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Sefton Council



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

DATE: Tuesday, 3rd January 2023

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
Diane Blair, Healthwatch
Brian Clark, Healthwatch

Substitute

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

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer
Telephone: 0151 934 2254
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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 - 12)

Minutes of the meeting held on 18 October 2022

4. Southport and Ormskirk Hospital NHS Trust

Anne-Marie Stretch, Managing Director, and Lesley Neary, Chief Operating Officer, Southport and Ormskirk Hospital NHS Trust, to attend to provide a presentation

5. Paediatric Radiotherapy Services

(Pages 13 - 22)

Report and presentation submitted by the North West Specialised Commissioning Team – NHS England

6. Cost of Living Crisis

(Pages 23 - 36)

Joint Report of the Director of Public Health and the Executive Director of Adult Social Care and the Sefton Place Director, NHS Cheshire and Merseyside

7. Winter Plan

(Pages 37 - 44)

Report of the Executive Director of Adult Social Care and

Health

- 8. Adult Social Care Local Government Association Peer Review** (Pages 45 - 74)

Report of the Executive Director of Adult Social Care and Health and the Sefton Place Director, NHS Cheshire and Merseyside
- 9. National GP Access Survey** (Pages 75 - 104)

Report of NHS Cheshire and Merseyside (Sefton)
- 10. NHS Cheshire and Merseyside, Sefton - Update Report** (Pages 105 - 110)

Report of the Sefton Place Director, NHS Cheshire and Merseyside
- 11. NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard** (Pages 111 - 118)

Report of the Sefton Place Director, NHS Cheshire and Merseyside
- 12. Cabinet Member Reports** (Pages 119 - 140)

Report of the Chief Legal and Democratic Officer
- 13. Work Programme Key Decision Forward Plan** (Pages 141 - 156)

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 18TH OCTOBER, 2022

PRESENT: Councillor Myers (in the Chair)
Councillors Brough, Evans (Substitute Member for
Councillor Pugh) Halsall, Hardman (Substitute
Member for Councillor Lunn-Bates), John Joseph
Kelly, Killen, and Richards (Substitute Member for
Councillor Thomas)

ALSO PRESENT: Ms. D. Blair, Healthwatch Representative

19. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Brodie-Browne and his Substitute Councillor Lloyd-Johnson; Councillors Lunn-Bates, Pugh and Thomas; and Councillor Cummins, Cabinet Member – Adult Social Care.

20. DECLARATIONS OF INTEREST

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

21. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 6 September 2022, be confirmed as a correct record.

22. LIVERPOOL UNIVERSITY HOSPITAL NHS FOUNDATION TRUST - UPDATE

The Committee received a presentation from Dr. Clare Morgan, Director of Strategy, Liverpool University Hospital NHS Foundation Trust, on recent developments at the Trust. The presentation outlined the following:

- The LUHFT Improvement Plan, including:
 - Themes
 - Work Programme(s)
- System Oversight Framework 4 (SOF4) Exit Criteria
- Improvement Plan - Overarching Governance
- LUHFT's Culture Change and Improvement Approach and Priorities: 2022-2023
- Where Are We Now?
- Integration & New Hospital Programme:

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- Context
- Reconfiguration / Integration:
 - Summary of Moves
- Integration and Reconfiguration Schemes 2022
- Your Building, Our Future Together Journey
- Building Our Future Together at Aintree
- Stroke Assessment Unit
- New Hybrid Theatre
- The Journey so far
- What is next...
- New Hospital Bed Modelling
- Pre-Move Checklists
- The Cross-Site Moves

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

- Risks and timescales.
- Future of the Aintree Diabetes Centre.
- Whether efficiency savings would affect clinical services.
- How difficulties with staffing and retention had been addressed.
- Health conditions associated with fuel poverty and the cost of treating such conditions.
- Transport links between the hospital sites, particularly for patients with multiple conditions. Information could be provided.
- Reassurances were sought regarding the recent changes to hyper-acute services and extended journey times.

RESOLVED: That

- (1) the update on developments at Liverpool University Hospital NHS Foundation Trust be noted and Dr. Morgan be thanked for her attendance; and
- (2) Dr. Morgan be requested to provide further information on transport links between the hospital sites to the Senior Democratic Services Officer, for circulation to Members of the Committee.

23. SAFEGUARDING UPDATE

The Committee considered the report of the Executive Director Adult Social Care and Health that sought to provide an update on current safeguarding activity across the Sefton Borough and to provide assurance on the actions being taken to mitigate risk and investigate safeguarding concerns. The report provided a particular focus on safeguarding across the care home market.

The report set out safeguarding activity during the last twelve months; timeliness and making safeguarding personal; types of abuse and location;

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care homes and safeguarding; the role of the quality assurance team; additional support to care providers; and the Safeguarding Adults Board.

The report also requested the Committee to consider:

- whether a further focused report on safeguarding people with care and support needs should be presented to the next Committee; and
- whether it would wish to receive a more detailed update on the work of the Sefton Safeguarding Adults Board and specifically the role of the subgroups.

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

- Clarification on the role of inexperienced care staff and support required for them from management.
- Inspections of care homes conducted by the Care Quality Commission, together with the provision of support and ensuring of safeguarding by the local authority. Improvement strategies could be put in place, where necessary.
- The need to compare outcomes both regionally and nationally, in terms of provision of context.

RESOLVED: That

- (1) the contents of the report be received and noted; and
- (2) a further report on safeguarding people with care and support needs be presented to the next Committee meeting, to include a more detailed update on the work of the Sefton Safeguarding Adults Board and specifically the role of the subgroups.

24. NHS CHESHIRE AND MERSEYSIDE, SEFTON - UPDATE REPORT

The Committee considered the report of the Sefton Place Director, NHS Cheshire and Merseyside, that provided an update about the work of NHS Cheshire and Merseyside, Sefton. The report outlined details of the following:

- Integrated Care Board meeting – September 2022
- A&E Pressures/Winter Plans and National Position
- Autumn Boosters
- Living Well Bus – Health Checks & Vaccinations
- The Move to the New Royal Hospital
- New Stroke Centre for North Mersey

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The report also suggested consideration of particular items at future meetings. A full report on the Cheshire and Merseyside Cancer Alliance could be submitted to the next Committee meeting.

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

- Autumn booster vaccinations and the need for data bases to be updated. This would be raised.
- Availability of walk-in covid 19 Autumn booster vaccinations, particularly in the Southport area. An update would be provided.

RESOLVED: That

- (1) the update report submitted by the Sefton Place Director, NHS Cheshire and Merseyside (Sefton) be received;
- (2) consideration be given to the inclusion of the following items at future meetings of the Committee:
 - Southport and Ormskirk Hospital NHS Trust for general update;
 - NHS Cheshire and Merseyside Place Plan; and
 - Update on primary care estate strategy;
- (3) the Sefton Place Director be requested to:
 - (a) submit a full report on the Cheshire and Merseyside Cancer Alliance to the next Committee meeting;
 - (b) raise the need for Autumn booster vaccinations data bases to be updated; and
 - (c) provide information on the availability of walk-in covid 19 Autumn booster vaccinations, particularly in the Southport area, to the Senior Democratic Services Officer, for circulation to Committee Members.

25. NHS CHESHIRE AND MERSEYSIDE, SEFTON - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the report of the Sefton Place Director, NHS Cheshire and Merseyside, that provided data on key performance areas for North and South Sefton, together with responses for the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Liverpool University Hospital NHS Foundation Trust (LUHFT). Information on the monitoring of the 7-day GP extended access scheme, and ambulance response times were also included within the data.

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

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- The assurances around the IAPT trends were welcomed.
- Differences in ambulance response times in the North and South of the Borough. The context for Cheshire & Merseyside and also the North West region could be included within future data provision.
- Pressures at A&E and the triage system.
- The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls was welcomed, although a consistent approach to such calls was required across the Borough.

RESOLVED: That

- (1) the information on Health Provider Performance be noted; and
- (2) the Sefton Place Director, NHS Cheshire and Merseyside, be requested to include the context for Cheshire and Merseyside and also the North West region for ambulance response times, within future performance data provision to the Committee.

26. CABINET MEMBER REPORTS

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

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

- Update on the National Assurance Framework for Adult Social Care
- Integration & National Policy Update
- Life Course Commissioning
- Principal Social Worker Update
- Performance and Key Areas of Focus:
 - Admission into Care & Reablement
 - Self-Directed Support & Direct Payments
 - Employment
 - Housing
 - Safeguarding

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

Public Health:

- Workforce Mental Health Support Update
- Age Well Obesity Update
- Leisure Update

RESOLVED: That

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- (1) the update reports from the Cabinet Member – Adult Social Care and the Cabinet Member – Health and Wellbeing be noted; and
- (2) any questions to the Cabinet Members be raised via email to the Senior Democratic Services Officer.

27. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer that sought 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; identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan; 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 provide an update from Healthwatch Sefton.

Further to Minute No. 24 (2) and (3) above, consideration was given to the inclusion of the following items at future meetings of the Committee:

- Southport and Ormskirk Hospital NHS Trust for general update;
- NHS Cheshire and Merseyside Place Plan;
- Update on primary care estate strategy; and
- a full report on the Cheshire and Merseyside Cancer Alliance to the next Committee meeting.

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

- A future meeting with a representative of the North West Ambulance Service.
- Concerns raised by Healthwatch regarding GP access and on-line access in particular.

RESOLVED: That

- (1) the Work Programme for 2022/23, as set out in Appendix A to the report, be noted, along with any additional items to be included and thereon be agreed;
- (2) the following items be added to the Committee's Work Programme for 2022/23:

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- Southport and Ormskirk Hospital NHS Trust, for general update;
 - NHS Cheshire and Merseyside Place Plan;
 - update on primary care estate strategy;
 - a full report on the Cheshire and Merseyside Cancer Alliance be submitted to the next Committee meeting;
 - a future meeting with a representative of the North West Ambulance Service.
 - an informal briefing with representatives of the local primary care networks regarding GP access and on-line access;
- (3) progress made to date on the recommendations made by the Mental Health Issues Working Group, be noted;
- (4) progress of informal briefing sessions for Committee Members to be held during 2022/23 be noted;
- (5) the contents of the Key Decision Forward Plan for the period 1 November 2022 to 28 February 2023 be noted;
- (6) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (7) the progress made on the Joint Health Scrutiny Committee (Hyper-Acute Services), be noted;
- (8) the progress made on the Joint Health Scrutiny Committee – Liverpool University Hospitals University Foundation Trust (LUFT), be noted;
- (9) 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
- (10) 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	3 January 2022
Subject:	Paediatric Radiotherapy Services		
Report of:	North West Specialised Commissioning Team – NHS England	Wards Affected:	Potentially All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Lucy Smeatham, Project Assistant for Women and Children's Transformation Programme		
Tel:	07713796054		
Email:	england.wcyprtransformation@nhs.net		

Purpose / Summary of Report:

To receive a presentation on the Proposed Cheshire & Merseyside Paediatric Radiotherapy Service Transfer and to consider if the proposals represent a substantial variation in health services for Sefton residents, as the Health and Social Care Act requires NHS bodies to consult with local Overview and Scrutiny Committees on service change proposals.

Recommendation(s)

That the presentation be noted and it be agreed that the proposals for Paediatric radiotherapy services for Cheshire and Merseyside does not represent a substantial variation and that the approach taken to engage with patients to inform the proposal is commensurate with the scale of the proposed change.

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Proposed Cheshire & Merseyside Paediatric Radiotherapy Service Transfer

Dr Nicky Thorp – Consultant Clinical Oncologist – Clatterbridge Cancer Centre & The Christie

Andrea Doherty – Head of Women & Children’s Transformation (North West)

Radiotherapy

- Radiotherapy is the use of radiation to treat cancer. The treatment is usually given as part of a multidisciplinary protocol along with systemic anti cancer treatment and/or surgery
- There are two main types of radiotherapy – x-ray (photon) and proton beam
- X-ray or photon radiotherapy uses high energy x-rays
- Proton Beam Therapy (PBT) uses a beam of high energy protons. Due to the way in which protons travel through tissue, there may be less dose deposited to nearby normal tissues compared with X-rays which may result in a reduced risk of late side effects. PBT is most useful in the treatment of certain paediatric tumours although X-ray radiotherapy is still useful in some situations.

Background Information and Current Service Challenges

- Due to the increase in use of Proton Beam Therapy (PBT), the numbers of children requiring photon radiotherapy are dwindling (and expected to reduce further in the future) (makes it difficult to develop and improve the service to meet the demands of modern radiotherapy practice)
- PBT is only delivered at two sites in England – The Christie and University College Hospital, London
- Paediatric radiotherapy is a low volume, highly complex speciality. For example, younger patients require daily general anaesthetics over a period of up to 6 weeks for effective immobilisation.
- For the Cheshire and Merseyside area, the number of children requiring photon radiotherapy is approximately 15 patients per year. For the last 3 years, there has been approximately 1 child per year from Sefton who required photon radiotherapy. These patients are referred via the Alder Hey Paediatric Oncology MDT
- Currently there is one consultant offering the service at CCC who works mainly at the PBT centre at the Christie. There is no peer review of radiotherapy plans (a mandatory requirement), no cross cover, little potential for service development or running radiotherapy trials etc. Due to the small numbers of patients (<20 per year), attract appropriately trained staff and maintain their competencies in the future.

Planned Future Service Arrangements

- The assertion is paediatric radiotherapy would be a better, more sustainable service in future if all North West patients were treated by a single service at The Christie in Manchester
- Patients and their families would have access to all the wraparound care and support as well as a full paediatric radiotherapy team at The Christie
- NHS England specialised commissioners, the Cheshire and Merseyside Cancer Alliance, the regional Radiotherapy Operational Delivery Network, Cheshire and Merseyside Integrated Care System and Greater Manchester Health and Social Care partnership are all supportive of action being taken to stabilise the current service

Clinicians believe this would deliver the following benefits for Cheshire and Merseyside children who require X-ray radiotherapy:

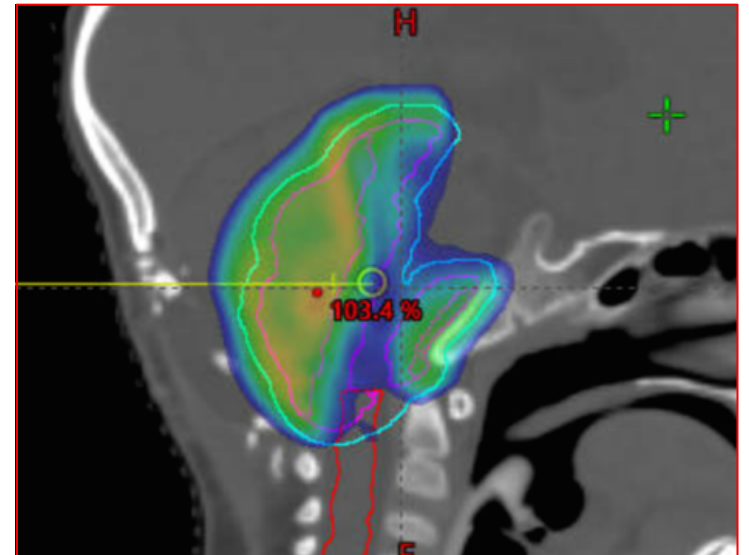
- A wider team of specialist clinical oncologists (The Christie has five specialist consultant oncologists) who can pool knowledge of these rare and complex cancers and contribute to peer review and advising on radiotherapy plans
- There is a critical mass of patients which sustains a consistent onsite general anaesthetic service provided by teams from The Christie and Royal Manchester Children's Hospital with 1-2 lists running every day
- Increased access to a range of clinical trials suitable for children
- Improved scanning increasingly necessary for accurate radiotherapy planning with access to contrast enhanced MRIs and CTs
- Emergency access to a specialised paediatric arrest team

Limiting the potential impact for patients and their families

- The primary finding from the EHIA is that this will result in compliance with the service specification and ensuring the highest available standard of care, travel time for most patients will increase
- Eligible children and their families will still be able to seek financial support for help with travel costs
- When the service transfers this will be in a staggered approach – children already commenced on a pathway of care at CCC will complete their care there. New referrals will be sent directly to the Christie
- Clinicians are keen that children are not disadvantaged by increased travel times and that there is equality of approach between patients receiving photons and protons (who have travel and accommodation provided depending on the travel distances). Discussions are ongoing but this should not delay the service transfer
- While the numbers of children with these rare cancers referred for these services each year is low, discussions about treatment options are managed on an individual basis with a holistic team supporting families every step of the way to address any concerns or barriers
- As work progresses to transition conventional X-ray radiotherapy paediatric patients from Clatterbridge to The Christie, additional steps will be taken to monitor detailed feedback about the quality of the patient experience



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"I would travel to Mars to get the best treatment for my child"
Mother of child with craniopharyngioma, December 2022



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Report to:	Overview and Scrutiny Committee – Adult Social Care and Health	Date of Meeting:	3 rd Jan 2023
Subject:	Cost of Living Crisis		
Report of:	Director of Public Health and Executive Director for Adult Social Care and Health/Place Director	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:

This report seeks to provide an update to Overview and Scrutiny Committee on current Cost of Living interventions across Sefton and assurance on the actions being taken to mitigate risks to the health and wellbeing of residents.

Recommendation(s):

(1) The contents of the report are received and noted.

Reasons for the Recommendation(s):

The report is for the Coommittee’s information at this critical time.

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

Not applicable

What will it cost and how will it be financed?

(A) Revenue Costs

There are no additional revenue costs identified

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(B) Capital Costs

There are no additional capital costs identified

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
The contents of the reports have no direct resource implications	
Legal Implications:	
The contents of the reports have no direct legal resource implications	
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
The contents of the report have a neutral impact on the climate emergency implications.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The report references the impact on our most vulnerable
Facilitate confident and resilient communities: The report references support to our communities
Commission, broker and provide core services: The report details work with our own services and those commissioned externally.
Place – leadership and influencer: The report details or work to lead this area locally.
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.7065/22) and the Chief Legal and Democratic Officer (LD.5265/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Eleanor Moulton
Telephone Number:	07779162882
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

This report provides an overview of current concerns relating to the cost-of-living crisis across Sefton.

*The 'cost of living crises refers to the fall in 'real' disposable incomes (that is, adjusted for inflation and after taxes and benefits) that the UK has experienced since late 2021. It is being caused by **high inflation** outstripping wage and benefit increases and has been further exacerbated by recent **tax increases***

Institute for Government

This has been exacerbated throughout 2022 by increasing fuel prices and once-in-a-generation inflationary rise. These were reported in the Office of National Statistics monthly bulletin on Consumer Price Inflation for October 2022 (released 16 November 2022).

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The main points were:

- The Consumer Prices Index (CPI) including owner occupiers' housing costs Consumer Price Index Housing (CPIH) rose by 9.6% in the 12 months to October 2022, up from 8.8% in September 2022;
- The largest upward contributions to the annual CPIH inflation rate in October 2022 came from housing and household services (principally from electricity, gas, and other fuels), food and non-alcoholic beverages, and transport (principally motor fuels);
- On a monthly basis, CPIH rose by 1.6% in October 2022, compared with a rise of 0.9% in October 2021;
- The CPI rose by 11.1% in the 12 months to October 2022, up from 10.1% in September 2022;
- On a monthly basis, CPI rose by 2.0% in October 2022, compared with a rise of 1.1% in October 2021;
- Despite the introduction of the government's [Energy Price Guarantee](#), gas and electricity prices made the largest upward contribution to the change in both the CPIH and CPI annual inflation rates between September and October 2022, and
- Rising food prices also made a large upward contribution to change with transport (principally motor fuels and second-hand car prices) making the largest, partially offsetting, downward contribution to the change in the rates.

Other significant changes to note include

- Overall, the cost of housing and household services rose 11.7% in the 12 months to October 2022, up from 9.3% in September 2022. The annual inflation rate was last higher in March 1991, when it stood at 12.5%;
- In October 2022, households are paying, on average, 88.9% more for their electricity, gas and other fuels than they were paying a year ago;
- Food and non-alcoholic beverage prices rose by 16.4% in the 12 months to October 2022, up from 14.6% in September 2022. The annual rate of inflation for this category has continued to rise for the last 15 consecutive months,

from negative 0.6% in July 2021. The current rate is estimated to be the highest since September 1977, and

- Average petrol and diesel prices stood at 163.6 pence and 183.9 pence per litre, respectively, in October 2022, compared with 138.6 pence and 142.2 pence per litre a year earlier. While prices remain higher than a year ago, petrol prices fell by 2.9 pence per litre on the month while diesel prices rose by 2.3 pence per litre.

Such broad increases on utilities and food will impact all households. However certain groups will see greater impacts.

- **Homeowners and tenants:**
 - Rising interest rates will directly feed into mortgage costs and indirectly into rents;
- **Consumers:**
 - Increased costs in energy and fuel for industry and businesses, as well as other business costs, will be off set against price rises for consumers;
- **Workers and businesses:**
 - Filling a 55-litre car now costs just over £90. This may impact some sectors, for example care workers and delivery drivers and their ability to get to and complete their work, and
 - Working from home, meaning household energy usage is likely to have increased and therefore budgets impacted.

2. At risk groups in Sefton

We know that we have a significant number of people who are vulnerable to rapid and large increases in prices. This is not an exhaustive list and does not include those people who are experiencing in-work poverty. Many incomes will be unable to keep pace with current price pressures. However, we should be mindful that

- 8,606 pensioners (14%) live in poverty (receive Pension Credit);
- almost 1 in 6 (8,178) under 16's live in relative poverty;
- Gross annual earnings are around 84% of the England average (£34,050);
- The average gross disposable household income is around 91 % of the England average (£21,440);
- 10 % of households are workless;

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- Groups most likely to be affected by cold-related illness are those with long-term conditions, including mental illness and physical and learning disability, adults aged 65 and over, households with children aged 0-5, and pregnant women, and
- People with respiratory conditions (in particular, Chronic Obstructive Pulmonary Disease (COPD)).

3. Impact on services and emerging issues

3.1 Emergency Limited Assistance and Food bank demand

The Council has received 8,568 applications between the 1st April and the 27th November 2022; this is 67% more than the amount (5,115) received at the same period last year.

There have been 2,855 food vouchers provided, which is an increase of 51% from the same point last year and utility awards have increased by 61% with a total of 4,417 awards being made.

