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Sefton Council



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

DATE: Tuesday, 17th October 2023

TIME: 6.30 p.m.

VENUE: Committee Room - Bootle Town Hall, Trinity Road, Bootle, L20 7AE

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. Phil Hart
Cllr. John Joseph Kelly
Cllr. Laura Lunn-Bates
Cllr. Dave Robinson
Ms. Diane. Blair, Healthwatch
Mr. Brian Clark, Healthwatch

Substitute

Councillor
Cllr. Carol Richards
Cllr. Michael Roche
Cllr. Dr. John Pugh
Cllr. Sir Ron Watson C.B.E.
Cllr. Daniel McKee
Cllr. Sonya Kelly
Cllr. Veronica Webster
Cllr. Paul Tweed
Cllr. Mike Desmond F.R.C.A.
Cllr. Christopher Page

COMMITTEE OFFICER: Debbie Campbell / Laura Bootland
Democratic Services Manager / Senior
Democratic Services Officer

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

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

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 5 September 2023

4. NHS Cheshire and Merseyside, Sefton - Update Report (Pages 13 - 18)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

5. NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard (Pages 19 - 26)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

6. Performance Report Review (Pages 27 - 34)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

7. Melling Surgery Closure (Pages 35 - 50)

Report of the Sefton Place Director, NHS Cheshire and Merseyside

- | | | |
|------------|---|---------------------|
| 8. | Health Substantial Reconfiguration Proposals | (Pages 51 - 64) |
| | Report of the Chief Legal and Democratic Officer | |
| 9. | Cabinet Member Reports | (Pages 65 - 86) |
| | Report of the Chief Legal and Democratic Officer | |
| 10. | Work Programme Key Decision Forward Plan | (Pages 87 - 112) |
| | 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 BIRKDALE ROOM - SOUTHPORT TOWN HALL, LORD STREET, SOUTHPORT, PR8 1DA
ON TUESDAY 5TH SEPTEMBER, 2023

PRESENT: Councillor Thomas (in the Chair)
Councillor Myers (Vice-Chair)
Councillors Linda Cluskey, Phil Hart,
John Joseph Kelly, Laura Lunn-Bates, Dave
Robinson, Dr. John Pugh (Substitute for Councillor
Brodie-Browne) and Sonya Kelly (Substitute for
Councillor Halsall)

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

12. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Brodie-Brown, Councillor Brough and Councillor Halsall.

13. DECLARATIONS OF INTEREST

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

14. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 20 June 2023, be confirmed as a correct record.

15. LIVERPOOL CLINICAL SERVICES REVIEW

Further to Minute No. 4 of 20 June 2023, Carole Hill, Associate Director of Strategy, Integration & Partnerships, NHS Cheshire and Merseyside, was in attendance and updated on the Liverpool Clinical Services Review.

The review was set up in spring 2022 to consider opportunities for greater collaboration between Liverpool's hospitals to further improve services and health outcomes for people. The review had identified 12 recommendations for greater collaboration, some of which were already being taken forward with work ongoing to implement others.

Members of the Committee asked questions/commented on the following

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issues:

- If Mersey Care was a part of this review
- If there would be a reduction of Trusts as a result of the review
- If the review would make the financial situation of the Liverpool University Foundation Trust any better
- How long it would take to embed any changes made as a result of the review and how long it would take to decide if the changes made were having a beneficial impact.

RESOLVED:

16. DOMESTIC ABUSE UPDATE

The Committee considered the report of the Assistant Director of People (Communities) that updated on the Sefton's strategic approach to tackling domestic abuse. The report set out the background to the matter, together with details of the Sefton Domestic Abuse Partnership Board; the Sefton Domestic and Sexual Abuse Strategy 2023-2028 and Action Plan; and Cross partnership collaboration. The following Appendices were attached to the report:

- Appendix 1 - Sefton Domestic and Sexual Abuse Strategy 2023-2028
- Appendix 2 – Domestic Abuse Action Plan 2023-2028.

Members of the Committee asked questions/commented on the following issues:

- The education programme for children and if this was only aimed at children who live in households affected by domestic abuse or if it was a wider education programme being delivered to all children in schools.
- How information passed to school safeguarding leads was picked up and shared with the relevant partners.
- The level of funding going forward and if this would be sufficient to support the service and achieve its priorities.
- The importance of including all types of domestic abuse in any staff training, such as coercion and manipulation to include financial abuse.
- The response times by the Police can sometimes be too slow, especially in cases that do not involve physical violence.

RESOLVED

That the content of the report be noted.

17. REPORT FOR INFORMATION ON VAPING AMONGST YOUNG PEOPLE

Further to Minute No. 40 (5) of 3 January 2023, the Committee considered the report of the Director of Public Health that provided a range of relevant information about vaping amongst young people in Sefton. The content of the report centred on presentation and discussion of findings from a recent, large survey of young people's experiences, attitudes, and behaviours towards vaping and smoking in Sefton and the report set out key points to note.

Members of the Committee asked questions/commented on the following issues:

- The availability of smoking cessation services.
- The issue of shops selling vaping products to children and if any enforcement work was being carried out.
- Difficulties around the public health message around vaping as it was seen as a better option to cigarettes.
- What approach, if any, were schools taking to discourage vaping
- Recent media coverage highlighted that school hours were being missed due to illnesses such as chest infections and asthma.
- If any studies had taken place to consider how the ingredients in vapes interact with other medications in the body.

RESOLVED:

That the content of the report be noted.

18. GP PATIENT SURVEY (2023) - SEFTON PLACE

The Committee considered the presentation of the Sefton Place Director, NHS Cheshire and Merseyside, on the Cheshire and Merseyside – GP Survey 2023 Summary by Place. The presentation set out details of the following:

- Overall experience
- Making an appointment
- Local GP services
- Access to on-line services

Members of the Committee asked questions/commented on the following issues:

- Concern that practices were moving to online booking systems when many elderly people struggle to use the internet.
- Waiting times for call-backs can be too long.
- National data regarding waiting times is poor and patients are generally unhappy with the service they were receiving.

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RESOLVED:

That the presentation on the Cheshire and Merseyside – GP Survey 2023 be noted.

19. 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:

- Sefton Plan
- Women's Health Hubs
- New Paddington Community Diagnostic Centre opens.
- Mersey Care roll out Urgent Treatment Centres (UTCs).
- Making healthcare more accessible to reduce missed appointments.
- Residents urged to 'give digital a go' as part of new campaign.
- Latest NHS Cheshire and Merseyside Board meeting

RESOLVED:

That the update report submitted by the Sefton Place Director, NHS Cheshire and Merseyside (Sefton) be noted.

20. 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.

RESOLVED:

1. That the information on Health Provider Performance be noted; and
2. That the Committee be requested to delegate authority to the Chair and Vice-Chair of the Committee, in consultation with the Sefton Place Director, to determine future reporting requirements of performance data to the Committee.

21. EXECUTIVE/SCRUTINY PROTOCOL

The Committee considered the report of the Chief Legal and Democratic Officer that sought formal approval of changes to the Executive/Scrutiny Protocol (the Protocol) for submission to Cabinet.

The report advised that the draft protocol was approved by the four Overview and Scrutiny Committees and Cabinet at their meetings in late 2020; and that at its first meeting of the 2023/24 municipal year, held on 20 June 2023, the Overview and Scrutiny Management Board considered the Protocol and suggested two additions in relation to the submission of Plans and Strategies to Overview and Scrutiny Committees and Working Group Reviews/Informal Meetings.

For illustrative purposes, an updated version of the Executive/Scrutiny Protocol was attached to the agenda highlighting the changes if ultimately approved by Overview and Scrutiny and Cabinet.

RESOLVED: That

the Cabinet be requested to approve changes to the Executive/Scrutiny Protocol in relation to:

- (1) Executive Directors and Assistant Directors, whose responsibilities fall within the remit of Overview and Scrutiny Committees, being requested to seek the views of the Committees on all strategies and plans prior to submission to Cabinet and Council; and that if it is not possible, due to time constraints, to submit the final strategy or plan for consideration, then an outline or synopsis be submitted to the Committees to allow an oversight of the proposals to be considered and commented upon; and Section 6 of the Protocol relating to pre-scrutiny be amended accordingly; and
- (2) reference being made to informal meetings of Overview and Scrutiny Committees to review topics in Section 8 of the Protocol.

22. 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:

- The National Assurance Update for Adult Social Care
- Cheshire and Merseyside Integration Update:
 - Integrated Care Teams (ICT) Development
- Strategic Commissioning:

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- Domiciliary Care
- Day Opportunities
- Care Homes
- Transfer Care of Hubs - ASC involvement in Hospital Discharge
- Adult Social Care Budget
- Adult Social Care Complaints, Compliments and MP Enquiries
- Local Government and Social Care Ombudsman
- Principal Social Worker Update (PSW)
- Performance and Key Areas of Focus
- Activity Overview:
 - Admission into care and reablement
 - Self-directed support and direct payments
 - Employment
 - Housing
- Workforce:
 - Learning and Development
 - Apprenticeships:

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

Public Health:

- Living Well Service (LWS) Recommissioning
- Breastfeeding Update:
 - Volunteer Breastfeeding Peer Support:
 - AbA Project
 - Initiatives to address Inequalities in Breastfeeding Rates
 - Additional Workstreams / Insight
 - Sefton Councils Updated Breastfeeding Policy
- Health Checks Option Appraisal
- Staff Flu
- Public Health Risk Register

Leisure:

- Leisure Update (July)
- Procurement of Leisure Management System

The Chair commended the Cabinet Members for their openness and transparency and for working collaboratively with the committee.

RESOLVED:

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

23. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer that sought to:

- seek the views of the Committee on the Work Programme for the remainder of the Municipal Year 2023/24;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- seek the views of the Committee on the Programme of informal briefings/workshop sessions for the remainder of 2023/24,
- consider if there are any site visits that Committee Members would wish to undertake during 2023/24;
- note the intention for the Local Government Association to provide training from Members and Substitutes of the Committee;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- note the update by Healthwatch Sefton.

The following appendices were attached to the report:

- Appendix A – Work Programme for 2023/24;
- Appendix B – Latest key decision forward plan items relating to this overview and scrutiny committee.
- Appendix C – Draft programme of informal briefings/workshop sessions for 2023/24
- Appendix D – Update of recent activities taken by Healthwatch Sefton.

RESOLVED: That

- 1) the Work Programme for 2023/24, as set out in Appendix A to the report be agreed, along with any additional items to be included and thereon agreed;
- 2) the contents of the Key Decision Forward Plan for the period 1 September – 31 December 2023, be noted;
- 3) the Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix C to the report, be noted, along with any additional informal items to be included and thereon be agreed;
- 4) the intention for the Local Government Association to provide training from Members and Substitutes of the Committee be noted;

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- 5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- 6) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be noted; and
- 7) 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 | 17 October 2023 |
| Subject: | NHS Cheshire and Merseyside, Sefton place Update Report | | |
| Report of: | NHS Cheshire and Merseyside ICB (Sefton place) | Wards Affected: | All |
| This Report Contains Exempt / Confidential Information | No | | |
| Contact Officer: | Deborah Butcher | | |
| Tel: | 0151 317 8456 | | |
| Email: | Deborah.butcher@sefton.gov.uk | | |

Purpose / Summary of Report:

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

Recommendation

The Overview and Scrutiny Committee (Adult Social Care and Health) is requested to receive this report.

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NHS Cheshire and Merseyside, Sefton

Update Report

October 2023

Pioneering stroke assessment centre opens at Aintree University Hospital

A new Stroke Emergency Assessment Centre (SEAC) has opened at Aintree University Hospital, the first of its kind in the UK.

The £1.5 million purpose-built assessment centre sits alongside Aintree's Emergency Department and will provide specialist care for stroke patients, aiming to minimise the impact of strokes and improve the chances of a good outcome following treatment.

Anyone in the North Mersey area who suspects they or someone they know is having a stroke should phone 999 and ask for an ambulance or attend the Stroke Emergency Assessment Centre as a walk-in patient.

[Read more about the new centre here.](#)

Covid & Flu Vaccination Update

The Autumn Winter 2023/2024 Covid and Flu vaccination programme was brought forward by 4 weeks commencing 11th September for all care home residents and from 18th September for all other eligible citizens. Completion date for the phase is 15th December with the aim that visits to care homes are within 6 weeks and by 22nd October. Vaccinations have been rolled out earlier than originally planned due to the emergence of a new variant of the Covid virus known to be spreading rapidly. The expedited roll out is to protect citizens as early as possible.

Southport and Formby PCN roving vaccination team has started delivering to all CQC registered care homes and patients registered as housebound with their general practice. Both Covid and Flu vaccines will be offered to residents whilst care home staff will be offered a Covid vaccination with advice to book for their flu vaccine at a community pharmacy or from their own GP surgery.

South Sefton PCN have also signed up to deliver Covid and flu vaccines to their most vulnerable care home and housebound residents. Preparations are underway to commence visiting as soon as supplies of flu vaccines arrive in general practices to support coadministration of both vaccines.

Both PCNs will provide feedback regarding progress on a weekly basis to provide assurance that visits to care homes will be completed in a timely manner.

14 community pharmacies across Sefton will continue to offer appointments for both Covid and flu vaccinations with an additional 9 joining the programme, making a total of 23 spread across the borough. Some pharmacies are still in the 'on-boarding' process being dealt with by NHSE Cheshire and Merseyside team and will be ready to offer vaccine appointments in the next 1-2 weeks.

Eligible citizens can book their Covid and flu vaccine appointments in any participating pharmacy offering appointments by calling 119 or via the National Booking Service on the NHS App.

The model of PCNs visiting care homes and housebound patients has been successful in previous phases. Sefton Place is confident the additional number of community pharmacies offering appointments to eligible citizens for the autumn/winter phase will meet the vaccine demand for the area.

Cheshire and Wirral Partnership has continued to be commissioned to provide the Living Well Bus, which is a roving service to address inequalities and underserved groups. The small bus will be sited in various locations every week with targeted visits to LD facilities, day centers and areas of deprivation to support access to vaccines and improve uptake in hard-to-reach wards. Insight data will support the choosing of locations for the bus to visit. The Living Well Bus is a 'drop in' service, i.e. no appointment required. Vaccinations will be available and if capacity allows health checks can be offered with Covid vaccination taking priority at busy times.

Children's flu vaccination programme gets underway

The annual NHS flu vaccination programme for children aged 2-3, school age children and children over 6 months with certain health conditions is underway in Cheshire and Merseyside.

The NHS in Cheshire and Merseyside is calling on parents to ensure children's consent forms are completed, and that eligible pre-schoolers are booked in for appointments at the GP practice, to stop the spread of flu this autumn and winter.

[Read our full press release here.](#)

Region-wide AI deal to help tackle waiting lists across nine NHS trusts

Cheshire and Merseyside Integrated Care System (ICS) has signed a new agreement with its technology provider C2-Ai, to significantly expand a high-impact waiting list initiative across all its acute hospitals.

