



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

DATE: Tuesday 1 March 2011

TIME: 6.30 pm

VENUE: Town Hall, Bootle

Member

Councillor
Hill (Chair)
McGuire (Vice-Chair)
L. Cluskey
Howe
Ibbs
Jones (Spokesperson)
Larkin
McGinnity
Veidman
Webster (Spokesperson)

Substitute

Councillor
Dodd
S Mainey
Tweed
C Mainey
Dutton
Barber
Hubbard
Hardy
Carr
Bradshaw

COMMITTEE OFFICER: Debbie Campbell
Telephone: 0151 934 2254
Fax: 0151 934 2277
E-mail: debbie.campbell@sefton.gov.uk

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

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A G E N D A

1. **Apologies for Absence**
2. **Declarations of Interest**

Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.
3. **Minutes** (Pages 5 - 16)

Minutes of the meeting held on 25th January 2011.
4. **NW Ambulance Service NHS Trust - Public Consultation on Foundation Trust Status**

Sarah Byrom, Director of Performance and Patient Experience, NW Ambulance Service NHS Trust, to give a presentation on the Trust's aspiration to become a Foundation Trust.
5. **Mersey Care NHS Trust - Update Report** (Pages 17 - 18)

Report of the Chief Executive, Mersey Care NHS Trust.
6. **Update on NHS Reforms**

Janet Atherton, Acting Chief Executive, NHS Sefton, to make a presentation.
7. **Protocol for Working Together** (Pages 19 - 30)

Report of the Assistant Chief Executive.
8. **NHS Sefton - Update Report** (Pages 31 - 36)

Report of the Acting Chief Executive, NHS Sefton.
9. **Assessment Of Commissioning For Adult Social Care 2009-10** (Pages 37 - 68)

Report of the Strategic Director - Social Care and Well-Being.
10. **Cabinet Member Report** (Pages 69 - 74)

Report of the Assistant Chief Executive.
11. **Work Programme Report** (Pages 75 - 78)

Report of the Assistant Chief Executive.

OVERVIEW AND SCRUTINY COMMITTEE
(HEALTH AND SOCIAL CARE)

Overview
& Scrutiny



MEETING HELD AT THE TOWN HALL, SOUTHPORT
ON TUESDAY 25TH JANUARY, 2011

- PRESENT:** Councillor Hill (in the Chair);
- Councillors Howe, Jones, Larkin, McGinnity,
McGuire, Veidman and Webster.
- Also Present:** Councillor Porter – Cabinet Member – Health &
Social Care;
Anjila Shah, Consultant in Public Health, NHS
Sefton;
Ann Bisbrown-Lee, Sefton LINK;
Colin Speight, Principal Manager, Social Care &
Wellbeing, Sefton MBC;
Colin Throp, Southport and Ormskirk Hospital NHS
Trust;
Frances Street, former Chair, NHS Sefton;
Hannah Chellaswamy, Acting Director of Public
Health, NHS Sefton & Sefton MBC;
Dr. Janet Atherton, Acting Chief Executive, NHS
Sefton;
Jean Massam, Children's Trust Director; and
Lyn Cooke, Head of Communications, NHS Sefton.

80. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Pearson and his Substitute, Councillor Ibbs; Diane Blair, Acting Manager, Sefton LINK Support; and Fin McNicol, Director of Communications, Aintree University Hospitals Foundation Trust.

81. DECLARATIONS OF INTEREST

The following declaration of interest was received:-

Member	Minute No.	Reason	Action
Councillor Hill	No. 76 – NHS Sefton – Update Report	Personal – his wife is employed by Southport and Ormskirk Hospital NHS Trust	Took part in consideration of the item and voted thereon.

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82. MINUTES

RESOLVED:

That, subject to the inclusion of Councillor McGuire in the apologies for absence, the Minutes of the meeting held on 14th December 2010, be confirmed as a correct record.

83. IMPROVING CHILDREN'S SERVICES IN NORTH SEFTON

The Committee received a presentation by Janet Atherton, Acting Chief Executive, NHS Sefton on Improving Children's Services in North Sefton.

The presentation included the following:-

Purpose:-

- Feedback on additional work undertaken to review options for improving access to children's services;
- Report progress on development of services; and
- Seek views on options for improving access to services for children with minor injury.

Project:-

- To identify improvements that could be made in short term while work on sustainable model for children's services and urgent care undertaken through North Mersey QIPP programme;
- Oversight group;
- Clinical design group;
- Health status review;
- Activity data review;
- Engagement with children and families; and
- Clinical engagement.

Strategic Context:-

- Children's health is one of the strategic priorities;
- Care closer to home where appropriate and cost-effective;
- Strategic plan and Sefton children's services review priorities:
 - Children with long term conditions;
 - Children with complex needs ;
- NHS Operating Framework 2011/12:
 - Children with disability;
 - CAMHS;
 - Looked After Children;
 - Family Nurse Partnerships;
- N Mersey QIPP:
 - £300m efficiency savings needed;
 - Urgent Care and Children's work-streams identifying most cost-effective models of care; and
- Knock on impact of other public sector cuts.

Data:-

- 20,800 children aged 0 - 16 in Southport and Formby;
- 10-19 year age group projected to fall by 20% over next five years, 0-10s steady;
- Increasing numbers of children with complex needs;
- 4866 children attend A&E with minor conditions (13 per day); and
- Average child will attend A&E with minor condition once every 4 years.

Public Engagement:-

- Better integration of services;
- Build on good access to primary care;
- More out patient services in Southport and better signage in Ormskirk; and
- Care in right place, first time – better publicity of services available.

Clinical Engagement:-

- Recognise need to improve services especially for LTCs and disability;
- Minor illness predominantly treated in primary care – best place;
- Extent to which GPs deal with minor injury depends on experience and time – difficulties maintaining skills as low numbers seen; and
- Support for telephone advice from Consultant paediatricians.

Service Developments:-

- Creation of a children's hub at Southport Centre for Health and Wellbeing;
- CAMHS;
- Community paediatrics;
- Out patient clinics for LTCs;
- Dental;
- Sexual health, etc; and
- Voluntary sector.

Reducing Attendances for Minor Illnesses:-

- Communications – Choose Well;
- Improving access to general practice:
 - Telephone access to GP;
 - GP telephone access to Consultant for advice;
- Children's hub:
 - Better management of LTCs results in reduced unplanned care episodes.

Options for Minor Injury Service:-

- Stand alone walk in centre not considered feasible;

Alternative options:

- Nurse led minor injury service;
- GP based minor injury service;
- Nurse led service in GP Out of Hours;

Assessed against criteria:

- Clinical safety;

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- Workforce;
- Clinical need; and
- Financial viability.

Next Steps:-

- Progress service developments;
- Continue to work with North Mersey QIPP on urgent care and children's services;
- Views on options regarding minor injury from:
 - Children's Trust;
 - Stakeholder Group;
 - Overview and Scrutiny Committee;
 - Practice-based commissioners;
 - Clinical Executive Committee; and
- Board to consider options on 3 February 2011.

The Acting Chief Executive, NHS Sefton, advised that there were three options which were currently out to consultation.

Councillor McGuire referred to the "hub" to be opened on Hoghton Street, Southport, to treat children with long term conditions, and asked whether that facility could be utilised in improving children's services in north Sefton generally.

RESOLVED: That

- (1) Dr. Atherton be thanked for her presentation;
- (2) this Committee welcomes the service developments to enable the establishment of the children's hub in Hoghton Street, Southport;
- (3) this Committee would favour the exploration of option 2, a GP based minor injury service, to include the possibility of a GP practice based at the Hoghton street clinic, and requests NHS Sefton to investigate the possibility of this, including a breakdown of the potential cost and the possibility of running such a service as a pilot scheme; and
- (4) NHS Sefton be requested to report the deliberations of the NHS Trust Board on the matter back to this Committee, in due course.

84. NHS WHITE PAPER

The Committee received a presentation by Hannah Chellaswamy, Acting Director of Public Health, NHS Sefton and Sefton Council, on the White Paper "Healthy Lives, Healthy People", the Government's strategy for public health in England.

The presentation included the following:-

A New Public Health System – Key principles:

- A return of public health leadership to Local Government;
- Professional leadership nationally and locally;
- Dedicated resources for public health at national and local levels;
- Focus on outcomes and evidence-based practice;
- Maintaining a strong relationship with the NHS, social care and civil society; and
- Enshrined in Health and Social Care Bill 2011 (Published 19 January 2011).

Health and Wellbeing Throughout Life:-

1. Empowering local government and communities;
2. Tackling health inequalities;
3. Coherent approach to different stages of life;
4. Giving every child the best start in life;
5. Making it pay to work;
6. Designing communities for active ageing and sustainability; and
7. Working collaboratively with business and voluntary sector –'Public Health Responsibility Deals'.

Public Health (PH) England - Operational in 2012/13:-

- New public health service directly accountable to the Secretary of State for Health with a clear mission to:
 1. Achieve measurable improvements in public health outcomes; and
 2. Provide effective protection from threats to the public (will incorporate Health Protection Agency and National Treatment Agency).
- It will do this by:
 - Protecting people from infectious disease and biological, chemical and radiological threats;
 - Helping people and families to be able to take care of their own health and wellbeing; and
 - Inspiring, challenging and commissioning partners from all sectors to work together.

Key Functions for Local Government:-

- New statutory duty for local authorities to promote and improve health of population;
- Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy with DASS, DCS, GP consortia leads and Health Watch;
- Health & Wellbeing Boards – how public money is spent and outcomes achieved and how health inequalities are being addressed, but scrutiny role taken out;
- NHS Complaints advocacy; and
- Local government will be accountable to PH England.

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Health and Wellbeing Board:-

- One per Local Authority and will be a committee of the LA (Local Authority) under Section 102 of the Local Government Act;
- Proposed Membership:
 - At least one councillor;
 - Director of Adult Social Services;
 - Director of Children’s Services;
 - Director of Public Health;
 - Local Health Watch (LINKs with a wider remit);
 - A representative from each relevant GP commissioning consortium; and
 - Any others – to be determined by the LA.
 - Duty to encourage integrated working; and
 - No longer will have scrutiny function.

The Director of Public Health and Team within the LA:-

- Director of Public Health will be the principal adviser on all health matters on the full range of local authority functions and their impact on the health of the local population to:
 - the local authority and its elected Members and officers;
- Jointly appointed by LA and PH England and employed by the LA;
- Accountable to locally elected members and through them to the public;
- Accountable to the Secretary of State for Health for health protection and professionally to the Chief Medical Officer;
- Jointly lead the development of the Health & Wellbeing Strategy;
- Continue to be an advocate for local community;
- Provide public health expertise to inform the commissioning of NHS-funded services, facilitating integrated pathways of care by working with GP consortia.