3.2 National Predictions

The Local Government Association Safer and Stronger Communities Board outlined issues of interest to the Board with the purpose of informing members of anticipated consequences to community safety of the rising cost of living in England and Wales. This was a speculative paper with a view to prompt wider discussion

Possible anticipated community safety concerns:

Domestic abuse:

Many domestic abuse services have reported that abusers are now using the cost-of-living increase and concerns about financial hardship as a tool for coercive control, including to justify further restricting their partner's access to money;

Acquisitive crime:

It is possible that increased financial uncertainty could lead to more acquisitive offences, such as shoplifting, burglary and theft. There is the possibility that some offenders could exploit blackouts or take advantage of broken alarm systems or less secure properties;

Serious violent crime:

There are concerns that increased costs could deepen deprivation and poverty, along with a lack of positive opportunities, could be a driver of violent crime;

Serious and organised crime:

Organised crime gangs could take advantage of the rising costs and expand criminal activities by exploiting more children, young adults and vulnerable people; those most susceptible to coercive suggestion and intimidation. Increased cost of living pressures could help county lines gangs recruit more people into their networks;

Fire safety:

There may be increased fire risks involved as people find alternatives to using the cooker or central heating, to combat rising energy costs. For example, there may be a greater use of electric heaters, candles, or people may choose to just heat one room, which could risk accidental fire or carbon monoxide poisoning. There may also be additional fire safety risks created by people purchasing second hand white goods rather than new products with higher fire safety standards.

Water safety:

Local swimming pools may reduce their opening hours or close, due to the high running costs. As a result, there may be more limited opportunities for learning or improving basic water skills and in extreme cases, this could result in more injuries and deaths in large bodies of water.

Scams:

The Christmas period could see a rise in the sale of cheaper, counterfeit goods. There could be safety risks involved with purchasing poorly made children's toys, for example: increase risks of contamination and choking.

The Dedicated Card and Payment Crime Unit has found that fraudsters are impersonating authorities such as energy companies and councils offering tax rebates and targeting older people who are trying to find ways of making their financial investments do better.

Road safety:

Drivers might look to buy older cars to save costs, or struggle with vehicle maintenance and ownership, such as annual servicing, MOTs or replacing lights and important vehicle components.

Drug and substance misuse:

There may be an increased demand for alcohol and drug services as more residents face financial hardship. There could be longer term consequences for cycles of dependency and addiction.

Extremism and terrorism:

Periods of economic difficulty traditionally provide fertile ground for extremist narratives, stoking e.g., anti-immigration rhetoric around funding/housing/access to public services for new arrivals, those which seek to blame other groups for perceived economic grievances, and building on increased mistrust in government. There is potential for this to spill over into violence or even terrorism.

Cohesion:

Broader cohesion concerns could arise from quality of life being perceived as in decline and divisions between those seen as being impacted by cost-of-living pressures.

Funeral costs:

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Increase in number of people unable to pay for funerals, could lead to increased demand for public health funerals or local authorities having to support families with funeral costs in other ways. Also increased cost of running crematoria especially with rises in fuel prices.

Closure of licensed premises:

Some business groups have expressed concern about the impact of energy and food cost pressures on businesses, raising fears about closures.

Alcohol and tobacco:

There are concerns that sales and supplies of illicit and potentially harmful alcohol and tobacco may increase along with the cost of living, prompting safety fears, undermining smoking cessation work and fuelling organised crime.

Street-lighting:

Councils have seen a 37.5 % increase in the cost of running and repairing streetlights over the last six months, with some authorities reporting that their running costs have doubled.

Safety at night:

A recent poll by the Independent found that more women are walking home at night instead of getting a taxi despite safety concerns due to the cost of living. Out of the women surveyed, 61% said they are walking more often and 49% are taking fewer taxis.

3.3 The Local Government Association also hosts a cost-of-living hub designed to share best practice and help councils to support their residents with the rise in the cost of living. Case studies and resources can be found for each topic area in the pages below.

<https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/cost-living-hub>

3.4 Other likely impacts:

- Family breakdown;
- Increased referrals to child and adult safeguarding;
- Need to support people needing temporary accommodation;
- Increased demand for hardship support – foodbanks, Council Emergency Limited Assistance Scheme (ELAS);
- An increase in need for financial advice and support for individuals and small business;
- Increase in demand for those requiring council tax support and discretionary housing payments;

- Increased demand for emotional wellbeing support, and
- Increased demand on health services.

3.5 Health effects

The unequal health and wellbeing effects of the pandemic are well appreciated. Similarly, sustained financial hardship is likely to fall hardest on the health of those already living with greater health inequality and with fewest health-giving protective factors in their lives. Observations on likely population health impacts include

- Major impacts of high living costs are likely to come via increased exposure to cold-related health risks, which are associated with higher risk of illness and death from respiratory disease and infections, cardiovascular disease and dementia. At particular risk are the very young, older adults anyone with a long-term condition or disability and those with reduced immunity, including pregnant woman;
- Another large-scale impact comes from the rising costs of staple foods and the cost of maintaining a healthy diet. The impact of food poverty is compounded by fuel poverty, such that even if healthy food options are provided recipients may not have enough money to cover the fuel costs of cooking it. Likely impacts of a deterioration in dietary quality are unintentional weight loss or gain and lowered immunity due to low intakes of some vitamins and minerals;
- Insecure and difficult living conditions systematically increase the risk of worsening mental health as well. NHS Digital has recently reported the findings of a survey which suggest that one in every four 17–19-year-olds reported concerns that meant they were probably suffering with a mental health disorder. [Rate of mental disorders among 17- to 19-year-olds increased in 2022, new report shows - NHS Digital](#) The cost-of-living crisis will further impact on children and young people's mental health and on their ability to learn and develop well at home and at school
- Of note, in the context of key services including health and care, the risks above are expected to contribute to rising demand for these services, which is compounded by higher rates of respiratory infection (including influenza) than have been seen in the last two years. Many employees in these sectors will be directly affected by higher costs of fuel and food with attendant risks to productivity and service delivery
- Children living in long term poverty are known to have poorer health outcomes, including
 - Higher rates of obesity;
 - Higher rates of teenage pregnancy;
 - Higher rates of low birthweight, and

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- The social gradient in health is expected to become steeper in Sefton, as low- and middle-income groups see living standards drop while affluent groups are largely shielded from the direct health effects of increased living costs. Lost opportunities from education, employment and due to poor physical and mental health are challenging to recover and warrant long-term strategy and attention into the future.

4. Sefton's Response

4.1 Cost of Living Reference Group

This Members' Reference Group was established in October 2022, to decide on actions relating to the cost-of-living crisis to support individuals, communities, businesses and the Council workforce.

This Group will receive reports, advice and recommendations in relation to the cost-of-living crisis in Sefton. In doing so it will provide advice to the Council's Cabinet which will include wider support to Ward Councillors.

The Group will report to the Cabinet and any significant decisions for the Council will be taken via Cabinet decision making as appropriate.

The Cabinet Member Communities and Housing will Chair the Cost-of-Living Group. The Group meets bi-weekly.

4.2 Sefton Council Cost of Living web page:

<https://www.sefton.gov.uk/costofliving>

The page features quick links where Sefton residents and businesses can find advice and support to help them deal with rising gas and electricity bills and steeply rising prices in shops and for services.

There is also a resident leaflet Cost of Living Help flyer ([sefton.gov.uk](https://www.sefton.gov.uk))

4.3 Sefton Child Poverty Strategy 2022: tackling Child Poverty in Sefton

Sefton Council launched its Childhood Poverty Strategy on Thursday, 1st December 2022 at Bootle Cricket Club.

<https://www.sefton.gov.uk/media/5726/childhood-poverty-strategy-proof-3.pdf>

Several prominent guest speakers including Dr Ian Sinha, Consultant Respiratory Paediatrician, Dr Tammy Boyce, University College London Institute of Health Equity, along with Council public health and Place Executive, as well as NHS representatives gave different perspectives on child poverty.

The Tackling Poverty Strategy explores the drivers of child poverty and its impact on children and families. The cost-of-living crisis is making that situation worse. Poverty has far-reaching impacts and can harm children's health, education and future prospects.

Running up to 2030, the new Strategy sets out a blueprint for a local approach to tackling child poverty in Sefton, with actions linked to people's pockets, prospects, and places.

Sefton Council is committed to increasing opportunity in employment and education and supporting the most vulnerable members of its communities. The Council will continue working closely with partners in the voluntary sector, health, employers, further education facilities and community groups.

4. Sefton partners are encouraging vulnerable households to register with utility companies.

This is especially important over the winter when families will be feeling the impact of the rising cost of living. Utility companies keep a list of vulnerable people who they can target in emergencies such as disruption to water supplies and power outages.

The links to Ofgem and United Utilities the northwest water supplier is given below. The criteria include:

- Being of pensionable age;
- Disabled or having a long-term condition;
- Recovering from injury;
- Having a hearing or sight condition;
- Having a mental health condition;
- Pregnant or having small children;
- Using medical equipment that requires a power source;
- Poor or no sense of smell, and
- Would struggle to answer the door or get help if needed.

<https://www.ofgem.gov.uk/get-help-your-supplier-priority-services-register>
<https://www.unitedutilities.com/help-and-support/priority-services/>

4.5 Warm Spaces

Sefton CVS working alongside voluntary, community and social enterprise organisations and with funding support from Sefton Council have established a network of Warm Spaces across Sefton this winter. These include libraries,

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community centres, community hubs and other places offering a warm welcome and free to use for anyone struggling to heat their home.

All 'Warm Spaces' will be heated, safe and friendly places where residents can comfortably spend time reading, studying or chatting with others. Some venues, 'Enhanced' Warm Spaces, will also offer hot drinks and food, activities and other services such as free Wi-Fi.

To ensure residents always get a warm welcome and everyone is treated equally, with dignity and respect Sefton Warm Space venues will uphold the Sefton Warm Space Charter.

Details of venues and opening times can be found at:

<https://seftoncvcs.org.uk/warmspaces/#:~:text=These%20include%20libraries%2C%20community%20centres,studying%20or%20chatting%20with%20others.>

4.6 Working with our Primary Care Networks

A GP protected learning time event was held in November 2022 and was targeted at updating referral routes and community interventions across the borough. The event also presented the national epidemiology on temperature and mortality and the causes of excess winter deaths in Sefton, including early seasonal flu trends. A key learning point from recent research is that mortality is at its lowest when temperatures are between 14.9°C and 22.6°C. Deaths associated with cold significantly outnumber those from heat, and excess mortality does not require a 'cold snap' to become apparent.

There was also a presentation on the National Institute for Care and Health Excellence (NICE) NG6 Excess Winter Deaths and Illnesses associated with cold homes as well as the new Combined Intelligence for Public Health Action (CIPHA) fuel poverty and health dashboard. The assessment contains twelve recommendations, with two (recommendations 4&5) specifically aimed at identifying people at risk from living in a cold house as well as how Making Every Contact Count (MECC) can be used to assess the heating needs of people who use primary health and home care services. GPs and health care professionals were encouraged to review the guidance to support them when providing local advice as well as how to ask relevant questions about keeping warm.

The session was designed to present the guidelines to primary care staff and complement this with a summary of support available in the community. A presentation on the work of the Welfare Reform Anti-Poverty group (WRAP) was delivered and included an update on the healthy start and vitamin programme, the household emergency support scheme, the holiday fund, Council welfare rights advisor support, the childhood poverty strategy, Sefton Support Hub and the wider work commissioned by the Council through the VCF. This included the Living Well Sefton Service, a map of venues of warm spaces and hubs and Citizens Advice Bureau (CAB) financial advice and support.

The Affordable Warmth Team also delivered a detailed presentation focused on the causes of fuel poverty, the impact on health and excess winter deaths and subsequently provided some opportunities to identify and alleviate the problem such as advice on temporary heating, smart meters, energy saving measures and the warm homes discount priority services register.

GPs and wider health care practitioners were given the opportunity to understand eligibility criteria as well as detailed information on direct referrals routes into services.

4.7 Sefton Welfare Reform and Anti-Poverty Partnership

This is a multi-agency partnership, chaired by the Chief Executive of Sefton Community and Voluntary Service (CVS). The partnership reviews the needs as expressed by service users across Sefton, promoting cooperation and joint delivery of benefit and debt advice, food support, housing, and fuel advice. The membership includes voluntary agencies as well as statutory services, e.g., Department for Work and Pensions (DWP), NHS and Fire and Rescue Services.

4.8 Adult Social Care and the Social Care Providers.

As a system we are constantly reviewing our status against the NICE self-evaluation guidance to ensure readiness for Winter. It is a standing agenda item on the fortnightly Sefton Place Winter Planning Meeting. In terms of the NICE self-evaluation, tab seven, is particularly relevant to Sefton Adult Social Care as it concerns discharge arrangements. Home circumstances are considered within Social Work assessments. We are working with Hospital Trusts to ensure individuals who might be negatively impacted by heating arrangements are identified on admission.

Working with hospitals to identify those with heating requirements the discharge team can access the warm homes team and a discretionary discharge grant to support. Where needed Sefton Adult Social Care will work with Housing Colleagues if they need alternative accommodation until home circumstances can be resolved.

Aside from Hospital Discharges Sefton Adult Social Care are routinely assessing individuals when are referred for services. In the first instance, Sefton Adult Social Care will always provide a range of information and advice at on initial contact including information regarding heat and warmth. This can include a referral to key partners such as Sefton CVS who run a number of schemes which can ensure adequate heating and food arrangements for individuals in need. Sefton CVS are also running a number of “warm spaces” that vulnerable people can attend. Sefton Adult Social Care can access food parcels for individuals in need and again, as part of Social Work Assessment would consider nutrition, health, and access commissioned services to support.

The Cost of Living challenge has had an impact on both the delivery of Care Home Services and Domiciliary Care. The impact of absorbing increased fuel costs and heating costs have been felt across all commissioned services, but it could be

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argued as most acutely felt for our Care Homes following the financial impact COVID has left them with (increased vacancies, reliance on more expensive agency staff and the challenges of meeting higher acuity of need with a workforce that has seen increases in recruitment and retention). The Government have recognised this challenge and in November 2022 they allocated an additional payment of £1.09 an hour for Domiciliary Care and £8.53 per week for Care Homes. This has been paid directly to our providers to help mitigate this cost. We continue to work closely with our providers to understand the challenges they face and work together to meet these through robust cost of care exercises and consultations on the detail of what the current financial reality is like.

5. Conclusion

In summary, the scale of the Cost of Living crisis is unprecedented. The response is being delivered across the Council, voluntary sector and NHS partners and aims to maximise people's income and mitigate the multiple, increasing risks to health and wellbeing.

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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 3 January 2023
Subject:	Winter Plan		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report gives an overview to the Committee of the activity to plan additional services and prepare for Winter 2022/23 and the expected increased demand and challenge to service delivery this may bring. There has been a delay in allocating additional monies to Health and Social Care which has led to a delay in developing new services and bolstering existing ones.

Recommendation(s):

(1) The Committee are asked to receive and note the information contained within this report.

Reasons for the Recommendation(s):

To update the Committee on joint plans between the Cheshire and Merseyside ICB Sefton and Adult Social Care in Sefton for addressing winter pressures and to provide to the Committee with reassurance on the processes involved in formulating plans across the Sefton Health and Social Care system.

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

None.

What will it cost and how will it be financed?

(A) Revenue Costs

Costs associated with specific elements of the plan will be met from funding received from the Department of Health and Social Care to address winter / Health and Social Care system pressures. The report provides detail on an additional 2.8 Million (1.2 Million of this will be allocated directly to the Local Authority) allocation to the Sefton Health and Care System to support the Discharge process during winter.

(B) Capital Costs

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There are no direct capital costs identified through the contents of this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
Legal Implications:	
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
The contents of this report represent a neutral impact on the climate emergency	

Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable:</p> <p>The winter plan proposals seek to ensure that patient experience is improved and that vulnerable people identified as being ready for discharge from Hospital are able to do so as soon as possible and receive support to enable them to regain their independence.</p>
<p>Facilitate confident and resilient communities:</p> <p>To plan seeks to further put in place services which are enabling and support people to regain their independence.</p>
<p>Commission, broker and provide core services:</p> <p>The plan seeks to ensure that services are put in place which provide the best outcomes for people and support them to regain their independence in the most appropriate environment.</p>
<p>Place – leadership and influencer:</p> <p>The plan outlines how Health and Social Care partners are working together to address winter pressures and work with the wider sector to put in place services to addresses pressures and deliver services to better meet peoples needs.</p>
<p>Drivers of change and reform:</p>

The plan is an example of how Sefton Place partners are working together to deliver an integrated approach to dealing with system pressures.
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD 7052/22) and the Chief Legal and Democratic Officer (LD 5252/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The plan has been developed with Partners across the Sefton Health and Care System.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Eleanor Moulton
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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Background

- 1.1. As outlined by NHS England it is envisaged that the winter period will be a very challenging time for the Health and Social Care System.
- 1.2. Services are under continued, significant pressure, with challenges including timely discharge of patients impacting on patient flow within hospitals, alongside ongoing pressures in mental health services.
- 1.3. Sefton, as with other areas, are required to formulate plans to address these pressures and to ensure that risks are effectively managed through the formulation of a Winter Plan.
- 1.4. The Winter Plan needs to ensure that the Sefton Health and Care system can meet the following NHS England 10 best practice initiatives.
 1. Identify patients needing complex discharge support early

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2. Ensure multidisciplinary engagement in early discharge plan
3. Set expected date of discharge (EDD), and discharge within 48 hours of admission
4. Ensuring consistency of process, personnel and documentation in ward rounds
5. Apply seven-day working to enable discharge of patients during weekends
6. Treat delayed discharge as a potential harm event
7. Streamline operation of transfer of care hubs
8. Develop demand/capacity modelling for local and community systems
9. Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
10. Revise intermediate care strategies to optimise recovery and rehabilitation

2. Sefton Winter Planning Process

2.1. The Sefton Place winter plan has also been formulated to meet the following objectives

- Support Sefton Place urgent care objectives in valuing patients time and improving patient experience.
- To support system pressures across North and South Sefton in what is expected to be a very challenging winter.
- To strive to meet capacity with demand and ensure resource allocation in the right areas to support patients to return to their own homes as quickly as possible.
- Collectively ensure delivery of a safe winter

3. The Sefton Place Winter Plan, Intelligence, and Impacts

3.1. The following summaries the key elements of the plan against the strategic objectives outlined in section 2.2

Objectives	Plans
<p>Align demand & Capacity to optimise whole system patient flow 7 days per week & Improved discharge delays for patients who are ready for discharge</p>	<ul style="list-style-type: none"> • Additional 14 beds at existing Intermediate Care facility in North Sefton – the aims of the additional beds are to. <ul style="list-style-type: none"> ○ Provide care for patients who are medically well enough to leave hospital with no nursing needs whilst waiting package of care to go home. ○ Release acute speciality beds that are currently being used to care for this patient cohort. • Extension of existing community Intermediate Care and step-down bed provision contracts to ensure community bed base for people that can be discharged • Additional 7-day social worker capacity to prioritise discharges in the community bed base in both Southport & Formby and south Sefton until the end of March 2023. This will enable: <ul style="list-style-type: none"> ○ More timely social care assessment ○ Reduction in the number of surge beds currently in use ○ Optimising flow through the community bed base and support whole system flow ○ The valuing of patient time • Work to strengthen support to recover at home for people who can return home with support • Domiciliary Care provision to support people being discharged • Remodelling of care home facility in South Sefton – to deliver more Intermediate Care / short-term bed provision

	<ul style="list-style-type: none"> • Investment into the Community and Voluntary Sector • Investment into Housing / homeless initiatives • Investment in Primary Care and Respiratory Pathways
Attendance and Admission avoidance	<ul style="list-style-type: none"> • Virtual Wards – to care for people at home while having access to an acute hospital consultant ward round and interventions from either community or/and acute teams • 2hr Urgent Community Response (UCR) Service – ongoing work to provide immediate care and support to avoid admission. • Rapid Response Service – expansion of this service to support delivery of the 2hr UCR service

3.2. It is hoped the implementation of the Winter Plan will also lead to a reduced length of stay in NHS trust and community beds and a reduction in demand for community bed base. We would also hope to be able to achieve an increased capacity within reablement and domiciliary care in Sefton by the end of October 2022.

4. Cheshire and Merseyside Integrated Care Board (ICB) Oversight / Risk Oversight

4.1. Cheshire and Merseyside (C&M) ICB Winter Planning Operational Group is now established and has in place a C&M Urgent and Emergency Care Assurance Framework and Sefton Place has submitted a baseline assessment of the Winter Plan objectives, and this identified the following risks.

- Current significant challenge to recruit and retain Health and Social Care Workforce, although a national issue this is causing a significant level of individuals awaiting packages of care.
- There is a lack of community bed capacity and a budget challenge to resource this.
- The current Domiciliary care provision is not able to meet demand and there is a ongoing recommissioning process of this.
- There has been a long-held ambition to expand the Reablement offer in Sefton - although working to mobilise this now, there remains a risk to the system that Reablement does not have sufficient capacity to support all that would benefit from it.
- In a post covid environment there is still significant risk and pressure to deliver the elective recovery programme required.

5. How the Winter Plan will be funded

5.1 The ICB had confirmed funding for the identified beds to support Liverpool University Hospitals NHs Trust (£2.4m to fund an additional 24 beds) and Southport & Ormskirk Hospitals NHS Trust (£960k has been provided to fund an additional 14 beds).

5.2 In addition, Mental Health investment of £539k has already been allocated directly to the NHS Provider.

5.3 On the 23rd September the Department of Health and Social Care announced additional Winter Monies of £500m, and on 18th November announced that £200 million will be distributed to local authorities, based on the Adult Social Care relative needs formula (RNF) and £300 million will be distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays.

5.4 Of this national £500m funding, the following has been allocated to Sefton Local Authority and Cheshire & Merseyside ICB;

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- Sefton LA = £1.28m
- C&M ICB = £19.2m of which there will be £1.6m allocated to Sefton Place.
- It should be noted the extra £1.28m that is attributable to the LA only will need to comply with the council's financial procedure rules. As this funding is for £1.2m, this will need approval from both Cabinet and Council to be compliant with the Financial Procedure Rules. This will be included in the January finance report and then taken to Council to obtain this approval. The funding can then be included within the budget.

5.5.1 This funding is required to be pooled into the Better Care Fund (BCF). The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data and have met the other conditions. This must also be enshrined in a Section 75 agreement.

5.5.2 The ICB funding is for local determination on how it is split to local Health & Wellbeing levels.

5.6 The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. The funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges and where there are delays to discharge of patients with long hospital stays, for instance those with particularly complex care needs.

5.7 Final template returns are required to be submitted to through the Better Care Fund by the 16th December. This pooled budget arrangement is to be used to manage the fund nationally and fortnightly reporting will be required. This will be incorporated into an updated Section 75 arrangement early next year.