The ICS will now start to scale successes already achieved by several trusts in the region, where pioneering NHS teams have deployed an AI-backed decision support model to help find, prioritise and support some of the highest-risk patients on waiting lists.

[Read more about the technology here.](#)

Latest NHS Cheshire and Merseyside Board meeting

The next NHS Cheshire and Merseyside Board meeting takes place on 26 October 2023.

All meetings are live streamed via NHS Cheshire and Merseyside's YouTube channel for anyone not able to attend.

You can find details of all forthcoming meetings here:

<https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/>

Papers from all previous meetings can be found here:

<https://www.cheshireandmerseyside.nhs.uk/get-involved/meeting-and-event-archive/>

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Cheshire and Merseyside

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

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|---|--|------------------------|-----------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting | 17 October 2023 |
| Subject: | Health Provider Performance Dashboard | | |
| Report of: | NHS Cheshire and Merseyside ICB (Sefton place) | Wards Affected: | All |
| This Report Contains Exempt / Confidential Information | No | | |
| Contact Officer: | Luke Garner | | |
| Tel: | 0151 317 8456 | | |
| Email: | Luke.garner@cheshireandmerseyside.nhs.uk | | |

Purpose / Summary of Report:

To present NHS Cheshire and Merseyside performance against key strategic, NHS constitution, quality and safety indicators for the main providers Sefton Place commission from.

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

Recommendation(s)

The Overview and Scrutiny Committee (Adult Social Care and Health) is requested to receive this performance dashboard.







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Main Provider Performance September 2023

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

Time periods vary for the indicators presented and are indicated in the tables latest data available displayed.

| Key Performance Area | Time Period | Performance | C&M | National | Target | Trend |
|---|-------------|-------------|-----------------|----------|--|------------------|
| A&E 4 hour Waits, All Types MWLTH from July 23 (Mersey & West Lancashire Teaching Hospital) prev SOHT | Aug-23 | 71.30% | 73.43% | 72.98% | 76% | |
| Cancer 2 Week Waits (MWLTH from July 23) | Jul-23 | 80.34% | 82.11% | 77.52% | 93% | |
| Cancer 62 Day - Screening (MWLTH from July 23) | Jul-23 | 70.00% | 52.27% | 63.29% | 90% | |
| Cancer 31 Day 1st Treatment (MWLTH from July 23) | Jul-23 | 95.14% | 92.52% | 91.81% | 96% | |
| RTT -18 Weeks Incomplete (MWLTH from July) snapshot | Jul-23 | 61.51% | 56.11% | 58.60% | 92% | |
| C. Difficile (Southport & Ormskirk) cumulative YTD | Aug-23 | 13 | - | - | 2023-24 Target <=/=39 | |
| MRSA (Southport & Ormskirk) cumulative YTD | Aug-23 | 1 | - | - | zero tolerance | |
| Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk) | Jun-23 | 73.33% | - | - | 80% | <<-- latest data |
| % TIA assessed and treated within 24 hours (Southport & Ormskirk) | Jun-23 | 42.86% | - | - | 60% | <<-- latest data |
| Ambulance Category 1 Mean 7 minute response time (NS Place Level) | Aug-23 | 00:08:14 | 00:08:03 (NWAS) | 00:08:17 | <=7 Minutes | |
| Ambulance Category 1 90th Percentile 15 minute response time (NS Place Level) | Aug-23 | 00:15:20 | 00:13:50 (NWAS) | 00:14:46 | <=15 Minutes | |
| Ambulance Category 2 Mean 18 minute response time (NS Place Level) | Aug-23 | 00:38:11 | 00:27:18 (NWAS) | 00:31:30 | <=30 Minutes | |
| Ambulance Category 2 90th Percentile 40 minute response time (NS Place Level) | Aug-23 | 01:21:51 | 00:57:48 (NWAS) | 01:07:21 | <=40 Minutes | |
| Ambulance Category 3 90th Percentile 120 minute response time (CCG Level) | Aug-23 | 06:04:19 | 05:28:22 (NWAS) | 04:09:35 | <=120 Minutes | |
| Ambulance Category 4 90th Percentile 180 minute response time (NS Place Level) | Aug-23 | 03:14:01 | 05:35:10 (NWAS) | 05:00:00 | <=180 Minutes | |
| Mental Health: IAPT 16.8% Access (NS Place Level) | Aug-23 | 0.83% | - | - | 1.59% per month Qtr 1-3 1.83% per month Qtr 4 | |
| Mental Health: IAPT 50% Recovery (NS Place Level) | Aug-23 | 58.1% | - | - | 50% | |
| Mental Health: IAPT waiting <6 weeks (NS Place) | Aug-23 | 83.0% | - | - | 75% | |
| Mental Health: IAPT waiting <18 weeks (NS Place) | Aug-23 | 98.0% | - | - | 95% | |

| Measure | Time Period | Southport & Ormskirk | C&M | National (Target) | Trend |
|---------------------------|-------------|----------------------|-------|-------------------|--|
| Inpatient – Response Rate | Jul-23 | 39.4% | 35.8% | 21.5% |  |
| Inpatient Recommended | Jul-23 | 95.0% | 95.0% | 95.0% |  |
| Inpatient Not Recommended | Jul-23 | 3.0% | 2.0% | 2.0% |  |
| A&E – Response Rate | Jul-23 | 27.5% | 17.0% | 11.1% |  |
| A&E Recommended | Jul-23 | 85.0% | 81.0% | 82.0% |  |
| A&E Not Recommended | Jul-23 | 11.0% | 13.0% | 12.0% |  |

| Key Performance Area | Time Period | Performance | C&M | National | Target | Trend |
|--|--------------|-------------|-----------------|----------|--|-----------------|
| A&E 4 hour Waits, All Types (LUHFT) | Aug-23 | 68.92% | 73.43% | 72.98% | 76% | |
| Cancer 2 Week Waits (LUHFT) | Jul-23 | 88.19% | 82.11% | 77.52% | 93% | |
| Cancer 62 Day - Screening (LUHFT) | Jul-23 | 37.33% | 52.27% | 63.29% | 90% | |
| Cancer 31 Day 1st Treatment (LUHFT) | Jul-23 | 86.20% | 92.52% | 91.81% | 96% | |
| RTT -18 Weeks Incomplete (LUHFT) Snapshot | Jul-23 | 53.59% | 56.11% | 58.60% | 92% | |
| C.Difficile (LUHFT) cumulative YTD | Aug-23 | 67 | - | - | 2023-24 Target <=133 | |
| MRSA (LUHFT) cumulative YTD | Aug-23 | 0 | - | - | zero tolerance | |
| Stroke (80% of Pts spending 90% of time on Stroke Unit) (LUHFT) | Qtr 4 Mar-23 | 60.2% | - | - | 80% | <<- latest data |
| % TIA assessed and treated within 24 hours (LUHFT) | Jun-23 | - | - | - | 60% | |
| Ambulance Category 1 Mean 7 minute response time (SS Place Level) | Aug-23 | 00:07:45 | 00:08:03 (NWAS) | 00:08:17 | <=7 Minutes | |
| Ambulance Category 1 90th Percentile 15 minute response time (SS Place Level) | Aug-23 | 00:12:52 | 00:13:50 (NWAS) | 00:14:46 | <=15 Minutes | |
| Ambulance Category 2 Mean 18 minute response time (SS Place Level) | Aug-23 | 00:36:36 | 00:27:18 (NWAS) | 00:31:30 | <=30 Minutes | |
| Ambulance Category 2 90th Percentile 40 minute response time (SS Place Level) | Aug-23 | 01:18:32 | 00:57:48 (NWAS) | 01:07:21 | <=40 Minutes | |
| Ambulance Category 3 90th Percentile 120 minute response time (SS Place Level) | Aug-23 | 06:58:58 | 05:28:22 (NWAS) | 04:09:35 | <=120 Minutes | |
| Ambulance Category 4 90th Percentile 180 minute response time (SS Place Level) | Aug-23 | 03:40:29 | 05:35:10 (NWAS) | 05:00:00 | <=180 Minutes | |
| Mental Health: IAPT 16.8% Access (SS Place Level) | Aug-23 | 0.98% | - | - | 1.59% per month Qtr 1-3 1.83% per month Qtr 4 | |
| Mental Health: IAPT 50% Recovery (SS Place Level) | Aug-23 | 53.2% | - | - | 50% | |
| Mental Health: IAPT waiting <6 weeks (SS Place) | Aug-23 | 82.0% | - | - | 75% | |
| Mental Health: IAPT waiting <18 weeks (SS Place) | Aug-23 | 99.0% | - | - | 95% | |

| Measure | Time Period | LUHFT | C&M | National (Target) | Trend |
|---------------------------|-------------|-------|-------|-------------------|-------|
| Inpatient – Response Rate | Jul-23 | 24.7% | 35.8% | 21.5% | |
| Inpatient Recommended | Jul-23 | 92.0% | 95.0% | 95.0% | |
| Inpatient Not Recommended | Jul-23 | 4.0% | 2.0% | 2.0% | |
| A&E – Response Rate | Jul-23 | 17.1% | 17.0% | 11.1% | |
| A&E Recommended | Jul-23 | 72.0% | 81.0% | 82.0% | |
| A&E Not Recommended | Jul-23 | 20.0% | 13.0% | 12.0% | |

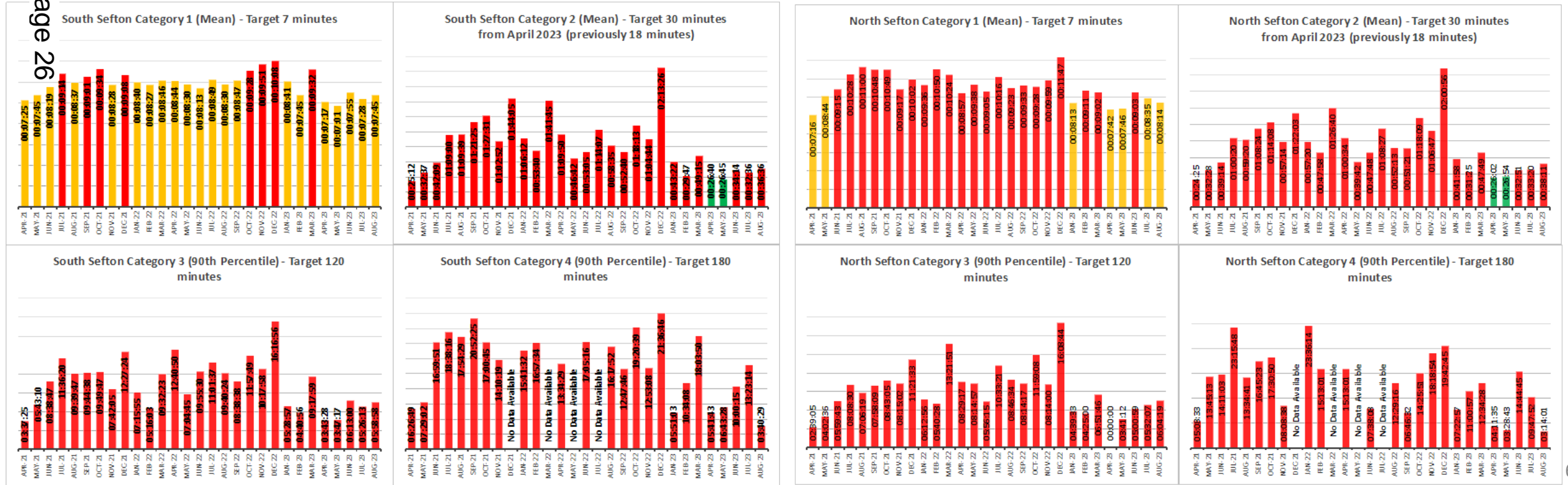
NWAS – Paramedic Emergency Services (PES) Summary

Data Source: Provider Level (NWAS)

Dashboard **Key** Risk Data ▲ Low Published ▲ Moderate Local ▲ High Not available

| Aug-23 | Cat 1 (Mean) | Cat 2 (Mean) | Cat 3 (90th Percentile) | Cat 4 (90th Percentile) |
|--------------|--------------|--------------|-------------------------|-------------------------|
| Target | 00:07:00 | 00:30:00 | 02:00:00 | 03:00:00 |
| South Sefton | 00:07:45 | 00:36:36 | 06:58:58 | 03:40:29 |
| North Sefton | 00:08:14 | 00:38:11 | 06:04:19 | 03:14:01 |
| NWAS | 00:08:03 | 00:27:18 | 05:28:22 | 05:35:10 |
| Risk | ▲ | ▲ | ▲ | ▲ |
| Data | Published | Published | Published | Published |

Performance Charts



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| | | | |
|---|--|------------------------|-----------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting | 17 October 2023 |
| Subject: | Performance Review | | |
| Report of: | NHS Cheshire and Merseyside ICB (Sefton place) | Wards Affected: | All |
| This Report Contains Exempt / Confidential Information | No | | |
| Contact Officer: | Deborah Butcher | | |
| Tel: | 0151 317 8456 | | |
| Email: | Deborah.butcher@sefton.gov.uk | | |

Purpose / Summary of Report:

To consider future reporting of performance data to the Overview and Scrutiny Committee.


Recommendation(s)

The Overview and Scrutiny Committee (Adult Social Care and Health) is requested to agree the proposed future reporting requirements of performance data to the Committee.

