation	Stakeholder Meetings and via email.			
List of Background Documents to be Considered by Decision-maker	Integrated Employment Service			
Contact Officer(s) details	Angela Clintworth angela.clintworth@sefton.gov.uk			

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UPDATE REPORT FROM HEALTHWATCH – 6 SEPTEMBER 2022

Current concerns

GP Access.

- The June meeting of our South and Central Sefton Community Champion network was dedicated to primary care, with members receiving presentations from our NHS Clinical Commissioning colleagues and Primary Care Networks.
- Current concerns being shared with us from residents include access via telephony and the limited availability of online services (e-consult). Patients are encouraged to use the online service but during a recent Healthwatch mapping of access across the borough, there are a number of practices who have this option turned off consistently and we will be sharing this information with Jan Leonard, Head of Primary Care in the coming weeks.
- There is a common feeling that patients are being patched up rather than their real health issues being addressed or other issues being picked up via GP face to face consultations.
- Another issue which is emerging is the lack of reviews taking place, particularly medication reviews. This has been raised and there will be a formal discussion on this at the September meeting of the Sefton Primary Care Committee (Healthwatch is a member).

Access to NHS Dentistry

- This issue continues to be of grave concern, with a continued 75% of calls into our Signposting and Information service being about access to either emergency or routine care. We are working with NHS England on this and have shared the themes which we are currently picking up. Current concerns which are coming through are:
 1. Patients who have been referred via the urgent care service to a local dentist for emergency treatment, but need further care and are then advised to ring Healthwatch to find a local NHS dentist to complete the on-going treatment. This is raising patient expectations and we have nowhere to signpost people.
 2. Crosby Village Dental practice has lost all NHS dentists at present, so their patients have been contacting us. They have told us they are struggling to recruit, but this is very difficult for their patients who again are contacting us.

3. Patients with damaged dentures, there being nowhere for often elderly, frail patients to get help, which then impacts on their ability to eat and leads to weight loss.
 - We have highlighted to NHS England that their communications to patients do not support local understanding of the current access issues.
 - We are aware that Dentistry commissioning will be picked up at some point next year by NHS Cheshire and Merseyside and all 9 local Healthwatch are keeping a watchful eye on this.

Strategic updates.

As part of the newly emerging health and care structures, Healthwatch Sefton currently has seats at a Sefton Partnership level at:

- Sefton Partnership Board
- Sefton Programme Delivery Group
- Sefton Policy and Performance Group
- Sefton Primary Care Committee
- Sefton People and Communities Group (formally EPEG)
- Sefton People and Communities Working Group
- Sefton Adults Safeguarding Board.

We also have representation on the following NHS Cheshire and Merseyside meetings (with representatives from the 9 local Healthwatch across Cheshire and Merseyside nominated to sit on various boards and committees):

- NHS Cheshire and Merseyside Integrated Care Board
- NHS Cheshire and Merseyside Primary Care Committee
- NHS Cheshire and Merseyside Quality Committee
- NHS Cheshire and Merseyside System Quality Group.

All 9 local Healthwatch Chief Executives/Managers will be meeting with Clare Watson (NHS Cheshire and Merseyside, Assistant Chief Executive in October.

Operational update

Chairperson recruitment

We have successfully recruited a volunteer Chairperson and we hope we will be able to introduce you to him soon. John Turner has joined us and has considerable experience of working within the NHS. Living in Sefton for 45 years, John has held senior roles for over 40 years as a NHS Consultant Physician, including 'Clinical Director of Medicine and Head of Medical Services' at Aintree University Hospital NHS Trust. John was also a senior care reviewer for the Mid Staffordshire NHS Trust enquiry, his work contributing to the landmark Francis Enquiry (2013). John describes himself as warm, empathetic and approachable with a good sense of humour.

Diane Blair BA (Hons) MSc

Manager

07706 317749

You can receive newsletters and updates by signing up [here](#)

Don't forget our Healthwatch Sefton Signposting can help you find the right Health or Social care services. Call free today for independent up-to-date information.

Freephone:0800 206 1304

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

www.healthwatchsefton.co.uk

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