5.8 Schemes are being developed in Sefton and will include those listed above in paragraph 3.1 and the following:

- Support to Market Management
- Additional block-booked Domiciliary Care capacity to support with Hospital discharges
- Creation of 'Discharge Hub' with greater Social Work and Occupational Therapy capacity
- Expansion of Intermediate Care / Transitional care home bed capacity
- Support through the Voluntary Sector to meet other Social Care and Housing needs

6 Next Steps

6.5 The Place Director is responsible for ensuring that the funding will target improvements in the flow out of hospital and the commissioning teams are in the performance dashboard to ensure that proposals on use of the £1.28m for Sefton Local Authority is targeted on those priorities identified.

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- 6.6 Further work is also taking place with the wider Cheshire & Merseyside ICB to seek to agree possible further areas for short-term investment at the Sefton Place / Health & Wellbeing level, which will have a positive impact on patient flow and which will form part of the wider Cheshire & Merseyside system response to winter pressures.
- 6.7 The Committee is asked to note the contents of this report and that further reports will be provided to the Committee on agreed priorities and updates on the implementation and delivery of them.

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Report to:	Overview and Scrutiny (Adult Social Care and Health)	Date of Meeting:	3 rd January 2023
Subject:	Local Government Association Peer Review Adult Social Care		
Report of:	Executive Director for Adult Social Care and Health NHS Cheshire and Merseyside Place Director	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

This report presents to Committee the findings of the recent Local Government Association (LGA) Peer Review into Adult Social Care in Sefton. For assurance it also provides details of the actions being taken following the review.

The Executive Director of Adult Social Care with the approval from the Cabinet Member and Chief Executive invited the LGA to complete a review of the service ahead of the arrival of the Care Quality Commission's assurance inspections which could be as early as 2023.

The Peer Review was conducted in July 2022 by colleagues from the Local Government Association (LGA), Northwest Association of Directors of Adult Social Services (NW ADASS) with senior officers from other participating local authorities. The Peer Review team was led by Cath Roff Director of Adult Social Services from Leeds City Council and was consisted of colleagues from Lancashire, Leeds, Tameside, Waltham Forest, and Wigan councils. Representatives from the LGA also formed part of the challenge tea., The Peer Review mirrored the scope of the new assurance approach which will be implemented by the Care Quality Commission into all Councils with Adult Social Care responsibilities.

Following the review, a detailed improvement plan has been developed to address the areas identified for strengthening by the Peer Review Team and this is detailed within appendix 1. It is proposed that progress against this plan is provided to Committee on a regular basis, with ongoing monitoring being undertaken by the Cabinet Member for Adult Social Care and the Executive Director of Adult Social Care and Health

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Recommendations

Committee is asked to:

1. Note the content of this report and the full LGA Peer Review.
2. Review the improvement plan and provide feedback.
3. Confirm agreement that the ongoing monitoring of the will be through the Overview and Scrutiny Committee (Adult Social Care and Health), the Cabinet Member for Adult Social Care and the Executive Director of Adult Social Care and Health
4. Provide recommendation on the desired regularity of updates to Committees on progress within the plan to enable robust assurance on progress.

Reasons for the Recommendation(s):

The Peer Review process forms part of the sector led improvement programme which is available to Adult Social Care Services in the North West. It was commissioned as part of Sefton's preparation for the implementation of the National Assurance framework and inspection regime which is due to be implemented in April 2023. Sefton being the first local authority in the Northwest to take advantage of this peer review programme.

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

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

Not applicable.

(B) Capital Costs

Not applicable.

Implications of the Proposals:

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

Preparation for Inspection does require additional resource however for the purpose of this report there is no specific ask.

Legal Implications:

None
Equality Implications:
Opportunities for strengthening Adult Social Care’s focus on the Inclusivity Agenda are identified within the report.

Implications of the Proposals:

Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	
Have a neutral impact	YES
Have a negative impact	
The Author has undertaken the Climate Emergency training for report authors	NO

Contribution to the Council’s Core Purpose:

Protect the most vulnerable: peer review provides an independent review on adult social care services provided for those who are most vulnerable within the borough.
Facilitate confident and resilient communities: supporting communities and ensuring the adoption of a strength-based approach is a key aspect of the review.
Commission, broker and provide core services: Adult Social Care is responsible for delivering a number of core statutory duties.
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: the Peer Review process is a key part of the regional sector led improvement programme and is an important part of planning for inspection.
Facilitate sustainable economic prosperity: a key aspect of the review focused on market sustainability and maintaining local community services. Developing workforce strategies is also a key part of the review.
Greater income for social investment: effective management of demand and use of resource will ensure both sustainability and opportunities for reinvestment.
Cleaner Greener: integrated services allow a greater focus on wider determinants of Health and promote independence for local residents.

What consultations have taken place on the proposals and when?

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(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD 7053/22) and the Chief Legal & Democratic Officer (LD 5253/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

Implementation Date for the Decision

Immediately following the Board.

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Background Papers:

The LGA Peer Review Report can be viewed at the following link:

<https://modgov.sefton.gov.uk/documents/s113196/SeftonCouncilAdultSocialCarePreparationforAssurancePeerChallengeReportJuly2022.docx.pdf>

The full report will also be published on the Local Government Association's website once Council's Cabinet has been presented with the detailed findings.

1. Background

In April 2022, the Health and Care Act received Royal Assent and introduced the requirement for a new national assurance framework for Adult Social Care. From April 2023 the Care Quality Commission (CQC) will independently review and assess all Local Authority Adult Social Care Services. As part of its preparation for assurance Adult Social Care asked for a Peer Review of its services.

A "Peer Review" is part of the current Sector Led Improvement offer provided by the North West Association of Directors of Adult Social Services (NW ADASS) and the Local Government Association (LGA). It is not an inspection but provides a "critical friend" and is undertaken by colleagues from other Local Authorities. Sefton Council was the first authority to undertake the process as preparation for the implementation of the assessment process in 2023.

2. Local Context

Adult Social Care with Sefton is responsible for the discharge of a range of statutory duties to support and protect adults with care and support needs. This includes advice and information, assessments of need, safeguarding and the provision of support services for those with eligible needs. During 2021/22, Adult Social Care provided support to over seven thousand individuals and carers. During the last 12 months, the service received over twenty-one thousand referrals. The annual gross budget for Adult Social Care is circa £160m. As with all other Adult Social Services across the country, Sefton has continued to face challenges due to increased levels of demand, acuity, workforce shortages and market sustainability.

The previous inspection regime for Adult Social Services ceased in 2010 and was replaced by a sector led improvement programme. The new regime and requirements for a return to a national assurance regime have been heavily influenced by the COVID pandemic and a desire by the Department of Health and Social Care to have greater visibility of performance and data; similar to that provided by the NHS.

This report outlines Sefton's preparation for the newly planned inspection of Adult Social Care by the CQC through an LGA Peer Review of its current services and practice.

3. Overview of the Review

Sefton Council through its officers invited the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council and with strategic partners from across Sefton including people with lived experience of Adult Social Care.

The work was commissioned by Deborah Butcher, Executive Director of Adult Social Care and Health (DASS) and Cheshire and Merseyside NHS Place Director. The purpose was to seek an external view on the readiness of the Adult Social Care Directorate for the arrival of the Care Quality Commission's Assurance inspections which could be as early as 2023 and a view on how the Council is able to deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people.

The members of the peer challenge team were:

- **Cath Roff**, Director of Adults and Health, Leeds City Council
- **Councillor Khevyn Limbajee**, Cabinet Member for Adult Services (2018 – 2022), Cabinet Member Community Safety London Borough of Waltham Forest
- **Samantha Baron**, Director of Quality and Improvement and Principal Social Worker, Lancashire County Council
- **Tracey Harrison**, Assistant Director, Adults, Tameside Metropolitan Borough Council
- **Niamh Kearney**, Service Manager, Performance and Practice, Wigan Metropolitan Borough Council
- **Hazel Summers**, Northwest Care and Health Improvement Adviser, Care and Health Improvement Programme, Local Government Association
- **Marcus Coulson**, Challenge Manager, Local Government Association

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The Peer Review was conducted between the 5th – 7th July 2022. The Team was led by the Director of Adults and Health at Leeds City Council. Dedicated programme support was provided by the LGA.

Prior to being on-site peer team members met seven people with a lived experience, five carers and a day centre manager and considered fifteen case files from across the areas of adult social care. The Peer team read at least 189 documents including a self-assessment / position statement. Throughout the review the team had more than thirty-seven meetings with at least sixty-four different people from adult social care, health, the Community Voluntary and Faith Sector and other partners. The peer challenge team have spent over 196 hours with Sefton Council and its documentation, the equivalent of twenty-eight working days

The framework the Peer team used was that of the Care Quality Commission and their proposed four Domains of Assurance they will be using for the up-coming Adult Social Care inspection regime:

Care Quality Commission Adult Social Care Assurance four Domains	
Working with People <ul style="list-style-type: none">• Assessing needs• Supporting people to live healthier lives	Providing Support <ul style="list-style-type: none">• Care provision, integration, and continuity• Partnerships and communities• Workforce equality, diversity, and inclusion
Ensuring Safety <ul style="list-style-type: none">• Safe systems, pathways, and transitions• Safeguarding	Leadership <ul style="list-style-type: none">• Governance• Learning, improvement, and innovation• Capable, compassionate, and inclusive leaders

4. Findings from the Review

The findings contained within the full report details areas of strength under each domain and suggested areas for focus and improvement. Overall, the review was received as positive, with recognition that the areas of focus will be utilised to further improve and transform services.

The following section is lifted from the full LGA report into Sefton Adult Social Care.

4.1. Working with People

The peer team met a wide range of staff and commented that the staff are the Directorate's greatest asset. The feedback was that staff in Adult Social Care in Sefton are positive and well-motivated. There is an explicit strategy focusing on prevention and early intervention to help people live healthier lives. This was backed up by a revised front door with a focus on advice, information, and signposting. There is also a plan to have investment in the Community, Voluntary and Faith Sector and pathways and signposting resource for those who are not yet eligible for services under the Care Act. The directorate will be creating a 0-25 integrated service with Children's Social Care as a dedicated and specialist resource for this cohort of service users and building on the current transitions to adulthood approach already embedded.

Sefton Council has a market position statement in place that explores market shaping and the work needed to develop the future market requirements. The Directorate should consider updating the directory to make it accessible online.

4.2. Providing Support

There are good relationships with providers and strategic forums are in place to work together. There are strong partnerships with the NHS. The peer team felt they were mature and had strengthened during Covid. The DASS being appointed as the new NHS Place Director for Sefton in the NHS Cheshire and Merseyside Integrated Care Board is a real opportunity.

The Place-based approach by Sefton Council working in communities is a real strength and there are plans for it to be rolled out. There is also an opportunity with Place based working and investment in the Community, Voluntary and Faith Sector to identify and embed strengths-based practice across all areas the Directorates strategic objectives and the shift to prevention.

Public Health spending is aligned to tackling inequalities with wide recognition of universal proportionalism to tackle the health of the poorest fastest and a recognition that there is more to do. Cheshire and Merseyside are a Marmot region, with Sefton being one of nine Places making up the Cheshire and Merseyside Integrated Care System supporting the work of the Marmot team. This is based on the Marmot Review into health inequalities in England (2010) which proposes an evidence-based strategy to address the social determinants of health conditions in which people are born, grow, live, work and age and which can lead to health inequalities

4.3 Ensuring Safety

There is a robust model for transitions and the Peer team heard evidence of a good system for identifying people who are transitioning into adulthood and who have complex needs. There is active take up by young people of direct payments to buy the right support. The Peer team recommended the development of a wider choice for young people transitioning to Adult Social Care especially around pathways into work and supported employment. There would appear to be an opportunity to create a "Promoting Independence" service for young people as they come into adulthood.

The Directorate has a quality assurance team with a focus on care home quality improvements, however, due to challenges in the market the team are largely focussed on reactive intervention. The Peer team recommended a move away to a more proactive approach. The communication between commissioning and contracts colleagues could

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be stronger and bringing commissioning into the Directorate is an opportunity to strengthen those links.

The engagement between partners at a strategic level in the Safeguarding Adults Board (SAB) is strong.

4.4. Leadership

The Peer team reflected on the political leadership and commented that the Cabinet Member for Adult Social Care is an asset to the Adult Social Care Directorate, being knowledgeable and experienced, providing political direction and oversight. There is strong and experienced political leadership by the ruling party and consensus in the area of Adult Social Care and Health between the different political parties.

There is a clear separation between the executive and scrutiny and there is a clear narrative from the political leadership over their direction and what is expected of them from the Care Quality Commission.

There was evidence to suggest there is clear engagement with the other partners across the newly formed Integrated Care System and it was good to see adult social care represented on the Integrated Care Board.

The Chief Executive of Sefton Council is fully sighted on adult social care and as a Council prioritises the work supporting vulnerable people as per the Council vision.

Both the Executive Director of Adult Social Care (statutory DASS) and the Assistant Director of Adult Social Care and the leadership team are very experienced which they demonstrated throughout this process and from talking with frontline staff, the senior and middle managers in adult social care are seen as approachable and responsive. They described the culture as positive and supportive with clear leadership. There is stability in the management structure retaining organisational knowledge and understanding.

4.5 Areas of focus and challenge

Whilst the review identified many areas of good practice, the LGA team provided clear feedback on areas for consideration and improvement. A number of these areas have been referenced in the summary sections above. Other areas are also detailed below, and a full plan has been developed to address these.

- Continue to focus on recovery post covid and managing increased number of referrals and people awaiting assessment and support – it is recognised that Sefton is not alone in this position, and it is a challenge currently being faced by most Local Authorities.
- Ensuring adequate workforce capacity and leadership to manage the scale and requirement of transformation within the service, which is driven by national reform.
- Development of a departmental plan given the breadth of demands and activity within the service.
- Continue to focus on market sustainability increasing availability of domiciliary care and reablement services, reducing variation of offer.

- Explore opportunities for integration approach to access social care at the front door, workforce strategy and specialist learning disability teams.
- Explore opportunities to reset the “strength- based approach” for social work and develop the community service offer
- Greater focus and development of the neurodiversity agenda

5. Action taken post review.

Following the completion of the review a comprehensive improvement plan has been developed to address the areas for consideration identified within the report. This improvement plan is contained within Appendix 1. This improvement plan forms a key part of the services' preparation for inspection. The Peer Review Improvement plan has been developed in conjunction with a number of other work programmes which have been identified following a review of the latest guidance provided by CQC detailing the key lines of enquiry for the national assurance framework.

Progress of the improvement plan will be overseen by the Cabinet Member for Adult Social Care and Executive Director Adult Social Care and Health. It is proposed that regular updates are provided to the Committee for scrutiny and assurance.

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Appendix 1:
National Assurance Framework – Adult
Social Care -Peer Review Action Plan

November 2022

CQC Themes & Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information, and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working		
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes*	Care provision, integration, and continuity	Partnerships and communities	Workforce equality, diversity, and inclusion
We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement	<i>No longer included latest iteration of in National Assurance Framework</i>
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways, and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability		
Safe systems, pathways, and transitions	Safeguarding		Governance	Learning, improvement, and innovation	Capable, compassionate, and inclusive leaders
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, and we make sure we share concerns quickly and appropriately.		We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research	<i>No longer included latest iteration of in National Assurance Framework</i>

*Quality Statement added October 2022 and was not considered as part of the Peer Review.

Theme 1 - Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information, and advice

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>to Assessing Needs</p> <p>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health care, wellbeing, and communication needs with them</p> <p>Supporting people to live healthier lives:</p> <p>We support people to manage their health and wellbeing so they</p>	T1.1	Learning from compliments, complaints, and incidents.	<p>Quality Improvement & Practice Forums are now in place to oversee learning.</p> <p>A Quality Assurance Framework has been developed to ensure consistent feedback and learning is implemented across all services.</p>	<p>Feedback from people using services</p> <p>A reduction in complaints for the specific themes highlighted in Annual Report for Complaints.</p> <p>Clear evidence of learning and practice Improvement across the directorate is fully embedded</p>	Assistant Director Adult Social Care and Health and DASS	On Track	<p>Framework April 2023</p> <p>Evaluation of impact May-Sep 2023</p>
	T1.2	There is not a whole system approach across health and social care for complaints handling, for example for complex complaints where people's experience relates to	Work is being undertaken with health colleagues to establish a more joined up approach for responding to complaints. This will prevent individuals raising	<p>Feedback from complainants</p> <p>Improved liaison between services reducing the need for multiply</p>	Assistant Director Corporate Resources and Assistant Director Adult	On Track	Plan in place March 2023

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.</p> <p style="text-align: center;">Page 58</p>		<p>a number of providers across a pathway such as hospital discharge and is a potential area for development.</p>	<p>their concerns multiply times and ensure responses are not provided in isolation</p>	<p>responses People report greater satisfaction with complaint handling and responses are comprehensive and joined up.</p>	<p>Social Care</p>		
	<p>T1.4</p>	<p>The Directorate may wish to consider options to integrate with community health in such areas as the Adult Social Care front door, the Occupational Therapy, and Reablement Services.</p>	<p>Working with our colleagues from the NHS and Community Services to develop and implement plans to ensure we adopt an integrated approach at the point people access services</p>	<p>People accessing services will report an improved experience and will not need to tell their story multiply times</p> <p>We will be able to evidence an Increased number of people accessing community services, reablement and technology enabled care.</p> <p>Integrated assessment documentation and shared care records in place</p>	<p>Assistant Director and Director Adult Social Care and Health</p> <p>System Partners</p>	<p>Business Case to consider greater structural alignment</p> <p>Shared Care records -On Track</p>	<p>March 2023</p>

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Page 59	T1.5	Access to reablement services can at times be difficult to access due to increased demand and capacity.	We are reviewing our current reablement offer and approach to address this.	More people have access to reablement across the borough Reduction in long term care packages	Executive Director Adult Social Care and Health and Assistant Director All Age Commissioning	On Track	January 2023 to improve capacity. April 2023 to review model
	T1.6	There is the need for a review of discharge pathways to understand the role of social work and how this contributes to an integrated model.	We are reviewing the discharge pathway with system partners to ensure this is a joined up as possible and that we are maximising opportunities for health and social care to work together. This includes supporting the development of discharge hubs and ensuring the 'Home First' offer is strengthened	Individuals and Carers will report an improved experience with more effective communication and a more joined up approach between health and social care Reduction in delayed discharges attributable to Adult Social Care	Assistant Director Adult Social Care and Health	On Track	April 2023
	T1.7	The direct payments process is reviewed to see if it can be simplified as well as how Personal Assistants are accessed. Consideration should be given to how the	A review of the current Direct Payment offer will be undertaken in order to strengthen the offer. This will be done in	Increase in utilisation of Direct Payments Increase in recruitment of	Service Manager (Client & Business Support)	Started	April 2023

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Page 60		use of direct payments is an enabler to innovative care and support options.	collaboration with people and carers who access and use Direct Payments	<p>Personal Assistants Positive feedback from people utilising Direct Payment</p> <p>All people accessing Adult Social Care have choice and control about their services.</p>			Additional support from Empower identified to review pathway and processes
	T1.8	The Service should consider a whole system case audit to benchmark current practice in preparation for a strength focused transformation programme.	<p>As part of the Quality Assurance Framework which has been developed a case file audit process is now being rolled out across all services</p> <p>Learning will be identified at Quality Improvement and Practice Forums.</p>	<p>We will be able to evidence how we have taken learning and directly improved practice and outcomes for people using services</p> <p>Feedback from people using services and case recording will reflect a stronger strength-based approach.</p>	Assistant Director Adult Social Care and Health and Principal Social Worker	On Track	March 2023

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Page 61	T1.9	The introduction of specialist learning disability teams will help reduce the volume of complex cases held in the neighbourhood teams.	We will utilise best practice from around the regional to develop a specialist Learning Disabilities Team. We will do this in collaboratively will individuals, families, and partner agencies	Establishment of specialist Learning Disabilities Team which can evidence improved outcomes for individuals, carers, and families.	Assistant Director Adult Social Care and Health	Started	June 2023
	T1.10	Carers Strategy refresh to ensure that is it more outcomes focused with clear timescales to include stronger representation of the Carers Voice and consider increased investment to Carers Support to extend the reach and to bolster the support offer.	Sefton's Carers Strategy is currently being refreshed with key partners to include clear outcomes and measures for delivery. This will include coproduction and full engagement with carers. This strategy will be presented to Cabinet in May 2023 Work is also being undertaken in collaboration Sefton Carers to meet the increased need across the borough	Improved outcomes and metrics for Carers A sustainable quality robust service offer is available	Strategic Support and Adult Social Care Commissioning	On Track	April 2023 First Draft January 2023
Equity in experiences and outcomes*	T1.11	New Quality Statement added to framework by CQC in late November 2022 after Peer	Work taking place in this area includes: We are currently reviewing	We will be able to gather regular feedback from	Service Managers	On Track	April 2023

Theme 1: Quality Statement	Action Ref	Areas of Focus identified within the report	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.		Review report produced against the original framework.	<p>how we gather feedback from people and carers with lived experience. This will involve working in partnership with partner organisations such as Health Watch and Sefton CVS.</p> <p>We will implement arrangements to hold regular focus groups and gather direct feedback at the point people have used the service. We will utilise this feedback to improve services</p>	people accessing services and be able to evidence that we have listened and improved			

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Theme 2 - Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working

Theme 2: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Care provision, integration, and continuity	T2.1	Market position statement will be available that makes clear links to what the council requires from the market and presents a clear picture of capacity and demand	Market Position Statement to be refreshed to include what has been highlighted in the Joint	A market that is able to meet the needs of people living in Sefton, therefore we would	Executive Director Adult Social Care and Health	Started	Refresh completed March 2023

Theme 2: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>Partnerships and Communities</p> <p>We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.</p> <p>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement</p>		for the next 3 years	Strategic Needs Assessment for Vulnerable Adults once published and utilizing the LCR Dynamic MPS and Place Delivery Plan	expect reduced waiting times, less need to commission services outside of contracts, Service users reflect a high level of satisfaction in terms of the choice and control they have over service provision in Sefton.			
	T2.2	Staff need knowledge of community resources if alternatives are to be used and signposted to. Consider updating the Directory and other potential models to make it accessible online so it can be publicised and updated more easily.	We will review the information contained in the Directory and links to marketplace.	More people will have access to alternative community services when this appropriate Online fully functioning Directory in place	Assistant Director All Age Commissioning	To be started	Review with front line teams March 2023 September 2023
	T2.3	There are a number of care homes asking for fee tops ups so reducing choice availability. Consider options to improve fees and charges through the context of the 'Fair Cost of Care' exercise.	Fair Cost of Care exercise carried out working with Providers and results submitted to DHSC. Market Sustainability Plan being developed.	More sustainable marketplace with greater choice at contractual rates	Assistant Director All Age Commissioning Director Adult Social Care and Health	On Track	March 2024