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Performance Review OSC

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Current Performance Reporting



| Key Performance Area | Time Period | Performance | C&M | National | Target | Trend |
|---|-------------|-------------|------------------|----------|--|------------------|
| A&E 4 hour Waits, All Types MWLTH from July 23 (Mersey & West Lancashire Teaching Hospital) prev SOHT | Aug-23 | 71.30% | 73.43% | 72.98% | 76% | |
| Cancer 2 Week Waits (MWLTH from July 23) | Jul-23 | 80.34% | 82.11% | 77.52% | 93% | |
| Cancer 62 Day - Screening (MWLTH from July 23) | Jul-23 | 70.00% | 52.27% | 63.29% | 90% | |
| Cancer 31 Day 1st Treatment (MWLTH from July 23) | Jul-23 | 95.14% | 92.52% | 91.81% | 96% | |
| RTT - 18 Weeks Incomplete (MWLTH from July 23) snapshot | Jul-23 | 61.51% | 56.11% | 58.60% | 92% | |
| C Difficile (Southport & Ormskirk) cumulative YTD | Aug-23 | 13 | - | - | 2023-24 Target <=35 | |
| MRSA (Southport & Ormskirk) cumulative YTD | Aug-23 | 1 | - | - | zero tolerance | |
| Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk) | Jun-23 | 73.33% | - | - | 80% | <-<- latest data |
| % TIA assessed and treated within 24 hours (Southport & Ormskirk) | Jun-23 | 42.86% | - | - | 60% | <-<- latest data |
| Ambulance Category 1 Mean 7 minute response time (NS Place Level) | Aug-23 | 00:08:14 | 00:08:03 (NWAAS) | 00:08:17 | <=7 Minutes | |
| Ambulance Category 1 90th Percentile 15 minute response time (NS Place Level) | Aug-23 | 00:15:20 | 00:13:50 (NWAAS) | 00:14:46 | <=15 Minutes | |
| Ambulance Category 2 Mean 18 minute response time (NS Place Level) | Aug-23 | 00:38:11 | 00:27:18 (NWAAS) | 00:31:30 | <=30 Minutes | |
| Ambulance Category 2 90th Percentile 40 minute response time (NS Place Level) | Aug-23 | 01:21:51 | 00:57:48 (NWAAS) | 01:07:21 | <=40 Minutes | |
| Ambulance Category 3 90th Percentile 120 minute response time (COG Level) | Aug-23 | 06:04:19 | 05:28:22 (NWAAS) | 04:09:35 | <=120 Minutes | |
| Ambulance Category 4 90th Percentile 180 minute response time (NS Place Level) | Aug-23 | 03:14:01 | 05:35:10 (NWAAS) | 05:00:00 | <=180 Minutes | |
| Mental Health: IPT 16.8% Access (NS Place Level) | Aug-23 | 0.83% | - | - | 1.59% per month Qtr 1-3 1.83% per month Qtr 4 | |
| Mental Health: IPT 50% Recovery (NS Place Level) | Aug-23 | 58.1% | - | - | 50% | |
| Mental Health: IPT waiting <6 weeks (NS Place) | Aug-23 | 83.0% | - | - | 75% | |
| Mental Health: IPT waiting <18 weeks (NS Place) | Aug-23 | 98.0% | - | - | 95% | |

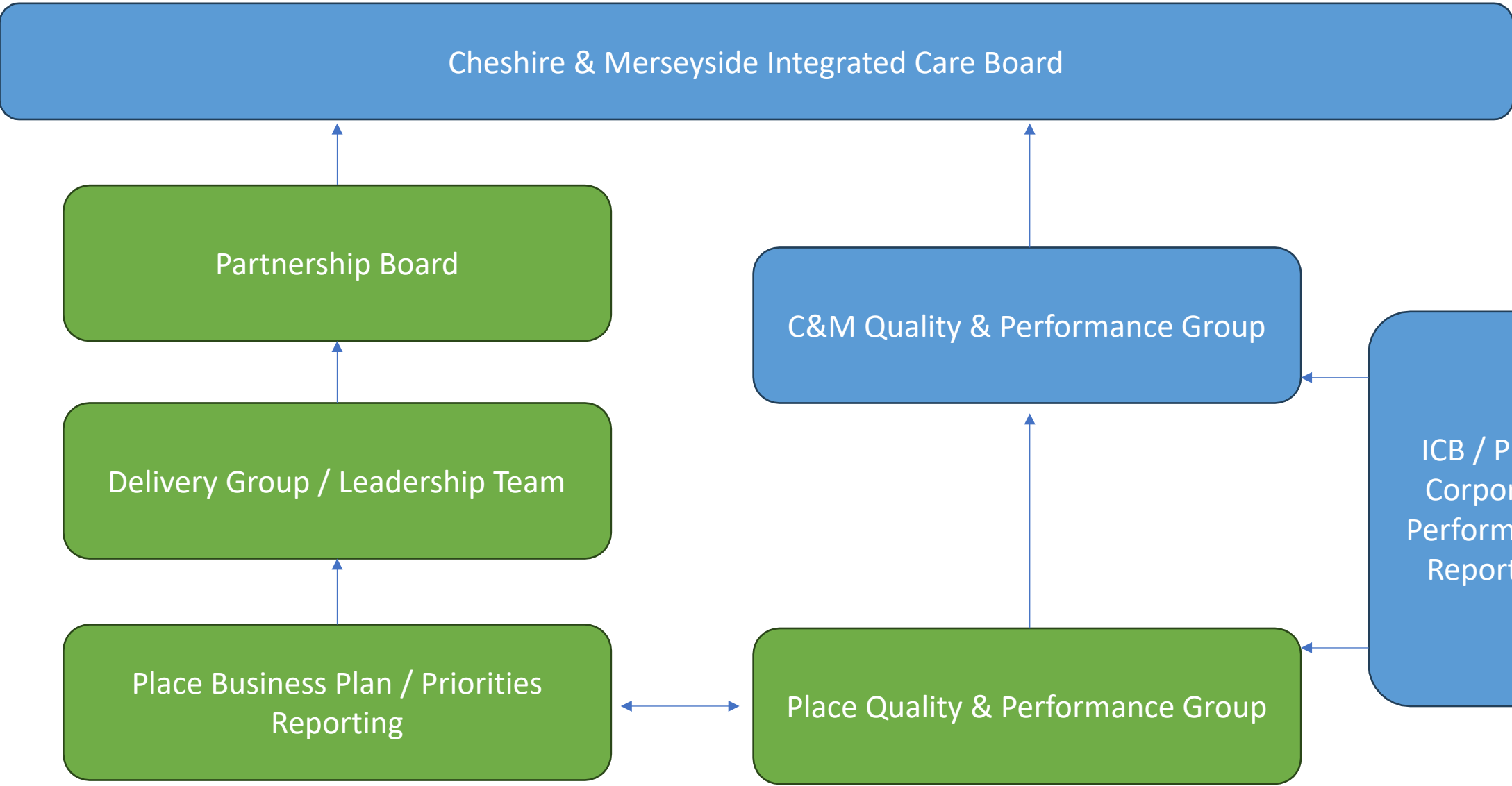
- Example of current reporting pictured
- Current report based on legacy reports pre-Intermediate Care Systems introduced
- Responsibilities for most measures do no longer sit on the historic Clinical Commissioning geographies
- Cheshire & Merseyside ICB responsible for system performance which have been delegated to responsible organisations
 - CMAST – Elective Recovery
 - Cancer Alliance – Cancer waits and performance
 - Transformation Programmes – Mental Health, Diagnostics
 - Urgent & Emergency Care – C&M / Place elements mixed
- Sefton Place teams continue to update on areas no longer responsible for performance management of

| Measure | Time Period | Southport & Ormskirk | C&M | National (Target) | Trend |
|---------------------------|-------------|----------------------|-------|-------------------|-------|
| Inpatient – Response Rate | Jul-23 | 39.4% | 35.8% | 21.5% | |
| Inpatient Recommended | Jul-23 | 95.0% | 95.0% | 95.0% | |
| Inpatient Not Recommended | Jul-23 | 3.0% | 2.0% | 2.0% | |
| A&E – Response Rate | Jul-23 | 27.5% | 17.0% | 11.1% | |
| A&E Recommended | Jul-23 | 85.0% | 81.0% | 82.0% | |
| A&E Not Recommended | Jul-23 | 11.0% | 13.0% | 12.0% | |

Dashboard

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

| Aug-23 | Cat 1 (Mean) | Cat 2 (Mean) | Cat 3 (90th Percentile) | Cat 4 (90th Percentile) |
|--------------|--------------|--------------|-------------------------|-------------------------|
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| NWAAS | 00:08:03 | 00:27:18 | 05:28:22 | 05:35:10 |
| Risk | ▲ | ▲ | ▲ | ▲ |
| Data | Published | Published | Published | Published |



Whole Life Sefton Plan Themes



Start Well.

- Children and Young People.
- Early Help.
- Maternity.



Live Well.

- Cancer.
- Complex Lives.
- Diagnostics.
- Learning Disabilities and Autism.
- Long Term Conditions.
- Mental Health.
- Planned Care.
- Women's Health.



Age Well.

- Community Services.
- Dementia.
- Urgent and Emergency Care.



All Age.

- Carers.
- Obesity.
- Primary Care.
- End of Life.

To Stop

- Existing reporting to stop - measures picked up within national and ICB corporate reporting (national / ICB reporting accessible via numerous sites, including ICB website: [Meeting and event archive - NHS Cheshire and Merseyside](#))
- Generic quarterly performance update replaced by a more targeted approach as set out below

To Start

Legacy reporting to be replaced with Place Business Plan reporting (currently in development)

- Focus on local Sefton priorities although noting elements will require a system approach e.g. workforce pressures that are impacting upon performance
- Joint focus with Council and partners
- Reports to be shared to support development of OSC annual work plan and ensure relevant leads from Sefton and/or C&M can attend to provide an update on identified areas of interest

To Adapt

- Legacy reporting measures remain relevant to Sefton residents
 - OSC work plan to include scheduled updates from leads across C&M responsible for delivery and performance e.g. ambulance wait times
 - Greater focus on identified areas of interest and to support OSC role

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|---|--|------------------------|-----------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting | 17 October 2023 |
| Subject: | Melling Surgery Closure | | |
| Report of: | NHS Cheshire and Merseyside – Sefton Place | Wards Affected: | Molyneux |
| This Report Contains Exempt / Confidential Information | No | | |
| Contact Officer: | Emma Robinson | | |
| Tel: | 07407 876415 | | |
| Email: | Emma.robinson@cheshireandmerseyside.nhs.uk | | |

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Closure of Melling surgery

1. PURPOSE

- 1.1 The purpose of the report is to provide the Health and Adult Social Care Scrutiny Committee with an overview and options appraisal report regarding the decision to close the Melling branch site of Dr Maassarani and Partners based on Waddicar Lane.
- 1.2 The Health and Adult Social Care Scrutiny Committee is requested to:
- Review the content of this report and any additional information during the committee discussion
 - Consider and determine the impact of the closure on Sefton residents and if this constitutes a substantial change

2. BACKGROUND

- 2.1 Dr Maassarani and Partners is a practice located in Kirkby with a current combined list size of approximately 16,700 patients spread across 3 sites (see Table 1 below).

Table 1: Dr Maassarani and Partners practice locations

| Site | Location | Ward | Type | Approx registered population |
|---|---------------------------------------|--------------------------------|---------------|------------------------------|
| Dr Maassarani and Partners | Tower Hill, Kirkby, L33 1XT | Shevington | Main | 8,400 |
| Trentham Medical Practice <i>(Merged July 23)</i> | St Chads Centre, Kirkby, L32 8RE | Whitefield | Branch | 5,900 |
| Melling | Waddicar Lane, Sefton, L31 1DY | Molyneux (South Sefton) | Branch | 2,425 |

2.2 The Melling branch site sits in Sefton within the Molyneux ward boundary.



Figure 1: Dr Maassarani & Partners – Melling branch site

2.3 Dr Maassarani and Partners is the main GP practice and is situated in Tower Hill PCRC, Kirkby within the Shevington ward boundary.



Figure 2: Dr Maassarani & Partners - Tower Hill main site

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- 2.4 The newly merged branch site of Dr Maassarani & Partners is Trentham Medical Centre, which is situated in St Chad's Health Centre building, Kirkby within the Whitefield ward boundary.



Figure 3: Dr Maassarani & Partners – Trentham branch site (July 23)

Melling Surgery

- 2.5 In 2017, Dr Maassarani and Partners Melling site provision was reduced to operating on 3 days a week, with the offer to all Melling residents to attend the main Tower Hill site as required.
- 2.6 Since this time, patients from Melling have been able to access a free taxi service to Tower Hill provided by the practice to ensure they could access clinical services on the two days the branch surgery was closed.

3. Impact of COVID-19

- 3.1 As a direct result of the COVID-19 pandemic and the requirements on general practice to change the way that they safely operated and delivered services, the **Melling surgery site was fully closed in April 2020.**
- 3.2 During this time, the practice PPG (Patient Participation Group) were actively involved with the discussions and the requirement to relocate all clinical services to the main site at Tower Hill.
- 3.3 This decision was made to ensure effective, safe compliance with COVID standards, stabilise and support the workforce and improve resilience to ensure they were able to maintain high quality and safety of the services provided to all patients.

4. Premises/Lease arrangements

- 4.1 The lease for the premises is not compliant with NHS regulations and this issue has remained unresolved between the practice, property owner and NHSE since 2017.
- 4.2 A 6 Facet Premises Survey (comprising: Physical, Functional stability, Space utilisation, Quality, Fire and Health and Safety and environmental management) was undertaken in July 2022 by independent surveyors commissioned by NHS Cheshire and Merseyside funded by NHSE.
- 4.3 The survey for Melling surgery site concluded that the overall site rating for Functionality was “A – Can be expected to perform adequately over its design life;” however, a maintenance cost of approx. £8600 to bring the fabric/condition of the building back would be required.
- 4.4 Whilst the practice could have sought support from NHSE via the capital improvement grant process to make these changes, the absence of a compliant lease has meant that this would be prohibitive, and the property owner was not willing to enter into a new lease.
- 4.5 In July 2023 during the period of review by the practice and NHS Cheshire and Merseyside, a letter was received from the current owner (Landlord) of the building informing Dr Maassarani that he wishes to repurpose the current building and has no intention to make the building fit to resume clinical services nor make the lease compliant for NHS use.
- 4.6 In August 2023, a further request was made by the property owner to the practice to expedite the vacation of the building to enable work to the site in preparation for commercial/residential use.

5. Contractual

- 5.1 In April 2023, Dr Maassarani and Partners were issued with a breach notice due to the Melling branch site failing to re-open following the withdrawal of the COVID-19 restrictions in July 2021.
- 5.2 The practice was requested to set out new proposals that would demonstrate how they will meet their contractual obligations whilst awaiting the outcome of the required patient consultation and engagement.
- 5.3 In June 2023, the practice responded to the breach notice issued by NHS Cheshire and Merseyside outlining that a meeting had taken place with the property owner to discuss the lease renewal for the Melling site. However, the property owner outlined

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that they have decided not to renew the lease and their intention is to repurpose the estate for other opportunities that have been presented to them.