Public health Outcomes Framework – Transparency in Outcomes

The Vision:-

“To improve and protect the nation’s health and to improve the health of the poorest, fastest”.

Domain 1 - Health Protection and Resilience:

Protecting the population’s health from major emergencies and remain resilient to harm.

Domain 2 - Tackling the wider determinants of health:

Tackling factors which affect health and wellbeing and health inequalities.

Domain 3 - Health Improvement:

Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities.

Domain 4 - Prevention of ill health:

Reducing the number of people living with preventable ill health and reduce health inequalities.

Domain 5 - Healthy life expectancy and preventable mortality:

Preventing people from dying prematurely and reduce health inequalities.

- Focus on major causes and impacts of health inequalities (HI), disease and premature death;
- Data collated and analysed nationally (to reduce the burden on Local authorities); and
- Local democratic accountability for performance against these outcomes and will be easy to compare across the country and to track progress.

Public Health Funding & Commissioning

Allocations and the Health Premium

Allocations:-

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued in 2012/13;
- Actual allocations will move from current spend towards the target allocations over a period of time.

Health Premium:-

- Incentive payment, ('health premium'), against progress made in improving the health of the local population and reducing HI; and
- It will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

Shared Priorities:-

- Commission or directly provide public health programmes – eg.
 - Sexual health;
 - Seasonal mortality;
 - Lifestyle programmes;
 - Health at Work;
 - NHS Health Checks etc.;
- Health inequalities;
- Mental health;
- Learning disabilities;
- Social Care;
- Re-ablement Fund;
- Dementia;
- Carers; and
- Quality inc delayed discharge.

Summary timetable on the Public Health White Paper, subject to Parliamentary approval of legislation.

Further to the findings of the former Dementia Working Group, established by this Committee, Members enquired whether there would be an opportunity to lobby the Government concerning the the demographics in

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Sefton and the high number of older people in the north of the Borough in particular.

RESOLVED: That

- (1) Hannah Chellaswamy be thanked for her presentation;
- (2) this Committee urges the Secretary of State for Health to consider the demographics in Sefton and the high number of older people in the north of the Borough in particular, in the allocation of resources to local authorities; and
- (3) NHS Sefton be requested to present update information on the NHS reforms to the next meeting of this Committee.

85. PROTOCOL FOR WORKING TOGETHER: NHS SEFTON AND SEFTON COUNCIL'S OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE)

Further to Minute No. 66(E) of 16th November 2010, a draft protocol for working together, prepared jointly between officers of NHS Sefton and an Overview and Scrutiny Officer, Sefton MBC, for NHS Sefton and this Committee, was circulated for consideration by Members. The draft protocol set out proposed roles and responsibilities for both NHS Sefton and this Committee and also set out the following:-

- Which matters could be reviewed and scrutinised according to regulations;
- Substantial developments or variations (SDVs) in services;
- Factors to be taken into account in determining a SDV; and
- A process to be followed for highlighting a SDV.

The draft protocol would be presented to NHS Sefton's Governance Committee and then the Trust Board, once it was agreed by this Committee.

RESOLVED: That

- (1) any comments, suggestions or amendments by Members be referred to the Overview and Scrutiny Officer for this Committee; for inclusion in the draft protocol, prior to the next meeting; and
- (2) that full consideration of the draft protocol be deferred to the next meeting of this Committee.

86. NHS SEFTON - UPDATE REPORT

The Committee considered the report of the Acting Chief Executive, NHS Sefton, on current issues impacting on healthcare provision within Sefton. Information was provided on the following:-

A. Welcome Back Paul

The Chair of NHS Sefton, Paul Acres, had been away since August 2010 due to ill health but had returned to duty at the commencement of 2011. Frances Street had carried out the role of Interim Chair in Paul's absence and NHS Sefton was grateful for her hard work and commitment during that time. Frances had now been appointed Chairman of the new Community Health Trust in Wirral.

B. Update on NHS Reforms

Following on from the White Paper for Health, "Equity and Excellence: Liberating the NHS", key documents had been published at the end of 2010, paving the way for the reforms outlined.

The public consultation on the White Paper had produced some 6,000 responses and the Government had now produced its response to this consultation, including the extension of local authorities' formal scrutiny powers to cover all NHS funded services, and giving them greater freedom in how these were exercised. GP consortia were now expected to be the commissioners of maternity services, rather than the NHS Commissioning Board, as the Government had originally intended.

The Operating Framework 2011-2012, had been published, setting out key actions to support NHS organisations during the transitional period. Detailed timescales for the transition were now provided, including the 'clustering' of primary care trusts by June 2011 and greater support for emerging GP consortia to ensure they were ready to take over their responsibilities in April 2013.

The first Outcomes Framework for the NHS had also been published, setting out 50 indicators in five key domains around patient safety and clinical quality.

C. Have Your Say on NHS Reforms

A number of consultations associated with the planned reforms were currently taking place. Consultation documents could be viewed via the NHS Sefton web-site and views could be e-mailed to the same website prior to the following deadlines:-

- White paper for public health, 'Healthy Lives, Healthy People' – deadline 8th March 2011;
- Public health outcomes framework – deadline 31st March 2011;
- Funding and commissioning routes for Public Health – deadline 31st March 2011; and
- Developing the NHS workforce – 31st March 2011.

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D. Coping with Winter Pressures on the NHS

NHS organisations across the north west region had been working together to manage the additional pressures on health services caused by the colder weather and extended holiday period, during the winter months. People were being reminded to choose the right service for them when they were ill, whether it was free advice on minor illnesses from pharmacists, contact with NHS Direct, Accident and Emergency, 999 emergency telephone calls and GP teams.

E. Are You Protected against Seasonal Flu?

Flu could be extremely serious for those with conditions like asthma, diabetes and heart disease, those over 65 years and pregnant women. There was still time for eligible Sefton residents to protect against seasonal flu by having their annual vaccination at their GP's surgery.

Anjila Shah, Consultant in Public Health, reported on the number of uptakes for vaccination and the lack of formal complaints of lack of vaccine, and also commented on vaccination of under 5 year olds.

F. Preventing Winter Illnesses

Basic precautions could be taken to help prevent illnesses such as colds, flu, and the winter vomiting illness, norovirus. Good hand hygiene was essential, and the 'catch it, bin it, kill it' campaign helped to prevent germs spreading.

G. New Year, New You

The Healthy Sefton service was running a number of free weight management courses throughout the Borough. NHS Sefton's stop smoking service SUPPORT could assist people wanting to stop smoking. Other services offered included Active Sefton, alcohol advice, lifestyle checks, Chlamydia screening and a range of wellbeing support.

H. Changes to Looking Local on Sky

NHS Sefton was the first primary care trust to have a Looking Local site after looking at how many other councils used it to provide information to the thousands of people who did not have internet at home. Sky subscribers could access the 'Looking Local' health TV service on channel 539. Users could book appointments at some local GP practices, find out about health conditions and view pages from Transport Direct, Job-Centre Plus, NHS Choices and Sefton's Family Information Directory.

I. Meet the NHS Sefton Board

The NHS Sefton Board and Executive Team held bi-monthly stakeholder lunch events that provided an opportunity to hear about the latest

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developments across NHS Sefton and allowed attendees to pose questions and queries about local health services.

RESOLVED: That

- (1) NHS Sefton be thanked for the report; and
- (2) NHS Sefton's actions against recommendations and proposals contained in the report, and reported verbally at the meeting, be monitored as appropriate.

87. ADULT SOCIAL CARE DEPARTMENT I.T. CAPITAL PROGRAMME

Further to Minute No. 51 of the meeting of the Cabinet Member – Health and Social Care held on 19th January 2011, the Committee considered the report of the Strategic Director - Social Care and Well-Being on the proposal to use the ICT Strategy Capital in conjunction with the Adult Social Care Infrastructure grant to support the implementation of a new Client Management Database.

The report indicated that capital funding was required to develop the IT infrastructure to:-

- improve information sharing between health and social services;
- improve the management records of vulnerable adults and streamline the financial systems;
- improve the statutory obligation to safeguard vulnerable adults throughout the Borough;
- support mobile and flexible working to reduce costs and improve service delivery; and
- improve and streamline management information to assist service planning and budget management.

The funding was predominantly aimed at transformation and was specifically aligned to changing the way the Council worked as an organisation and to build capacity for the future.

The Chair reported that although this was a Key Decision, it had not been included in the Forward Plan. Consequently, he had been consulted, under Rule 15 of the Access to Information Procedure Rules of the Council's Constitution, on the decision being made by the Cabinet Member/Cabinet, on the basis that it had been impracticable to defer the decision until the commencement of the next Forward Plan, because of the urgency of the matter. The Chair considered that, given the circumstances, the issue ought to be considered by this Committee, as a matter of courtesy.

RESOLVED:

That the report be received.

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88. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Assistant Chief Executive in relation to the Committee's programme of work. There was just one Decision within the latest Key Decision Forward Plan that fell under this Committee's remit, and there were no new items on this occasion.

Work was continuing for the cross-cutting Working Group, comprised of the four Overview and Scrutiny Chairs plus two Labour Members, and a final report was being drafted.

A site visit for Members of this Committee to visit Southport and Formby District General Hospital premises on 14th February 2011 had been arranged which would allow Committee Members the opportunity to meet members of the Hospital's Trust Board and view recent developments, such as the refurbishment of the Accident and Emergency Department.

RESOLVED: That

- (1) the contents of the Key Decision Forward Plan for the period 1 February – 31 May 2011 be accepted;
- (2) the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough, be supported; and
- (3) the Committee visit to Southport and Formby District General Hospital premises in February 2011 be supported.

Briefing Report

Purpose: To update Adult Care Select Committee, Sefton

Meeting Date: 1st March 2011

1. TRUST BOARD

1.1 Integrated Corporate Performance report for the period ending 31st December 2011

The NHS Performance Framework for 2010/11 provides an assessment of the performance of NHS Trusts that are not yet NHS Foundation Trusts. The Trust is required to achieve a performance score of 1.9 or more to be rated as a performing organisation. The current and forecast performance score for the Trust is 1.91.

The Trust is on target to achieve all financial targets and duties. The forecast year end surplus is £6m and the Financial Risk Rating is 4.

Key contact: Andrea Chadwick, Deputy Director of Finance
Andrea.chadwick@merseycare.nhs.uk

2. FOUNDATION TRUST equivalent - UPDATE

We are waiting formal confirmation that the Department of Health supports our application and has recommended our application to Monitor. Monitor will then undertake a detailed assessment before granting authorisation.