Theme 2: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Page 64			Dedicated capacity to be given to this area within the Commissioning function.				
	T2.4	Strategic commissioning plans and operational reporting needs to reflect equality, diversity, and inclusion issues. Sefton’s small black and minority ethnic population should be considered when reviewing service delivery plans.	Population needs including BAME population to be considered as part of the refresh of Market Position Statement.	We are able to offer evidence based assurance that our services are able to meet the needs of all parts of our population.	Assistant Director All Age Commissioning	To be started	March 2024
	T2.5	The intermediate care strategy needs to support a reduction in bed-based care to more community based care. Consider a coherent, properly resourced reablement offer that offers equity of access across the borough. (Linked to T1.5)	An integrated approach to the Intermediate Care Strategy delivery has been stepped up with a refreshed approach top bed-based offers receiving a full wrap around community offer and the development of a business case to deliver further Capacity to reablement.,	Increased take up of reablement through lead provider. Reduction in alternatives to reablement being used	Place ICB Team and Council Lead Officer Place Director	On Track	March 2023
	T2.6	Consider an integrated workforce strategy to include blended roles and approaches in home care. This is a way for home care staff	Corporate Workforce Strategy being worked on currently. Integration of Workforce Strategies	Greater awareness around roles and responsibilities both of social care	Assistant Director Adult Social Care and Health and	Started	April 2023

Theme 2: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
		to work closely with district nurses and support the delivery of some low level health tasks as part of an agreed care plan.	to be determined with Health. Integrated Care Team Development plan now defined. Customer journey to consider integrated approach	and health colleagues in respect of delivery.	Place Director		
	T2.7	Recruitment issues are being experienced across the market especially for home care services. Home care providers are keen to work with the Council and move towards outcome focused care packages which are strength focused. There were limited options for home care services resulting in quick escalation to packages of care. A whole system transformation programme with Third Sector investment could address this.	A wider workforce strategy is being developed across the North West, and consideration of adopting a care academy approach in Sefton is ongoing Domiciliary Care re-tender process underway and will explore issues raised. Community Catalysts are working with Commissioning to explore alternative options in the marketplace.	Domiciliary Care re-tender to increase choice and move towards strength focused care packages. Increased choice and control in marketplace and recorded on Sefton Directory. Reduction in waiting lists and increased satisfaction in customer feedback	Assistant Director All Age Commissioning	Started	Initial strategy developed by April 2023

Theme 3 - Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways, and continuity of care

Theme 3: Quality Item 6	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Safe systems, pathways, and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people	T3.1	Consider opportunities to create a “Promoting Independence” service for young people as they come into adulthood, providing a wider choice for young people especially around pathways into work, leisure and supported employment.	We are working with Sefton Partners to strengthen the offer and availability of supported employment opportunities and access to employment. A multi-agency working group will be launched in January 2022	We will be able to evidence Performance data around the numbers of individuals with a learning disability in employment will increase	Assistant Director Adult Social Care and Health Assistant Director All Age Commissioning	On Track	Initial options completed June 2023
	T3.2	The quality assurance team are currently reactive rather than proactive given existing capacity of the team in light of increased	We are reviewing the role of the Quality Assurance team to strengthen its capacity and focus. This will ensure a proactive	See an increase in planned activity rather than reactive response	Commissioning and Service Manager (Safeguarding)	On Track	March 2023

Theme 3: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>move between different services.</p> <p>Safeguarding</p> <p>We work with people to understand what being safe means to them and work with the partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, and we make sure we share concerns quickly and appropriately.</p>		demand.	<p>and early intervention approach is implemented</p> <p>Links between Quality Assurance officers, frontline Social Work staff and safeguarding to be further strengthened.</p>	We will gather feedback from Care Homes and People Using services to assess the impact			
	T3.3	The engagement between partners at a strategic level in the Safeguarding Adults Partnership Board (SAPB) is strong, but there were concerns about engagement of key partners in Task and Finish Groups.	<p>Task & Finish groups have been revisited to reduce duplication and membership revitalised</p> <p>A New SAPB independent Chair is now in place</p>	Reduction in meetings and improved representation and engagement of key partners.	Safeguarding Adults Partnership Board Manager	On Track	Completed
	T3.4	SAPB to consider the introduction of a performance report that looks at the role of safeguarding across all partner agencies and not just adult social care. This would more appropriately represent the partnership approach of the SAPB.	A whole system Performance report is currently in development, which will show safeguarding activity across all partner agencies	A fully integrated Sefton wide performance report across key partners will be available and utilised to enable the SAPB to identify target areas	Safeguarding Adults Partnership Board Manager	On Track	March 2023
	T3.5	There is the need for a greater emphasis to be placed on social worker's professional judgement	Programme of refresher Safeguarding training has been delivered for all	We will be able to evidence strong presence of profession	Service Manager (Safeguarding) and Principal Social Worker	On Track	March 2023

Theme 3: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
Page 68		within safeguarding case notes.	social workers A regular programme of auditing safeguarding case files is to be introduced Refreshed guidance on recording practice is being developed	judgement clearly articulated within case files via an audit process			
	T3.6	There is opportunity to work with Care Providers to reduce the number of inappropriate safeguarding referrals being received, predominantly in respect of medication concerns	-We are working with Health colleagues to develop greater training for care homes and strengthening the approach undertaken by our Quality Assurance Team to ensure an early intervention and preventative approach.	See an increase in planned activity rather than reactive response Reduction in medication concerns being raised via the safeguarding team Improved services for people living within the care home	Commissioning, Service Manager (Safeguarding) and Principal Social Worker	On Track	Dedicated work programme developed by Feb 2023

Theme 4 - Leadership: culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>Governance</p> <p>We have clear responsibilities, roles, systems of accountability and good governance to ensure good quality, safe, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p> <p>Learning, improvement, and innovation</p>	T4.1	<p>Given current pressures across the council and the whole health and care system, there is a need to ensure the pressures of demand, the pressures of caseloads, the pressures of people waiting to receive services, there is need to mitigate risk associated with the pressure of demand experienced.</p>	<p>Waiting lists are being robustly monitored through the newly formed performance board.</p> <p>Service risk registers are in place and regularly reviewed, with clear escalation and visibility with Senior Officers and the Lead Cabinet Member</p> <p>Rolling recruitment to be put in place to increase numbers of front line workforce and options to enhance attraction and retention will be explored</p> <p>Overtime working for existing staff to reduce waiting lists</p> <p>Staff support in place including regular supervision, informal support, and signposting to</p>	<p>Reduction in waiting lists and length of time on waiting lists through Performance Board and Dashboard</p> <p>We will gather feedback from Individuals and Carers accessing services</p>	<p>Executive Director Adult Social Care and Health /Assistant Director</p> <p>Service Managers</p>	On Track	April 2023

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
<p>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcomes, and quality of life for people. We actively contribute to service, effective practice and research</p>			<p>support services</p> <p>We with partner agencies to ensure we reduce duplication and streamline process to maximise our workforce and improve response times for the public</p>				
	T4.2	<p>The top layers in the department are very lean in terms of senior leaders. As the transformation programme is implemented the Council should ensure there is adequate capacity for the team to manage the number, variety and complexity of adult social care work and projects.</p>	<p>An enhanced senior leadership structure has been developed and agreed. Senior manager posts have now been advertised and recruitment is currently underway. This will strengthen the leadership in place and ensure adequate capacity to meet the breadth of national reform and transformation.</p>	<p>Posts will successfully be recruited into, increasing the senior management oversight.</p> <p>Key milestones and pieces of work will be delivered to improve outcomes for people using services and staff</p>	<p>Executive Director Adult Social Care and Health and Assistant Director Social Care and Health</p>	<p>On Track</p>	<p>First Phase completed April 2023</p>
	T4.3	<p>Staff in adult social care have indicated they have experienced a lot of changes and initiatives coming from senior managers all at once.</p> <p>There is a need to develop a</p>	<p>An Adult Social Care Strategy plan beneath this is to be co-produced with staff. We will review and strengthen our communication with staff</p>	<p>Staff will be engaged and clear on the direction of travel for Adult Social Care.</p>	<p>Assistant Director Social Care and Health</p>	<p>On Track</p>	<p>Co-production sessions delivered March 2023</p>

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
		Directorate plan with scheduled priorities with defined interdependencies identified.	ensuring a range of engagement and feedback opportunities are in place. This will include service wide team talks and regular update events.				
	T4.4	Consider increasing the capacity and capability of the performance team so they can support the Adult Social Care Directorate more effectively as a Business Intelligence function from within adult social care. Train Directorate staff on the interpretation and effective use of this data so they can make changes for improvement.	We will work with corporate colleagues to maximise effective working with BI colleagues A newly formed performance board has already been established including corporate BI support and this provides oversight of all areas of performance within the service Operational dashboards are being developed with BI and relevant teams to ensure effective utilisation. Dedicated Training will be offered	The Performance Board will be fully embedded and options for increasing the capacity of BI will be reviewed and actioned Staff awareness of performance reports and how these are utilised will increase and feedback will report greater confidence. Improved performance figures being reported	Assistant Director Adult Social Care and Health Assistant Director Corporate Support Adult Social Care Service Managers	On Track	March 2023 Progress monitored through April - Sep 2023
	T4.5	Approach to a strengths-based social work was disrupted by Covid. A re-set and a change of language to move beyond “the three conversations model” is	A review and relaunch of our current strength-based approach is in process. This will include a review of practice, access to community based provision,	Staff have a greater awareness of strength-based practice and how they are recording this in systems	Principal Social Worker and Senior Lead for Transformation & Assurance	On Track	Relaunch by April 2023 Further Evaluation July 2023

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
		required.	documentation, and advice / information Quality Improvement and Practice Forums established for practitioners to embed strength-based approach with the objective of improving practice.	used Direct Feedback from Individuals and Carers report a more strength-based approach			
Page 72	T4.6	The Service considers how it demonstrates inclusive leadership to develop greater awareness and planning for Sefton's diverse communities.	<p>We will develop a strategy to further understand and ensure we meet the Adult Social care needs of Sefton's diverse communities</p> <p>We will do this by reaching out to local communities to coproduce service responses and information</p> <p>Understand and utilise our data more effectively including links to population needs and Joint Strategic Needs Analysis.</p> <p>We will undertake an Equalities Impact Assessment (EIA)</p> <p>Seek out and learn from best practice else were</p>	<p>Our service delivery and transformation programmes will reflect the needs of all groups within the local Sefton Community.</p> <p>We have established links in place with local communities' groups</p> <p>Those accessing services will more greatly reflect the diverse communities with Sefton</p>	Executive Director Adult Social Care and Health	Started	<p>Action plan in place April 2023</p> <p>Implementation through 2023</p>

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
			<p>regionally and nationally</p> <p>Ensure all staff access Equality & Diversity training for staff and Managers. Recent additional training for Race Equality taking place.</p> <p>Work taking place to identify and reach groups including those from diverse ethnic backgrounds (DEB). Establish metrics to capture feedback and measure success.</p>	<p>We will gather and learn from direct feedback from people access service</p> <p>All staff will be compliant with training and development</p>			
	T4.7	<p>There is a need to reflect the emerging neurodiversity agenda given more prominence in the documentation and practice of the Directorate.</p>	<p>We will review our policies and procedures to ensure we are raising awareness of and addressing practice to reflect the neurodiversity agenda</p> <p>This will include In areas such as recruitment, retention, development, and service delivery</p> <p>We will expand our presence on the Corporate Equalities Group (CEG) and ensure full alignment to and Implementation of the Council's developing</p>	<p>We will be evidence awareness of and visibility of the Neurodiversity Agenda throughout the service</p>	<p>Assistant Director Adult Social Care and Health Principal Social Worker and Service Managers</p> <p>Ensure alignment to CEG</p>	<p>Started</p>	<p>Initial review completed April 2023</p> <p>Dedicated work throughout 2023/24</p>

Theme 4: Quality Statement	Action Ref	Areas of Focus	Actions We Are Taking	How we will know it has worked	Responsible Lead Officer	Status (Started/ On Track/ Complete)	Milestones
			Equality Strategy				

DRAFT

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting	3 January 2023
Subject:	GP General Access Summary of Findings		
Report of:	NHS Cheshire and Merseyside (Sefton)	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Jan Leonard		
Tel:	07826903286		
Email:	Jan.Leonard@southportandformbyccg.nhs.uk		

Purpose / Summary of Report:

To present the findings of the GP General Access engagement that has been carried out to gather feedback from residents on their GP practice


Recommendation(s)

That the report be noted.

Agenda Item 9

GP General Access Summary of findings

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Agenda Item 9

Contents

Introduction and background

Demographic profiling

Experiences of accessing the GP practice during the pandemic

Experiences of being triaged

Experiences of appointments during the pandemic

Experiences of using the GP practice website

Summary of findings

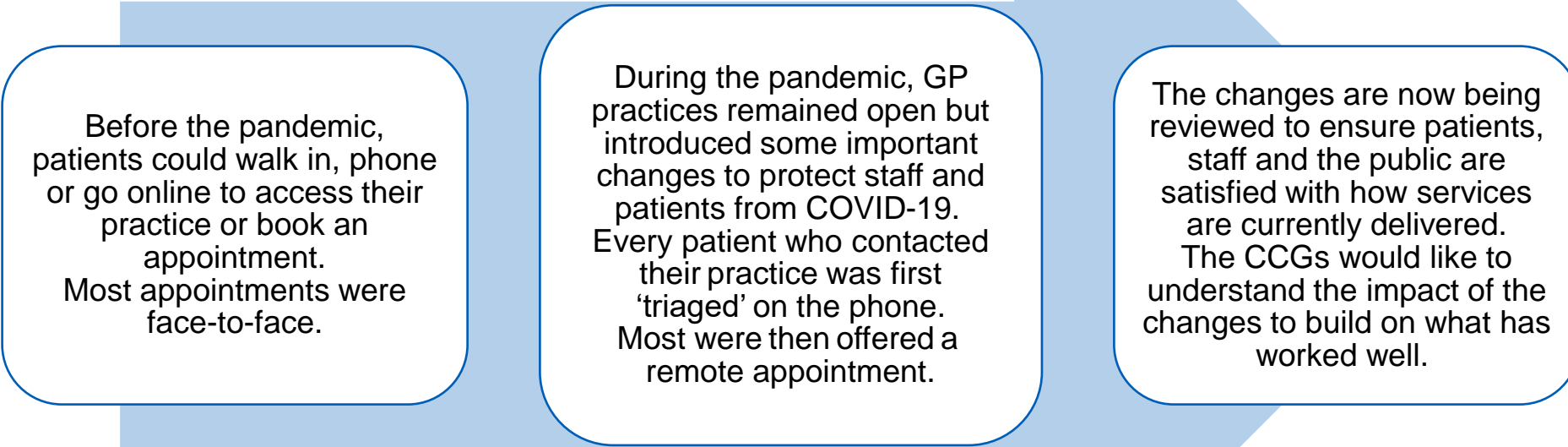
Next steps

Introduction and background

Introduction

- This report presents the findings from the **GP General Access engagement** that we carried out to gather feedback from our residents on their GP practice
- We chose to do this local survey aside from the national GP survey, it was not a requirement
- During the COVID-19 pandemic, GP practices remained open but introduced some important changes to keep staff and patients safe:
 - Every patient contacting a practice was firstly ‘triaged’ over the phone
 - Most people were then offered a remote (phone or video) appointment with a clinician in the first instance
 - Where necessary, patients were offered face-to-face appointments throughout this period, or referred to a different service.
- The engagement aimed to understand local people’s experiences of accessing and using GP services during the COVID-19 pandemic
- This report is produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

Background to the engagement



Before the pandemic, patients could walk in, phone or go online to access their practice or book an appointment. Most appointments were face-to-face.

During the pandemic, GP practices remained open but introduced some important changes to protect staff and patients from COVID-19. Every patient who contacted their practice was first 'triaged' on the phone. Most were then offered a remote appointment.

The changes are now being reviewed to ensure patients, staff and the public are satisfied with how services are currently delivered. The CCGs would like to understand the impact of the changes to build on what has worked well.

Note: PC24 and Roe Lane surveys also took place and have some of the same questions, which have been included in the analysis to this report.

Communications and engagement summary

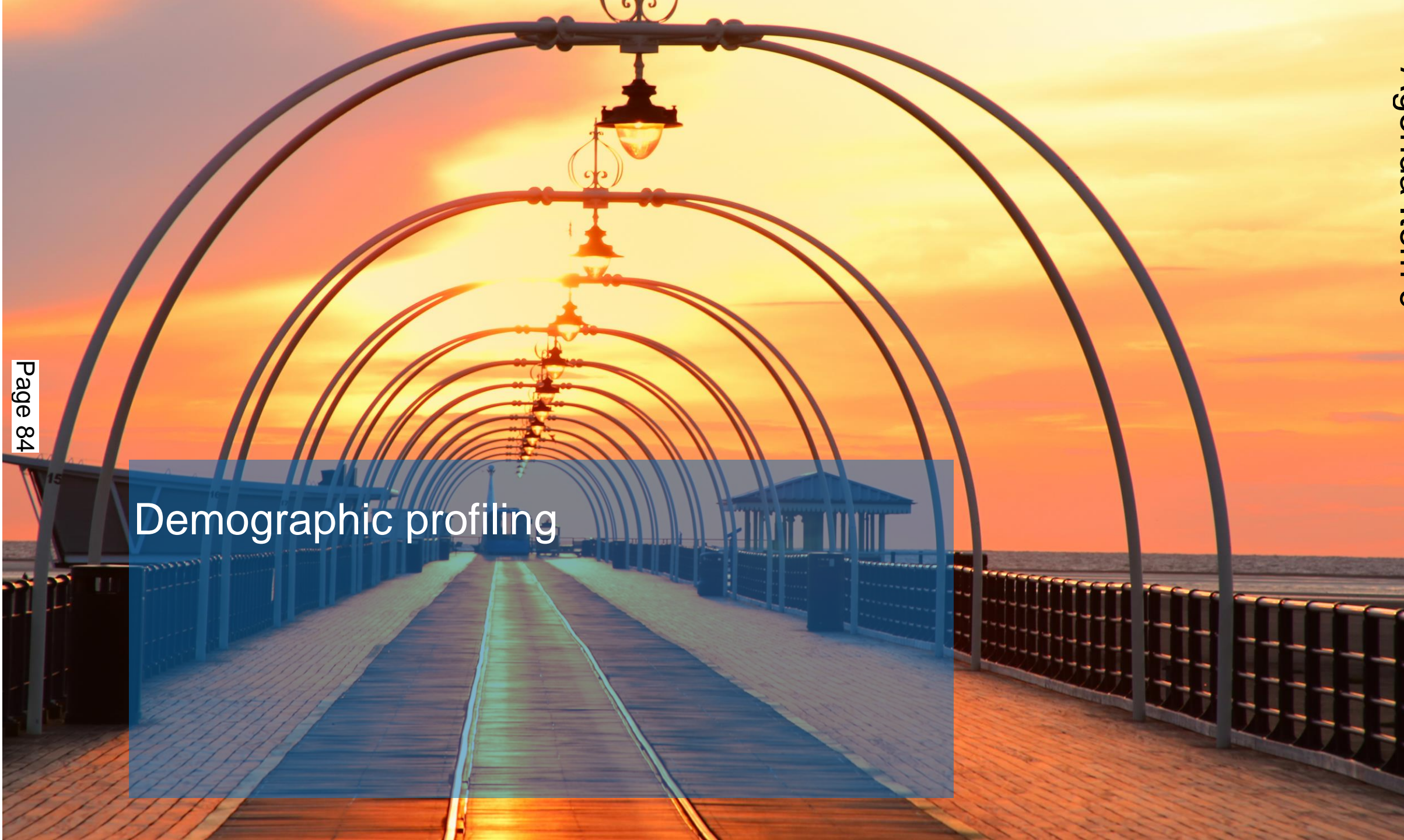
- Patients from the practices were contacted and asked to complete the questionnaire
- Patients were sent text messages or letters containing a link to the online survey
- NHS South Sefton CCG and NHS Southport and Formby CCG promoted the survey links on their websites
- Information packs were provided on how to get involved
- Paper copies and an easy read version of the survey were also made available.















Methodology

- Feedback was gathered using a survey, with one version for south Sefton and another for Southport and Formby
- These surveys had identical questions, apart from the question ‘Which practice would you like to tell us about?’ which only included the relevant practices for that CCG
- Both of the surveys had an easy read version too
- The surveys were hosted online from 18 November 2021 to 28 February 2022
- Paper versions were available on request
- **Overall, 10,664 survey responses were received**
- Not all respondents answered every question. The ‘base’ figure on each slide is the number of respondents answering that question.