6. Options Appraisal

- 6.1 NHS Cheshire and Merseyside has responsibility for meeting the health needs and arranging the provision of health services for the population of Knowsley.
- 6.2 There are several options that have been considered by NHS Cheshire and Merseyside: -

| No. | Option | Accept | Reject | Pro's | Cons/Risks |
|-----|---|--------|--------|--|--|
| 1 | Do nothing – Melling remains a contractual practice premises for the Personal Medical Services (PMS) contract held by the practice | | ✓ | NHS Cheshire and Merseyside can continue to require that the practice offer GP practice service from the site. | The Property owner has confirmed to the practice that they are not willing to enter into a new lease for the premises. As they wish to enter the building and commence work immediately. The practice is likely to remain in breach of its contract as it has no lease in place to occupy the premises. Even if the practice were able to occupy the site as there is no lease is currently in place the practice would not be eligible for reimbursement of any costs associated with the premises. |

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|------------|--|---------------|---------------|--|---|
| | | | | | |
| 2 | Re-negotiate the lease on the existing building. | | ✓ | Patients access services Melling could GP in | Not Feasible. Property owner does not wish to retain the building for NHS purposes and not willing to enter in to lease negotiations. |
| No. | Option | Accept | Reject | Pro's | Cons/Risks |
| 3 | Purchase / build new premises. | | ✓ | Patients access services Melling could GP in | No NHS capital. Third Party Development would require significant investment c£10m and purchase of land – not aware of any land available within vicinity. Not VFM given there is sufficient capacity and open lists available within a close radius of Melling. Unlikely to secure capital funds given the proximity of suitable alternative premises provision in Tower Hill |
| 4 | Lease suitable alternative clinical space | | ✓ | Patients access services Melling could GP in | Approach made to local community pharmacist on |

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| | | | | | |
|---|--|---|--|--|---|
| | | | | | <p>same row of shops to determine if any space is available – no response received.</p> <p>Likely to be cost prohibitive due to the cost of conversion to clinical treatment room that will meet the required NHS standards.</p> |
| 5 | Permanently vacate premises and contractually close the branch | ✓ | | <p>Approx £16k saving for NHS Cheshire and Merseyside for rent reimbursements.</p> <p>Practice no longer in breach of contract.</p> <p>Patients continue to access full clinical services from Tower Hill PCRC and Trentham MC</p> | <p>Patients will have further to travel but this has been the case for the last 3 years and a taxi service is offered to melling residents who may require assistance.</p> <p>Mitigations: Practice/ NHS Cheshire and Merseyside to continue to fund taxi's for Melling residents</p> |

The preferred option as indicated in the table above is:

6.3 ***No. 5 – Permanently vacate the premises and contractually close the branch site.***

7. Overall impact on patients

7.1 There are approx. 16,700 patients in total registered with Dr Maassarani & Partners.

7.2 Approx 2,425 patients will be directly affected by the permanent closure of the Melling branch site located in the Molyneux ward area of Sefton.

8. Impact Assessments (EIA and QIA) Summary

- 8.1 An Equality and Quality Impact Assessment (see Appendix 1 and 2) has been undertaken on the preferred option to close the Melling branch surgery due to external factors beyond NHS Cheshire and Merseyside commissioner's control. This decision has been taken considering the property owners request to repurpose the current building for commercial usage and in addition, the property owner not wishing to make the building fit to resume clinical services nor make the lease compliant for NHS usage.
- 8.2 The EIA has identified a few key areas that will need to be managed during the transition period to ensure that section 149 Equality Act 2010 (Public Sector Equality Duty) is satisfied and met. These include:
- No patients 'slip through the net' and that all patients, including: vulnerable patients and patients with information, communication and language needs (Disability, age, sex, race, people who experience health inequalities/ poverty) are targeted in the communication exercise, encouraged to air their views and offered choice and support if appropriate to secure alternative GP provision.
 - Removing a GP service from a community can be a disheartening process for the people who live there and there may be some heightened anxiety amongst patients, specifically those who live near the Melling branch site. It is essential that Dr Maassarani and Partners and Knowsley Place ensure that all patients receive a full explanation of why the practice is closing. Explain to patients how the existing services can absorb Melling branch patients and not cause a restriction in appointments.
 - Since April 2020, many patients will have adapted to travelling to the Tower Hill site. For those who have no personal transport and/or are unable to drive and/ or access public transport, a taxi service has been provided at no cost to the patient. It is important that service continues and is promoted to accommodate patients who are unable to access face to face appointments due to their inability to pay, personal circumstances, disability / impairment.
- 8.3 Knowsley Place Primary Care team will work closely with Dr Maassarani and Partners to ensure these conditions are implemented and evidenced.

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9. Impact on patients from Sefton

- 9.1 The 2019 population estimates indicate that there are approximately 12,200 people in total living in Molyneux of which 2,425 patients (19%) are registered with Dr Maassarani & Partners.

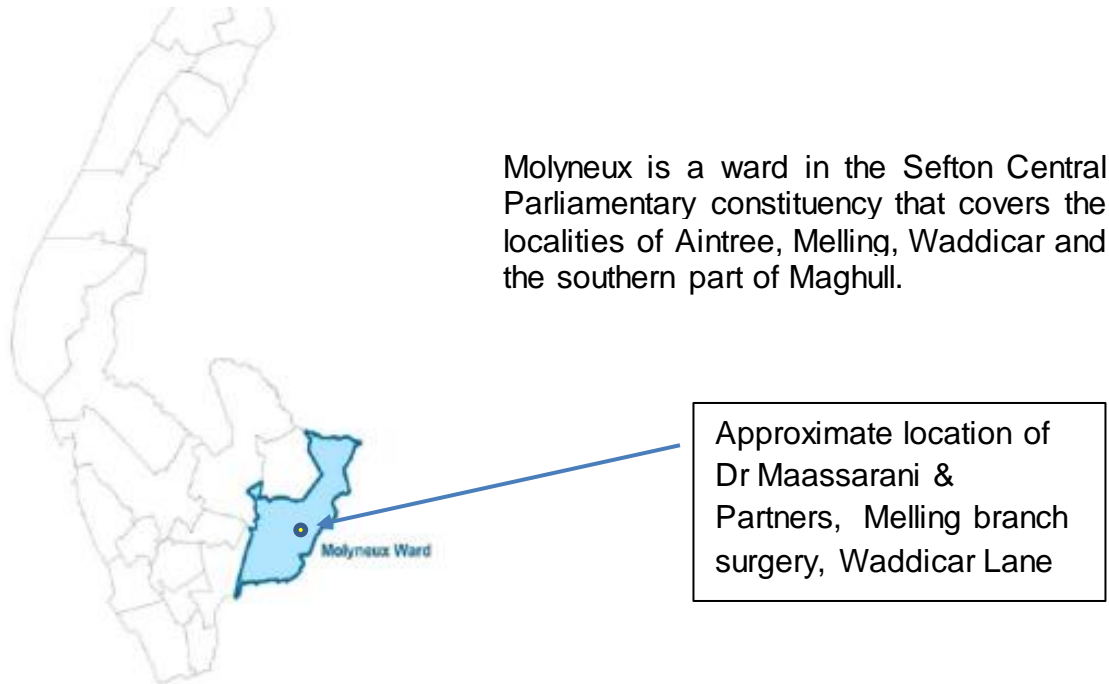


Figure 4: Molyneux ward boundary

10. Changes in accessibility

- 10.1 As a result of the Melling branch closure, the predominant impact for the registered Melling patients is the changes in accessibility. This specifically relates to the distance to obtain access to face-to-face clinical services for the patients who live within the L31 postcode area.
- 10.2 Melling branch site patients have been accessing GP practice face to face clinical services at Tower Hill Primary Care Community and Resource Centre since 2017 with all face to face delivered from this site since April 2020. All patients have throughout and will continue to be registered as Dr Maassarani & Partners patients.
- 10.3 The information in Figure 2 shows the location of the Melling branch surgery and the driving routes from this location to the closest alternative GP Practices for those patients who have access to a vehicle.

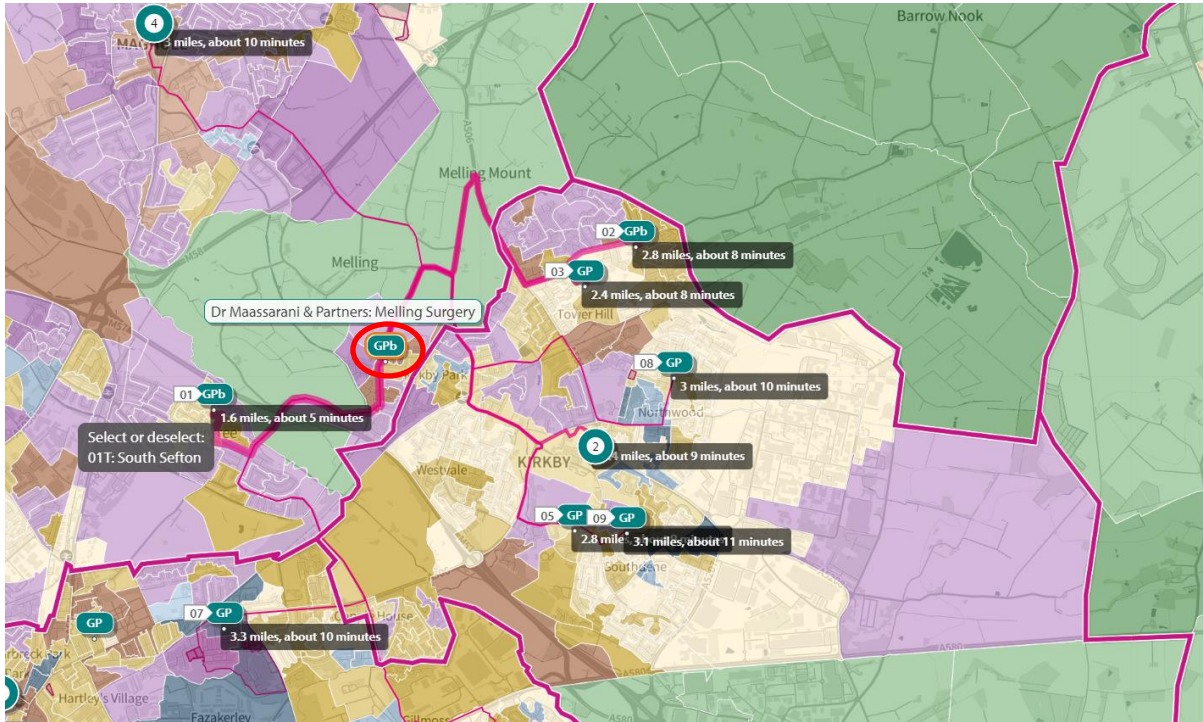


Figure 5: Map of the driving routes to the closest GP practices to Melling

The nearest GP practices to Melling surgery (**driving distance**) are*:

| Name | NEW patient registration status | Driving distance/time | Walk | Bus |
|---|--|----------------------------|---------|------------|
| Aintree Park Group Practice: Oriel Drive Surgery | CLOSED to new registrations | 1.6 miles, about 5 minutes | 34 mins | 14 mins |
| Dr Maassarani & Partners | OPEN - all patients already registered | 2.4 miles, about 8 minutes | 34 mins | 23-30 mins |
| Trentham Medical Centre | OPEN - all patients already registered as part of Dr M&P | 2.4 miles, about 9 minutes | 32 mins | 22 mins |
| Millbrook Medical Centre | OPEN | 2.8 miles, about 9 minutes | 40 mins | 29 mins |
| Millbrook Medical Centre: Tower Hill Surgery | OPEN | 2.8 miles, about 8 minutes | 40 mins | 29 mins |
| Wingate Medical Centre | OPEN | 3 miles, about 10 minutes | 41 mins | 30 mins |

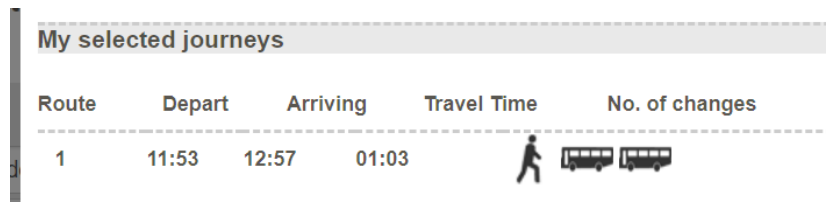
Figure 6: Driving route data taken from the SHAPE Tool

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11. Bus Routes

11.1 Merseytravel buses are available to take patients from Waddicar Lane to Kirkby bus station at 48 minutes past the hour taking 30 mins and then at 53 minutes past the hour which takes 1hr 3 mins. Both routes require a change in buses during the journey.

11.2



| Route | Depart | Arriving | Travel Time | No. of changes |
|-------|--------|----------|-------------|----------------|
| 1 | 11:53 | 12:57 | 01:03 | |

Figure 7: Example Merseytravel timetable from Waddicar Lane to Kirkby Bus Station

11.3 The bus routes available to take patients from Melling to Kirkby are an issue that some residents have been raising with the Sefton MP and local councillors. The practice has agreed to support the residents to discuss this issue further with the MP and local transport companies.

12. Patient Transport

12.1 Patients from Melling have been able to access a free taxi service to the Tower Hill site since approximately 2017 as clinical services at Melling were only provided on 3 out of the 5 days during the week. The practice offered a taxi service (free of charge) to the patients to ensure they could access clinical services on the two days the branch surgery was closed.

12.2 The practice continues to support access to those patients who require assistance to attend Tower Hill PCRC or did not have a support network around them.

12.3 This service is requested by the patient when making a booking and the reception will provide the details to the patient, if the patient is unable to book directly then the reception staff will complete the booking on the patients' behalf.

12.4 The latest figures on the number of journeys booked shows:

- 25 patient journeys booked by the practice between the periods Feb-Dec 2022
- 17 patient journeys booked by the practice between the periods Jan-June 2023

13. Community Pharmacy Support

- 13.1 Patients can nominate a chosen community pharmacy so they will not need to travel to the surgery to collect prescriptions as these will be sent direct to the pharmacy.
- 13.2 The Rowlands community pharmacy based in Waddicar lane will remain open and accessible to residents.
- 13.3 The pharmacy is equipped with fully qualified pharmacists who can advise and answer any queries or concerns about medicines. The team offer a range of services without the need for an appointment, from quitting smoking to weight management and a seasonal flu jab service. The pharmacy also provides a text message service to inform patients when prescriptions are ready to collect.

14. Home Visit Support

- 14.1 Any Melling residents registered with Dr Maassarani & Partners who may require a home visit as deemed necessary by the clinical team will continue to receive this. There is no change to clinical service provision or impact on clinical care as all patients will continue to have access to all routine GP services including ordering repeat prescriptions online and home visits as required.

15. Complaints received during the closure

- 15.1 Since April 2020 there have been no complaints received by NHS Cheshire and Merseyside from the Melling residents regarding difficulties in accessing appointments at the main site in Tower Hill.
- 15.2 During the period from April 2020 to date there have been three complaints received regarding the closure of the Melling surgery. Two of the complaints were in relation to the ongoing closure of the branch surgery and the third complaint was in relation to the structural integrity of the building.
- 15.3 The registered list size for Dr Maassarani & Partners Tower Hill site has remained stable over the past three year period.

16. Patient communication

- 16.1 NHS Cheshire and Merseyside has not been able to engage fully with patients and wider stakeholders around the permanent branch closure, given the decisions made by the property owner. To mitigate this, the practice has committed to undertake the following:
 - MJOG text messages sent 8th September 2023 with a link to a letter which **informed all registered patients** of the changes and the services offered at Tower Hill and Trentham Medical Centre and the reasons for the closure

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- In addition, a posted letter with FAQ was sent to all Melling residents who reside in the L31 postcode area which also includes information on translation services (See Appendix 3)
- Notify the nearest Pharmacies
- Inform all Primary Care Network Managers and Clinical Directors for onward circulation to member practices
- Communicate the permanent changes to key stakeholders (See Appendix 4)
- Display posters and information at each site regarding the drop-in patient information event
- Ensure vulnerable patients and those with disabilities are informed in an appropriate way

16.2 This communication has been undertaken in advance of the scrutiny committee meetings, however a stakeholder briefing (Appendix 4) was circulated on 12th September 2023.