The Trust held its first membership event on Wednesday 19th January 2011 at Liverpool's Holiday Inn. More than 160 people, including staff members came together to share views and hear how members can influence our services.

At the event Trust Chairman Beatrice Fraenkel spoke of the need to listen, in order to build trust and integrity. Chief Executive Alan Yates said that while members should support and encourage the Trust, membership could also be about being the 'grit in the oyster' where necessary. Actor Dean Sullivan, one of a growing group of celebrity members called on people to 'speak up, question, represent and make things happen.'

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Members were also able to make their suggestions through discussions and through an interactive booth in the style of the Big Brother reality television show.

Key Contact: Fleur Blakeman, FTe Project Manager
fleur.blakeman@merseycare.nhs.uk

3. TIME – To Improve Mental Health Environments – update

Planning permission for the building of a new inpatient unit on the Walton General Hospital Site has been approved by Liverpool City Council and work will begin in this summer.

The planning proposal for the regeneration of Edge Lane Retail Park that includes the Trust other new inpatient facility, has now received backing by all local councils and is going to the Secretary of State for consideration for final approval by the end of February.

Alan Yates
Chief Executive
11 February 2011

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Meeting: OVERVIEW AND SCRUTINY COMMITTEE
(HEALTH AND SOCIAL CARE)

Date of Meeting: 1ST MARCH 2011

Title of Report: PROTOCOL FOR WORKING TOGETHER

Report of: S. J. Tunney
Assistant Chief Executive

Contact Officer: Debbie Campbell
(Telephone No.) 0151 934 2254

This report contains	Yes	No
CONFIDENTIAL Information/		√
EXEMPT information by virtue of paragraph(s).....of Part 1 of Schedule 12A to the Local Government Act, 1972 (If information <u>is</u> marked exempt, the Public Interest Test must be applied and favour the exclusion of the information from the press and public).		√
Is the decision on this report DELEGATED?	√	

Purpose of Report

To consider a formal protocol setting out an agreed approach for NHS Sefton and Sefton Council's Overview and Scrutiny Committee (Health and Social Care) to work together, based on current national regulations and local partnership agreements.

Recommendation

That the attached draft protocol be approved.

Corporate Objective Monitoring

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1.	Creating a Learning Community		√	
2.	Creating Safe Communities		√	
3.	Jobs and Prosperity		√	
4.	Improving Health and Well-Being	√		
5.	Environmental Sustainability		√	
6.	Creating Inclusive Communities	√		
7.	Improving the Quality of Council Services and Strengthening local Democracy	√		
8.	Children and Young People		√	

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Financial Implications

<u>CAPITAL EXPENDITURE</u>	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £	2013/ 2014 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

There are no financial implications arising from this report.

Departments consulted in the preparation of this Report

NHS Sefton;
Legal;
Social Care and Wellbeing.

List of background papers relied upon in the preparation of this Report

None.

BACKGROUND

1. In May 2010 the North West Friends of Homeopathy submitted a petition to this Committee calling for NHS Sefton to reinstate homeopathic services in Sefton, following the decision by NHS Sefton to withdraw funding for the service. The petition also urged this Committee to refer the matter to the Secretary of State for Health for consideration, on the grounds that NHS Sefton had not consulted adequately with service users or this Committee on the withdrawal. The Committee did agree to refer the matter to the Secretary of State.

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2. On receipt of the referral, the Secretary of State sought initial advice from the Independent Reconfiguration Panel (IRP), which, amongst other things, advised that:-

“NHS Sefton and Sefton OSC (Overview and Scrutiny Committee) should jointly review their procedures for bringing matters to the attention of the OSC. In particular, they should consider the need for a formal protocol for determining matters that were substantial service changes or variations”.
3. The Secretary of State confirmed his full support for the findings of the IRP.
4. Following this, officers from both NHS Sefton and Sefton Council’s Overview and Scrutiny Team worked jointly to produce a draft protocol.
5. The draft protocol was tabled at the last meeting of this Committee held on 25th January 2011. It was agreed that it would be considered fully at the next meeting and that Members should forward any observations to the relevant Overview and Scrutiny Officer. At the time of drafting this report, no observations have been received from Members.
6. In the event that this Committee approves the protocol, it will be submitted to NHS Sefton’s Governance Committee and then to its Trust Board.

MATTERS FOR CONSIDERATION

The Committee is requested to consider the protocol, with a view to its implementation.

RECOMMENDATION

That the attached draft protocol be approved.

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Protocol for working together:

**NHS Sefton and Sefton's Overview and Scrutiny Committee
for Health and Social Care**

Authors:

Lyn Cooke, Head of Communications NHS Sefton
Barbara Strong, Assistant Chief Executive, NHS Sefton
Debbie Campbell, Overview and Scrutiny Officer

First Draft Created December 2010

Review date: December 2011

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1) Introduction

This protocol has been produced jointly by NHS Sefton and Sefton Council's Overview and Scrutiny Committee for Health and Social Care (OSC). Its purpose is to provide an agreed approach to working together based on current national regulations and local partnership agreements.

NHS Sefton and the OSC are both committed to improving health and reducing health inequalities for the area and its residents. In order to achieve this they are also committed to further development of an open and effective working relationship.

Regulation through the Health and Social Care Act (2001) supports this by setting out the powers that local authorities have in independently scrutinising health services through their overview and scrutiny committees. This includes:

- Scrutinising NHS policy, service planning and operations
- Being consulted on all proposals for major changes to health services
- Ability to call PCT managers to give information about services and decisions
- Reporting their findings and recommendations
- The power to refer matters to the Secretary of State

This document will set out how the two organisations will work together in relation to:

- Their roles and responsibilities
- Defining which matters that can be reviewed and scrutinised according to regulations, that is *Substantial Developments* or *Variations*
- The process for highlighting Substantial Developments or Variations – (including the known forthcoming priorities and plans of NHS Sefton and its partners which may be relevant to the Committee)

2) Roles and responsibilities

2.1 Overview and Scrutiny Committee for Health and Social Care responsibilities

- In the course of a review or scrutiny exercise, the Committee will raise local concerns, consider a range of evidence, challenge the rationale for decisions and propose alternative solutions as appropriate. It will need to balance different perspectives, such as differences of opinion between clinical experts and the public. All views should be considered before finalising its recommendations.
- The Committee will not duplicate the role of advocates for individual patients, the role of performance management of the NHS, or the role of inspecting the NHS.

- The Committee has no power to make decisions or to require that others act on its proposals. NHS Sefton must respond to recommendations of the committee and give reasons if it decides not to follow these.

2.2 NHS Sefton's responsibilities

- NHS Sefton will provide the Committee with information about the planning, provision and operation of health services. This information will be sufficient to meet the Committee's reasonable requirements so that it can deliver its health scrutiny functions.
- NHS Sefton will provide regular briefings for Committee Members on key issues.
- NHS Sefton will strive to ensure appropriate senior officer attendance at every meeting of the OSC and that specialist spokespersons will attend the meeting when it is relevant and necessary to promote a full understanding of specific issues.

3) Defining which matters that can be reviewed and scrutinised according to regulations

Overview and scrutiny powers cover any matter relating to the planning, provision and operation of health services. Health services are as defined in the NHS Act (1977) and cover health promotion, prevention of ill health and treatment.

Issues that can be scrutinised include the following:

- Arrangements made by local NHS bodies to secure hospital and community health services and the services that are provided
- Arrangements made by local NHS bodies for the public health, health promotion and health improvement including addressing health inequalities
- Planning of health services by local NHS bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population
- The arrangements made by local NHS bodies for consulting and involving patients and the public
- Any matter referred to the Committee by Sefton Local Involvement Network (LINK)

3.1 Substantial Developments or Variations (SDVs) in services

NHS Sefton or the relevant NHS Trust will consult the Committee on any proposals it may have under consideration for:

- Any substantial development of the health service
- Any substantial variation in the provision of such services

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This is in addition to discussions between NHS Sefton and the appropriate local authorities on service developments. It is also in addition to NHS Sefton's duty to consult patients and the public. Guidance indicates that solely focusing on consultation with the Committee would not constitute good practice.

The Committee has the responsibility to comment on:

- Whether as a statutory body the Committee has been properly consulted within the public consultation process
- The adequacy of the consultation undertaken with patients and the public
- Whether the proposal is in the interests of Health Services in the area

4) Defining an SDV

Substantial developments or variations are not defined in regulations. The impact of the change on patients, carers and the public is the key concern. Therefore the following factors should be taken into account:

- Changes in accessibility of services such as reductions, increases, relocations or withdrawals of service
- The size of the population (over x – to be agreed)
- The cost of the service (over x – to be agreed)
- Impact on patients – the extent to which groups of patients are affected by a proposed change (including those where divisions in inequality would be widened, such as people in areas of severe deprivation, those with disabilities, older people etc)
- Methods of service delivery – altering the way a service is delivered
- Issues that are clearly identified in either local or national policy as a priority, for example infection control, screening for specific conditions
- Any issue that is of local public interest regardless of service size, provision or cost, or one that by its nature will cause national interest or have a reputational dimension

A checklist (Appendix 1) has been devised based upon the above criteria to help members of the OSC and NHS Sefton determine what constitutes a substantial development or variation.

5) Process for highlighting SDVs

NHS Sefton and the OSC have an agreed 'level' at which issues should be presented to the Committee based on the criteria in **section 4** above:

It may not always be clear how best to handle a particular issue. On these occasions the Chair, on behalf of the Committee, will decide in consultation with the key PCT officer, whether or not the proposal should be discussed with the Committee.

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This initial assessment is conducted in line with the following three levels:

Level One

When the proposed change is minor in nature, for example a change in clinic times, the skill mix of particular teams, or small changes in operational policies.

Action - The Committee would not become involved directly

Level Two

Where the proposed change has moderate impact, or consultation has already taken place on a national basis. Examples could include a draft Local Delivery Plan, proposals to rationalise or reconfigure Community Health Teams, or policies that will have a direct impact on service users and carers. Such proposals will involve consultation with patients, carers, staff and the LINKs, but will NOT involve:

Reduction in service
Change to local access to service
Large numbers of patients being affected

Action - The Committee will wish to be notified of these proposals at an early stage but would be unlikely to require them to be dealt with formally as an SDV. A briefing may be required for the full Committee or through the Chair.

Level Three

Where the proposal has significant impact and is likely to lead to:

Reduction or cessation of service
Relocation of service
Changes in accessibility criteria
Local debate and concern

Examples would include a major review of service delivery, reconfiguration of GP Practices, or the closure of a particular service.