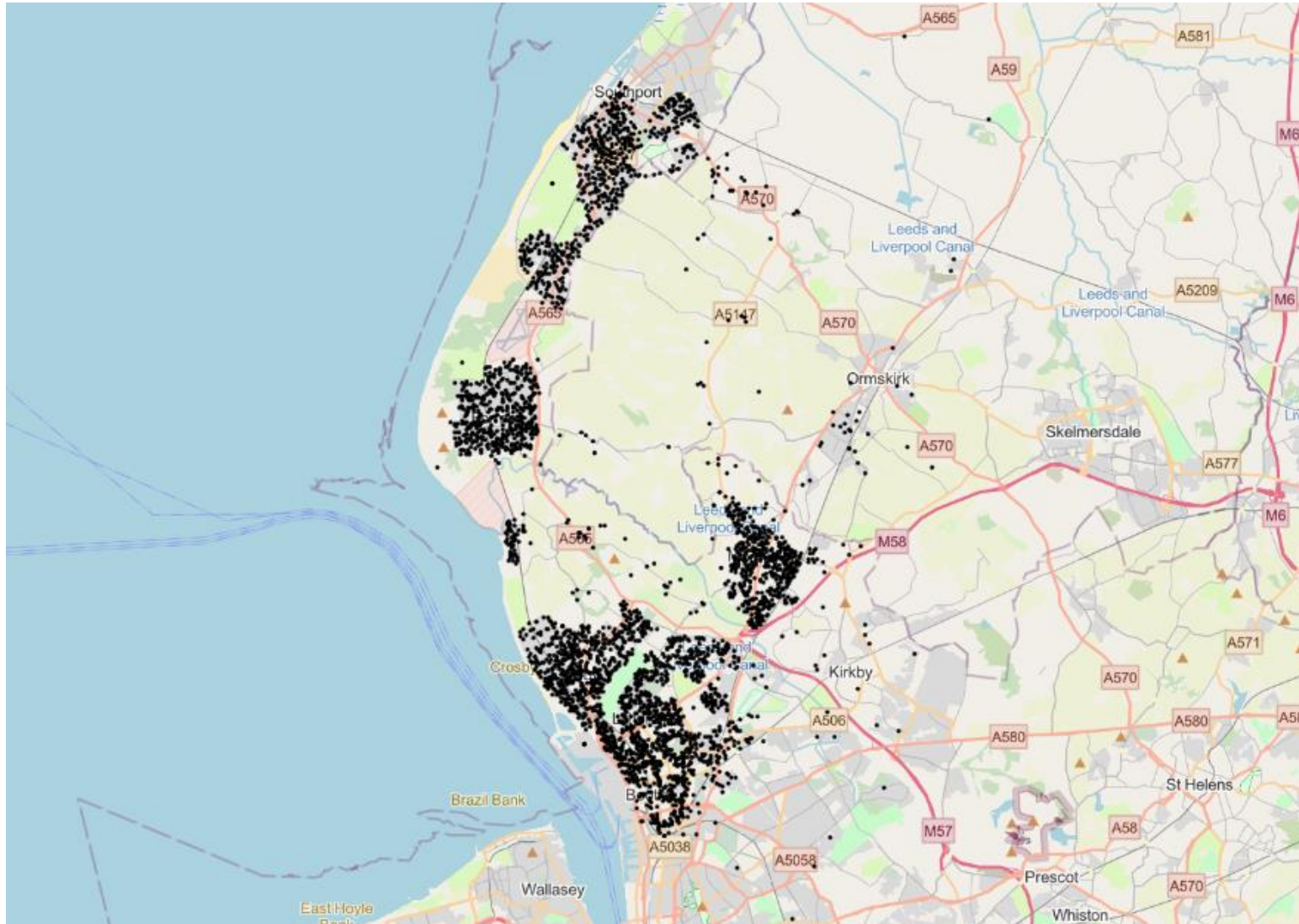
Demographic profiling



Demographic profiling: Overall summary

Ethnicity 	Age 	Sex 	Gender reassignment 	Sexual orientation 	Relationship status 
<p>9,901 (94%) respondents were White British.</p>	<p>7,781 (74%) respondents were 50 or over.</p>	<p>6,494 (62%) respondents were female.</p>	<p>27 (0.3%) respondents were transgender or non-binary.</p>	<p>221 (2%) respondents were gay, lesbian or bisexual.</p>	<p>6,009 (57%) respondents were married.</p>
Religion 	Pregnancy 	Maternity 	Disability 	Armed forces 	Carer 
<p>7,235 (69%) respondents were Christian.</p>	<p>76 (1%) respondents were pregnant.</p>	<p>81 (1%) respondents had recently given birth.</p>	<p>3,866 (37%) respondents had a health condition limiting day-to-day activities.</p>	<p>492 (5%) respondents had served in the armed services.</p>	<p>2,197 (21%) respondents were carers.</p>

Map of respondents



Experiences of accessing the GP practice

Contacting GP practice

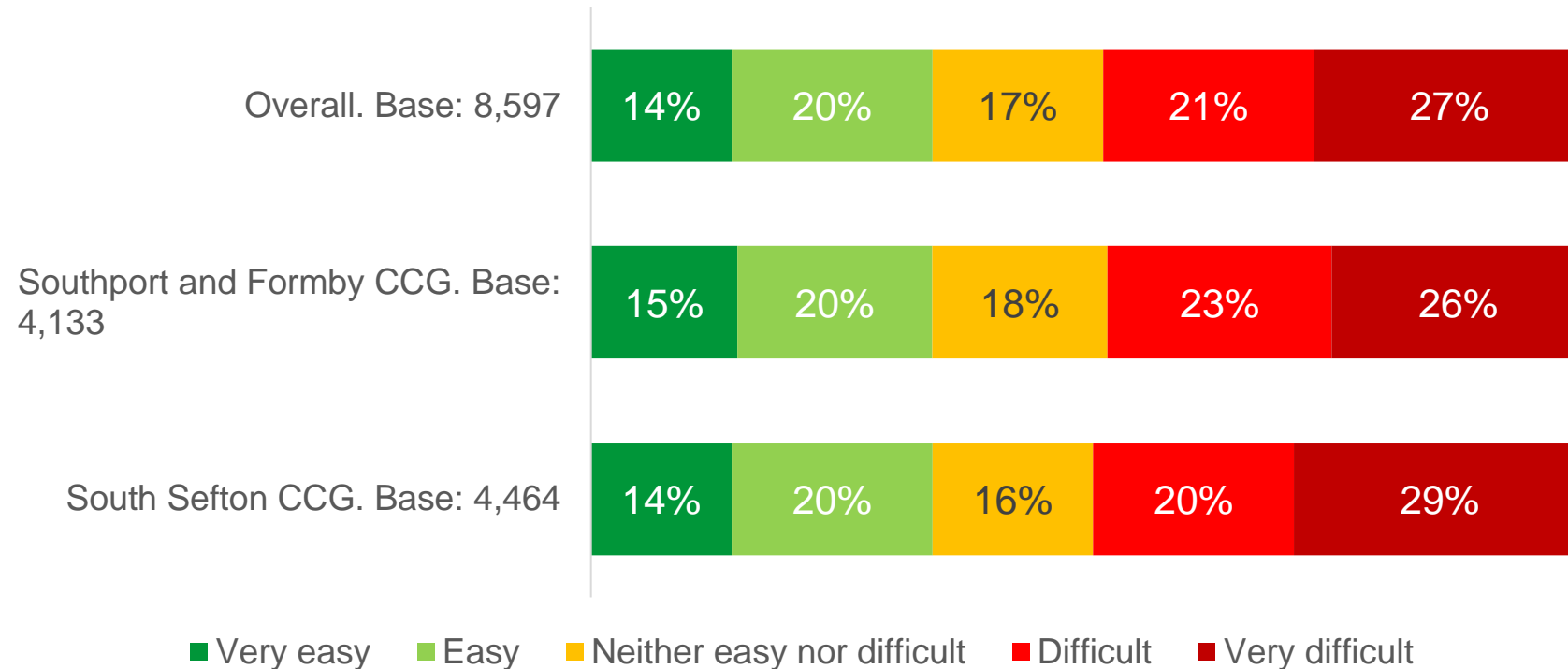
How have you contacted your GP practice during the pandemic?

	Total		South Sefton CCG		Southport and Formby CCG	
	No.	%	No.	%	No.	%
Phone	8,614	87%	4,476	85%	4,138	89%
Online request form	3,170	32%	1,908	36%	1,262	27%
Walk-in	884	9%	456	9%	428	9%
Haven't contacted practice	601	6%	323	6%	278	6%
<i>Base</i>	9,936		5,275		4,661	

Accessing practice by phone

How easy was it to access your GP practice by phone during the pandemic?

51% Overall total easy/neither easy nor difficult | 49% Overall total difficult

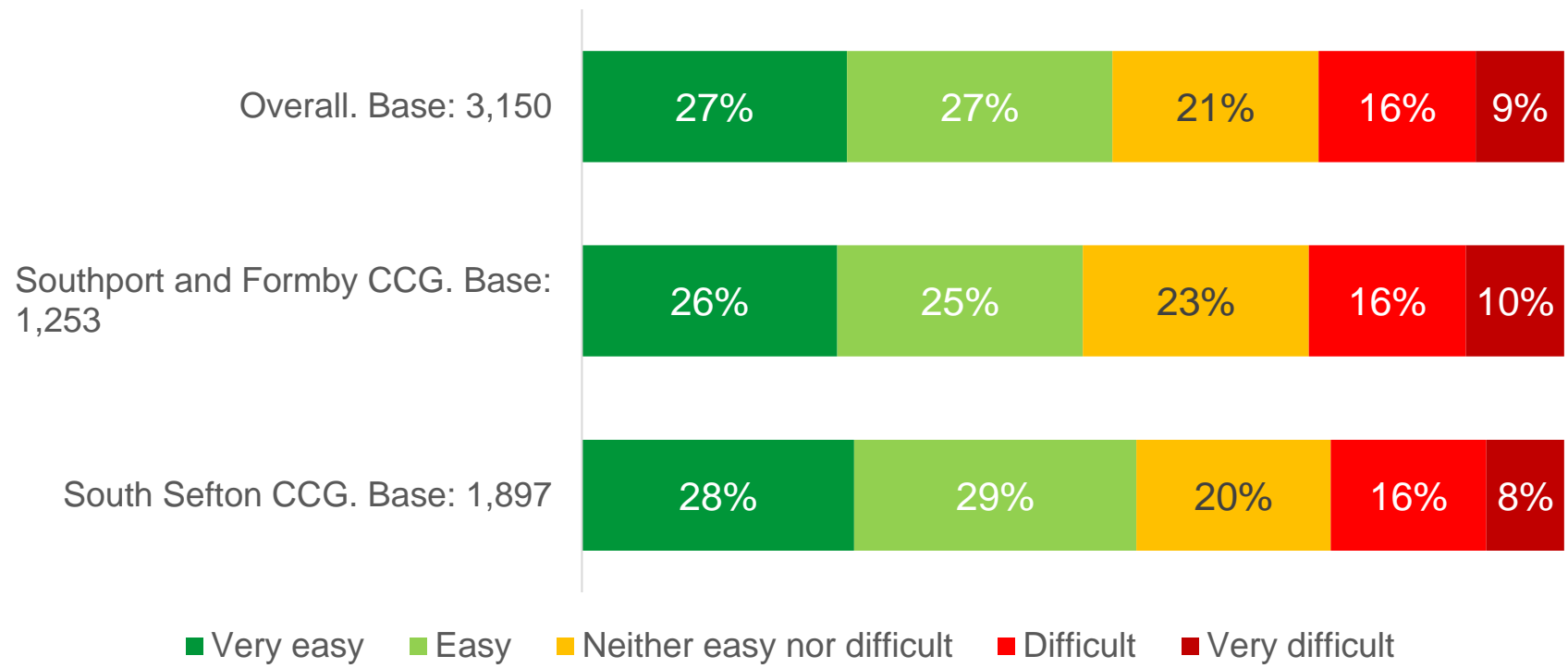


Accessing practice by online request form

How easy was it to access your GP practice by online request form during the pandemic?

75% Overall total easy/neither easy nor difficult | 25% Overall total difficult

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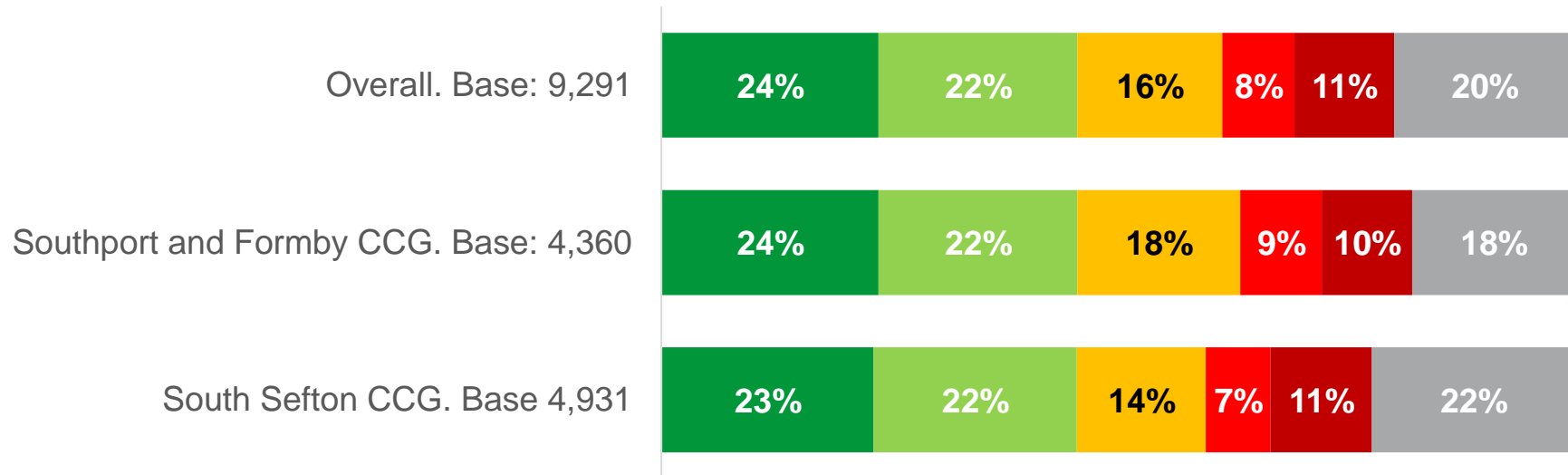
Experiences of being triaged



Rating experience of being triaged

How would you rate your last experience of being triaged?

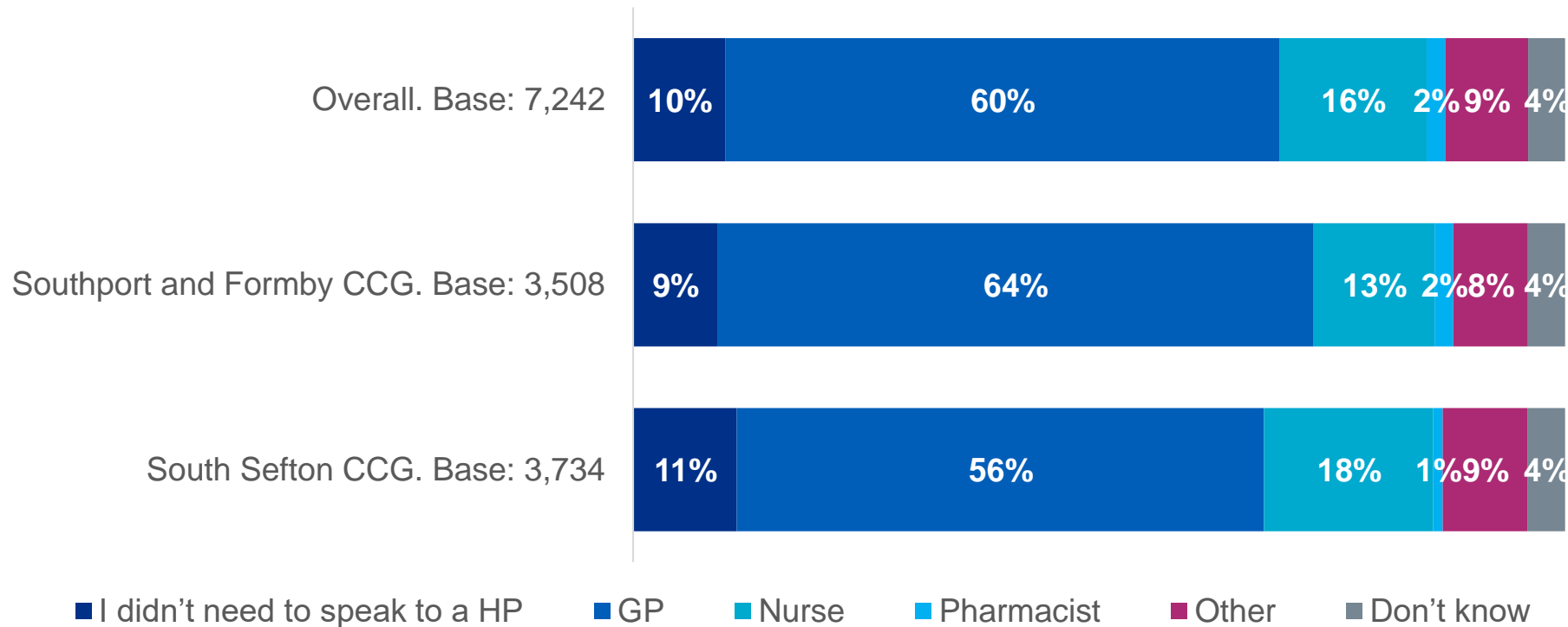
61% Overall total good/neither good nor poor | **19%** Overall total poor



■ Very good
 ■ Good
 ■ Neither good nor poor
 ■ Poor
 ■ Very poor
 ■ Cannot remember being triaged

Experiences after triage: healthcare professionals

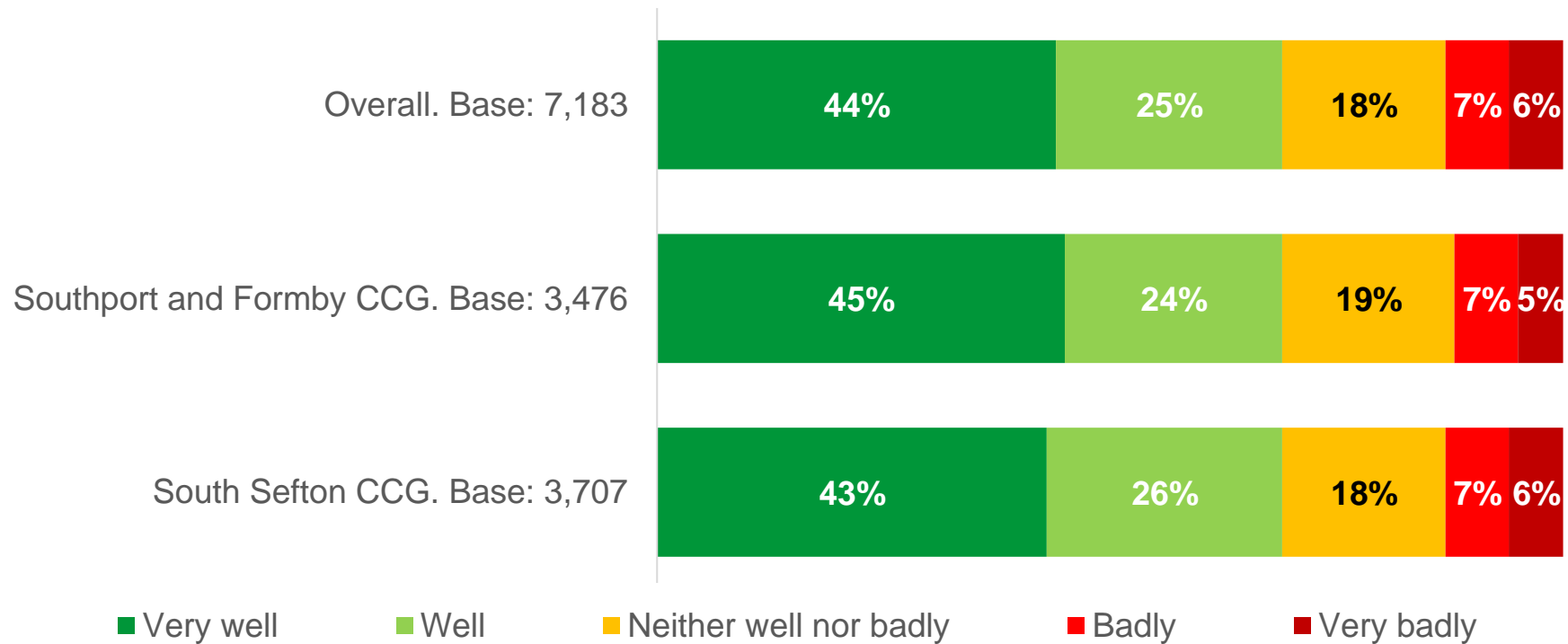
Following triage by your practice, which healthcare professional did you speak to?



Rating consultation after triage

How well do you feel the consultation with the health professional went?

88% Overall total well/neither well nor badly | 12% Overall total badly



Appointment method

Which of the following appointment methods did you use to discuss your healthcare needs during the pandemic (after March 2020)?

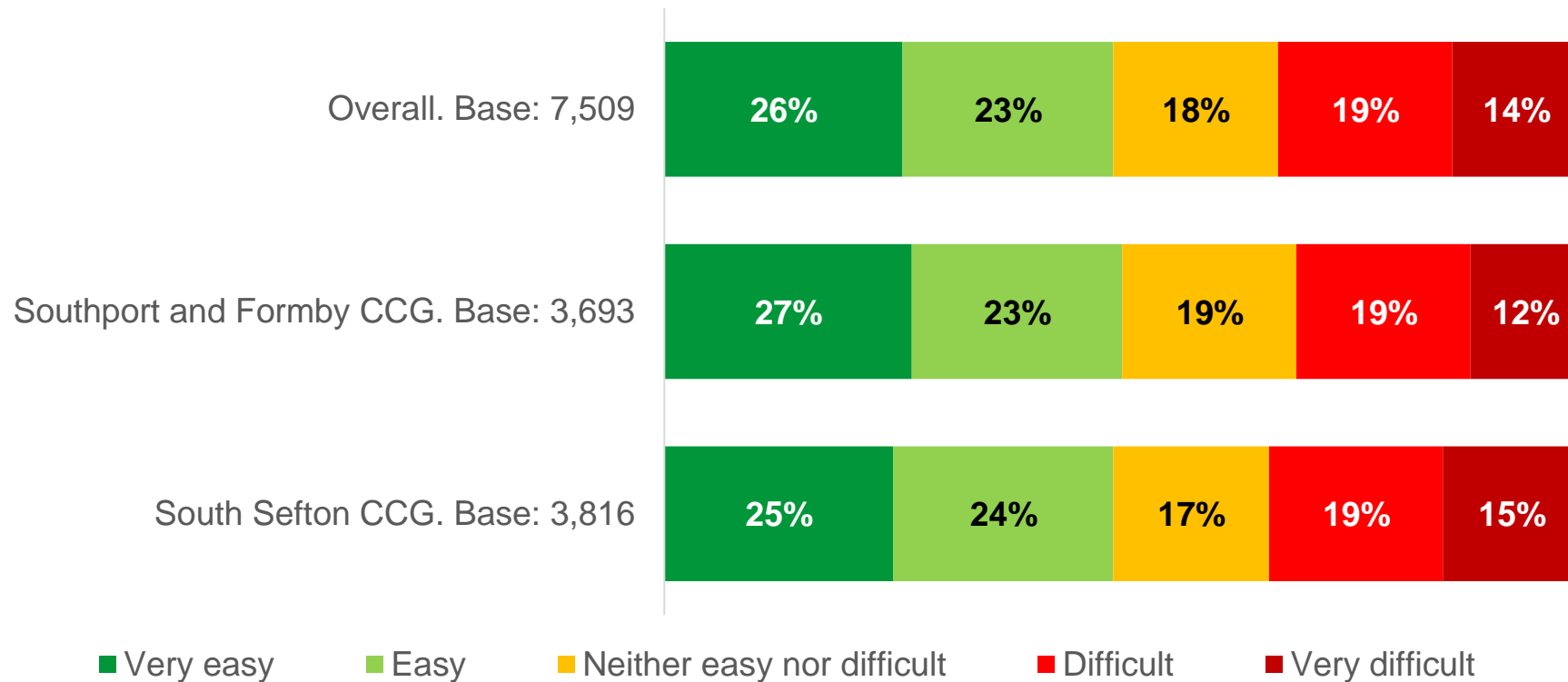
	Total		South Sefton CCG	Southport and Formby CCG
	No	%		
Phone	7,567	84%	3,851	3,716
Face-to-face	3,112	35%	1,492	1,620
Online request form	2,446	27%	1,486	960
Virtual online	381	4%	150	231
<i>Base</i>	8,976		4,757	4,219

Respondents were able to select multiple options for this question

Rating appointments by phone

How easy was it to discuss your needs and have a healthcare appointment by phone?