Patient Information Event

16.3 Dr Maassarani & Partners has confirmed that there were 5 residents from Melling that attended the drop-in patient information event on 21st September 2023.

16.4 The key issues raised were:-

- Transport service – The practice emphasised the provision of the taxi service and agreed to add a message on the telephone and website about the availability of the service for patients who had no transport and may need to attend the practice for a face-to-face appointment.
- Lack of public transport – The bus service was discussed, and the practice highlighted that although they had no control over this, they agreed to write a letter of support to enable further discussions on improving the bus service.

16.5 The practice encouraged attendance at the Practice Participation Group (PPG) as those who attended the meeting had some useful feedback regarding service improvement, the patients agreed.

16.6 The parish council have agreed to help increase representation from Melling patients at the PPG through their local newsletter.

17. Actions taken by NHS Cheshire and Merseyside

17.1 NHS Cheshire and Merseyside has responsibility for meeting the health needs and arranging the provision of health services for the population of Knowsley.

- 17.2 NHS Cheshire and Merseyside recognises that it has not been able to undertake the required patient engagement and consultation regarding this closure due to circumstances outside of our control. However, we are satisfied that the overall provision to meet the health needs is sufficient for the patients impacted by this change.
- 17.3 NHS Cheshire and Merseyside can evidence that since April 2020 the number of complaints and concerns received regarding the change in clinical service provision has been low and therefore the level of public interest and likely impact should be low.
- 17.4 NHS Cheshire and Merseyside will ensure that the transport provision for Melling residents remains in place to make certain that no patients are disadvantaged with access to clinical appointments as a result of the branch closure.
- 17.5 NHS Cheshire and Merseyside has conducted an Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA) to fully understand the impact of the branch closure.
- 17.6 NHS Cheshire and Merseyside's initial analysis, based on the conclusions drawn throughout the report and in summary below is that the impact on patients arising from the proposed branch site closure is unlikely to represent a substantial variation to services. It fully recognises however that such a determination is for the committee to reach and seeks its views in this regard:
- The branch site has been closed for over 3 years and patients have been accessing services from Tower Hill during this time.
 - The transport provision for Melling residents has been fully established and in place since 2017 to support vulnerable patients and those who require assistance to visit the main site for a face-to-face appointments and will continue to be made available.
 - The numbers of patient complaints have been minimal since the Melling branch site closed in 2020 and the total number of registered patients has slightly increased during this time.
 - The main site premises hosts the full range of GP services in a fit for purpose building and has provided adequate capacity since 2020 to accommodate all registered patients.
 - There are suitable alternative GP practices available for Melling residents should they choose to re-register with an alternative practice
- 17.7 NHS Cheshire and Merseyside acknowledge there is no option available to continue to provide primary medical services from the Melling branch site and therefore approved the contract variation to formally close the branch on the 30th September 2023.

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18. Scrutiny Action

18.1 Members of the Health and Adult Social Care Scrutiny Committee are requested to: -

- Review the content of this report and any additional information during the committee discussion
- Consider and determine the impact of the closure for Sefton residents and if this constitutes a substantial change

Appendices

Appendix 1: Equality Impact Assessment



Melling Surgery
Closure EIA v3-170€

Appendix 2: Quality Impact Assessment



QIA-MellingClosure-
Phase2-2023.08.23v3

Appendix 3: Patient communication



Melling Pt-Briefing
Letter+FAQ-Aug23-v!

Appendix 4: Stakeholder briefing



MellingClosure-Stake
holderLetter-Aug23-v

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| | | | |
|--------------------------------------|--|----------------------------------|-------------------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | Tuesday 17 October 2023 |
| Subject: | Health Substantial Reconfiguration Proposals | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | (All Wards); |
| Portfolio: | Cabinet Member – Health and Wellbeing | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To propose amendments to the process for considering substantial reconfiguration proposals.

Recommendation(s):

That the Statutory Scrutiny Officer, in consultation with the Chair and Vice-Chair of the Overview and Scrutiny Committee (Adult Social Care and Health), be authorised to review substantial reconfiguration proposals received, in order to inform an initial decision, as set out in paragraphs 3.1 to 3.3 of the report.

Reasons for the Recommendation(s):

A high number of substantial reconfiguration proposals are anticipated as part of the Harmonisation of Clinical Policies.

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

All future substantial reconfiguration proposals could be submitted to the Overview and Scrutiny Committee (Adult Social Care and Health), which could result in the Committee being overwhelmed by proposals and decisions possibly being delayed, due to the number of formal meetings programmed for each Municipal Year.

What will it cost and how will it be financed?

(A) Revenue Costs

None

(B) Capital Costs

None

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Implications of the Proposals:

| | | | | | | | | | |
|---|------------------------|----|-----------------------|-----|------------------------|----|---|-----|--|
| Resource Implications (Financial, IT, Staffing and Assets): None | | | | | | | | | |
| Legal Implications: The Terms of Reference for the Overview and Scrutiny Committee (Adult Social Care and Health) within the Council's Constitution includes: <ul style="list-style-type: none"> • To formally respond to consultations by relevant NHS bodies and relevant service health providers on substantial reconfiguration proposals | | | | | | | | | |
| Equality Implications: There are no equality implications. | | | | | | | | | |
| Impact on Children and Young People: Yes There may potentially be substantial reconfiguration proposals that impact on children and young people, in the future. | | | | | | | | | |
| Climate Emergency Implications: The recommendations within this report will | | | | | | | | | |
| <table border="1"> <tr> <td>Have a positive impact</td> <td>No</td> </tr> <tr> <td>Have a neutral impact</td> <td>Yes</td> </tr> <tr> <td>Have a negative impact</td> <td>No</td> </tr> <tr> <td>The Author has undertaken the Climate Emergency training for report authors</td> <td>Yes</td> </tr> </table> | 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 | |
| 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 future reports will be contained in such reports when they are presented to Members at the appropriate time. | | | | | | | | | |

Contribution to the Council's Core Purpose:

| |
|---|
| Protect the most vulnerable: None directly applicable to this report. Reference to future decisions which may contribute towards protecting vulnerable members of Sefton's communities will be contained in any future reports when they are presented to Members at the appropriate time. |
| 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 Executive Director of Corporate Resources and Customer Services (FD.7378/23) and the Chief Legal and Democratic Officer (LD.5578/23) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Discussions have taken place with relevant officers responsible for the Health Overview and Scrutiny function in other local authorities within Cheshire and Merseyside.

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendix is attached to this report:

- Protocol for Joint Health Scrutiny Arrangements

Background Papers:

There are no background papers available for inspection.

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1. Introduction/Background

- 1.1 The Terms of Reference for the Overview and Scrutiny Committee (Adult Social Care and Health) within the Council's Constitution (Chapter 6) includes the following:
 - To formally respond to consultations by relevant NHS bodies and relevant service health providers on substantial reconfiguration proposals.
- 1.2 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it.
- 1.3 The protocol attached at **APPENDIX A** deals with the operation of such arrangements for the local authorities of Cheshire and Merseyside.

2. Current Developments

- 2.1 Recent discussions between relevant officers responsible for the Health Overview and Scrutiny function in other local authorities within the Cheshire and Merseyside area have identified that some 63 substantial reconfiguration proposals are likely to be forthcoming to each of the nine local authorities in Cheshire and Merseyside in the near future, as part of the Harmonisation of Clinical Policies within the Cheshire and Merseyside Integrated Care System.
- 2.2 All future substantial reconfiguration proposals received could be submitted to the Overview and Scrutiny Committee (Adult Social Care and Health), which could result in risks such as the Committee being overwhelmed by proposals, and formal decisions possibly being delayed, due to the number of formal meetings programmed for each Municipal Year.

3. Suggested Procedure for Consideration of Future Substantial Reconfiguration Proposals

- 3.1 Rather than submit all future substantial reconfiguration proposals received directly to the Overview and Scrutiny Committee (Adult Social Care and Health), it is proposed that the Statutory Scrutiny Officer, in consultation with the Chair and Vice-Chair of the Committee, should review substantial reconfiguration proposals received to inform an initial decision which would be conveyed to the relevant Health Provider.
- 3.2 Details of substantial reconfiguration proposals received would be emailed to Committee Members inviting feedback, which would be considered.
- 3.3 Once an initial decision has been reached, the outcome would be reported to the next meeting of the Overview and Scrutiny Committee (Adult Social Care and Health), for formal approval.

PROTOCOL FOR ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS FOR CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.

2.2 In summary, the revised statutory framework authorises local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

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3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

- a) an NHS body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
- b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;
- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

- 5.1.1 All relevant NHS bodies and providers of NHS-funded services¹ are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.
- 5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.
- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.
- 5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.

¹ This includes the NHS England, any Clinical Commissioning Group providing services to the residents of Cheshire and Merseyside, an NHS Trust, an NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

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5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the NHS body/ provider of NHS-funded service is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change²

5.2.3 NHS bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.³

5.2.4 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.5. This criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

² Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

³ Section 24 *ibid*

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority, following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area

6.2.3 Where a committee has made a recommendation to a NHS body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is

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required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- There has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,
- Provided indication to the NHS body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.3 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 Each participating local authority should ensure that those Councillors it nominates to a joint health overview and scrutiny committee reflect its own political balance.⁴ However, overall political balance requirements may be waived with the agreement of all participating local authorities.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

⁴ Localism Act 2011, Schedule 2 9FA, 6 (b)

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

| Local authorities who consider change to be ‘substantial’ | No’ of elected members to be nominated from each authority |
|--|---|
| 4 or more | 2 members |
| 3 or less | 3 members |

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities arrange for delegated decision making arrangements to be put in place to deal with such nominations at the earliest opportunity.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one quarter of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based;
or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

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6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting. It might be expected that consideration would be given to the chair being nominated from the representative(s) from the lead authority.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
 - the number of sessions required to consider the proposal; and
 - the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health – which should be in advance of the proposed date by which the NHS body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised

- A summary of the evidence considered
- A list of the participants involved in the review
- An explanation of any recommendations on the matter reviewed or scrutinised

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations

7.4 A discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

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7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

8. CONCLUSION

8.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.

8.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health.

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| | | | |
|--------------------------------------|---|----------------------------------|-----------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | 17 October 2023 |
| Subject: | Cabinet Member Reports – September - October 2023 | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | All |
| Cabinet Portfolio: | Adult Social Care Health and Wellbeing | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

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

Recommendation:

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

Reasons for the Recommendation:

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

Alternative Options Considered and Rejected:

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

What will it cost and how will it be financed?

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

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

| | |
|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None | |
| Legal Implications: None | |
| Equality Implications: There are no equality implications. | |
| Impact on Children and Young People: No | |
| Any implications on the impact on children and young people arising from the consideration of reports referred to in the Cabinet Member Reports will be contained in such reports when they are presented to Members at the appropriate time. | |
| 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.

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- 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.

| CABINET MEMBER UPDATE | | |
|---|-------------------|-----------------------|
| Overview and Scrutiny Committee (Adult Social Care) - 17th October 2023 | | |
| Councillor | Portfolio | Period of Report |
| Paul Cummins | Adult Social Care | August - October 2023 |

1. The National Assurance Update for Adult Social Care

Since the last update Adult Social Care (ASC) has now concluded Phase 1 of the Assurance Plan, which was to codesign its Part 1 Self-Assessment, working with people who access and use services, community, care, support, and workforce partners. To date, we have engaged with over six hundred partners, fifty people who access and use services, and three hundred employees and continues to engage and update at different groups.

Part 1 - Self-Assessment demonstrated that there are a number of areas that ASC continues to learn and improve on:

- 1) Being more effective in decision-making, when thinking about the outcomes and impact it is having on people who access and use services.
- 2) Being responsive when things do not go right and putting procedures in place which support improvement, at pace; thus, minimising the risk of things going wrong in the future.
- 3) Developing leadership so that it better supports ASC's impacts and outcomes.
- 4) Continuing to develop policies and frameworks that support best practice, and which can stand up to the Care Quality Commission Assessment.

Moving forward

The outcomes of the Part 1 Self-Assessment are being reviewed, to ensure that the local plans reflect opportunities to further strengthen self- assessment.

An Overview and Scrutiny focussed Assurance Members' Session is taking place on the 5th October. This is being supported over the coming months by local member ADASS Assurance Workshops.

Focussed workshops on areas to be strengthened further will be held. These will cover the below topics:

- 1) Operating in an outcomes-based and an impactful way.
- 2) Embracing Diversity and Inclusion throughout the work of ASC.
- 3) Transitions that support Children to Adulthood and people across our local system.

The next stage of the Phase 2 - Assurance Plan:

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APPENDIX A

- Nine quality assurance statements will be drawn from Part 1 – Self-Assessment.
- A revised timed time for Part 3 of the plan has been communicated taking account of the summer period. Part 3 of the plan (to develop the Local Assurance Statement and the Early Help and Prevention Strategy will be moved to the period, January to March 2024.

For reporting purposes, the following dates in the plan have been updated:

- Part 1- Self-Assessment was completed and signed off by the Executive Assurance Board (EAB) in September.
- Part 2 - Self-Assessment in the form of nine Quality Assurance Statements will be completed over October and November and signed off by EAB in December 2023.
- Part 3 -Self-Assessment will include a local Assurance Statement and production of the Adult Social Care Early Help and Prevention Strategy and programme of work will be completed in January and signed off in March 2024.

It is important to note that the Care Quality Commission (CQC) has reported a delay in commencing the twenty learning assessments, which should have started this September. Consequently, this will mean a shift to commence formal assessment to Quarter 1 or 2 of next year 2024. However, it is always necessary to be minded that if CQC choose to assess a Council, then four/six weeks would be given to prepare the following:

- 1) 300 key documents that will support the information return.
- 2) 50 case files
- 3) A copy of 9 Quality Assurance Statements
- 4) A description of the local approach and journey through self-assessment and collaborative work with people, workforce and partners which has taken place.

2. Integrated Care Teams (ICT) Development

Since the previous update provided, Sefton ICT Core Leadership team has agreed to establish three workstreams to ensure work in this area is progressed and taken forward. The three workstreams will include:

Workstream One: Proactive Care - this workstream will focus on a proactive care response to ensure people stay independent and healthy for as long as possible at the place they call home. It is envisaged that this will enable work to be undertaken to reduce need for hospital admissions etc. by working with individuals identified.