Action - The Committee will normally regard these proposals as an SDV, and would expect to be notified at as early a stage as possible. The Committee would consider the proposal formally at one of their meetings, in order to comment and to satisfy the requirement for the Overview and Scrutiny Committee to be consulted in these circumstances.

Officers from NHS Sefton or other NHS Trust will work closely with the Committee to provide all relevant information about such issues. If the Committee does not support the proposals, or has concerns about the adequacy of consultation it should provide reasons and evidence. NHS Sefton will consider the Committee's views in its decision making process and will give an explanation of its conclusions.

5.1 Note on the Consultation Standards Panel

The Sefton Consultation and Engagement Standards Panel monitors adherence to the standards set out in the Sefton Borough Partnership Engagement and Consultation Framework. It also provides support and advice for staff in partner organisations in Sefton when planning and conducting public and service user involvement activity. NHS Sefton is expected to submit proposals for consultations and engagement activities to

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the panel, which may be able to provide expert advice in relation to SDV issues

5.2 Exemptions

The Committee will only be consulted on proposals to establish or dissolve a NHS trust or PCT if this represents a substantial development or variation.

The Committee does not need to be consulted on proposals for pilot schemes within the meaning of section 4 of the NHS (Primary Care) Act 1997 as these are the subject of separate legislation.

NHS Sefton or other NHS Trusts will not have to consult the Committee if they believe that a decision has to be taken immediately because of a risk to the safety or welfare of patients or staff. These circumstances should be exceptional. The Committee will be notified immediately of the decision taken and the reason why no consultation has taken place.

5.3 Report to Secretary of State for Health

The Committee may report to the Secretary of State (SoS) for their consideration when it is not satisfied with the consultation or the proposals. *Referral should not be made until the NHS body concerned has had the opportunity to respond to the Committee's comments and local resolution has been attempted.*

Specific areas of challenge include:

- The content of the consultation or that insufficient time has been allowed
- The reasons given for not carrying out consultation are inadequate ('inadequate consultation' in the context of referral to the SoS means only consultation with the Committee, not consultation with patients and the public)

6) Evaluation and Review

Compliance with the guidance set out in this document should be audited and evaluated every 12 months. In addition to this, the content of the document should be reviewed as a minimum on an annual basis. However, review may happen with increased frequency as a result of policy change and functional and structural changes referred to in the NHS White Paper, *Equity and Excellence: Liberating the NHS* and following the release of the National Health Bill in January 2011.

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Appendix 1 - Checklist for determining substantial development or variation

This checklist is designed to support NHS Sefton and Sefton Council's Health and Social Care Overview and Scrutiny Committee as to which proposals may require greater scrutiny by Committee Members.

Summary of proposal	
Timescale	

<i>Nature of the change and possible reasons</i>	<i>Comment / evidence</i>
<i>Change in Service</i>	
Does the proposed change relate to any key strategies already considered by the OSC?	
Why is this change proposed? (e.g. local or financial needs/government policy)	
Is the proposed change a service improvement or cut in provision?	
Is the proposal realistic and achievable?	
What will be the impact of the change on users, carers, other stakeholders and public?	
Will this change achieve improved health and wellbeing for local people? (currently and/or in the future)	
Will the change increase efficiency and cost effectiveness?	
<i>Changes in Accessibility to Services</i>	
Reductions and increases on a particular site	
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc	

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<p>Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an EIA reduction / re-organising of service form been completed?</p>	
<p>Patients Affected</p>	
<p>How many patients are likely to be affected? (are they all Sefton residents?)</p>	
<p>Changes that affect the local or whole population e.g. Accident and Emergency</p>	
<p>Changes that affect a group of patients accessing a highly specialised service e.g. renal services</p>	
<p>Changes that affect particular communities or groups</p>	
<p>Methods of Service Delivery</p>	
<p>Moving a service into a community setting rather than being hospital based or vice versa</p>	
<p>Delivering care using new technology</p>	
<p>Reorganising services at a strategic level</p>	
<p>Impact of Proposal on the Wider Community</p>	
<p>Impact on other services (e.g. Economy, Transport, Regeneration, Social Inclusion)</p>	
<p>Impact on rural areas/populations (e.g. as evidenced through Equality & Health Impact Assessments)</p>	
<p>How do the Proposals meet the DH four key tests for service change?</p>	
<p>Support from GP commissioners</p>	
<p>Strengthened public and patient engagement</p>	
<p>Clarity on the clinical evidence base</p>	
<p>Consistency with current and prospective patient choice</p>	



NHS Sefton update for Overview and Scrutiny Committee (Health and Social Care) February 2011

If you would like more information about any of the items contained in this update, or if you have any questions about local health services, or any particular issues you would like to raise, please contact NHS Sefton directly on 0151 247 7051.

1) Update on NHS reforms

a) GP commissioners - Pathfinder status for south, board elected in north

South Sefton Practice Based Commissioning Confederation has been granted GP pathfinder status in the second wave of consortia announcements by the Department of Health. It means that half the country is covered by pathfinders. Over the coming months, SSPBCC will be sharing ideas, information and best practice, so they can address any issues that arise around the new structures straight away. Chair, Dr Clive Shaw is being supported by Deborah Jones, NHS Sefton's Director of Strategy and Service Development.

Southport and Formby Practice Based Commissioning Consortium have elected a new Board, naming Dr Niall Leonard as Chair. They are now also working towards pathfinder status with the support of Fiona Clark, NHS Sefton's Director of Corporate Performance and Standards.

b) Guidance around clustering of PCTs

The Department of Health has set out a clearer picture of how primary care trusts will work together to support the transition to the new commissioning structures over the next two years. All PCTs must form into clusters by June 2011, with a single executive team. This will consolidate skills and ensure capacity and strong leadership during through to 2013 when PCTs are abolished, ensuring the continued good performance, quality and financial management of local health services. Clustering will also allow room for emerging GP consortia and Health and Wellbeing Boards to develop. Commissioning support units within clusters will work with consortia during this time to ensure that they are ready to take on their full statutory role in 2013.

2) Children's health 'hub' takes shape

Work on the new children's health hub inside Southport Centre for Health and Wellbeing is underway, with the first services expected to move in during April. The first phase will see community paediatrics, physiotherapy, occupational therapy, child and adolescent mental health services, speech and language specialists and optometry provided in the hub. The second phase will include some outpatient clinics that are currently provided at Ormskirk Hospital. The NHS Sefton Board

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gave its formal support to further developing the hub at its meeting in early February. This was the main recommendation of the 'Improving Children's Health Services in North Sefton' report. It looks in detail at the data and clinical evidence around children's services in Southport and Formby, along with the views of families who use those services. NHS Sefton would like to thank those members of the Overview and Scrutiny Committee for their input into this work programme and their membership of the Oversight Group, which provided scrutiny to the work. 'Improving Children's Health Service in North Sefton' was shared with key stakeholders and their views were also considered by the NHS Sefton Board alongside the report. As well as committing to the further development of the hub, the NHS Sefton Board agreed that, based on the evidence and the views presented to them, care for minor injuries should continue to be provided through existing services.

3) Transforming Community Services

Final preparations are taking place to transfer NHS Sefton's Community Health Services to Liverpool Community Health NHS Trust and Southport and Ormskirk Hospital NHS Trust, which will become an integrated care organisation. A number of workstreams have been operating across all three organisations to ensure the smooth transfer of services. This process is on track to be completed by March 31st 2011. As part of this process, those GP practices run by NHS Sefton CHS will temporarily transfer to Liverpool. Some of these practices wish to become a Social Enterprise, and have developed a business case which needs to be assessed by NHS Sefton and the Strategic Health Authority before it can be given the go ahead. The transfer will not change the way patients access services, and they can still expect the same high quality care they have always received in Sefton. In the future, we expect this change to lead to even better services, as providers work together in a more integrated way for the benefit of local people.

4) Care Quality Commission's stroke review An update on NHS Sefton's Quality Strategy highlights the good work going on across Sefton over the past year. The report looks at developments in the key areas of safety, effectiveness and patient experience, since the strategy was launched in 2009. Along with those services NHS provides directly, the update also includes achievements of provider organisations. Some of the key developments include:

- Continued development of a Quality Board with broad membership including public representation
- Strengthening the Quality Programme team
- Supporting dental practices to improve quality and clinical governance – including support to ensure that all are on track to register with the Care Quality Commission by the 1st April
- Continued community pharmacy quality visits
- Appointed a General Practitioner Quality lead
- Worked with GPs and the GP Quality lead to develop a Balanced Score Card – enabling practices to monitor how well they are performing against quality targets
- Undertaken an end to end Patient Experience Project with a small number of patients and their families with Chronic Obstructive Pulmonary Disease that will help us to improve services in the future

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- Supported acute providers in the delivery of same sex accommodation – NHS Sefton hosts the new Cheshire and Merseyside Lead for Privacy and Dignity

The report is available to download from www.sefton.nhs.uk and contains examples of how the local NHS is working together to improve quality – from reducing healthcare acquired infections to improving patient food.

5) Views sought on improvements to gynaecology services

Patients across North Merseyside are being asked for their views on changes to gynaecology services. Liverpool Women's NHS Foundation Trust provides gynaecology services from two sites – the main Liverpool Women's Hospital site on Crown Street in Liverpool city centre, and Aintree Hospital. Under the changes, Aintree-based services for Liverpool Women's day patients will move to a new modern facility within the same site. Meanwhile, women who need to stay in overnight will now only be treated at the specialist hospital on Crown Street. The engagement process around the changes is being led by the Primary Care Trusts (PCTs) for Liverpool, Sefton and Knowsley. By delivering all major gynaecology surgery at their Crown Street site, Liverpool Women's Hospital will be able to ensure that women have access to the very best medical expertise and equipment. The changes also mean that women who visit Aintree as outpatients will be able to enjoy improved surroundings, offering greater privacy and dignity. The engagement process runs until 11th March. People can read about the changes in full – and submit their comments – at www.liverpoolpct.nhs.uk. In addition, three public engagement meetings will be taking place during the next few weeks:

- **Liverpool PCT** public meeting: Monday 28th February (5pm to 7pm) at the Isla Gladstone Conservatory, Stanley Park, Anfield, L4 0TD
- **NHS Knowsley** public meeting: Tuesday 1st March (10am to 11am) at The Osprey Room, Kirkby Civic Suite, Cherryfield Drive, Kirkby, L32 8XY
- **NHS Sefton** public meeting: Wednesday 9th March (4.30pm to 6pm) Bootle Town Hall, Oriol Road, Bootle, L20 7AE

For more details, or if you require more information about the changes, please contact: Diane Armstrong, Stakeholder Engagement Manager at Liverpool PCT, on 0151 296 7444 or at diane.armstrong@liverpoolpct.nhs.uk.