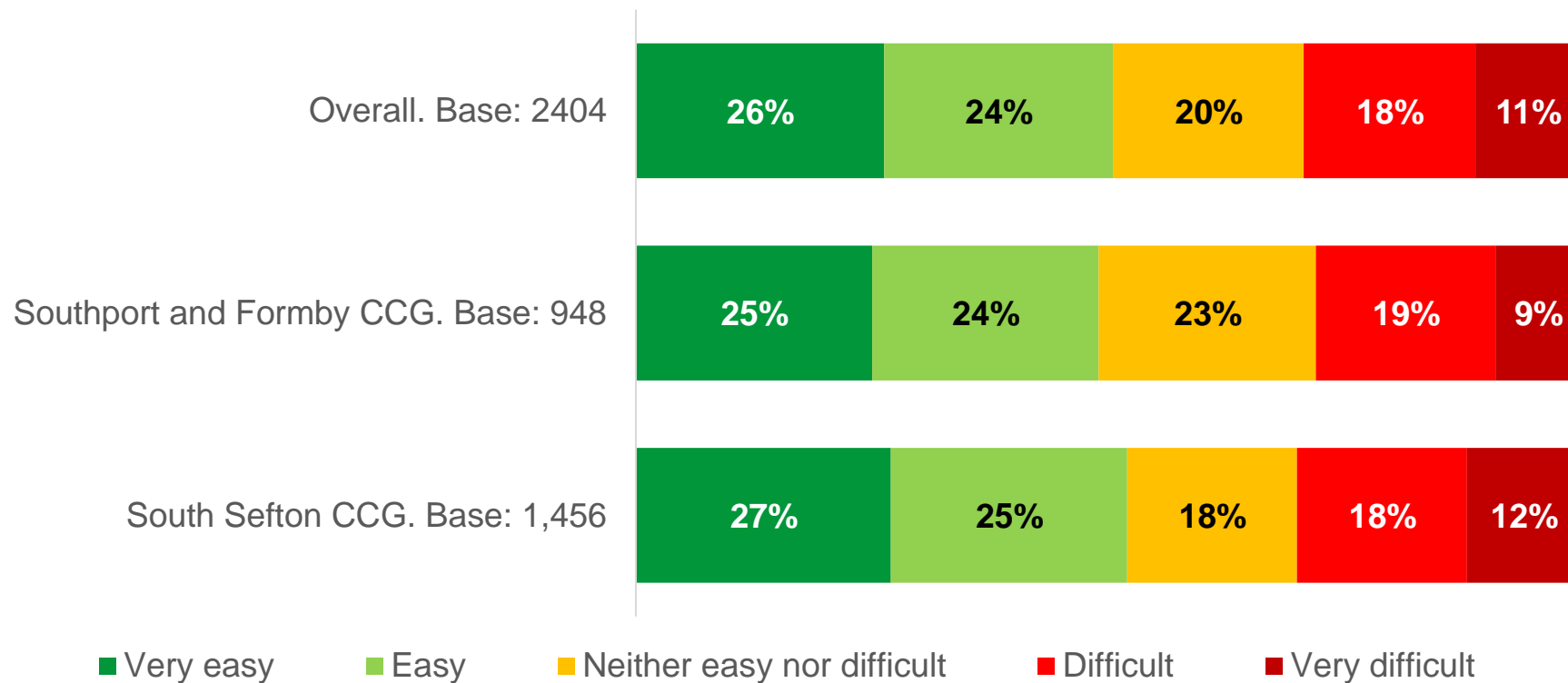
67% Overall total easy/neither easy nor difficult | 33% Overall total difficult



Rating appointments by online request form

How easy was it to discuss your needs and have a healthcare appointment using the online request form on the practice website (e-consult)?

71% Overall total easy/neither easy nor difficult | 29% Overall total difficult



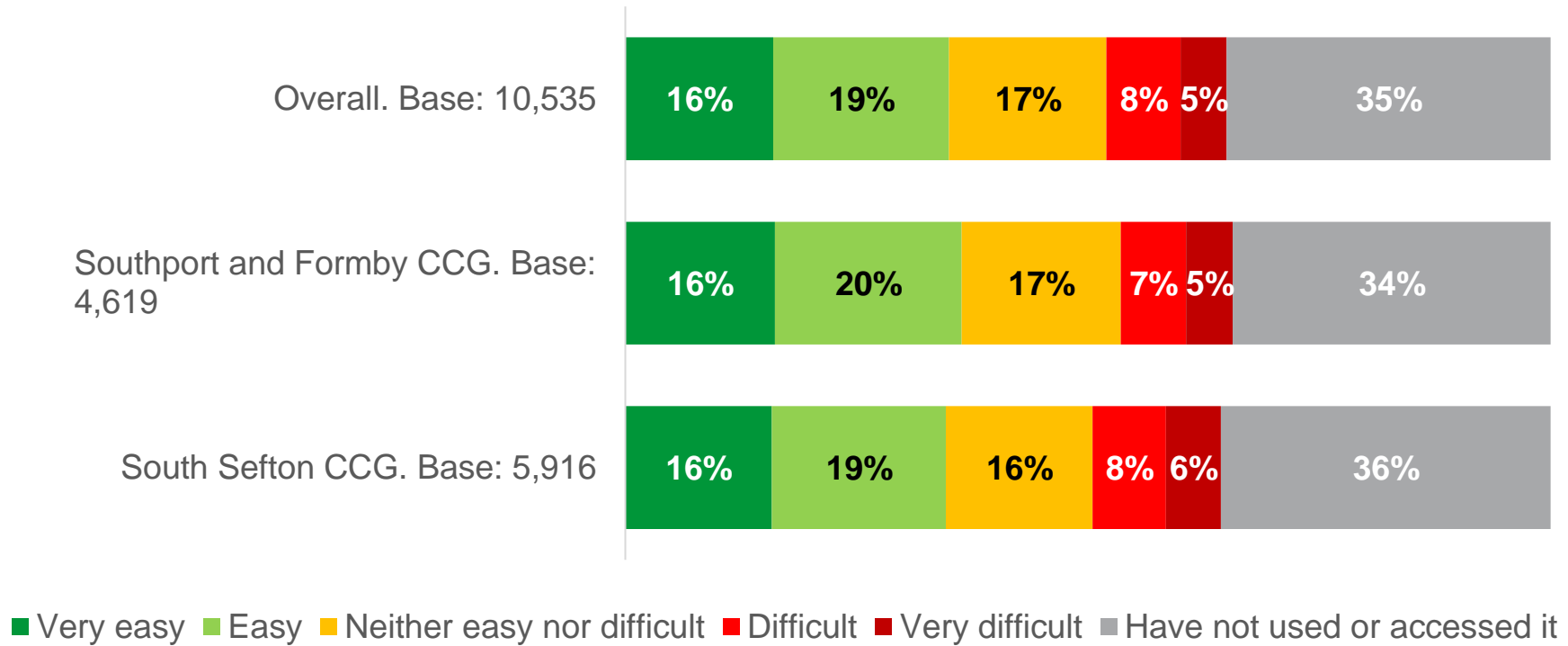
Experiences of using the practice website



Rating using the practice website

How easy is it for you to use and access your GP practice's website?

52% Overall total easy/neither easy nor difficult | 13% Overall total difficult





Summary

Summary of findings: Access



Phoning the practice

- Phone was the top method of contacting GP practices (8,614 / 87%)
- 51% found it easy or neither easy nor difficult to contact their practice by phone during the pandemic (Base: 8,597)
- Respondents highlighted difficulties getting through to practices by phone – but some commented that phone calls were answered promptly
- Concern over lack of appointment availability was highlighted.



Technology

- 75% found it easy or neither easy nor difficult to contact their practice via the online request form (Base: 3,150)
- Respondents commented that the online request form is a good service, but some said the screening questions are inappropriate, and the form is too long
- Key reasons for not using the form were that they were unaware of the service or preferred to speak to someone.



Triage

- 61% rated their experience of being triaged positively or neutrally (Base: 9,291)
- Positive feedback on the triage process included the process being efficient and an appointment being arranged following triage
- Respondents raised concern over the safety and effectiveness of triage by non-medical staff
- 60% spoke to a GP following triage (Base: 7,242)
- 88% rated their appointment following triage positively or neutrally (Base: 7,183).

Summary of findings: Appointments

Telephone appointments



- Phone was the top appointment method (7,567 / 84%)
- 67% found it easy or neither easy nor difficult to have a phone appointment (Base: 7,509)
- Comments were that phone consultations work well; however, respondents also highlighted that waiting times for calls to be answered were long
- Concern over lack of appointment availability was highlighted.

Online request form appointments



- 71% found it easy or neither easy nor difficult to have an online request form (e-consult) appointment (Base: 2,404)
- Comments were that e-consult is an easy way to discuss needs, but also that it is too long and complicated with inappropriate screening questions.

Virtual online appointments



- 73% found it easy or neither easy nor difficult to have a virtual online appointment (Base: 374)
- Comments were that video consultations work well to discuss needs, but also that face-to-face appointments are needed to provide appropriate care and it can be difficult to discuss needs virtually.

Face-to-face appointments



- 84% found it easy or neither easy nor difficult to discuss their needs in a face-to-face appointment (Base: 3,029)
- Comments were that face-to-face appointments were available after triage and that they allow better communication and appropriate care.

Next steps

- 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 Forum to oversee these plans going forward.
- 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 this 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 Scheme, 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.
- We will aim to do more to promote how residents can access their GP online instead of by phone and the use of econsult and the new system, 'patches' set to be put in place by December 2022.
- We will also work with NHS England and the national teams to see what changes are being implemented following the national GP survey and support on this locally.

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Report to:	Overview and Scrutiny Committee (Adult Social Care & Health)	Date of Meeting	3 January 2023
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)



January 2023

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.

An update from Primary Care 24

Primary Care 24 (PC24) are pleased to announce that they're now in a position to re-open both the Netherton and Seaforth practices to patients.

During the pandemic, as a temporary measure to improve patient access, PC24 merged some of their GP Practices together in order to strengthen and deliver services safely during this time.

This arrangement enabled staff from the merged practices to work as one stronger collaborative team, operating from a single base, whilst maximising efficiency, and reducing infection control issues.

The Seaforth Practice will now be opened three times per week whilst the Netherton practice will be opened four times per week.

Steve Evans, Director of Operations and Transformation said, "Being able to reopen these practices means that we are able to offer patients more choice of where they would like to be seen and in many cases this will be much more convenient for them"

All the patients served by these two practices will be contacted and made aware of the changes and dates.

Residents reminded about enhanced access service

We have reminded residents registered with a GP in Sefton about the evening and weekend appointments available across Sefton as part of the enhanced access service.

The service provides patients with access to pre-bookable appointments outside of normal practice hours to ensure that people can get the right care when convenient for them. A range of services are available for residents including routine appointments, smear tests, screenings and more.

Patients can pre-book appointments with the enhanced access service through their own GP practice either by calling or visiting their usual practice during normal opening hours.

The services differ slightly in south Sefton and Southport and Formby, read more here: www.seftonpartnership.org.uk/enhanced-access-sefton

Keeping warm and well in the cold weather

Bad weather can be a hazard for vulnerable people or those with long term health conditions. With weather warnings in place and frosty temperatures forecast for mid December, Sefton residents were reminded to look out for their relatives, friends and neighbours, and to follow the NHS advice on keeping safe and well.

They were also reminded about the Sefton Warm Spaces which include libraries, community centres, luncheon club, charities and places of worships will be open to the public. Venues are open on different days and at different times with some in the mornings, some in the afternoons and some stretching into the evening.

We also reminded people to be prepared with stocked up cupboards of food and medication ahead of the festive period should they need it and where to get help should they become ill. Read the full piece here: www.seftonpartnership.org.uk/keeping-warm-and-well

Winter planning

Funding has been allocated to Sefton toward the winter plan and projects have been developed with a strong focus on the voluntary, community and faith sector. Funding will also be prioritised to support hospital discharge and our Place Director will be working with partners on allocating that funding.

Advice on Strep A in children

Group A streptococcus (GAS) is a common bacteria. Lots of us carry it in our throats and on our skin and it doesn't always result in illness. However, GAS does cause a number of infections, some mild and some more serious.

The most serious infections linked to GAS come from invasive group A strep, known as iGAS. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.

Whilst iGAS infections are still uncommon, there has been an increase in cases this year, particularly in children under 10 and sadly, a small number of deaths.

We have been sharing the UK Health and Security Agency advice on the rise in strep A in children and the signs and symptoms for parents to be aware of:
www.seftonpartnership.org.uk/strep-a

HSJ Partnership Awards 2023 Shortlist Announcement

Sefton Council for Voluntary Service (CVS), NHS Cheshire and Merseyside in Sefton and Southport and Ormskirk Hospital Trust are delighted to announce that the High Intensity Use (HIU) of Services team have been shortlisted for 'Best Not for Profit Working In Partnership With The NHS' at the HSJ Partnership Awards 2023, recognising their outstanding dedication to improving healthcare and effective collaboration with the NHS.

The national healthcare sector faced innumerable pressures over the past 12 months – yet the standard and overriding positivity of the partnerships this year highlight the enduring dedication to improving patient outcomes.

The HIU team support some of the most vulnerable and complex people in our communities and the service is the glue that bring partners together to wrap care around our residents and literally changes people's lives in Sefton. This is a true example of partnership working and how it can really work to help our residents and ease the pressures on local services.

New Sefton Partnership website

We have recently launched our new temporary Sefton Partnership website which replaces the archived clinical commissioning group websites following the transition to NHS Cheshire and Merseyside ICB on 1 July. This will be used as an interim platform to share key information for residents, our own news and updates as well as our partners news until a permanent website is built for the partnership.

The website can be found here and we are welcoming feedback from our partners:

www.seftonpartnership.org.uk

Please send any feedback to: communications@sefton.nhs.uk

Closing remarks

OSC members are recommended to note this report.

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

Visit the Sefton Partnership website here: www.seftonpartnership.org.uk or NHS Cheshire and Merseyside website here: www.cheshireandmerseyside.nhs.uk

Report to:	Overview and Scrutiny Committee (Adult Social Care)	Date of Meeting	3 January 2023
Subject:	Health Provider Performance Dashboard		
Report of:	NHS Cheshire and Merseyside, Sefton	Wards Affected:	All
This Report Contains Exempt / Confidential Information	No		
Contact Officer:	Luke Garner		
Tel:	07557 205 544		
Email:	luke.garner@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 September 2022

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

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

Sefton Place – North Sefton



Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types (Southport & Ormskirk)	Sep-22	72.54%	71.61%	70.95%	95%	
Cancer 2 Week Waits (Southport & Ormskirk)	Sep-22	72.82%	65.46%	72.56%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk)	Sep-22	No patients 0%	67.42%	62.10%	90%	
Cancer 31 Day 1st Treatment (Southport & Ormskirk)	Sep-22	80.77%	93.13%	91.08%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk) snapshot	Sep-22	70.54%	56.30%	59.43%	92%	
C. Difficile (Southport & Ormskirk) cumulative YTD	Sep-22	27	-	-	2022-23 Target <=49	
M. \ (Southport & Ormskirk) cumulative	Sep-22	0	-	-	zero tolerance	
80% of Pts spending 90% of time on a Unit, Southport & Ormskirk	Aug-22	52.00%	-	-	80%	
A assessed and treated within 24 hours (Southport & Ormskirk)	Aug-22	83.30%	-	-	60%	
Ambulance Category 1 Mean 7 minute response time (NS Place Level)	Sep-22	00:09:33	00:08:43 (NWS)	00:09:19	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (NS Place Level)	Sep-22	00:19:20	00:10:51 (NWS)	00:16:38	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (NS Place Level)	Sep-22	00:51:21	00:38:14 (NWS)	00:47:59	<=18 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (NS Place Level)	Sep-22	01:56:29	01:24:21 (NWS)	01:45:45	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (CCG Level)	Sep-22	08:14:17	07:15:27 (NWS)	06:51:31	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (NS Place Level)	Sep-22	06:46:32	07:51:16 (NWS)	07:48:12	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly) E. B. S. 3 (NS Place Level)	Qtr 2 Sep-22	85.7%	-	-	80%	
Mental Health: IAPT 16.8% Access (NS Place Level)	Sep-22	0.62%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (NS Place Level)	Sep-22	52.0%	43.3%	-	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 2 Sep-22	45.0%	94.8%	-	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-22	100.0%	98.6%	-	90%	

<<- August latest data

<<- August latest data

Measure	Time Period	Southport & Ormskirk	C&M	National (Target)	Trend
Inpatient – Response Rate	Sep-22	34.8%	28.9%	19.5%	
Inpatient Recommended	Sep-22	93.0%	94.0%	94.0%	
Inpatient Not Recommended	Sep-22	5.0%	3.0%	3.0%	
A&E – Response Rate	Sep-22	24.1%	16.5%	10.2%	
A&E Recommended	Sep-22	78.0%	75.0%	76.0%	
A&E Not Recommended	Sep-22	16.0%	17.0%	16.0%	

Sefton Place – South Sefton

Key Performance Area	Time Period	Performance	C&M	National	Target	Trend
A&E 4 hour Waits, All Types (LUHFT)	Sep-22	64.73%	71.61%	70.95%	95%	
Cancer 2 Week Waits (LUHFT)	Sep-22	43.87%	65.46%	72.56%	93%	
Cancer 62 Day - Screening (LUHFT)	Sep-22	64.20%	67.42%	62.10%	90%	
Cancer 31 Day 1st Treatment (LUHFT)	Sep-22	84.10%	93.13%	91.08%	96%	
RTT -18 Weeks Incomplete (LUHFT) Snapshot	Sep-22	48.32%	56.30%	59.43%	92%	
C.Difficile (LUHFT) cumulative YTD	Sep-22	108	-	-	2022-23 Target <=134	
MF (LUHFT) cumulative YTD	Sep-22	1	-	-	zero tolerance	
Str 80% of Pts spending 90% of time on Str (LUHFT)	Qtr 1 Jun-22	63.3%	-	-	80%	
% assessed and treated within 24 hours (LL)	Sep-22	-	-	-	60%	
Ambulance Category 1 Mean 7 minute response time (SS Place Level)	Sep-22	00:08:47	00:08:43 (NWAS)	00:09:19	<=7 Minutes	
Ambulance Category 1 90th Percentile 15 minute response time (SS Place Level)	Sep-22	00:14:02	00:10:51 (NWAS)	00:16:38	<=15 Minutes	
Ambulance Category 2 Mean 18 minute response time (SS Place Level)	Sep-22	00:52:40	00:38:14 (NWAS)	00:47:59	<=18 Minutes	
Ambulance Category 2 90th Percentile 40 minute response time (SS Place Level)	Sep-22	02:03:50	01:24:21 (NWAS)	01:45:45	<=40 Minutes	
Ambulance Category 3 90th Percentile 120 minute response time (SS Place Level)	Sep-22	08:38:38	07:15:27 (NWAS)	06:51:31	<=120 Minutes	
Ambulance Category 4 90th Percentile 180 minute response time (SS Place Level)	Sep-22	12:47:46	07:51:16 (NWAS)	07:48:12	<=180 Minutes	
Mental Health: Care Programme Approach (Quarterly) E.B.S.3 (SS Place Level)	Qtr 2 Sep-22	100.0%	-	-	80%	
Mental Health: IAPT 16.8% Access (SS Place Level)	Sep-22	0.68%	-	-	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (SS Place Level)	Sep-22	41.0%	43.3%	-	50%	
Mental Health: IAPT waiting <6 weeks	Qtr 2 Sep-22	51.0%	94.8%	-	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-22	100.0%	98.6%	-	90%	

<<- Q1 Stoke data from taken from Public View

Liverpool University Hospital NHS FT

Friends and Family

Measure	Time Period	LUHFT	C&M	National (Target)	Trend
Inpatient – Response Rate	Sep-22	25.0%	28.9%	19.5%	
Inpatient Recommended	Sep-22	92.0%	94.0%	94.0%	
Inpatient Not Recommended	Sep-22	4.0%	3.0%	3.0%	
A&E – Response Rate	Sep-22	17.8%	16.5%	10.2%	
A&E Recommended	Sep-22	65.0%	75.0%	76.0%	
A&E Not Recommended	Sep-22	26.0%	17.0%	16.0%	

Section VII: NWS – Paramedic Emergency Services (PES) Summary

Data Source: Provider Level (NWS)



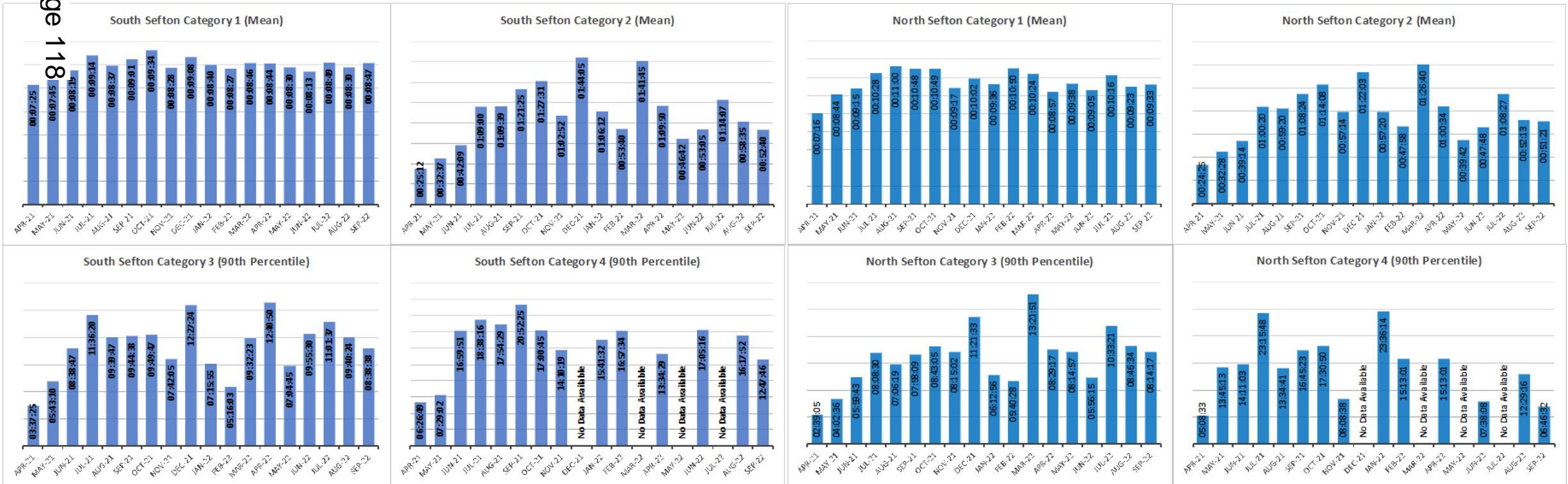
Cheshire and Merseyside

Dashboard

Key Risk Data ▲ Low ● Published ▲ Moderate □ Local ▲ High ● Not available

Sep-22	Cat 1 (Mean)	Cat 2 (Mean)	Cat 3 (90th Percentile)	Cat 4 (90th Percentile)
Target	00:07:00	00:18:00	02:00:00	03:00:00
South Sefton	00:08:47	00:52:40	08:38:38	16:17:52
North Sefton	00:09:33	00:51:21	08:14:17	06:46:32
NWS	00:08:43	00:38:14	07:15:27	07:51:16
Risk	▲	▲	▲	▲
Data	Published	Published	Published	Published

Performance Charts



Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	3 January 2023
Subject:	Cabinet Member Reports – October - December 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.