Workstream Two: ICT Model Development - this workstream will build upon the extensive work already undertaken to further develop our ICT model in line with the Sefton Place Plan, so we have one integrated neighbourhood model for the Borough

enabling best use of collective resources to deliver truly integrated proactive approach for the Sefton population.

The initial scope will include developing an ICT service specification and deliver a model which is resourced appropriately to deliver the ICT neighbourhood model. Scope will also include working together to align this model with the development of already established ICTs and proliferation of asset-based community development approaches, etc.

Workstream Three: Strengthening Communities - This workstream will look at how we work well with communities, and build on the excellent practice already in place in Sefton. This will ensure our services, and those of the wider system, better meet the needs of local people.

All the above workstreams are envisaged to be in place with inaugural meetings taking place from the end of September 2023. Progress will be reported into the Sefton Partnership Board.

3. Strategic Commissioning

Key focuses for Adult Social Care Commissioning include the following: -

3.1 Domiciliary Care

As previously reported, Sefton Adult Social Care has reprocured its framework for Domiciliary Care to support the Council in ensuring there is sufficient high-quality care in Sefton to allow people to remain independent at home. The Sefton Partnership Pseudo Dynamic Procurement System (PDPS) commenced on 18th September, and work is taking place to embed the new arrangements, including ensuring that the new Tier 1 Providers are mobilising their block-booked element of the contract, which is being put in place to primarily ensure that Hospital discharge packages of care are accepted as quickly as possible. This will prevent unnecessary delays and ensure people can return home as soon as they are well enough. The current focus is on mobilising the block booking elements of these new contracts to ensure ASC is prepared as possible for any surges in demand as winter approaches. Ensuring adequate capacity is available in reablement services is also a key focus alongside the block booking elements.

3.2 Day Opportunities

Following a successful consultation and co-production process, a new approach to Day Opportunities has been developed with a reference group made up of people who access and use services and their carers. Detailed modelling of the new arrangements is continuing to take place and it is still anticipated that the new service model should be in place by April 2024. The new model focuses on empowering people to access the community more, consider supported employment opportunities and offers greater flexibility, choice, and control, as opposed to a standard building-based offer.

Linked to the above, work is also progressing to review the arrangements currently in place for people using direct payments to access day care.

3.3 New Directions

ASC will continue to work closely with New Directions (its provider arm). Consideration of how they expand reablement models, think about the Shared Lives model development opportunities to build on the existing model, how they work with the wider day opportunities model, and their key part in the delivery of intermediate care.

3.4 Care Homes

Engagement with the market is ongoing, and ASC intends to use information to inform the updated market position statement, and to start to shape its approach to early help and prevention in the longer term.

Implementation of gross payments of fees for Residential and Nursing Homes has now commenced with an initial pilot commencing with six care homes. The next step is to meet with the homes to discuss the project further, including communications to Service Users and their Families. This is an important piece of work with the Care Home Market and something the market has called for, for some time now. It will support their efficiency and help to create the feeling of partnership with the market. It also means a more effective process for families and those who live in Care Homes.

3.5 Quality Monitoring

Ongoing quality monitoring work is taking place, which includes utilising a new quality monitoring I.T. system, which provides a more robust mechanism to review quality and work with Providers. This is called the PAMMS system and allows providers, Quality Assurance officers and the Care Quality Commission to work together proactively to have a shared record of compliance and overview of the standard of quality in Care Homes and Domiciliary Care. This is a regional piece of work and Peer support and areas for improvement are regularly updated. The quality of work in homes remains good overall, although intensive work with one particular home in the borough is being undertaken and this is expected to have a CQC inadequate rating in the coming weeks.

3.6 Grant Funding

Sefton ASC is currently in the process of submitting to the Department of Health and Social Care proposals on how it will use the recently awarded market sustainability funding. These proposals include securing additional temporary social work capacity to reduce waiting times for assessment, and increase the numbers of reviews carried out. They also include proposals which improve the strength-based assessments, focusing on what the person can do for themselves, and empowering them to achieve maximum independence. It will also allow improvements to be made to the information in terms of detail and quality on community assets/services available to which people can be signposted.

Additionally, there is potential further winter pressures funding, and proposals are being formulated which include potential block-booking of care home beds and additional support services to people and their Carers to support with ensuring timely Hospital discharges.

3.7 Extra Care Housing

As colleagues are aware, the Council has a target to deliver 1306 new Extra Housing units before 2036. Work continues to progress on a number of schemes across the borough, including a scheme to develop 91 Extra Care Homes and 67 for Affordable Rent which had commenced on site, off Hawthorne Road in Bootle. However, they have had to go back out to tender for a new contractor after there were issues with their previous contractor, SEP. They are confident of being back on site later this year.

Following the granting of planning consent, the proposed development of 90 Extra Care Homes, 40 for Affordable Rent and Council owned short-term assessment unit at Sandbrook Road in Ainsdale is progressing well. Board approval from Riverside has now been obtained and work is progressing to enable a start on over the coming weeks.

Sites at Kew in Southport, Damfield in Maghull, Park House in Waterloo, Coffee House Bridge in Bootle and Kingsway in Southport are also progressing which would combined be a total of 620 units.

The Extra Care Allocation Policy has also now concluded its consultation and the final policy will be presented to cabinet in December 2023 for approval which will underpin and support the above scheme in ensuring they meet ASC's strategic objectives.

4. Care Transfer Hubs - ASC involvement in Hospital Discharge/Preparation for Winter

There remains significant pressure in the Acute Trusts owing to the ongoing strikes and demand which is expected to increase as we head into the Winter months. Sefton Place have however been performing extremely well data demonstrates that Sefton have the lowest numbers of delays and length of stay for residents. This is due to the concerted effort to focus on discharge for those individuals who no longer need to stay in hospital ensuring reviews on a daily basis. In readiness for the expected Winter pressures, there are also regular weekly meetings with system partners to expediate plans for the implementation of a Sefton Place Care Transfer of Hub. The development of such a hub has been outlined in recent statutory guidance as essential to improve discharge arrangements from hospital.

Sefton ASC is involved in the implementation of the LUHFT (Liverpool University Hospitals Foundation Trust) Care Transfer Hub in the South of the Borough. In the North, Sefton ASC already has excellent working partnerships with its Community Health Partners and there are many schemes already developed which aid a Transfer of Care approach, but these need to be brought together in a hub model, with key third sector organisations. This work has progressed and the time for implementation is November 2023, in readiness for the winter pressures.

5. Adult Social Care Budget

The financial position for Adult Social Care in 23/24 is challenging.

Supporting Providers with an above inflation pay increase has added to existing pressures on ASC budgets and a programme of mitigations is in place to offset these additional costs. The fee uplift, however, was just one area of pressure and rising costs of care packages continue to have an impact across most areas. Budget monitoring for the period to August has reflected a potential deficit of £6.098M. As the financial year progresses and the programme of mitigations are implemented, this deficit should reduce, and the aim is to achieve a balanced outturn position, although there is a risk that this will not be achieved. Other pressures for ASC include the agreed savings requirements and costs associated with the additional bank holidays and the financial impact of an extra day's care due to 2023 being a leap year. Temporary external funding e.g. Discharge funding (within the Better Care Fund) of £2.2M will assist with ongoing pressures in that area. More recently, unanticipated funding of £2.3M has been available (market sustainability) and, where possible, this will be used to offset some of those issues raised above. Through the year, a number of assumptions about expenditure and income will be made and reviewed regularly due to the volatility of the forecasts. Forecasts will be reported regularly to provide oversight and close monitoring. These will also be included in wider monitoring reports to Cabinet.

6. Adult Social Care Complaints, Compliments and MP Enquiries

Between August and September 2023, there was a decrease of 26% in the number of complaints received when compared to the previous two months.

In the same period, Adult Social Care received 12 compliments and 8 MP enquiries. For the Member Enquiries, 75% were responded to within the 10 working day timescale or remain within timescale. The issues raised via the MP enquiries included progression of Disabled Facilities Grants (DFGs) and social care assessments, concern about an individual's welfare and availability of Carers' Cards.

One quarter of the complaints concerned decision making, 30% concerned financial issues, 35% concerned the quality of service provision and 10% concerned staff behaviour or attitude. We upheld 50% of the complaints which had been concluded at the time of this report. All complaints were upheld due to delays - in casework management or communication.

Whilst there is no statutory timescale for responding to ASC complaints, we are endeavouring to manage expectations better and are considering each individual complaint to agree a realistic timescale for response by a senior manager. We want to ensure that these timescales are achievable as timeliness of responses has been identified as an area for improvement. In August and September, at the time of this report, 76% of complaints were responded to, or remained, within the initial timescale.

We are implementing the final recommendation from a Final Decision issued by the Local Government and Social Care Ombudsman and have submitted initial information to the Ombudsman for two other cases.

We received the Ombudsman's Annual Review Letter on 19 July 2023 which highlighted the following:

- 10 of the 60 contacts received by the Ombudsman related to Adult Social Care
- 10 of the 61 Ombudsman Decisions related to Adult Social Care
- Of the 10 Decisions, 5 were upheld and have previously been reported on.

The Ombudsman published its Annual Review of ASC complaints 2022-23 on 25 September 2023 to highlight key findings and compliance from complaints nationally. This report also highlights the importance of organisations having robust governance arrangements for complaints so that this free intelligence can be utilised to reflect upon the effectiveness of the service.

7. Principal Social Worker Update (PSW)

Since the last PSW report, there has been no major update from a national or regional perspective, due largely to the summer recess of parliament and the summer holidays of many colleagues.

One notable change on the horizon is concerning the new Department of Health and Social Care/ Home Office policy paper, 'Right Care, Right Person, (RCRP)'.

Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs. This approach was initially developed in Humberside and has reportedly, saved a significant amount of time for that area's operating police force.

At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents.

The threshold for a police response to a mental health related incident is to investigate a crime that has occurred or is occurring; or to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

Merseyside Police are planning to implement RCRP, however they are going to undertake this in a phased approach and are engaging key stakeholders such as Sefton Adult Social Care, during the process. The proposed plans have also been raised by Police Colleagues at the Sefton Adult Safeguarding Board (SSAB), together with a commitment to work closely with partner organisations.

The first meeting in relation to proposed change was held on 26/9/23 as part of the Crisis Care Concordat. It is envisaged that any changes will be implemented on a phased arrangement. Phase 1 is not expected to be implemented until at least, January 2024. Regular updates on progress will be provided.

Practice Audits

A Safeguarding Thematic Audit has recently been concluded, and a report highlighting areas of good practice and areas of learning and development is in the process of being finalised.

The next thematic audit will focus on compliance in relation to the Mental Capacity Act (2007).

This Thematic audit will be undertaken by the Principal Social Worker and the Senior Manager for Operational Safeguarding and assurance. Both these thematic audits form part of an annual ASC audit programme

8. Performance and Key Areas of Focus

The following highlights ASC's long-term activity trends:

- Overall provision of long-term services to clients have remained stable over the course of the past twelve months, with just under 4,100 open long-term services at the end of August.
- Service starts for carers have been fluctuating over the past twelve months. On average, ASC had 108 service starts in last three months - that is up by 7% from the previous three months.
- Number of contacts received in the past three months increased by 11% comparing to previous three months. On average, Sefton ASC is receiving around 2,000 contacts per month.
- The number of assessments undertaken in the latest three-month period remained close to the levels seen in the previous three months. On average, teams are completing 526 assessments per month.
- The total number of reviews undertaken in the last three months is down by nearly 3% from previous three months. The teams have been working to clear the backlog of overdue reviews, many of which are complex cases requiring much greater time and resource. It is hoped that review numbers begin to increase once the backlog has been dealt with. On average, 474 reviews are being completed by the teams each month.
- Number of safeguarding contacts received in the last three months increased by 16% compared to previous three-month period. On average, Sefton ASC is receiving around 271 contacts related to safeguarding per month- that is 11% more than twelve months ago.
- The number of safeguarding referrals remaining open at month-end remains an issue. In August, 355 of referrals were open at month-end, which is 15% higher than twelve months ago. High number of safeguarding referrals open at month-end could be linked to the increase in the number of safeguarding contacts seen in the recent months. During the last twelve months, the number of completed referrals exceeded number of started referrals only in December, June, and July. In other months, the number of referrals starts was higher than the referrals ends.
- In the last three months timeliness in handling safeguarding contacts continued to perform well with 96% contacts being resolved within seven days. 70% of safeguarding referrals were completed within twenty-eight days - this is a slight decline of just over the percentage points from the previous three-month's period.

- Sefton ASC continues to perform well in making safeguarding personal. 97% of safeguarding enquiries saw preferred outcomes met fully or partially and the proportion has been stable over the past twelve months.

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. Further details are also included in Appendix 1.

The main points of note on Sefton's performance are:

Admission into care and reablement:

The rate of admission to care homes for those aged 18-64 (2A1) remains relatively stable, but Sefton ASC remains in the bottom quartile for both the North West and England. The rate of admission for over 65s (2A2) continued the downward trajectory, keeping it outside of the bottom quartile for England and outside the top quartile for the North West. Just under 70% of service users in Sefton are in 'community based' services (i.e., not in nursing or residential placements) and this proportion is low compared to other North West authorities and puts Sefton in the bottom quartile. Work is currently in progress to enhance the range of community based support services available, including extra care housing, shared lives support and reablement services.

The number of people in receipt of reablement in August 2023 was the highest seen in the last 12 months. The 424 open reablement services were nearly 50% higher than this time last year. The increase in the number of reablement services has seen Sefton move out of the bottom quartile in the North West on the number of episodes of reablement or intermediate care for clients aged 65 and over (NW01).

August saw a small decline of 0.6 percentage points for the proportion of older people (65+) still at home 91 days after hospital discharge into a reablement service. Nearly 93% of clients remaining at home is slightly above the average for the last 12 months (2B1).

Self-directed support and direct payments:

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

The proportion of carers receiving a direct payment has continued to increase, however Sefton ASC remained outside the bottom quartile for both the North West and England. 100% of carers would need to receive direct payment in order for Sefton to move to the top quartile (it was almost 97% in August (1C2B)).

Employment:

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APPENDIX A

The number of learning-disabled clients going into paid employment remained stable, with around 2.5% of learning-disabled clients being employed (1E). Sefton remained just outside of the bottom quartile in the North West and nationally.

Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartiles for both clients in employment (1F) and clients in settled accommodation (1H).

Housing:

The proportion of learning-disabled clients who live in their own home or with their family has remained stable over the past few months. In August, Sefton remained in the top quartile for England and just outside the bottom quartile for the North West (1G).

Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartile for clients in settled accommodation.

Safeguarding:

The number of safeguarding referrals open at month increased slightly in August. 355 open referrals remained in process indicating the volume of work being overseen by the Safeguarding Team.

The team continued to perform well in the timely handling of safeguarding contacts and referrals with just 96% of contacts resolved within seven days and just over 70% of referrals resolved within twenty-eight days.