6) New arrivals in Sefton

Sefton is celebrating the graduation of 21 local women as Breast Start Peer Mentors. They are now qualified as La Leche League Peer Counsellors and will work alongside Breastfeeding Support Workers and health professionals to promote and support breastfeeding in Sefton. The aim of the breast start peer mentor programme is to train local mums who have had a positive breastfeeding experience. They then provide informal parent to parent support. Sefton's breast start peer mentor programme was established to ensure all mums have the support that they need to be able to breastfeed, so that they have the opportunity to give their babies the very best start in life. The mentors are one of many Sefton initiatives supporting the 'Breast Milk, It's Amazing' campaign which was launched in the summer by NHS Sefton, NHS Knowlsey, NHS Wirral and Liverpool PCT in response to figures that showed mums on Merseyside were the least likely to breastfeed in the UK. As well as working to

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improve breastfeeding rates the campaign is also raising awareness of the health benefits that breastfeeding has for both for mothers and babies.

7) Mental health strategy

A new cross government mental health outcomes strategy, called 'No health without mental health' was published in February. It recognises the urgent need for co-ordinated action to improve the mental health and wellbeing of the population year on year. Pat Nicholl, NHS Sefton's Deputy Head of Health Improvement, said: "The title demonstrates the shift in government thinking and puts mental health on an equal level with physical health." Mental health problems affect one in four of us at some time in our lives. The strategy will see local and national organisations working together to promote the importance of good mental health and challenging negative attitudes in society. Visit www.dh.gov.uk/mentalhealthstrategy for the strategy and supporting documents.

8) Campaign plans bold delivery

'Quit for two', the latest NHS Sefton Health Promotion Team campaign has been launched, to reduce the number of women smoking during pregnancy. It aims to increase awareness of the harm to both mother and baby posed by smoking in pregnancy and help NHS Sefton meet the target to reduce the number of women smoking at delivery from 16.5% to 10% by April 2013. It will promote the work of SUPPORT, NHS Sefton's local stop smoking service, which offers dedicated help for pregnant women who want to quit. Research shows you are more likely to stop and quit for good if you do it with SUPPORT. In Sefton, the number of women accessing SUPPORT has risen and last year 106 pregnant women quit with SUPPORT and changed theirs and their baby's lives. For more information on SUPPORT and the smoking in pregnancy service call Healthy Sefton on 0300 100 1000.

9) Health Checks

More than 4000 Sefton residents have received free health checks at a local community pharmacy. Residents aged 40 to 74 simply call Healthy Sefton 0300 100 1000 to see if they are eligible and find their nearest participating pharmacy. The health checks for coronary heart disease and diabetes continue to run throughout the borough. So, Sefton residents who have not already been diagnosed with heart disease or diabetes can call Healthy Sefton 0300 100 1000. As part of the healthy lifestyle initiative, if you book a check with your pharmacy you will each receive a £5 fruit and vegetable voucher to use at your local fruit and vegetable coop or local greengrocer.

10) Healthy Sefton is now online

Now Sefton residents and health professionals can go on line to find out more about a range of healthy lifestyle services and activities offered in the borough. As well as phoning 0300 100 1000 people can also visit <http://www.healthysefton.nhs.uk/> to find out about the following services they can be signposted to:

- Breastfeeding Support

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- Chlamydia Screening
- Lifestyle Checks
- Positive Mental Wellbeing
- Physical Activity
- Sensible Drinking
- Stop Smoking
- Weight Management and Healthy Eating

Sefton residents with queries about any aspect of their health or health services should call PALS, our dedicated Patient Advice and Liaison Service, on 0800 218 2333

Our website www.sefton.nhs.uk contains a wealth of information about local community health services, along with advice about improving your health and wellbeing

**Looking Local is our digital TV health information service for Sefton. Virgin Media and many interactive cable and digital TV viewers can access Looking Local by pressing the 'interactive' button. On Sky, go to channel 539 and press the red button. Access Looking Local online or via a web-enabled mobile phone at www.lookinglocal.gov.uk/nhssefton
Download a free Looking Local app for your iPhone**

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REPORT TO: Cabinet Member, Health and Social Care
Overview and Scrutiny Committee (Health and Social Care)

DATE: 16 February 2011
1 March 2011

SUBJECT: Assessment of Commissioning for Adult Social Care 2009-10

WARDS AFFECTED: None directly

REPORT OF: Robina Critchley, Adult Social Care Director

CONTACT OFFICER: Margaret Milne, Principal Manager, 0151 934 4378

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To formally report to Members the outcome of the Assessment for Commissioning 2009-10

REASON WHY DECISION REQUIRED:

Requirement of the Care Quality Commission that the Assessment of Commissioning Report is presented to a meeting of the Council.

RECOMMENDATION(S):

That the Cabinet Member for Health and Social Care:

- (1) Notes the contents of the letter and report in relation to the Assessment of Commissioning, particularly the improvement in outcome 2, in relation to improved quality of life, from performing well in 2008-09 to performing excellently in 2009-10.
- (2) Notes that this is the last time a report in this format is required to be submitted.

That Members of the Overview and Scrutiny Committee (Health and Social Care) note the report and refer any comments on the matter to the Cabinet Member, Health and Social Care.

KEY DECISION: N/A

FORWARD PLAN: N/A

IMPLEMENTATION DATE: Following the expiry of the "call-in" period for the Minutes of the meeting.

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ALTERNATIVE OPTIONS:

None

IMPLICATIONS:

Budget/Policy Framework: None

Financial:

There are no costs directly associated with this report. However, the need to evidence continual improvement will potentially result in an increase in financial pressures.

<u>CAPITAL EXPENDITURE</u>	2007/ 2008 £	2008/ 2009 £	2009/ 2010 £	2010/ 2011 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None

Risk Assessment: The *areas for improvement* will form part of the Department's service planning process.

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Legal services has been consulted and has no comments on this report - LD 0032/11.

The Head of Corporate Finance and Information Services has been consulted and has no comments on the report - FD 624

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Care Quality Commission letter to the Director of Health and Social Care dated 4 October 2010.
 Care Quality Commission's Assessment of Performance Report 2009-10 for Sefton Adult Social Care.

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1. BACKGROUND:

The Care Quality Commission's Assessment of Performance Report 2009-10 outlines the findings of the 2009-10 commissioner assessment process for the council in relation to adult social care. The grades outlined in the report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of *'leadership'* and *'use of resources and commissioning'*.

Performance assessment is aligned to the seven outcomes identified in the Department of Health White Paper *'Our Health, Our Care, Our Say'*, together with two additional domains. Performance is assessed in relation to the delivery of each outcome, which is graded individually, and performance is subsequently aggregated into an overall graded judgment. Hence, the report gives the Council an overall grade for the delivery of outcomes, while also giving a separate grade for each of the seven outcomes. This is supported by a summary of what the Council does well under each of the outcomes and also what the Council needs to do to improve performance.

In 2009-10 the CQC agreed to carry forward the judgement awarded for four of the outcomes from 2008-09 into the 2009-10 assessment, following the council's confirmation, through self declaration, that it continued to perform well for these outcomes. CQC planned to continue to monitor indicators of change to this performance.

The assessments on the two domains of *'leadership'* and *'use of resources and commissioning'* have not been graded and hence it is no longer possible to arrive at a star rating for adult social care.

2. OUTCOMES AND DOMAINS

Adult social care is assessed against the following outcomes and domains, which reflect matters of importance to people who use services:

Outcome 1: Improved Health And Wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.

Outcome 2: Improved Quality Of Life

People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

Outcome 3: Making A Positive Contribution

People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.

Outcome 4: Increased Choice And Control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

Outcome 5: Freedom From Discrimination And Harassment

People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods.

Outcome 6 Economic Well-Being

People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment

Outcome 7: Maintaining Personal Dignity And Respect

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

Domain 8: Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

Domain 9: Commissioning and Use of Resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

3. GRADING THE OUTCOMES

Depending on performance, each outcome is graded as follows:

Performing excellently: A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.

Performing well: A service that consistently delivers above minimum requirements for people, is cost-effective and makes contributions to wider outcomes for the community.

Performing adequately: A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.

Performing poorly: A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

4. PERFORMANCE JUDGEMENT FOR SEFTON ADULT SOCIAL CARE IN 2009-10

Overall Grade Awarded for Delivery of Outcomes	Well
Delivering Outcomes	Grade Awarded
1. Improved health and well-being	Well
2. Improved quality of life	Excellent
3. Making a positive contribution	Well
4. Increased choice and control	Well
5. Freedom from discrimination or harassment	Well
6. Economic well-being	Well
7. Maintaining personal dignity and respect	Well

The CQC performance assessment found that outcome 2 has improved from performing well in 2008-09 to performing excellently in 2009-10.

5. CARE QUALITY COMMISSION SUPPORTING DOCUMENTATION

CQC have issued the following supporting documentation:

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Letter to the Director of Health and Social Care dated 4 October 2010 (Annex A)
Assessment of Performance Report 2009-10 (Annex B)

6. FOLLOW-UP

Any areas for improvement highlighted in the report will form part of the Department's service planning process.

7. CHANGE TO PERFORMANCE ASSESSMENT FRAMEWORK

On 3 November 2010, Paul Burstow, Minister of State for Care Services, announced that CQC would no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework. The discontinuation of the annual performance assessment took place with immediate effect so that councils are not required to collate or submit data against the Our Health, Our Care, Our Say outcomes framework for the 2010-11 assessment year. A consultation is being undertaken by the Department of Health to ascertain what will replace this reporting mechanism in future.



Care Quality Commission
City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616172
www.cqc.org.uk

Mr Charlie Barker
Director of Health & Social Care
Sefton Council
Merton House
Stanley Road
Bootle
Merseyside L22 0LG

4th October 2010

EMBARGOED UNTIL 25 NOVEMBER 2010

Dear Mr Barker,

Assessment of Commissioning for Sefton council 2009/10: Results

The enclosed Assessment of Performance (AP) report outlines the findings of the 2009/10 commissioner assessment process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

The grades outlined in the AP report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of Leadership, and Use of resources and commissioning.

Also attached are

- The Quality Assurance & Moderation summary for your council, which provides a record of the process of consideration by CQC.
- The form recording your council's factual accuracy comments and CQC's response.