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(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)		
Councillor	Portfolio	Period of Reporting
Paul Cummins	Cabinet Member Adult Social Care	October - November 2022

1. Update on the National Assurance update for Adult Social Care

In September 2021, the Government announced that a new Assurance Framework would be introduced to oversee and inspect Adult Social Care Performance. The Care Quality Commission (CQC) have been charged with the responsibility of developing and implementing this framework. CQC have been working with the Department for Health and Social Care (DHSC).

Further to the publication of draft material on the likely domains and key lines of enquiry in September 2022, work has been taking place to complete a CQC Assurance Approach Summary to capture our progress against the domains. An update from CQC has been issued at the end of November 2022, which includes further developments to the framework including the introduction of an additional quality statement. This is within the Working with People theme and is to capture ‘Equity in experience and outcomes’.

Workshops with Adult Social Care staff began in November to provide an update on what the National Assurance Framework will mean for staff and the service. Groups discussed the four themes: Working with People, Providing Support, Ensuring Safety and Leadership, and staff input was captured around what is working well and identified suggested areas for development. The workshops have been well received and feedback will be included in plans for National Assurance preparation. More workshops are planned in December 2022.

Work continues with the ADASS (Association of Directors of Adult Social Services) network, and Sefton is linked into all key regional workgroups. Regionally, there is also work being undertaken to support local authorities with ‘what good looks like’ and assist with preparation and readiness. This work will, however, also support performance, improvement priorities and accountability, internally.

The government have stated that the planned implementation of the new Assurance Framework is still expected to begin from April 2023, although the first period is expected to focus on data-gathering which will then be used to inform the need for targeted site visits.

2. Integration and National Policy Update

2.1 Sefton Partnership Maturity

We have recently worked with Cheshire and Merseyside to review our progress towards a ‘thriving’ partnership. This consisted of self-assessment by partners across the Health and Care System (ICS).

This process gave us a rating of 'established' which is an improvement from the exercise conducted twelve months ago, which saw us with an overall rating of 'emerging'. This has now informed the programme of work required to take us to 'thriving' (the highest level of maturity).

On 9th November 2022, we received a visit from the senior leaders with Cheshire and Merseyside ICS to conduct a further review of our progress. The review brought together key stakeholders from Southport and Ormskirk NHS Trust, Alder Hey Children's Hospital Foundation Trust, Mersey Care, Primary Care Networks and Adult Social Care. The meeting focused on the development and readiness of Sefton Partnership together with key priorities of Urgent Care and Winter Initiatives. The review saw a positive response, with progress around children's integration, our collaborative agreement, and the engagement between partners to work together, cited as particular areas of good practice in Sefton. The progress around Virtual Wards and the 2-hour crisis response was also noted as on track. Further work around the use of performance data and statistics, as well utilising learning from other Cheshire and Merseyside areas was recommended to continue, to ensure we are progressing the things that will make the biggest difference.

2.2 New Sefton Partnership website

We have recently launched our new temporary Sefton Partnership website which replaces the archived clinical commissioning group websites following the transition to NHS Cheshire and Merseyside ICB on 1 July 2022. This will be used as an interim platform to share key information for residents, news, and updates from all partners organisations until a permanent website is built for the partnership.

The website can be found below and feedback from all our partners:

www.seftonpartnership.org.uk

Please send any feedback to: communications@sefton.nhs.uk

3. Life Course Commissioning

Key focuses for Adult Social Care Commissioning include the following:

3.1 Domiciliary Care

As previously reported, there is a new tender set to be published in February 2023 for a new service to be mobilised by August 2023. This new service will include the following key features and seek to meet the current challenges being experienced throughout the care market:

- Strengthening person-centred care to ensure people are enabled.
- Bolstering the Trusted Assessor element to apply this role to all Providers
- Strengthening elements on package hand-backs regarding working together to resolve issues and increasing hand-back time for multiple packages.
- Ensuring inclusion of Payments by Actuals, Time Bandings, Single Handed Care, and TECs (Technology Enabled Care).
- Establishing a requirement to have a working Electronic Call Monitoring System in order to be able to be a Provider

- Establishing a requirement to have a RAG Rating/Business Continuity plan - sharing it with the Council and putting in a requirement for review. This includes for pandemics, including Covid.
- Clarifying the requirement for safeguarding alerts/incidents/referrals through the Adult Social Care Professionals Portal.
- Clarifying the definition of frustrated calls.
- Continuing to enhance the relationship with the Local Authority and wider Health and Social Care system.
- Bolstering the requirement to engage with service users in the planning of their services.
- Strengthening the narrative on service suspensions.

Capacity issues within the domiciliary care market remain, in part, due to factors such as workforce recruitment, retention, and an increased acuity of the people being referred. Adult Social Care has received additional funding from Central Government and has used a high proportion of this to increase fee rates paid to care providers to further support them with addressing these issues.

The arrangement for additional block-booked capacity with a Provider in North Sefton to support timely discharges from Hospital, has been extended to April 2023. Work is taking place on establishing similar capacity in the South of the Borough, and Providers who expressed an interest in this are being contacted.

3.2 Day Opportunities

We have recently published the outcome of our consultation on Day Opportunities and have worked to co-produce the specification in three lots which look to support service users with a more flexible community-based offer. We are proposing that we will be ready to go out to tender in February next year with a new service offer by August 2023.

3.3 Care Homes

Engagement with the market is ongoing and Adult Social Care has recently issued an online survey for Providers to complete, with details on issues such as changes in demand for their services and cost pressures such as increases to utility bills. We continue to engage regularly with Care Homes through the Finance Forum.

Current initiatives to financially support care homes include:

- Using national funding to increase Older People (65+) care home fee rates.
- The next round of capital improvement funding for care homes is being formulated and Providers are being asked to submit bids for funding in order to make improvements to their homes.
- Providing funding for a small number of homes to implement a new Digital Social Care Records system as a pilot project, which will inform future implementation and funding to other care homes.

3.4 Winter Planning

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On 16th November 2022, the Minister for Social Care wrote to all Councils advising them of additional winter discharge funding.

The letter states “the fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.” All scheme types are related to hospital discharge only. Discharges from acute mental health services are also included. Whilst care home services are included in the list of scheme types, areas are encouraged to use a ‘Home First’ approach, where possible.

Template returns are required to be submitted through the Better Care Fund by 16th December and there will be ongoing monitoring on the performance and impact of any new schemes.

A number of schemes are currently being developed in Sefton together with system partners. These include:

- Providing additional block-booked Domiciliary Care capacity to support with hospital discharges, reducing waiting times.
- Creating a ‘Discharge Hub’ with a greater Social Work and Occupational Therapy capacity.
- Expanding the Intermediate Care / Transitional care home bed capacity.
- Providing support through the Voluntary Sector to meet other Social Care and Housing needs.
- Providing further support to Market Management and strengthening brokerage offers, assisting to find the most appropriate service quicker.
- Offering assistance to providers to support people with higher needs and acuity.

3.5 Charging Reform

The Autumn Statement of 17th November 2022 included an announcement that there would be a delay in rolling out Adult Social Care Charging Reform from October 2023 to October 2025. The government has stated that it remains committed to delivering the adult social care charging reforms and supporting people drawing on care and support. The delay covers implementation of the extended means test, a lifetime cap on personal care costs and new arrangements for self-funders.

The delay will give local authorities additional time to prepare for the rollout of these reforms and provide additional funding to help with immediate pressures. Spending plans are being reviewed by the government and more detail will be announced in due course. Local plans to support implementation of the Charging Reform will be reviewed accordingly once further details are understood.

4. Adult Social Care Budget

Monitoring of the 2022/23 Adult Social Care budget for October reflected a forecast of a potential deficit of £1.4m based on a number of assumptions about expenditure and income for the remainder of the year. There are ongoing pressures relating to increased package costs (£4.9m deficit - increases in areas including Residential / Nursing and Supporting Living), however increases in income (Page 126) contributions and joint funded packages will mitigate in part. Staffing is also a pressure as vacancies are being filled by agency

staff/consultants owing to national workforce challenges, however, there is a cost implication to that. Savings against Transport budgets/additional income and equipment capitalisation will offset some of the pressures.

However, there are a number of uncertainties around the assumptions that should impact on this position before the year-end. In addition, ASC currently have a programme of savings as part of Transformation and Demand Management which are reviewed regularly. Also, the introduction of a new budget monitoring system across Sefton will allow budget managers increased oversight of the current and forecast financial position.

5. Adult Social Care Complaints, Compliments and MP Enquiries

In October and November 2022, we received nineteen complaints – a reduction of 14% from the previous two months. For these complaints, 68% were resolved upon receipt, responded to within the twenty-five working day target or remain within this timescale.

Five of the complaints related to decision making – one was not upheld and four remain under investigation and within timescale at the time of this report. Six complaints related to financial charges and funding – one complaint was upheld; one was not upheld, and one remains under investigation. Seven complaints related to the quality of the service we provide – this includes communication issues and delays. We have upheld two of these complaints, not upheld two complaints and three remain under investigation. We also received a complaint concerning staff attitude which remains under investigation.

For the complaints which have been concluded we upheld 43% of these, either partially, or in full. Reasons for complaints being upheld were as follows:

- Communication regarding social work casework management
- Communication about the financial implications of a care package arranged for a self-funding individual.
- Delay in allocating a case.
- A residential care provider delayed acknowledging correspondence from family in relation to their late relative and sent incorrect invoices in error which caused the family distress.

In the same period, we received twenty-one compliments and eleven MP enquiries. With regard to MP enquiries, 70% were responded to within the ten-day timescale.

We received one Draft Decision from the Local Government and Social Care Ombudsman which stated that there was fault causing injustice to the complainant. When the Council investigated the complaint originally, we upheld the complaint in full and, to remedy the injustice, we apologised unreservedly and offered to donate to a charity of the complainant's choice. The Ombudsman has found fault with the Council for failing to provide the service user with care and support to meet her assessed needs. The Ombudsman has recommended that we apologise and pay a financial remedy in recognition of the distress caused to the complainant. We have two weeks to respond to the Ombudsman's Decision.

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The Ombudsman is considering two other complaints. Details of these cases have been shared previously and, once the Ombudsman's Decisions have been confirmed we will share these details.

6. Principal Social Worker Update (PSW)

The PSW continues to facilitate the Social Worker Professional Practice Forum (PPF), which takes place monthly.

The purpose of the forum is to promote the highest level of practice to ensure excellent outcomes for local people accessing Adult Social Care. The PPF enables social workers and other members of Adult Social Care to come together and share best practice whilst also provides an opportunity to discuss any practice issues they may be experiencing. Coupled with this, it is also a mechanism by which 'key messages' can be shared to frontline staff from senior managers to inform and develop changes to policy, procedure, and the overall delivery of services.

The forum is attended regularly by colleagues from the corporate complaints team, with key themes from complaints, compliments and ombudsman findings shared to ensure learning and improvement. Additionally, the PSW has sought to engage colleagues from the wider organisation, and we have recently had presentations from the Corporate Parenting Team and the Corporate Equality Group, (CEG).

Although the PPF is targeted at registered social workers, it is open to all colleagues to attend, and we regularly see attendances of approximately seventy or eighty practitioners.

Over the past months, the PSW has been co-producing a new supervision policy with frontline practitioners and team managers. This is quite a change from the current policy as it proposes to introduce case audits during supervision and practice observations. The aim of this is to increase quality of service offered to citizens is the best it can be, whilst also offering practitioners opportunity to reflect and learn on interventions. The policy has just been finalised and it is hoped that it will be presented to the Quality Improvement Forum on Friday 9th December 2022, for comment.

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:

7.1 Admission into care & reablement:

Total monthly care home admissions in October remained below the annual average. The rate of admission for those aged 18-64, and for those aged 65 and over, continued to decline. For 18-64s we remain in the bottom quartile compared to authorities in England and the North-West, however we are out of the bottom quartile when compared to our statistical neighbours. For those over 65 we remain in the bottom quartile for England but

just outside of the bottom quartile compared to the North-West and statistical neighbours. There continues to be a focus on supporting people to remain at home, wherever possible.

Reablement numbers have remained low. The rate of clients over 65 receiving reablement continued to decline in October, as it has done over the past 12 months. Whilst there has been some work to improve and expand on the availability of the service, further work is needed, and this will be a key priority during the winter period.

For those accessing reablement, the outcomes are positive with just under 90% of clients 65+ discharged from hospital remaining at home ninety-one days after receiving reablement services.

7.2 Self-directed support and direct payments:

Provision of services to clients by either self-directed support or direct payments has remained consistent over the last twelve months.

The proportion of carers receiving a direct payment has continued to increase, going above 70% for the first time in August 2022 and increasing to 74.7% in October 2022, the highest figure in the past twelve months. Work done by the Carers Centre to distribute more direct payments looks to be having a positive impact on the measure, although further work needs to be done to reach the top quartile, with all carers needing to have received a direct payment to hit this target.

To reach the top quartiles for these metrics, we would need to provide 100% of carers with a direct payment, as the Carer's Centre continue the work done in assessing more people and providing more direct payments, we should see this proportion continue to grow.

7.3 Employment

Sefton continues to rank in the top quartile for the proportion of adults in contact with secondary mental health services in employment, both in the North-West and nationally. We also rank in the top quartile on the proportion of those living independently, currently just under 90%.

A minor increase of 0.01% has been noted in October for the proportion of adults with learning disabilities going into paid employment. Sefton remains just outside of the bottom quartile in the North-West but in the bottom quartile nationally and against statistical neighbours. The target is to support over 6% of LD Adults into employment which will move Sefton into the top quartile - we currently stand at 2.7%. There does continue to be a focused area of work with a commitment to increase performance and traction. We will shortly be launching a multi-agency work group who will focus on developing greater supported employment opportunities for people with learning disabilities, autism, and mental health problems.

7.4 Housing

Sefton compares well to other local authorities on clients in settled accommodation. Just under 90% of clients in contact with secondary mental health and around 88% of clients

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with a learning disability are living independently. This puts us in the top quartile in England for each of these metrics.

7.5 Safeguarding

The number of safeguarding referrals remaining open at month end remained an issue. There was an increase from June to July and to August. October saw highest number of safeguarding referrals remaining open at month end in the last twelve months, with a figure of three-hundred and forty-three.

This increase in volume has been due to a combination of factors including a number of organisational safeguarding episodes in care settings, which meant potential enquires were opened for all residents. This work has involved working closely with CQC colleagues and sensitively with families and residents. The team continued to perform well in the timely handling of safeguarding contacts and referrals with over 90% of contacts resolved within seven days and 75% of referrals resolved within twenty-eight days.

Sefton also continued to perform well in Making Safeguarding Personal with 93% of those expressing a preferred outcome having that preference, either fully or partially met.

ASC Overview	First 3M	Second 3M	Third 3M	Fourth 3M	Direction of Travel	Trend
Open Long-Term Services At Quarter End (Numbers)	4060	4020	4061	4103	42▲	
Open Carer Services At Quarter End (Numbers)	205	283	359	423	64▲	
Contacts Received In Quarter (Numbers)	5322	5636	5960	5940	-20▼	
Assessments Undertaken In Quarter (Numbers)	1511	1462	1445	1561	116▲	
Reviews Undertaken In Quarter (Numbers)	1413	1488	1423	1482	59▲	
Safeguarding Contacts Received In Quarter (Numbers)	552	571	721	678	-43▼	
Safeguarding Contacts Resolved Within 7 days In Quarter (Percentage)	94.1	96.5	92.9	95.3	2▲	
Safeguarding Enquiries Concluded In Quarter (Numbers)	450	519	489	559	70▲	
Safeguarding Enquiries Concluded Within 28 days In Quarter (Percentage)	72.1	73.9	77.4	75.4	-2▼	
Safeguarding Enquiries Where Preferred Outcome Has Been Fully Or Partially Met In Quarter (Percentage)	97.4	94.6	99.0	93.2	-6▼	

8. Service User Engagement:

Sefton Adult Social Care (ASC) are looking at strengthening how we engage with our service users and carers on a regular basis and use feedback to improve both performance and service delivery. Presently, Sefton ASC do receive feedback via the compliments, comments and complaints process and do engage with service users when implementing individual pieces of work, such as the current work on the Day Opportunities. Adult Social Care recognise though that this engagement needs to be strengthened and completed on a more regular basis, in order to get 'assessment ready' given that this is a reoccurring theme within the proposed Assurance Framework to be utilised by Care Quality Commission in the forthcoming ASC inspections. The proposed framework highlights the need for Adult Social Care Departments to routinely gather direct experience from people with lived experience

Service Users and understand how well the organisation is meeting the needs and outcomes of their users.

In terms of how Sefton ASC engage with service users and capture this information within the wider performance framework moving forward, the service will be working closely with key partners such as Healthwatch and Sefton CVS (Council for Voluntary Service). This will enable an independent approach and will allow feedback to be gathered through monthly follow-up telephone conversations with a random selection of service users at various stages of the customer journey. This feedback will be supplemented, by quarterly focus groups, again externally facilitated by Healthwatch and Sefton CVS to gain more detailed input at areas that are identified as requiring more detailed discussions and engagement. This programme will be key in ensuring we target key improvement areas and remain in touch with residents

9. Learning and Development

Learning and development for all staff remains a key priority for the service.

Current activity regarding training includes the development of a Personalisation Training Programme for all staff, specialist training to enhance practice in relation to Learning Disabilities and Race Awareness Training.

Sefton are primary partners in the Cheshire and Merseyside Teaching Partnership (CMSWTP). The Vision of the Partnership is to improve the life chances of children, young people, vulnerable adults, and their families by improving the recruitment, retention and the training and development of social workers and their practice. Our membership means that we have access to any Continuing Professional Development Opportunities offered by the CMSWTP.

The partnership has three main workstreams we are involved in, which are: Pre-Placement, Transition and Post Qualifying. There are also a series of sub-groups such as the HEI (Higher Education Institutes), lived experience and student representative groups.

Given the current workforce pressures, the use of apprenticeships remains a key priority and Adult Social Care currently has eight people enrolled on the Social Work degree apprenticeship course. In addition, two Occupational Therapy (OT) apprenticeships are due to commence in March 2023.

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CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 3 January 2023		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	Oct – Nov 22

Public Health

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.

Suicide Audit

In May an interim suicide audit report was presented at Cabinet Member Briefing which did not have a complete dataset due to a backlog at the coroner's office following from the pandemic. The report has since been updated and completed for the full 2018-2020 sample with an additional 3 cases having been added. There were no resulting changes in overall findings, trends or recommendations as a result.

Flu & Respiratory Update

I received an update on the following seasonal flu planning work:

Sefton Acute Respiratory Infection Planning group, this group has been meeting monthly, focusing on outbreaks and vaccinations. The group is currently focused on supporting:

- Communications plan for residents of Sefton about accessing the flu vaccination and wider system work relating to staying well during the winter months.
- Work to reduce inequalities in uptake of seasonal flu and COVID vaccinations.
- Support to care homes in Sefton around acute respiratory infections and the pathways for early identification, testing and interventions to prevent or reduce transmission within the setting

The Staff Flu Programme has been commissioned and this year will include an offer to all state funded schools in Sefton. Following low uptake across all workplace clinics last year, this year will move to a pharmacy only offer. All staff not previously vaccinated can take up the staff flu vaccination offer by downloading an e-voucher and booking an appointment with a participating community pharmacy.

Public Health Outcomes Framework

A report on the Public Health Performance Framework was received at October's briefing. The purpose of this report is to present and interpret selected population

health indicators and to provide information about relevant public health programmes and service developments.

The framework uses 26 indicators from the Public Health Outcomes Framework (PHOF, Public Health Outcomes Framework - GOV.UK (www.gov.uk)) to describe the scale and distribution of health problems in Sefton, their underlying causes and associated health inequalities, and is updated and reported upon on a six-monthly basis. October's report focussed on 13 indicators for which new data was published from March through August 2022. Information from the report was also presented as part of a learning session provided to Members of this Committee in November.

Key points

Updates in this report focus on indicators linked to health behaviours (smoking, diet, physical activity, alcohol, and substance use) and risk factor management. An important aspect of this report is that latest indicators now register fuller impacts of the pandemic in 2020-21. For many indicators we are not truly comparing 'like with like' when looking across the pandemic period.

Unequal health chances caused by unequal experiences of healthy and unhealthy social and environmental determinants remain the defining challenge. Many of the differential health impacts due to the pandemic are likely to be played out again as real term household incomes fall.

Progress on smoking, especially smoking in pregnancy is very positive. Alcohol-related need is a prominent health concern in Sefton and is the focus of several new improvement projects at a local and regional level. The increase in excess weight during the pandemic is not unexpected or unprecedented but adds to the case for system-wide change and support at every level in this area.

Strengths and improvements

Smoking: Sefton has the third lowest adult smoking prevalence in North West (6.5%) and is the top performer amongst statistical neighbours. This begins to approach the aspirational goal set by the government for a 'smoke free generation' of 5.0%. The elimination of health inequality in smoking in pregnancy compared to England and between north and south Sefton is very positive.

Substance use: Once again, the proportion of participants achieving successful completion of treatment for opiate and non-opiate drug use has increased, maintaining performance in line with the national average. The work of the new provider CGL, establishment of the Sefton Combating Drugs Partnership and continuing development of a Sefton Drugs Plan will support and build on these positive improvements.