Sefton also continued to perform well in Making Safeguarding Personal with just over 97% of those expressing a preferred outcome having that preference either fully or partially met.

The total number of safeguarding contacts received in August remained stable from the previous month but was around 10% higher than the yearly average.

Abuse listed as occurring in care homes and own homes continued to account for the greatest proportion of abuse seen. In August 75% of cases were in either care home or own home. Neglect and Acts of Omission continued to be main abuse type for referrals.

From a Safeguarding Partnership perspective, work is nearing completion on the Annual Report, for ratification at the forthcoming Board Meeting. Selection of an appropriate social housing provider representation for Board is underway with interest being shown from a number of providers.

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APPENDIX A

Publicity and promotional materials have now been designed and are being produced for use at a range of forthcoming events, to promote awareness of adult safeguarding and the work of the Safeguarding Board across the wider community.

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| CABINET MEMBER UPDATE | | |
|--|----------------------|------------------|
| Overview and Scrutiny Committee (Adult Social Care) – 17 October 2023 | | |
| Councillor | Portfolio | Period of Report |
| Ian Moncur | Health and Wellbeing | Sept 2023 |

Public Health

Combatting Drug Partnership

As part of the Government’s strategy, From harm to hope: A 10-year drugs plan to cut crime and save lives, all local areas were tasked with forming a Combating Drugs Partnership (CDP). These partnerships bring together a range of local partners - including enforcement, treatment, recovery, and prevention – to work together to deliver the national drugs plan priorities:

The primary function of the Combating Drugs Partnership is to save lives by reducing the supply and demand for drugs and delivering a high quality treatment and recovery system.

The nominated local Senior Responsible Owner (SRO) is the Director of Public Health who will report to the national Joint Combating Drugs Unit (JCUDU). The Sefton CDP is accountable to the Health & Wellbeing Board and reports to the Safer Sefton Partnership and the Merseyside Police and Crime Commissioner.

The Combating Drugs Partnership will be visible and accountable for their actions, both to local residents and central government via the National Joint Drugs Unit (Home Office)

The CDP will be responsible for monitoring performance against the Combating Drugs Outcome Framework and reporting on the partnership’s performance and delivery into central Government. Locally a cycle of review and performance dashboard have been agreed in accordance with national guidance.

The CDP meets on a quarterly basis, there has been five meetings to date to oversee the completion of the milestones set out in the national guidance.

Staff Flu Vaccination Programme 2023

At Cabinet Member Briefing on 4th September 2023, Public Health provided me with an update on the Staff Flu Vaccination Programme 2023. The planned service will be delivered in 18 work-based clinics across 12 Sefton Council managed sites by a community pharmacist. Clinics will be held between 2nd October 2023 until 31st January 2024, subject to vaccine availability. The programme will continue to be

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APPENDIX B

extended to all staff and elected members of Sefton Council, staff at state-funded Sefton schools (including special schools), Agilisys staff working for Sefton Council, and staff at Sandway Homes. I have noted the contents of the report and feedback my comments.

Sexual Health Extension

On the 1st September 2022, Cabinet approved the activation of the first of 3x 12-month extensions of the integrated sexual health contract. The Director of Public Health (DPH), in conjunction with myself, was provided delegated authority for the activation of the remaining 2x 12-month extensions should they be required. At Cabinet Member Briefing on 4th September 2023, I provided my endorsement for the DPH to activate the second 12-month contract extension to ensure stability is maintained in the system whilst the Public Health team progress a number of key priorities within the sexual health agenda.

Parent Champion for Respiratory Health Pilot

Public Health have funded a pilot project, delivered through a Parent Champion, commissioned through the VCF to support families and children challenged by poor respiratory health. The pilot will run for 12 months and launched as a collaboration between Sefton Council - Public Health and Housing, Alder Hey Hospital and the voluntary sector. The pilot is a direct and targeted initiative, designed to address the challenges and barriers local people face when their children are experiencing poor respiratory health, related to poor quality housing and cold and damp homes. The primary objectives of this pilot are to enhance respiratory health by improving the respiratory health and wellbeing of children by connecting parents to holistic interventions providing advice, signposting, and education.

It will provide early intervention and prevention to ensure optimal home conditions and harness the lived experience of a parent champion to support lifestyle changes and healthy home advice and navigation of service support. The focus will be on the social determinants of health by empowering families, creating a supportive environment for respiratory health enabling parents to make informed decisions about their child's wellbeing. This will build confidence and support parents to address the practical steps they can take to create a healthier indoor environment at home. The pilot is based on community collaboration by working in partnership with local community organisations, schools, and healthcare providers to create a comprehensive support network for children with respiratory conditions. This will build capacity across early years settings including nurseries and play groups.

The pilot will be evaluated by Public Health and CVS and will consider achievable outcomes which will include personal family assessment such as:

“Do you feel you/your child can breathe better now?”

“Do you feel you/your child can do more now?”

“Do you feel you know more about what support is available to you/your family now.

A full evaluation and recommendations will be produced in the twelve months following pilot launch.

Leisure

Leisure Update

The report updated Cabinet Member on activity and progress throughout June / July 2023.

As of 31st July 2023, there were a total of 13,983 members, a slight increase from the last report. This is an increase of 6,751 since reopening in April 2021 and an average of 232 additional members per month. Direct debit income has increased accordingly.

Bootle Leisure Centre has received approval for the re-roofing of the Sports Hall, which is excellent news for the centre and our customers. A pre-contract meeting on site was planned for week commencing 21st August to confirm a potential start date. It is anticipated that the project will take 10 weeks.

Work is progressing well on the Bunk Barn construction at Crosby Lakeside & Adventure Centre, the new accommodation unit for schools and groups. Unfortunately, because of the adverse weather conditions throughout July, the handover date has gone back slightly but there is confidence that completion and handover will be early to mid-October. The kit out will then commence, and it is hoped that we will be able to do tours for schools and groups in November and start looking at getting bookings from the start of 2024.

The lake has had close to 200 children taking part in the summer camps throughout the school holidays, taking part in paddle boarding, kayaking, archery, orienteering and sailing. Also, there were 480 Army Cadets from all over the northwest, even Scotland Unit, on the lake during July and August, taking part in raft building, sailing, kayaking and bell boating. As well as this, we have also hosted a 5-week course in conjunction with Merseyside Police each Friday engaging with children in the community. Pay and Play has really caught the imagination, however weather conditions have impacted on this. Open water swimming has continued to go from strength to strength with more gym members taking up the activity, some for the very first time.

Over 30,000 visitors have attended Splash World since re-opening achieving over £400k in SW admissions. An extremely busy summer for Splash World and all staff deserve great credit in enabling a smooth operation. Staffing levels have been extremely challenging over this summer period and thanks to those dedicated staff who have gone above and beyond.

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APPENDIX B

Splash World monthly inclusive 'Quiet Night' session for children and young people with varying disabilities starts Thursday 17th August. More than 65 families are attending (approx. 250 people), with children and siblings, supported by 35 Aiming high staff.

Starting early September, the mobile breast screening unit will be located in DSW, for several months, and will be offering breast screening for eligible women registered with GPs in the local area.

Litherland Sports Park played host to a number of school sports days, as well as summer camps over the holidays. The maintenance of the centre pitch at Litherland Sports Park is now complete, and new goals have been purchased for the grass pitches to ensure they are ready for the new season.

The Brain Charity held a free event in Jakes Sensory World at Netherton Activity Centre. The first session was aimed at children with complex needs and limited mobility. (4years and under). The second session was aimed at 4-12 years children with less complex needs. The session also included an informal chat for parents/carers from a lecturer in occupational therapy, as well as a chat about children's sensory differences.

All targeted health and wellbeing service, both for children and adults, remain at full capacity with a high number of referrals. Between June - July, there were 757 referrals onto the Exercise Referral Scheme, which is a 13% increase compared to June - July 2022. There are also high levels of referrals also being received for the MOVE IT children's weight management service. Delivery continues to be adapted to allow residents to access as soon as is feasible without compromising the programmes.

Active Workforce continues to support Sefton Council staff, and staff from other participating organisations, through its extensive health and wellbeing offer.

Be Active summer holiday programme took taking place across leisure centres throughout the 6-week holidays. Sessions included sports and games camps, ditch the stabilisers sessions and football camps in partnership with LFC Foundation. As part of the summer programme, we have also offered discretionary free places for those most in need through Early Help or Social Care. This has enabled us to provide positive activities for young people who otherwise would not have had the opportunity. In addition, Park Nights returned for an 8-week programme taking place in parks across the borough identified in partnership with Merseyside Police and Area Coordinators to provide diversionary activities.

We attended the Child Poverty Event held at Bootle Cricket Club in June, alongside other Happy 'n' Healthy Sefton partners to share our CYP offer to delegates at the event.

Attendance at training such as Managing Challenging Behaviour, Transgender awareness, Sexual abuse, Suicide awareness, multi-agency safeguarding and Yoga continue to provide staff with a wide and varied skillset, enabling them to support young people with differing needs.

Support has been given to a number of community days throughout the summer, including providing advice and support, as well as activities at Thornton Family Wellbeing Centre fun day, Linacre Bridge Hub community day, and the Summer in Sefton event with the Sefton Carer's Forum. The events have been well attended and we have been able to provide the community with information on Active Sefton's wider offer.

Following the stakeholder consultation event on 4th July, where over 60 partners attended to engage in a workshop and explore opportunities to improve physical and mental wellbeing through physical activity, the development of the strategy continues. We are hosting a follow up Collaboratory event on 3rd October, to share what we have heard so far. The online survey closed with nearly 300 responses, and we have held focus groups as well as Member briefing to ensure the strategy will align with existing work.

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|--------------------------------------|--|----------------------------------|-----------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | 17 October 2023 |
| Subject: | Work Programme 2023/24, 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:

- seek the views of the Committee on the Work Programme for the remainder of the Municipal Year 2023/24;
- identify any items for pre-scrutiny by the Committee from the Key Decision Forward Plan;
- seek the views of the Committee on the Programme of informal briefings/workshop sessions for the remainder of 2023/24,
- note the intention for the Local Government Association to provide training from Members and Substitutes of the Committee;
- receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee;
- receive an update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee; and
- note the update by Healthwatch Sefton.

Recommendations:

That:

- (1) the Work Programme for 2023/24, as set out in Appendix A to the report, be agreed, along with any additional items to be included and thereon be agreed;
- (2) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix B to the report, be considered and any agreed items be included in the work programme referred to in (1) above;

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- (3) the Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix C to the report, be noted, along with any additional informal items to be included and thereon be agreed;
- (4) the intention for the Local Government Association to provide training from Members and Substitutes of the Committee be noted;
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted;
- (6) the update on the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be noted; and
- (7) the recent activities undertaken by Healthwatch Sefton, as outlined in Appendix D to the report, be noted.

Reasons for the Recommendation(s):

To consider the Work Programme of items to be considered during the remainder of the Municipal Year 2023/24; 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. | |
| Impact on Children and Young People: No | |
| Any implications on the impact on children and young people 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. | |
| Climate Emergency Implications: | |
| The recommendations within this report will | |
| Have a positive impact | No |
| Have a neutral impact | Yes |
| Have a negative impact | No |
| The Author has undertaken the Climate Emergency training for report authors | Yes |
| There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time. | |

Contribution to the Council's Core Purpose:

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

What consultations have taken place on the proposals and when?

(A) Internal Consultations

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

Agenda Item 10

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 – Draft Work Programme for 2023/24;
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee;
- Appendix C – Draft Programme of informal briefings/workshop sessions for 2023/24;
- Appendix D - Update of recent activities undertaken by Healthwatch Sefton.

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2023/24

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2023/24 is set out at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2023/24 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2023/24, as set out at Appendix A, 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 most recent Forward Plan was published on **30 September 2023** and covers the period **1 November 2023 – 29 February 2024**. A copy is attached at **Appendix B**. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 2.5 There is just one item within the current Plan that falls under the remit of the Committee on this occasion, namely:
 - Sefton Council - Extra Care Allocations Policy
- 2.7 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.
- 2.8 The next Key Decision Forward Plan will be published on 31 August 2023, and any additional items on the new Plan that fall under the remit of the Committee will be circulated.
- 2.9 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

3. SCRUTINY REVIEW TOPICS / INFORMAL BRIEFINGS 2023/24

- 3.1 It is good practise for Overview and Scrutiny Committees to undertake an in-depth scrutiny review of services during the Municipal Year.
- 3.2 At the meeting held on 20 June 2023, it was agreed that rather than establish a traditional working group, all Members of the Committee could be invited to participate in informal briefings/workshop sessions on developments in health and social care.
- 3.3 The agreed Programme of informal briefings/workshop sessions for 2023/24 is set out at **Appendix C** to the report.

Agenda Item 10

Primary Care

An informal session took place on Microsoft Teams for Committee Members on 21 September 2023.

Workshop on CQC Assessment re: Adult Social Care

The above was scheduled to be held on 5 October 2023. However, the meeting had to be cancelled at the last minute and an alternative date will be identified.

- 3.4 **The Committee is requested to comment on the Programme of informal briefings/workshop sessions for 2023/24, as set out at Appendix C to the report, and note that additional informal items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

4. TRAINING

- 4.1 Negotiations are currently underway with the Local Government Association (LGA) for the provision of dedicated training for Overview and Scrutiny Committee (Adult Social Care and Health) Committee Members and Substitutes and it is anticipated that this will be held during Autumn 2023.

- 4.2 **The Committee is requested to note the intention for the Local Government Association to provide training from Members and Substitutes of the Committee;**

5. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

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

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

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

- 5.4 **Role**

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

The role of the Overview and Scrutiny Committee is to:

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

5.5 Membership

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

Sefton’s appointed Members are Councillors Desmond, Hart and Howard (Scrutiny Link).

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

5.6 Chair and Vice-Chair

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair was appointed at the first meeting of the Committee on 21 June 2022,

5.7 Quoracy Issues

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

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

5.8 Meetings

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

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

Latest Meeting – 6 September 2023

The latest meeting of the LCRCAO&S was held on 5 September 2023.

Matters considered at the meeting related to the following items:

Agenda Item 10

- LCR Investment Zone Update
- Development Of The Next LCR Place-Based Pipeline
- Work Programme 2023-24

The next meeting of the LCRCAO&S is scheduled to be held on 25 October 2023. Matters discussed at this meeting will be reported to Members at the next meeting of the Committee.

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

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

6. 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.

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 Meetings of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee have been held as follows:

- 11 November 2022
- 10 March 2023 (Postponed)
- 23 March 2023
- 14 July 2023
- 6 October 2023

The next meeting of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee is scheduled for 8 December, Council Chamber, Municipal Buildings, Huyton, at 2.00 p.m.

6.5 Details of all the meetings 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 Cabinet has appointed Councillor Desmond and Councillor Hart to be Sefton's representatives during 2023/24.