We expect you, as The Director of Adult Social Services, to present the AP report to an open meeting of the relevant executive committee of the council by 31 January 2011 and to inform us of the date this will take place. Your council should make the AP report available to members of the public at the same time, and must copy this grading letter and report to the council's appointed auditor.

The grades we use are:

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Sefton	Descriptor
Grade 4: (Performing excellently) People who use services find that services deliver well above minimum requirements	A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.
Grade 3: (Performing well) People who use services find that services consistently deliver above minimum requirements	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) People who use services find that services deliver only minimum requirements	A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.
Grade 1: (Performing poorly) People who use services find that services do not deliver minimum (performing adequately) requirements	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.



ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2009/10

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
Improved health and emotional well-being	Well
Improved quality of life	Excellent
Making a positive contribution	Well
Increased choice and control	Well
Freedom from discrimination or harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Well

The AP report sets out progress on areas of good performance, areas of improvement over the last year and areas which are priorities for improvement. Where appropriate it also identified any follow up action CQC will take.

CQC will publish your council grading and AP report at <http://www.cqc.org.uk/findcareservices.cfm> on Thursday 25 November 2010.

Yours sincerely

Sue McMillan

**Regional Director
Care Quality Commission**

C.c. Margaret Carney, Chief Executive Officer

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Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Sefton



Contact Name	Job Title
Ann Ford	Area Manager

The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.
 The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.
Performing Adequately - only delivering the minimum requirements for people.
Performing Well - consistently delivering above the minimum requirements for people.
Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and Commissioning and use of resources
 Information on these additional areas can be found in the outcomes framework
 To see the outcomes framework please go to our web site: [Outcomes framework](#)
 You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Excellent
Outcome 3: Making a positive contribution	Well
Outcome 4: Increased choice and control	Well
Outcome 5: Freedom from discrimination and harassment	Well
Outcome 6: Economic well-being	Well
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The councils self declaration reported continuing good performance in all outcome areas with the exception in quality of life (outcome 2), where the council has declared improved performance.

The council received an inspection of Older Peoples Services in December 2009, the inspection confirmed the councils declaration in quality of life, increased choice and control and maintaining personal dignity and respect. There are references to the service inspection within this report and the full report is available from WWW.cqc.org.uk

Overall the council continues to perform well in achieving positive outcomes for residents, although the service inspection identified some challenges ahead. The council has responded constructively to the service inspection and produced an action plan which is comprehensive, well-focused and clearly sets out targets for improving outcomes at a number of levels. In particular there are planned actions to enhance joint working and the personalisation and responsiveness of local services. Adult safeguarding processes will be strengthened. Further improvement will be supported by strong risk management and governance arrangements supported by a whole systems approach to embedding its improvement plan. The council has a strong focus on involving and learning from people's experience and using this intelligence to support service design and delivery. Strategies are well supported by local knowledge that reflects a high degree of engagement with communities and stakeholders. This approach will help secure and sustain ongoing service improvement.

Leadership

"People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The council has a clear vision for the personalisation and improvement of adult social care. A range of plans and initiatives are underway to secure the changes required to meet the requirements of "Putting People First". Local targets in this respect have been met or in some cases exceeded.

People living in the borough are actively encouraged and supported to participate in the design and delivery of services. There is a council wide corporate strategy for consultation and engagement with a clear action plan and, as a result of the range of initiatives, the strategy was effectively implemented in 2009-10.

In response to the consultation activity, the Joint Strategic Needs Analysis (JSNA) is being refreshed, an Older Persons Strategy has been developed, and an expert stakeholder panel has been formed. Intelligence gathered from these fora will be used to inform the ongoing transformation of services. Through consultation with people with a learning disability, their carers and the application of the principles included in the "Valuing People Now" document the council has re-configured the Learning Disability Partnership Board (LDPB) with an elected co-chair from the Getting Involved Group. This approach bodes well for future service provision reflecting the needs, views, preferences and aspirations of people living in the borough. However, some initiatives to engage with some hard to reach groups have been less successful than the council would have wished; consequently the council are reviewing their engagement methods to better capture the views of all minority communities in a comprehensive and meaningful way. Nonetheless, there has been some success as a result of consultation in that specific and specialist services for people in the Gay, Lesbian, Bisexual and Transsexual (LGBT) communities have been established.

The council benefits from a well-established and stable Senior Management Team. The Senior Management Team leads the performance management of the transformation work and there are good links to corporate leadership and elected members. As a result, there have been improvements in key service areas and senior managers and elected members have taken leadership roles in relation to championing the needs of especially vulnerable adults and in the Dignity in Care Campaign.

Elected members have frequent and regular access to management and performance information. However, the Service Inspection in December 2009 found that the understanding of elected members in terms of safeguarding practice and transformation of services required improvement. The council have responded promptly and positively to the inspection findings and work to address this issue is well underway. (See Outcome 7)

The council has a well established business planning process in place. A sound template for planning is used however the Service Inspection found performance relating to planning was mixed. As part of the Improvement Plan submitted following the inspection, the council has implemented improved performance and monitoring standards for service development relating to a range of

strategic priorities. These measures have been developed in consultation with a variety of stakeholders including the Local Involvement Network (LINK) and Sefton Partnership for Older Citizens. This activity has set the strategic direction for the council and improved clarity in relation to performance expectations and monitoring arrangements. The performance framework produces monthly reports and data sets regarding national performance indicators and Local Area Agreement (LAA) priorities. Processes for monitoring both the quality of frontline assessment and care management are sound. Performance management arrangements for contracted services have been enhanced. The new processes are enabling targeted activity for providers who are under reporting or underperforming. This approach has resulted in an improvement in performance against a group of Key National Performance Indicators and improved service satisfaction. The Service Inspection concluded that, overall, the council has good performance management arrangements.

Quality assurance of provided services is undertaken through a number of quarterly customer satisfaction surveys. The quality of regulated services is generally good and the council makes effective use of the local regulatory information in maintaining standards. However, the council is aware that some quality assurance methods (that involve people using services) would benefit from further improvement, work in this regard has already begun and services are becoming more responsive as a result.

Since the Service Inspection in December 2009, the council has improved its Local Workforce Strategy. Action planning has been refreshed and is congruent with the Integrated Local Area Workforce Strategy (InLAWS). The new (refreshed) approach also includes clearer qualitative targets and performance information as well as improved planning arrangements for Joint Health and Social Care Training. Performance will be regularly monitored and reviewed to support the transformation agenda.

The council remains active in developing the knowledge, competence and skills of the wider social care workforce. A range of training opportunities is available including Safeguarding Adults, Person Centred Planning and Dignity in Care. The workforce development grant has been used effectively and the council's relationship with providers in the independent sector is productive and positive. Providers respond well to training opportunities and the courses offered are well evaluated.

The council has reviewed its absence management policy and has reduced both short and long term absence through sickness. In addition, the reductions in the workforce to meet required efficiencies have been effectively managed. Staff turnover remains low. Staff development is becoming a feature of the transformation processes. Supervision arrangements are well developed and regularly monitored. The council remains supportive to staff that have a disability or caring responsibilities and offers flexible working arrangements

As a result, the council is well placed to make sustained, measurable progress in recruiting and retaining a strong and stable work force that is confident and competent to meet the challenges ahead.

Key strengths

- A sound strategic vision for a range of safe and secure personalised forms of support
- Strong leadership from a stable Senior Management Team
- Sound planning for the transformation of services
- Well established performance management arrangements

Areas for improvement

- To ensure that workforce development is effectively and regularly monitored
- Continue to clarify and share strategic planning priorities with partners and key stakeholders
- Continue to strengthen the implementation of the Equalities Strategy

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The Service Inspection (December 2009) found that the council's traditional commissioning arrangements were well established and generally of a high standard. Progress in developing new processes to support commissioning of personalised packages of care is steady. The council has prioritised the involvement of people who use services and their carers in shaping new arrangements and providing a growing range of support options.

The key process for identifying needs across the borough has been the JSNA; this was first published in 2008 and a second analysis will be ready for publication later in 2010. The intelligence gathered and the views, needs and preferences of local

residents will be used to inform the commissioning cycles for 2011-12 onwards. The service inspection found that the council used its intelligence and resources well to address strategic priorities. In addition, budgets and financial resources were well aligned to meet priorities and support improvements. As a result, people living in the borough are benefiting from a shift in traditional bed based services towards community based support options that maintain and support longer term independence.

Commissioning activity is, in the main, based on detailed local knowledge and a robust understanding of people needs and preferences. The council remains active in seeking and including the views of minority communities. (See Leadership)

Although the council works well with its work partners and the Service Inspection found that there were some good examples of joint commissioning initiatives, the council is aware that joint commissioning arrangements require further development, however, work with partners to strengthen joint commissioning activity has begun.

The council acknowledges the need to formalise health and social care partnership processes and share transparent investment plans. The council accept that the pace of delivery for new forms of commissioning needs to be strengthened and maintained to meet locally determined targets in relation to personalised and bespoke care package delivery. Consequently, partners have now developed plans to use commissioning initiatives to improve the pace of development for a growing range of community based, flexible support services and accommodation options, such as, improved day care services and specialist extra care housing.

In addition, the council and its partners have agreed plans to co-locate staff and develop a joint approach to workforce development. The council also has developed plans to review and challenge established services to ascertain their impact in achieving positive outcomes and to make certain that they are providing value for money. This reviewed and refreshed approach to the commissioning of services indicates that further positive developments in joint commissioning activity are likely. This strengthened approach will also help partners to increase their capacity to personalise service delivery.

Customer satisfaction information has become integral to the review process and as a result the council is able to review provision from the service user's perspective. Intelligence gathered is used to inform service design and delivery. Performance and customer satisfaction rates demonstrate the council's commitment to continuous improvement in the quality, efficiency and effectiveness of services, good examples being the Occupational Therapy and Sensory Services. The council continues to drive improvements with an emphasis on choice, empowerment and personalised care packages that are tailored to meet individual needs.

Financial management and budget monitoring remains robust. The council has implemented a strategic budget review to address the financial pressures for 2010-11 and beyond. The review is linked to the Medium Term Financial Plan (MTFP). Adult social care has contributed to required efficiencies through savings in management and support costs. Financial performance in 2009-10 is in accordance with the agreed position forecast and the council has a good track record in managing its budget.

There is continued support for adult social care with the council providing funds for £8million pounds growth over a 3 year period. This investment will assist in meeting the anticipated increase in demand for adult social care services.