Key trends to note

Excess weight: In 2020/21, the excess weight rate (% overweight or obese) for adults in Sefton rose to 71.5% from 66.3% in 2019/20. This level of year-on-year

increase has been seen previously but it now places Sefton significantly higher than the national average (63.5%), and the borough now ranks fourth highest in the North West behind Knowsley, Wigan and Wirral. This trend signals a growing population risk of diabetes, blood vessel diseases and many cancers, as well as joint and muscle problems. Added risk may result from a decline in dietary quality due to the cost-of-living crisis and inequalities will be sharpened by the steep social gradient in tobacco use.

Alcohol: Despite a reduction in the rate of alcohol-related hospital admissions, Sefton ranks sixth highest in the North West behind Wirral, Liverpool and Knowsley. Mortality from liver disease rose markedly during 2020, coinciding with a reduction in alcohol-related admissions during the pandemic. Several initiatives are underway to create more capacity for planned, community-based intervention and prevention, spanning from the Lower My Drinking App to medically managed detoxification.

Health inequality

Overall Healthy Life Expectancy at birth in Sefton is 63.8 years for females and 63.6 years for male. This ranks towards the top of figures for the North West and is once again in line with the national average. Sefton's improving trend on several indicators is narrowing inequalities compared to the North West region and England but within Sefton the social gradient in outcomes is marked and persistent. Only some indicators provide inequality breakdowns for Sefton, but patterns of smoking are a good example with two to three-fold higher smoking rates in more disadvantaged groups e.g. people with a mental illness, those who rent rather than own their home, and routine and manual vs professional occupational groups. Gender differences are also significant in some areas; for example, Sefton continues to show a distinct rising trend in alcohol admission rates in under 18s, most notably amongst females, and this increase is at odds with other areas in North West.

Response

Public Health Services have an important part to play in responding to and preventing high levels of population health need and have shown a prompt and agile re-balancing from pandemic response to recovery. This includes continuing multi-strand work on the obesity priority and several system improvement projects linked to alcohol.

However, as the scale of socio-economic and other inequalities in health reveals the root causes of this need are found in the complex interaction of multiple health determinants across the life-course. Allied strategic involvement, for example public health input into the new child poverty strategy, cost of living support, and involvement in Sefton Partnership developments is helping to bring equitable policy and practice into the frame at every level.

Leisure Update

Leisure Development

Agenda Item 12

APPENDIX B

Membership levels at the 6 Leisure Centres are close to pre-covid levels, reaching 12, 072 by end of September. Leisure's Management Team are monitoring levels closely because of the cost-of-living crisis and the potential impact this will have on memberships as residents face tough decisions over spend. The number of members re-joining since reopening post-covid has plateaued as expected.

A number of projects are underway that will aid in the recruitment of new members and retention of existing members by improving the customer experience offer and increasing work around sales. These include:

- Work with ICT to audit the ICT infrastructure and ensure that it is fit for purpose, including services accessed by members, such as Wi-Fi. This is also essential to ensure that Leisure's Management System operates efficiently, along with numerous other hardware and software related functions.
- The Service is progressing with essential repair and maintenance projects.
- With support from ICT and Comms, the team have been developing the content, look and feel for a specific Active Sefton website, which will suit the business needs of the service, as well as support the functionality necessary for its members. Requirements for the Centres and services are currently being finalised in order to progress to the build stage.
- The Service has increased its sales and marketing offer, currently focussing on "WHAT A SAVE!", with the offer of 14 months for the price of 12, to coincide with the Qatar World Cup 2022.

All Active Sefton Leisure Centres participated in National Fitness Day on 21st September. Available to members and non-members, the day was well attended, with all sites time-tabling additional classes, tasters, reduced price access, free inductions and free football sessions. The day gave the opportunity to showcase both the facilities available and the leisure offer in general, and it is hoped that it will increase access by residents, with the sites gaining some new members on the day itself.

The Centre's are preparing to host the Be Active Programme in October half term. All sites continue to be demonstrating high levels of access and activity, with them also seeing the return of clubs over the winter, including the football leagues. Reports of the pools being at capacity, a trend that has been in place since reopening post lock down, continue.

The Leisure development offer continues to support the wider work of the Council. The targeted health and wellbeing offer delivered through Active Sefton by the Active Lifestyles, Active Sports and Active Workforce Teams (including exercise referral, falls prevention, children and adults weight management support and services to support the mental wellbeing of children and young people) continue to see high levels of referrals from professionals, leading to staff being at capacity and waiting lists increasing. Resultantly, a number of services have had to adapt delivery to ensure residents can access as soon as possible.

Linked to the above, and as a result of closer working relationships with the School Nursing Service, the MOVE IT Children and Young Peoples Weight Management Programme has had a significant increase in referrals, with the Leisure Centres helping to deliver some group activity to those referred by way of ensuring children and young people can access support sooner. Active Schools sessions have also resumed, with the team targeting schools in areas most in need and being successful in making new contacts with schools who do not traditionally engage with the service.

The team are busy planning the return of Be Active in October half term, in addition to supporting 'Operation Banger' by delivering Park Nights during the weeks commencing 24th and 31st October.

Aspiring Instructors planning also continues, with recruitment days due to take place mid-November. The team are currently working with DWP and colleagues in Sefton@Work to identify suitable candidates for the programme, who will take up the opportunity to gain qualifications in the sport and fitness industry. The programme will start on 9th January and take place for 12 weeks, with participants also learning a range of skills including CV writing and interview techniques.

Working in partnership with colleagues in Regeneration, the team has supported the creation of a new mural to celebrate the achievements of Lioness Alex Greenwood, which has been painted above Hyperbar, Stanley Road, Bootle. The mural is there to inspire people by seeing what Alex has achieved, who is from the same area.

The team continue to deliver an extensive working on wellbeing offer to staff.

Sefton Active Summer Holiday Programme

I received an update on the 2022 summer holiday programmes delivered through Leisure's Active Sports Team, linking with various agendas as well as contributing towards the team's income target.

Since April 2011, the Be Active Holiday Programme has taken place during every school holiday (except the Christmas period), providing activities primarily for children aged 5-12 years in all Active Sefton Leisure Centres. The programme has grown throughout the years and is also a key area of income generation for the Active Sports team, who have an £81,000 income target attached to the service. The programme also utilises the leisure centres during off peak times and brings new users to the sites.

In addition to Be Active, the other key programme delivered over the summer period included 8 weeks of sessions in parks across the borough as part of 'Park Nights', which is commissioned by Community Safety to reduce anti-social behaviour in the parks and create a safe space for children and young people to take part in activities.

Be Active consisted of **73** sessions, **255** hours of delivery, **1,220** participants and **8** locations over the summer. The sessions included 'Ditch the Stabilisers' which gives children the confidence to ride their bikes independently, as well as dance, sports & games camps, swimming crash courses and football camps run in partnership with LFC Foundation.

We once again offered discretionary free places on sessions to families and young people working with Early Help or Children's Services, providing positive activities to those most in need.

The Park Nights Programme took place from 11th July – 2nd September, operating free activities in one park north and one south of the borough each weekday evening, between 5pm-7pm, for the full 8 weeks. There were **78** sessions delivered, **156** hours, **1,955** participants and **10** locations. Sessions included multi-sports, street golf, and inflatable games.

The parks that were utilised for the programme were identified in partnership with colleagues in Community Safety, Youth Service, Area Coordinators and Merseyside Police. Sites included South Park Bootle, Kirkstone Park Litherland, Bowersdale Park Seaforth, Killen Green Park Netherton, Coronation Park Crosby, King George V Maghull, Bedford Park Birkdale, Hesketh Park Southport, Devonshire Road Southport, and Duke Street Park Formby.

Procure & Replacement Leisure Management System

The current LMS is provided by ESP Leisure and was procured in 2014. The system is no longer fit for purpose and hasn't evolved to meet the changing needs of our Leisure Centres. The system is hosted on a Windows 2008 server which from January 2023 will become unsupported and as well as becoming obsolete could, due to the cessation of security patches, present a significant security risk to Sefton's ICT network, although work has been undertaken to minimise this risk. The application also contains software components that are end of life and to replace would require investment. The Senior ICT Manager has confirmed that there are no other options other than to replace the system as a matter of urgency.

The new LMS system will serve to provide

- Improved positioning vs competitors (member journey), attracting new members
- Better retention and communication with current leisure members and customers.
- Increased class participation – with prompts filling empty classes
- Increased membership, due to increased digital service offering
- Ability to sign up online for all membership types
- Enhanced user experience
- Easy administration for staff

- Improved administration time allowing quicker payments and access of information and registration for Sefton residents at any given time (24/7).

The system in conjunction with some wider marketing work should help in achieving an increase in membership numbers and subsequently contribute towards our income targets.

The system will be cloud based and we will not have a physical server to manage or support and will be in line with council's Digital Strategy.

A further report will be presented once the procurement process is underway and costs are clearer.

Essential Leisure Facility Repairs & Improvements

Sefton's 6 Leisure Centres are now of an age where large cost items are reaching end of life. These items cannot be replaced by the existing repairs and maintenance budgets and relate to both Health & Safety and compliance with the Equalities Act.

The roof and the lift at Bootle Leisure Centre require replacement as do the rebound boards surrounding the 3G pitches at Netherton Activity Centre. The total cost of these works is approximately £343k. Taking all of this into account, Communities are seeking to fund the repair requirements via prudential borrowing, but also to review Leisure Centre income and expenditure to seek to identify a more sustainable approach to the repair/replacement of items reaching their end of lifecycle.

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Agenda Item 13

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	3 January 2023
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;
- note that there are no items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan;
- report on progress of informal briefing sessions for Committee Members held during 2022/23 to date and indicate if there are any further briefing sessions that Members would wish to be arranged;
- agree the recommendations made at the informal workshop session for Committee Members on health inequalities;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board;
- consider the process to be undertaken during 2023 regarding draft Quality Accounts; and
- receive an 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;
- (2) the fact that there are no items for pre-scrutiny from the Key Decision Forward Plan that fall under the remit of the Committee, on this occasion, be noted;

Agenda Item 13

- (3) progress of informal briefing sessions for Committee Members to be held during 2022/23 be noted and Members be requested to indicate whether there are any further informal briefing sessions they would wish to be arranged.
- (4) the Public Health Director be requested to submit the Public Health Outcomes Framework to the Overview and Scrutiny Committee (Adult Social Care and Health) on a six-monthly basis, for information;
- (5) the Head of Highways and Public Protection be requested to investigate the possibility of obtaining information on sales of vaping products, with a view to the Public Health Director identifying possible trends;
- (6) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (7) the update on the Joint Cheshire and Merseyside Scrutiny Committee, established to scrutinise the work of the Cheshire and Merseyside Integrated Care Board, be noted;
- (8) consideration of draft Quality Accounts during 2023 be delegated to the Chair and Vice-Chair of the Committee, in consultation with the Healthwatch representatives; and
- (9) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix B 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
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A - Work Programme for 2022/23;
- Appendix B - 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 of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2022/23 and updated, as appropriate.
- 1.3 Previous suggestions for formal agenda items have included the following:

- Southport and Ormskirk Hospital NHS Trust, for general update;
- NHS Cheshire and Merseyside Place Plan;
- update on primary care estate strategy; and
- a full report on the Cheshire and Merseyside Cancer Alliance.

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

2.1 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.

2.2 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.

2.3 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.

2.4 The latest Forward Plan published on 30 November 2022, for the four-month period 1 January – 30 April 2023, contains no key decisions that fall under the remit of the Committee.

2.5 **The Committee is requested to note that there are no items for pre-scrutiny from the Key Decision Forward Plan that fall under the remit of the Committee, on this occasion.**

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

3.1 At the 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 NHS Cheshire and Merseyside, Sefton (formerly the CCGs) delivered an informal briefing session on primary care and GP practices to Committee Members on 20 September 2022.

3.3 An informal workshop session for Committee Members on health inequalities and the Public Health Outcomes & Performance and Framework Indicators was delivered by the Director of Public Health on 16 November 2022 and the requests arising from the session are set out within paragraph 4 below.

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3.4 The Committee is requested to:

- **note the progress of informal briefing sessions for Committee Members held during 2022/23; and**
- **indicate if there are any further briefing sessions that Members would wish to be arranged.**

4. **RECOMMENDATIONS ARISING FROM THE INFORMAL WORKSHOP SESSION ON THE PUBLIC HEALTH OUTCOMES & PERFORMANCE AND FRAMEWORK INDICATORS**

4.1 An informal workshop session for Committee Members on health inequalities and the Public Health Outcomes & Performance and Framework Indicators was delivered by the Director of Public Health on 16 November 2022. As a result of the session, the following requests were made:

(1) the Public Health Outcomes Framework could be submitted to the Overview and Scrutiny Committee (Adult Social Care and Health) on a six-monthly basis, for information; and

(2) the possibility of obtaining information on sales of vaping products, with a view to identifying possible trends, could be investigated.

4.2 **The Committee is requested to agree the recommendations made at the informal workshop session for Committee Members on health inequalities, namely that:**

(1) the Public Health Director be requested to submit the Public Health Outcomes Framework to the Overview and Scrutiny Committee (Adult Social Care and Health) on a six-monthly basis, for information; and

(2) the Head of Highways and Public Protection be requested to investigate the possibility of obtaining information on sales of vaping products, with a view to the Public Health Director identifying possible trends.

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 three elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

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

5.6 **Chair and Vice-Chair**

The Chair and Vice-Chair of the LCRCAO&S cannot be Members of the majority group. Councillor Steve Radford, a Liberal Party and Independent Group Councillor serving on Liverpool City Council has been appointed Chair for the 2022/23 Municipal Year; and Councillor Pat Moloney, a Liberal Democrat Councillor serving on Liverpool City Council has been appointed Vice-Chair.

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 fourteen, 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**

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

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

Latest Meeting – 1 December 2022

The latest meeting of the LCRCAO&S was held on 1 December 2022 and the Committee considered the following items:

- Development of the Next Local Transport Plan for the Liverpool City Region
- Work Programme Update

The next meeting of the LCRCAO&S will be held on 19 January 2022. At the time of drafting this report the agenda for the meeting has not yet been published. Matters discussed at the 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. CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

- 6.1 On 1 July 2022 the Health and Care Act required the Cheshire and Merseyside Integrated Care Board to commence operation.
- 6.2 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 Councillor Brodie-Browne and Councillor Lunn-Bates.
- 6.3 Knowsley MBC is acting as secretariat to the Joint Cheshire and Merseyside Scrutiny Committee and agendas and Minutes of formal meetings of the Joint Scrutiny Committee are included on their website.
- 6.4 The Inaugural Meeting of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee was held on 11th November 2022, in Huyton and the following agenda items were considered:
- Appointment of Chairperson of the Committee for 2022/23
 - Appointment Of Vice-Chairperson of the Committee for 2022/23
 - Joint Health Scrutiny Committee Arrangements and Adoption of Rules of Procedure
 - Cheshire and Merseyside Integrated Care System Update Report
 - Joint Health Scrutiny Committee Work Programme for 2022/23

- 6.5 Councillor Michelle Sweeney of St. Helens Council was appointed as the Chair of the Joint Health Scrutiny Committee for 2022/23 and Councillor Kate Cernik of Cheshire West and Chester Council was appointed as the Vice-Chair.
- 6.6 Details of the meeting of the Joint Health Scrutiny Committee can be found via the following link:

[Browse meetings - Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee - Knowsley Council](#)

- 6.7 The next meeting of the Joint Health Scrutiny Committee is likely to be held during March 2023, on a date to be confirmed.

6.8 The Committee is requested to note the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee.

7. DRAFT QUALITY ACCOUNTS - PROCESS TO BE UNDERTAKEN IN 2023

- 7.1 Quality Accounts are annual reports from providers of NHS healthcare organisations about the quality of the services provided and are available for the public to view.

- 7.2 Draft Quality Accounts are usually submitted during May of each year from various NHS Trusts to the Committee for consideration. There is a statutory duty for health providers to produce draft Quality accounts, whereas any comments on the draft Quality Accounts by Overview and Scrutiny Committees are discretionary.

- 7.3 During 2022, the Chair and Vice-Chair of the Committee considered the draft Quality Accounts from the following Trusts, in conjunction with the Healthwatch representatives who sit on the Committee:

- Southport and Ormskirk Hospital NHS Trust
- Liverpool University Hospitals NHS Foundation Trust (LUFT)

7.4 *The Committee is requested to delegate the consideration of draft Quality Accounts during 2023 to the Chair and Vice-Chair of the Committee, in consultation with the Healthwatch representatives.*

8. HEALTHWATCH SEFTON

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

8.2 *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**

Tuesday, 3 January 2023, 6.30 p.m., Town Hall, Southport		
No.	Report/Item	Report Author/Organiser
1.	Southport and Ormskirk Hospital NHS Trust	Debbie Campbell/ Anne-Marie Stretch/Lesley Neary
2.	Paediatric Radiotherapy Services	Debbie Campbell/ North West Specialised Commissioning Team – NHS England
3.	The Cost-of-Living Crisis	Deborah Butcher/Margaret Jones/Eleanor Moulton
4.	Winter Plan	Deborah Butcher/Eleanor Moulton
5.	Adult Social Care Local Government Association Peer Review	Sarah Alldis
6.	National GP Access Survey	Jan Leonard
7.	NHS Cheshire and Merseyside, Sefton - Update Report	Laura Gibson/Lyn Cooke
8.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Jan Leonard/Tracy Jeffes/Laura Gibson
9.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
10.	Work Programme Update	Debbie Campbell

Tuesday, 21 February 2023, 6.30 p.m., Town Hall, Bootle		
No.	Report/Item	Report Author/Organiser
1.	Cheshire and Merseyside Cancer Alliance	Jan Leonard/Jon Hayes, Managing Director, Cheshire and Merseyside Cancer Alliance
2.	Public Health Annual Report	Charlotte Smith
3.	Safeguarding Update	Eleanor Moulton
4.	Adult Social Care Performance	Deborah Butcher
5.	Care Homes – Quality and Safeguarding	Deborah Butcher
6.	Sefton Integrated Care Partnership – Development	Eleanor Moulton
7.	Sefton New Directions - 2021/22 Outturn Review of Council Wholly Owned Companies	Deborah Butcher
8.	NHS Cheshire and Merseyside, Sefton - Update Report	Laura Gibson/Lyn Cooke
9.	NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard	Jan Leonard/Tracy Jeffes/Laura Gibson
10.	Cabinet Member Update Reports x 2	Julie Leahair/Julie Elliot/Debbie Campbell
11.	Work Programme Update	Debbie Campbell

UPDATE REPORT FROM HEALTHWATCH SEFTON – 3 JANUARY 2023

Emerging themes and our focus.

Healthwatch continues to engage with local residents across the borough and is back to holding engagement stands at local hospital sites. Access to services continues to be one of the top themes which residents are concerned about.

Access to primary care (GP practices)

- We continue to gather feedback about appointment booking systems at practices and the bottleneck caused with patients phoning at 8am every day to try and book an appointment before they are taken. At our South & Central Community Champion meeting (30th November), we shared feedback to commissioners about one of our local practices who on their telephone messaging, actively ask patients to phone each day at 8am. We also shared the details of a practice which offers a call back system, so patients are not waiting to get through to speak to reception staff but are called back. One of the key issues which we are told about is that the appointment systems in place do not make it easy to pre book a non-urgent appointment.
- We have been supporting the Care Quality Commission (CQC) by sharing feedback to support their work with practices.
- We have received the report from NHS Cheshire & Merseyside GP General Access report for Sefton and this was an agenda item for our Steering Group (December). We have agreed to hold a single item meeting to discuss GP access.

Access to NHS Dentistry

- An increase in calls to our Signposting & Information service has been seen, (44% of calls in November) and an update from our recent mapping exercise of local access has been uploaded onto our website. This update can be found [here](#). From this work we found that one dentist in Southport and one in Maghull are now registering children as NHS patients but a couple in south Sefton have closed their registrations to children. There are no Sefton based dentists who are registering adults for NHS treatment.
- NHS England have been able to help with a couple of referrals for patients who need urgent treatment, appointments being provided from one of their supporting practices in Liverpool.
- We meet with NHS England on a regular basis to update on our local position, gain updates and discuss the transfer of NHS Dentistry to NHS Cheshire & Merseyside, which will be taking place next year.

Aintree Hospital Accident & Emergency Department

- We have organised a listening event at the above department (Friday 16th December), 10am – 1pm. This visit will be undertaken in partnership with Healthwatch Knowsley, who will also be supporting the visit to the New Royal Liverpool hospital (Wednesday 14th December), Healthwatch Liverpool taking the lead. The aim of the visit will be to speak to patients and follow their journey throughout the department.

Focus on community service provision (Mersey Care NHS Foundation Trust)

Between August to November 2022 feedback has been shared on the following issues:

- Treatment not as good from Sefton Road Family Health Clinic compared to other south Sefton clinics
- Difficult to make appointments with the Podiatry service, patients being told to ring back to book appointments, there being long waiting times between appointments.
- Difficulty for patients with a Learning Disability to book appointments with the Podiatry service.
- Difficulty to book Phlebotomy appointments using the phone line.
- On a weekly basis, there are not enough reception staff on duty at Netherton Health Centre. Sometimes the number of staff on duty is reduced to one. The reception staff have to be provided with a lunch break which often leaves the reception area open to the public but no staff available to help.
- Healthwatch visited Thornton Health Centre to drop off posters (September) and the community services window was closed. A patient we spoke to in the waiting area commented that it was always closed.

After reviewing the feedback we were receiving, we approached Mersey Care NHS Foundation Trust to request Healthwatch feedback posters be displayed in health centres to support further independent feedback. This was agreed and posters were distributed to all South Sefton Health Centres during September 2022. Unfortunately there has been no feedback received as a result of this. We have now contacted the Trust to arrange an engagement plan across all centre across Sefton and this work will commence January 2023.

We also produced a report for submission to the Care Quality Commission (CQC) to support the well-led inspection of the trust, which took place 6-7 December 2022.

Waiting times for treatment

With patients concerned about their referrals for treatment, long waits and the lack of communication surrounding this, we will be ensuring that our local NHS providers are working to the quality principles for long waiters as part of the NHS Waiting Well Programme. Healthwatch across Cheshire & Merseyside had previously supported NHS England to draft the principles. Residents just want to know that they are still on a waiting list and receive regular updates. We will be ensuring that principle nine (9) is being implemented: We will communicate and engage with our patients and public to

ensure that whilst they are awaiting treatment they are supported to manage their condition and kept informed of their treatment plan and signposted to resources that may support their well-being whilst waiting.

Diane Blair BA (Hons) MSc

Manager

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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



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