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

7. HEALTHWATCH SEFTON

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

7.2 ***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 2023/24**

Tuesday, 20 June 2023, 6.30 p.m., Town Hall, Bootle

| No. | Report/Item | Report Author/Organiser |
|-----|--|--|
| 1. | Liverpool Clinical Services Review – Representative to attend (Min. No. 49 (2) of 21/02/23) | Helen Johnson / Carole Hill / Mark Bakewell / Debbie Campbell |
| 2. | Public Health Outcomes Framework (Min. No. 44 (4) of 03/01/23) | Helen Armitage |
| 3. | Adult Social Care Preparation for Assurance | Sarah Aldis |
| 4. | NHS Cheshire and Merseyside, Sefton - Update Report | Anna Kettle |
| 5. | NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard | Luke Garner / Anna Kettle |
| 6. | Cabinet Member Update Reports x 2 | Julie Leahair/Julie Elliot/Debbie Campbell |
| 7. | Work Programme Update | Debbie Campbell |
| 8. | Dates of Committee Meetings 2023/24 | Debbie Campbell |

Tuesday, 5 September 2023, 6.30 p.m., Town Hall, Southport

| No. | Report/Item | Report Author/Organiser |
|-----|--|----------------------------------|
| 1. | Liverpool Clinical Services Review – Representative to attend (Min. No. 49 (2) of 21/02/23 refers). | Carole Hill / Debbie Campbell |
| 2. | Domestic Abuse Update | Janette Maxwell / Steven Martlew |
| 3. | Report for Information on Vaping Amongst Young People | Helen Armitage / Steve Smith |
| 4. | GP Patient Survey (2023) - Sefton Place | Jan Leonard |

APPENDIX A

| | | |
|----|---|--|
| 5. | NHS Cheshire and Merseyside, Sefton - Update Report | Deborah Butcher |
| 6. | NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard | Luke Garner |
| 7. | Executive/Scrutiny Protocol | Paul Fraser |
| 8. | Cabinet Member Update Reports x 2 | Julie Leahair/Julie Elliot/Debbie Campbell |
| 9. | Work Programme Update | Debbie Campbell |

| Tuesday, 17 October 2023, 6.30 p.m., Town Hall, Bootle | | |
|---|---|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | NHS Cheshire and Merseyside, Sefton - Update Report | Lisa Gilbert |
| 2. | NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard | Luke Garner |
| 3. | Performance Report Review | Deborah Butcher/ Luke Garner |
| 4. | Melling Surgery Closure | Emma Robinson |
| 5. | Health Substantial Reconfiguration Proposals | Debbie Campbell |
| 6. | Cabinet Member Update Reports x 2 | Julie Leahair/Julie Elliot/Debbie Campbell |
| 7. | Work Programme Update | Debbie Campbell |

| Tuesday, 2 January 2024, 6.30 p.m., Town Hall, Southport | | |
|---|---|--------------------------------|
| No. | Report/Item | Report Author/Organiser |
| 1. | Public Health Outcomes Framework (Min. No. 44 (4) of 03/01/23) | Helen Armitage |

APPENDIX A

| | | |
|----|---|--|
| 2. | NHS Cheshire and Merseyside, Sefton - Update Report | Lisa Gilbert |
| 3. | NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard | Luke Garner |
| 4. | Cabinet Member Update Reports x 2 | Julie Leahair/Julie Elliot/Debbie Campbell |
| 5. | Work Programme Update | Debbie Campbell |

| Tuesday, 20 February 2024, 6.30 p.m., Town Hall, Bootle | | |
|--|---|--|
| No. | Report/Item | Report Author/Organiser |
| 1. | NHS Cheshire and Merseyside, Sefton - Update Report | Lisa Gilbert |
| 2. | NHS Cheshire and Merseyside, Sefton - Health Provider Performance Dashboard | Luke Garner |
| 3. | Cabinet Member Update Reports x 2 | Julie Leahair/Julie Elliot/Debbie Campbell |
| 4. | Work Programme Update | Debbie Campbell |

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 NOVEMBER 2023 - 29 FEBRUARY 2024

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

Agenda Item 10

APPENDIX B

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

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

NOTE:

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

Phil Porter
Chief Executive

FORWARD PLAN INDEX OF ITEMS

| Item Heading | Officer Contact |
|--|--|
| Sefton Council - Extra Care Allocations Policy | Steve Metcalf steve.metcalf@sefton.gov.uk |

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

| | | | | |
|---------------------------------------|--|----|------------------|-----|
| Details of Decision to be taken | <p>Sefton Council - Extra Care Allocations Policy</p> <p>The Extra Care Allocations Policy aims to promote independence and well-being; facilitate a balanced, vibrant, and sustainable community for residents with care and support needs within the setting of extra care housing which will play a key role in preventing and avoiding admissions to residential care and hospitals and contribute to our preventative agenda.</p> <p>This policy will cover all Extra Care Housing within Sefton and details the eligibility, process, and system for applying for Extra Care Housing in Sefton.</p> | | | |
| Decision Maker | Cabinet | | | |
| Decision Expected | 7 Dec 2023 | | | |
| Key Decision Criteria | Financial | No | Community Impact | Yes |
| Exempt Report | Open | | | |
| Wards Affected | All Wards | | | |
| Scrutiny Committee Area | Adult Social Care | | | |
| Lead Director | Executive Director of Adult Social Care and Health | | | |
| Persons/Organisations to be Consulted | <p>Consultation was via the following methods: Dedicated Cabinet Member(s) briefing; One Council Brief; Intranet; Yammer; Dwayne's Blog; Internal meetings; E mails.</p> <p>External: Social Media – Twitter and Facebook; Sefton Council website; Your Sefton, Your Say website; Meetings with strategic partners; Sefton Partnership for Older Citizens meeting; Health watch meeting; Residents' meetings (Parkhaven and James Horrigan Court extra care schemes); E mails.</p> | | | |
| Method(s) of Consultation | <p>The public and key stakeholder consultation process was conducted from Friday 10th February 2023 for a period of two months to Tuesday 11th April 2023.</p> <p>The following consultation methods were used approved by the Public Engagement and Consultation Panel in</p> | | | |

| | |
|--|---|
| | <p>November 2022:</p> <p>Dedicated Cabinet Member(s) briefing; One Council Brief; Intranet; Yammer; Dwayne’s Blog; Internal meetings; E mails</p> <p>External: Social Media – Twitter and Facebook; Sefton Council website; Your Sefton, Your Say website; Meetings with strategic partners; Sefton Partnership for Older Citizens meeting; Health watch meeting; Residents’ meetings (Parkhaven and James Horrigan Court extra care schemes); E mails; Public consultation online survey, using the “Your Sefton, Your Say” Platform; Attendance and presentation at various meetings; Distribution of the policy and questionnaire</p> <p>Documents for the consultation were produced in easy read, including the survey.</p> <p>Information relating to the consultation was distributed via the following channels:</p> <p>The survey consisted of five questions and comment sections for each and a generic comments section (also including twelve optional equality monitoring questions).</p> <p>The focus of the consultation and engagement was: (1) Extra Care Eligibility - a. Local Connection; b. Age Threshold; and c. Support needs; (2) Allocations Process; (3) Nominations Process</p> |
| <p>List of Background Documents to be Considered by Decision-maker</p> | <p>Sefton Council - Extra Care Allocations Policy</p> |
| <p>Contact Officer(s) details</p> | <p>Steve Metcalf steve.metcalf@sefton.gov.uk</p> |

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**OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)
INFORMAL MEETINGS / WORKSHOPS 2023/24**

| Day/Date/Time/Venue to be arranged. | | |
|-------------------------------------|--|--|
| No. | Report/Item | Organiser |
| 1. | Informal on-line session with representatives of the Primary Care Networks (PCNs) on Primary Care, held on September 2023. (Min. No. 27 (2) of 18/10/22 refers). | Debbie Campbell / Laura Bootland / Jan Leonard |
| 2. | Workshop on CQC Assessment re: Adult Social Care, scheduled for 5 October 2023, but cancelled. To be re-arranged. | Debbie Campbell / Laura Bootland / Sarah Aldiss / Lorraine Goude |
| 3. | Informal discussions with a representative of North West Ambulance, date to be confirmed (Min. No. 8 (2) of 20/06/23 refers). | Debbie Campbell / Laura Bootland |

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UPDATE REPORT FROM HEALTHWATCH SEFTON – 17 OCTOBER 2023

Emerging issues which we have picked up in our key issues log.

Alongside our work plan we have a key issues log which details emerging themes/issues which we have agreed to look into/ observe further. We have shared them with both providers involved and commissioners to provide additionality to quality improvement work/ make them aware of the issues people and communities are raising with us.

Phlebotomy services for children under 12 years of age (Southport and Formby)

This issue came from enquires through our signposting and information service. GPs have been referring parents to access Phlebotomy from Southport and Ormskirk Hospital NHS Trust, despite this service ceasing a few years ago. Mersey Care NHS Foundation Trust do not offer phlebotomy services for under 12s. Parents are being signposted in one direction and then another, lengthening the time before their child can access their much needed blood test.

We have found out that paediatric bloods for south Sefton residents (u12s) are offered by Alder Hey. For the north of the borough, Formby Village Surgery offer a service, but Southport and Formby residents can also choose to access the Alder Hey service. We have been working with colleagues from Sefton Place to get communications included within the GP Bulletin to reinforce pathway options, which will also include information about the Phlebotomy offer for over 12's from the Southport & Formby 7-day access service.

Poor experiences of navigating and accessing local Physiotherapy services.

There appear to be problems with patients now knowing that they should have self-referred themselves into the service. The first point of contact process for physiotherapy services is confusing and appears to be the result of a lack of communication, patients assuming appointments will be booked in automatically, whilst in reality they should have been told that they should contact the service/make a self-referral. Navigating the service is difficult and treatment has been reported as poor, for example one appointment offered then patient is discharged. It is difficult to access senior physios after an initial assessment through the service, and this can cause delays to injury diagnosis.

Gastroenterology (Liverpool University Hospitals NHS Foundation Trust).

We have had a small number of concerns (six) raised since March 2022. Two relate to formal complaints submitted to Aintree hospital following loss of relatives after a cancer diagnosis at a late stage. Three have involved difficulties communicating with and accessing diagnosis from the department at Aintree, with one patient receiving no diagnosis following 3 visits to A&E, the patient eventually gaining a diagnosis at a private clinic and is now on an NHS pathway there. We have shared this with the Sefton

People and Communities group and have asked if the provider continues to have oversight of the issues with this service line.

Dermatology (Vita Health).

Delays have been reported for patients waiting for Basal Cell Carcinoma appointments and treatment. This issue has been raised previously but the new provider appears to continue to have issues relating to this area of Dermatology. We have shared this with the provider direct and will be keeping this on our radar to examine if similar feedback is shared.

GP Access

We continue to receive feedback about access, and have recently shared an in-depth patient story which a resident wanted to share:

<https://healthwatchsefton.co.uk/wpcontent/uploads/2023/09/Read-one-Sefton-Residents-story-Full-Story-PDF.pdf>

We have shared this with the place based primary care team and recently attended the South Sefton Primary Care Practice Managers meeting. We asked practice managers to engage with us on a pilot to use texts to gain more feedback and to sign up to our feedback centre but unfortunately there was little interest. This is different for practices across Southport and Formby, where we have seen an increase in the number of practices engaging on our online system and have a couple of practices who are keen to engage in our feedback pilot.

Accessibility support for patients from Sefton GP practices

An increasing trend is emerging both locally and nationally linked to a lack of accessibility support for patients contacting their practices by telephone. We have been receiving feedback from people who are supporting clients who are Deaf about the lack of support which local reception staff are providing to put in reasonable adjustments for patients. We have also received feedback from patients who are recovering or have long lasting symptoms following a stroke, patients who have Aphasia for example and are finding it difficult to use the phone system to book their appointments. Nationally, STAMMA (the UK's national charity for people who stammer) has found that people who stammer face significant difficulties when trying to book a doctor's appointment. Difficulties which have led to distress, delayed appointments and even misdiagnosis.

Dental Access

44% of all calls into our Signposting and Information service during August related to dental. An emerging theme is access for children and young people with mental health conditions who are struggling to access care and treatment. We have shared this with our local dental team.

New official figures have highlighted that NHS dentists are still seeing significantly fewer people than before the pandemic. Healthwatch England CEO Louise Ansari said this showed that "people in every corner of England are struggling to get the dental treatment they need, when they need it".

<https://healthwatchsefton.co.uk/news/healthwatch-englands-response-to-annual-report-on-nhs-dental-statistics/>

Regular meetings with key personal from NHS Cheshire and Merseyside, including the lead for dentistry are not in place with all local Healthwatch.

Mersey & West Lancashire Teaching Hospitals NHS Trust.

We will no longer be holding monthly engagement stands at Southport & Formby Hospital. We will be planning on holding 'Listening Event' style events as an alternative which will support us to capture more in-depth feedback on emerging themes and trends. We have attended two meetings of the trusts 'Patient Experience Council', with the first Informal meeting with local Healthwatch taking place 11th October.

Liverpool University Hospitals NHS Foundation Trust.

We have made a similar decision with our monthly engagement stands at Aintree University Hospital and will be undertaking Listening Events at the trust. We are also undertaking a 'walk around' of the Accident and Emergency Department at Aintree University Hospital in early November. We have recently held a meeting with the Deputy Director for Estates and have regular meetings scheduled moving forward. At this meeting we were able to update on issues relating to the promotion of free parking for blue badge holders, talk about the pay machine in the multi-story car park being out of order since January and other issues including impact of car park costs when clinics significantly overrun, parking on the Aintree site and the need for support with way finding at the Hotel Entrance. A number of actions were agreed to progress the issues raised and we will report on them in our next report.

Alder Hey NHS Foundation Trust.

We have alerted the trust of issues with their pharmacy/ repeat prescription service and have been working with our steering group partner, 'Sefton Parent Carer Forum', to gather feedback. A report has been submitted to the trusts Director of Nursing and their response is currently being reviewed by our Operations Group.

Liverpool Women's NHS Foundation Trust.

Working in partnership with Healthwatch Liverpool and the trust, a Listening Event was held, Monday 10th July. We met with the patient experience team, spoke with the 'Non-English Speaking Team, (NEST), sampled the lunch menu and visited wards, outpatient departments and the Neo-natal department to speak to patients, family members and staff. A report is being drafted by Healthwatch Liverpool and will be available shortly which includes a number of recommendations.

Healthwatch Sefton Operations Group

Our Steering Group meeting has changed its name to the 'Operations Group' and in September we received 2 presentations. Rebecca McCullough, Assistant Director of Finance updated on how finances work in our new NHS structures and Helen Armitage, Consultant in Public Health, updated on the hazards of vaping which is something members wanted to focus on.

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