The council remains active in working productively with providers to improve service quality. The council's relationship with the independent sector is good, with regular meetings and discussions to support developments. Contract monitoring is regularly undertaken and assertive action is taken to raise standards in the quality of care where shortfalls are identified. Additionally, as part of the transformation of services the council launched a Market Facilitation Strategy in February 2010. The strategy supported by an agreed action plan will provide clarity about future service requirements and enable providers to develop services that better meet people's needs, preferences and expectations. Key intelligence regarding commissioning data trends and requirements will be routinely shared with providers. As a result, providers will be better equipped to meet the changing needs of people requiring services and remain responsive to market changes.

Key strengths

- Sound commissioning processes
- Good understanding of local needs
- Effective budget management
- Effective inclusion of local people in the design and delivery of services

Areas for improvement

- Continue to develop a joint approach to the development and commissioning of services
- To continue to use commissioning incentives to develop a wider range of community based support and accommodation options
- Continue to use a value for money approach to challenge traditional service provision

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to ‘perform well’ in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The council and its partners continue to work collaboratively to provide a growing range of services that support, encourage and maintain independent living.

Information and advice regarding services that support and improve quality of life is readily available. The service inspection in December 2009 found access to services was good and improving. The council (and its partners) is working effectively to ensure that people are able to access services easily. A particular example is the realignment of local bus routes so that people are able to take advantage of services offered at NHS Walk in Centres. Special cards have been produced to help people with a visual impairment use public transport and access a range of services and leisure opportunities.

Partner agencies have included quality of life issues within their assessment processes and have facilitated access to council services appropriately and effectively. Services offered by the council were increasingly available to all of the boroughs residents. Several thousand older people are involved in active lifestyle projects and physical activity is offered through a range of initiatives, offering people good opportunities to access leisure services and meaningful social activities at little or no cost. The council's self assessment demonstrated improved outcomes for people as a result of these initiatives.

Services to include marginalised groups have been developed in association with voluntary organisations. These services are highly valued by the people using them and offer opportunities for increased community presence and social inclusion.

A preventative strategy has been produced using the Department of Health Framework, “Making a Strategic Shift Towards Prevention and Early Intervention.” The strategy focuses on key themes of citizenship, neighbourhood and community, as well as lifestyle support, early intervention, enablement and community based support for long term conditions. The strategy is publically available and assists in effective signposting to non-care managed support. The council's Customer Access Team has signposted over 8000 people to support services in third sector. The Teams “No Wrong Door” customer focus policy is instrumental in providing people with good quality information with a sense of welcome and support.

The council offers a growing range of preventative services to promote and encourage a good quality of life with a minimum loss to people's independence. Assistive technology is effectively used to support and maintain safety and independence within the community. The council's care line currently supports over 6000 people using a variety of services including Telecare, Telehealth, community support, community alarms and carers cards. The council and its partners are developing a range of support options and initiatives to support and maintain people with long term conditions in the community and reduce the need for acute hospital admissions.

In addition, the council has continued to improve its performance by reducing waiting times for adaptations and equipment. Equipment supply services have been extended to provide an out of hours service for people at the end of life, this service enables people to return to their preferred place of care without having to wait for vital equipment to be delivered. The service inspection found that the council's equipment service was highly valued and provided people with a speedy response however waiting times in relation to major adaptations during 2009-10 remains higher than comparator councils.

Support for carers is highly developed and very effective. There is a well established Carers Register and a guide for new carers has been produced. The guide had been distributed through General Practitioner (GP) surgeries and has resulted in an increase in registrations and support services provided. For example, following a period of consultation with carers, a direct payment scheme has been developed. The scheme is enabling carers to personalise their own support so they can maintain their own quality of life and manage their caring responsibilities.

The council's approach to prevention and support services to maximise independence is increasing the number of people who are helped to live at home and reducing the number of people admitted to long term care. The number of older people helped to live at home is better than comparators however the number of people supported in long term care is higher than comparators. In addition, the council works well with health agencies to provide intermediate care and rehabilitation services to support people's timely discharge from hospital and ongoing independence in the community.

Information from The Better Health, Better health consultation reported that people are positive about the services received and feel the council is responsive to their preferences of remaining independent in the community.

Support for people with complex needs continues to expand and improve. The "expert patient" scheme and similar fora are involving people with complex needs in designing services that they value. People with profound and multiple learning difficulties are a priority group for a Person Centred Planning (PCP) approach to care management. A champion for this group has been appointed by the Learning Disability Partnership Board. This approach means there is a focus on listening and learning about the persons needs, preferences and aspirations and personalising care as a result. Consequently, people are able to determine their

own support requirements.

In partnership with the Stroke Association, the council have established two additional support workers to provide varying degrees of support for people who have had a stroke. The service also provides support to families and carers. The council are also working with partners to develop a local stroke network. The aim of the network will be to refresh and inform commissioning initiatives especially in Public Health regarding Social Marketing initiatives for stroke and cardio vascular disease.

The council is aware that although services for people with complex needs are, in the main, of a good standard, work is required to ensure that all partner agencies are aware of the range of support for people with complex needs. Consequently, the council and its partners are agreeing arrangements to examine complex cases to ensure that needs are met and positive outcomes secured.

The Service Inspection found that the councils overall performance in this outcome area was of a very high standard.

Key strengths

- Effective partnership working to improve the provision of a wider range of preventative services
- The involvement of carers in service design and delivery
- Well developed and comprehensive support for carers
- Improved access to all services
- Effective intermediate care and rehabilitation services

Areas for improvement

- To continue to improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation.
- To continue with the planned production of a carers' strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support available.
- To finalise interagency agreements for people with complex needs

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to ‘perform well’ in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

Key strengths

Areas for improvement

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to ‘perform well’ in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

Key strengths

Areas for improvement

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to ‘perform well’ in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

Key strengths

Areas for improvement

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to ‘perform well’ in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

Adult Safeguarding was subject to inspection in December 2009. The inspection found that that most people living in the borough were effectively safeguarded from abuse, neglect and poor treatment.

An Adult Safeguarding Interagency Framework offers staff advice regarding multi-disciplinary practice. The Service Inspection found that the framework was valued by staff, however, there was some confusion as to whether the framework constituted procedural guidance or was simply “best practice” advice. Further confusion had been brought about by the addition of “stretch” targets aimed at improving the responsiveness of the service. The council made a positive and comprehensive response to the inspection findings and has implemented a series of robust actions to promote clarity of role, responsibility, procedures and policy. The council reports that staff are now more confident in applying the framework and are clearer about expectations in relation to safeguarding activity.

The Service Inspection also found that safeguarding referrals received a timely response and initial investigations were frequently satisfactory or good. People were protected and risks faced by people funding their own care had been addressed. Similarly, people who lived in out of borough placements were protected and staff in Supporting People Teams had referred situations appropriately. Specialist legal advice was readily available to investigating officers and preventative services were used well in some protection plans. However, some longer term risks were less well addressed, some protection plans lacked clarity and monitoring, reviews were not always timely. In addition, the response and contributions from other agencies was variable, where this worked well, good outcomes have been secured. The Inspection found good examples of a wide range of agencies providing high quality care. However, performance in this regard was inconsistent.

The council has made a prompt response to the Inspection findings and has established 5 local performance indicators to monitor performance across key agencies. Targets have been shared across agencies and progress is being systematically monitored and reviewed. Strong progress is being made in; referrals being determined in 24 hours, strategy meetings within 5 days of referral, timely review of protection plans and case conclusion.

The Inspection also identified the need for further development in relation to: the consistency of risk threshold identification; multi-

disciplinary working; and performance management arrangements. Again, the council has made a prompt and assertive response. A Safeguarding performance and Quality Assurance Subgroup has been established. The group has responsibility for the performance management and quality assessment of activity across the safeguarding partnership. The group reports monthly to the Senior Management Team and quarterly to the Safeguarding Adults Board (SAB). Reports include qualitative and quantitative performance information relating to internal key indicators and multi agency activity relating to safeguarding cases.

The council has had a SAB in place for quite some time, however the Service Inspection found that the board had a number of weaknesses, most noticeably in its leadership and performance management functions. In order to address these issues the council has developed safeguarding practice standards and a competencies framework for safeguarding board members. There is an agreed framework of responsibilities, behaviours and competencies in place and a review of governance arrangements and cross agency agreements is underway. Training and Induction plans for board members are in development and should be finalised by September 2010. In addition, the council is actively seeking a wider membership that includes providers in both the voluntary and private sectors. This activity coupled with agreed terms of reference (all agencies), clarification of roles and responsibilities for setting priorities and targets should equip the board with the capacity, knowledge and skills it requires to provide effective leadership and scrutiny functions in this key area of work.

The council has remained active in raising safeguarding awareness. There have been a number of promotional events for a range of audiences. Advice and contact cards, leaflets and posters have been widely distributed. The council provides free safeguarding alerter/awareness training across the wider health and social care workforce. As a result, safeguarding referral rates have risen along with the number of completed cases during 2009-10 and there has been a 25% increase in the numbers of staff employed in the independent sector that have received training (2009-10). In addition, the council has strengthened its strategic approach to inter-agency training. Three key improvement areas have been identified to address service inspection recommendations. The proposed actions aim to secure clear and binding agreements with partners in respect of declared standards of practice. Envisaged outcomes are improved consistency in safeguarding practice and performance management arrangements.

In the wider promotion of community safety and the protection of vulnerable groups, the Sefton Safer and Stronger Community Partnership Board is well established and provides strong leadership within the council and partner agencies. The wide range of services to help keep people safer in their own homes includes well developed sexual and domestic violence services, a dedicated hate crime unit and a specialist vulnerable victim's advocacy service. There is widespread information available about homophobic crime for all residents, people who use services and carers.

Interagency Preventative Work has been strengthened through the use of the Multi Agency Risk Assessment Conference (MARAC) system for sharing information and risk assessment.

Specific support has been provided for newly identified vulnerable groups such as international workers. Two specialist workers have

been appointed to meet the needs of people from minority communities, a corporate group provided a range of initiatives for travelling communities and there is free legal advice for people seeking asylum. Overall rates of crime and specific incidents of race, culture, domestic violence and antisocial behaviour have fallen.

The council has a range of measures in place to support people’s dignity and privacy. A dignity in care project is established. Dignity champions and policies are in place both within the council and partner agencies. The interagency safeguarding framework sets out how private information should be handled and public information is available about people’s rights to confidentiality.

Contracts with providers include safeguarding and dignity clauses and although contract monitoring is generally strong, the Service Inspection found that specific information about compliance with the dignity clause was not routinely collected. The Service Inspection also found that the dignity in care plan needed to be more precise and ambitious in specifying outcomes and that further work was required to secure dignity for older people. In response, the council updated its dignity action plan in 2010 and has a pilot scheme in place with domiciliary care providers to set up a Dignity Standards Awards Scheme. A web page has also been created to provide information regarding dignity in care, the page also signposts people to related websites and support. All Adult Social Care information leaflets have been enhanced and now carry a dignity commitment statement. As part of the council’s wider review of its commissioning and contractual arrangements, the council will collate dignity clause information systematically and use the intelligence to inform purchasing activity. The council also has plans to produce a dignity charter for implementation in all service areas and pursue the Dignity in Care Campaign based on a best practice model as an outcome of its participation in the North West Dignity Leads Group.

The Deprivation of Liberty Safeguards is well managed. The council has a good number of Best Interest Assessors and appropriate professional support. There is an effective scheme of delegation in place.

The council makes effective use of regulatory information to support the commissioning and purchasing of services. The council is active in monitoring the quality of provision and takes timely action to address contractual shortfalls. Contract monitoring and supervision are used to good effect.

The council continues to support and value the role of carers and families in meeting the needs of people that use services. Carers support is well developed and of a high standard. Carers’ rights and entitlements are effectively promoted. There is strong evidence of the council responding positively to carers’ needs and preferences. Their contributions are evident in service design and delivery. Carers are valued as an important part of the wider Social Care Workforce. (See outcome 2)

Key strengths

- Most people are protected from abuse and neglect
- The provision of a revised interagency framework for intervention
- Continued efforts to raise awareness of adult abuse
- The provision of a range of training opportunities
- The implementation of initiatives to identify and meet the needs of minority groups

Areas for improvement

- To continue to strengthen practice in identifying risks and improving protection planning
- To continue to strengthen the Safeguarding Adults Board and inter agency working
- To continue to clarify interagency commitments and implement performance management arrangements across agencies
- To continue to provide a range of training opportunities across the health and social care workforce

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Agenda Item 10

Meeting: OVERVIEW AND SCRUTINY COMMITTEE
(HEALTH AND SOCIAL CARE)

Date of Meeting: 1 MARCH 2011

Title of Report: CABINET MEMBER REPORT

Report of: S. J. Tunney,
Assistant Chief
Executive

Contact Officer:

Debbie Campbell,
Overview & Scrutiny Officer
(Telephone No.) 0151 934 2254

This report contains	Yes	No
CONFIDENTIAL Information/		√
EXEMPT information by virtue of paragraph(s)..... of Part 1 of Schedule 12A to the Local Government Act, 1972 (If information <u>is</u> marked exempt, the Public Interest Test must be applied and favour the exclusion of the information from the press and public).		√
Is the decision on this report DELEGATED?	√	

Purpose of Report

To submit to the Overview and Scrutiny Committee a recent Cabinet Member Report.

Recommendation

That the report be received

Corporate Objective Monitoring

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1.	Creating a Learning Community		√	
2.	Creating Safe Communities		√	
3.	Jobs and Prosperity		√	
4.	Improving Health and Well-Being	√		
5.	Environmental Sustainability		√	
6.	Creating Inclusive Communities		√	
7.	Improving the Quality of Council Services and Strengthening local Democracy	√		
8.	Children and Young People		√	

Agenda Item 10

Financial Implications

There are no financial implications arising out of this report.

Departments Consulted in the preparation of this Report

None

List of Background Papers relied upon in the preparation of this Report

None

SEFTON M.B.C.

1. BACKGROUND

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has been agreed for relevant Cabinet Member Reports to be submitted to Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, is the Cabinet Member Report for Health and Social Care, submitted to the Cabinet on 27th January 2011.

2. RECOMMENDATION

That the report be received.

Cabinet Member – Health and Social Care Report

Cabinet – 13th January 2011

Winter Planning

An annual Winter plan is in place with Sefton NHS. This covered hospital admissions and discharge policies, which were monitored by senior staff in the acute sector, Sefton NHS and Health & Social Care Department on a daily basis.

Bed management meetings were held daily across the acute hospitals during the adverse weather and holiday period to ensure timely discharges.

Adult Social Care Customer Access Team reported that there were no extraneous circumstances reported.

Domiciliary care services were in operation but calls prioritised depending on levels of need.

Vulnerable adults who were known to the department were contacted by telephone to ensure they were safe and warm if carers could not access their properties.

Service users were extremely co-operative during the adverse weather.

Day centres remained open if service users could access them.

Community Meals service suffered some disruption but frozen meals were delivered to service users if necessary.

Adult Social Care Customer Access Team worked with the Affordable Warmth Partnership to ensure vulnerable citizens could access services to repair heating systems.

Consultation on changes to charges for non-residential services

In September 2010 Cabinet gave approval for officers to consult with service users and carers on changes to charges for services for non-residential services. The consultation was in the form of a postal questionnaire to users and carers or an on line version.

There has been a very good response to the questionnaire. Officers will now analyse the response and complete a report for Cabinet Member.

Agenda Item 10

Dementia Strategy

Following the implementation of the National Dementia Strategy in Sefton the Dementia Steering Group has now agreed an event in February 2011 which will focus on awareness of dementia for business and services to the public.

The aim of this is to educate the public about some of the misconceptions about dementia and to encourage services to consider environmental issues and the appropriate types of support for their customers. According to the Dept of Health data sets we are likely to see a rise in the number of dementia sufferers in line with an increased elderly population.

- Extra Care Sheltered Housing

Negotiations are progressing with two provider developers for extra care sheltered housing schemes with facilities for people with dementia across the borough.

As these schemes progress, local councillors will be appraised of the details of these developments and the possibility of public consultation.

The design of these developments is subject to further discussions with officers.

Home improvement Agency

Work continues to explore options for this home improvement activity post 31st March 2011 due to the National Anchor Organisation withdrawing from this service.

A caretaker agreement is in place until the 31st March 2011. The cabinet member has been appraised of the structure and a further update report is due before the end of January 2011. A further report will be presented before the end of January 2011.

Family Information Services Directory

The Directory is an "On Line" Information Service, which was launched in November 2010 for Adult Services. The aim of this is to pass information and signpost Sefton citizens via Sefton Councils website for the data information and advice on Health, Social Care and Wellbeing.

Supporting Life After Stroke Local Assessment Report Jan 2011

A detailed report has been published by CQC in respect of "Services for People who have had a stroke and their users for Sefton PCT area.

This was a national review of options for people following a stroke. It examines aspects covering from early supported discharge to end of life care.

The overall assessment for Sefton is that we are "Better Performing"

This assessment reflects the excellent collaboration between the Council, NHSSefton and the voluntary sector in supporting people to live independently and maximise their potential.

Following from this a workstream has commenced to look at in particular early supported discharge arrangements as a commitment to improving our services.

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Agenda Item 11

Meeting: OVERVIEW AND SCRUTINY COMMITTEE
(HEALTH AND SOCIAL CARE)

Date of Meeting: 1 March 2011

Title of Report: WORK PROGRAMME - KEY DECISION FORWARD PLAN
1 MARCH – 30 JUNE 2011

Report of: S.J. Tunney
Assistant Chief Executive

Contact Officer:
Debbie Campbell,
Overview & Scrutiny Officer
(Telephone No.) 0151 934 2254

This report contains	Yes	No
CONFIDENTIAL Information/		√
EXEMPT information by virtue of paragraph(s)..... of Part 1 of Schedule 12A to the Local Government Act, 1972 (If information <u>is</u> marked exempt, the Public Interest Test must be applied and favour the exclusion of the information from the press and public).		√
Is the decision on this report DELEGATED ?	√	

Purpose of Report

To consider items for pre-decision from the latest Key Decision Forward Plan and to update the Committee on its Work Programme.

Recommendations

- 1 That the Committee is requested to note that there are no items for pre-scrutiny from the latest Key Decision Forward Plan, on this occasion;
- 2 that the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough, be supported; and
- 3 that the information on the Committee visit to Southport and Formby District General Hospital premises be received.

Agenda Item 11

Corporate Objective Monitoring

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1.	Creating a Learning Community		√	
2.	Creating Safe Communities		√	
3.	Jobs and Prosperity		√	
4.	Improving Health and Well-Being	√		
5.	Environmental Sustainability		√	
6.	Creating Inclusive Communities	√		
7.	Improving the Quality of Council Services and Strengthening local Democracy	√		
8.	Children and Young People		√	

Financial Implications

	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £	2013 2014 £
<i>CAPITAL EXPENDITURE</i>				
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

There are no financial implications arising out of this report.

Departments Consulted in the preparation of this Report

None

List of Background Papers relied upon in the preparation of this Report

None

SEFTON M.B.C

1. PRE - SCRUTINY - PRIOR CONSIDERATION OF REPORTS BEFORE THEY GO TO CABINET

- 1.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan. Such items must fall under the remit (Terms of Reference) of this Committee.
- 1.2 The pre-scrutiny process assists the Cabinet and Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 1.3 The Overview & Scrutiny Management Board have requested that only those Key Decisions which fall under the remit of each Overview & Scrutiny Committee should be included on the agenda for consideration.
- 1.4 There are no items within the current Plan which fall under the remit of this Committee.
- 1.5 ***The Committee is requested to note that there are no items for pre-scrutiny from the latest Key Decision Forward Plan.***

2. HEALTH INEQUALITIES & SCRUTINY

Cross-Cutting Working Group

- 2.1 Work is continuing for the cross-cutting Working Group, comprised of the four O&S Chairs, plus 2 Labour Members.
- 2.2 At the time of drafting this report a final report for the Working Group has been drafted and Members are in the process of agreeing it.
- 2.3 Any further developments will be reported verbally to this Committee at its meeting.
- 2.4 ***The Committee is requested to support the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough.***

Agenda Item 11

3. COMMITTEE SITE VISIT TO SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL

- 3.1 Following an invitation by the Chairman of the Southport and Ormskirk Hospital NHS Trust, a visit for Members of this Committee to visit Southport and Formby District General Hospital premises at the site in Town Lane, Kew took place on Monday, 14th February 2011.
- 3.2 Members met with the Chief Executive and the Chairman of the Board, together with other Board members and staff, to discuss issues facing the Trust. Members were also given the opportunity to view the hospital discharge lounge and the refurbished Accident and Emergency Department.
- 3.3 ***The Committee is requested to receive the information on the visit to Southport and Formby District General Hospital.***

4. RECOMMENDATIONS

- 4.1 That the Committee is requested to note that there are no items for pre-scrutiny from the latest Key Decision Forward Plan, on this occasion;
- 4.2 that the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough, be supported; and
- 4.3 that the information on the Committee visit to Southport and Formby District General Hospital premises be received.