

MEETING: HEALTH AND WELLBEING BOARD

DATE: 19th February 2014

TIME: 2.00 pm

VENUE: Town Hall, Bootle

**Member**

Councillor  
Cllr Ian Moncur (Chair)  
Dr. Janet Atherton  
Fiona Clark  
Robina Critchley  
Cllr Paul Cummins  
Craig Gillespie  
Cllr John Joseph Kelly  
Maureen Kelly  
Dr. Niall Leonard  
Colin Pettigrew  
Dr. Clive Shaw  
Phil Wadeson

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

# AGENDA

1. **Apologies for Absence**
2. **Minutes of Previous Meeting** (Pages 5 - 12)
3. **Declarations of Interest**

Members are requested to give notice of any disclosable pecuniary interest, which is not already included in their Register of Members' Interests and the nature of that interest, relating to any item on the agenda in accordance with the Members Code of Conduct, before leaving the meeting room during the discussion on that particular item.
4. **Sefton Strategy for Older Citizens 2014-2016** (Pages 13 - 22)

Report from the Chair of the Sefton Partnership for Older Citizens, Mr. Roger Pontefract.
5. **Older People's Pilot - Church Ward** (Pages 23 - 26)

To receive a presentation from the Area Coordinator (Sefton East Parishes), Mr. Alex Spencer.
6. **Update on the Winterbourne Review** (Pages 27 - 48)

Report of the Director of Older People
7. **Lifestyle and Mental Wellbeing Survey** (Pages 49 - 60)

Report of the Director of Public Health.
8. **Clinical Commissioning Groups Delivery Dashboard - Quarter 2**

To receive a presentation from the Chief Officer for the Southport and Formby Clinical Commissioning Group and the South Sefton Clinical Commissioning Group.
9. **Commissioning Intentions and Forward Planning - Clinical Commissioning Groups**

To receive a presentation from the Chief Officer for the Southport and Formby Clinical Commissioning Group and the South Sefton Clinical Commissioning Group.

- 10. Better Care Fund Plan** (Pages 61 - 126)  
Report of the Deputy Chief Executive
- 11. Programme Group Meetings - Key Discussions and Decisions** (Pages 127 - 130)  
Report of the Head of Business Intelligence & Performance

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

## **HEALTH AND WELLBEING BOARD**

### **MEETING HELD AT THE TOWN HALL, BOOTLE ON 30 OCTOBER 2013**

**PRESENT:** Councillor Moncur (in the Chair)

Dr. Janet Atherton, Fiona Clark, Robina Critchley,  
Councillor Cummins, Councillor John Joseph Kelly,  
Maureen Kelly, Dr. Niall Leonard, Colin Pettigrew,  
Dr. Shaw and Phil Wadeson.

#### **37. APOLOGIES FOR ABSENCE**

An apology for absence was received from Peter Morgan, Deputy Chief Executive, Sefton M.B.C.

#### **38. MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the Minutes of the meeting held on 21 August 2013, be confirmed as a correct record.

#### **39. DECLARATIONS OF INTEREST**

No declarations of pecuniary interest were made.

#### **40. SEFTON'S LOCAL SAFEGUARDING CHILDREN'S BOARD - ANNUAL REPORT**

The Board received a presentation from Dr. David Sanders, Independent Chair of Sefton Local Safeguarding Children Board (LSCB).

The presentation outlined the following key points in relation to Sefton LSCB Annual Report 2012-13:-

Sefton LSCB Priorities

Strategic Priority 1: Increased co-ordination of scrutiny, quality assurance and performance management arrangements.

Examples of Activities:

- Establishment of LSCB multiagency audit group
- Youth Offending Service – additional scrutiny
- Additional scrutiny of Common Assessment Framework (CAF) development
- Section 11 audit
- Away Day to discuss future priorities

# Agenda Item 2

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## Next Steps:

- Establish effective common database
- Refine multi-agency audit

Strategic Priority 2: Ensure the LSCB Strategically leads the local children's and adults workforce to be competent, confident and equipped to keep children safe.

## Examples of Activities:

- Appointment of Independent Chair covering adults and childrens safeguarding
- Safeguarding training
- Links established with Delta Taxis
- Knowledge seminars and world cafe event
- Threshold revision developed (central to today's presentations)

## Next Steps

- Improve communication
- Develop new training programmes
- Roll out threshold guidance
- Develop role of IROs

Strategic Priority 3: Sefton LSCB will co-ordinate strategic activity in relation to specific risks to children and young people.

## Examples of Activities:

- Child Sexual Exploitation (CSE) strategy and action plan developed
- Multi-agency protocol adopted on CSE
- Establishment of a pre Multi-Agency Safeguarding Hub (MASH) Triage
- SCIE Systems Review adopted for two local reviews

## Next Steps

- Develop new model for collecting new Key Performance Indicators (KPIs)
- MASH Development
- Multi-agency audits
- CSE developments

Dr. David Sanders presented the following examples of LSCB Partners' Developments in 2012-13:

## **Police – Family Crime Investigation Unit (FCIU)**

- Supported training of LSCB
- CSE Development and Action Plan
- Developed New Approach to Domestic Abuse

## **Local Authority – Early Intervention & Prevention**

- Early Identification of neglect
- Increase in number of families accessing services
- Increase in children attending early education programmes

## **Local Authority – Education Services**

- Support for Schools “Causing Concern”
- All schools have performed at least satisfactory for Safeguarding Children
- Secondary school attendance initiatives

## **Local Authority – Children’s Services**

- Improvement in Adoption Services
- Independent Reviewing Service Review
- New Thresholds Policy

## **Liverpool Community Health Service**

- CQC Inspections meet required standard for safeguarding
- Extended Training Programme
- Outcome Focussed Approach

## **Sefton Council Voluntary Services (CVS)**

- Safeguarding Policy Review
- Safeguarding Toolkit
- Extended co-ordination to voluntary sector groups

## **Child and Adolescent Mental Health Services (CAMHS)**

- Mental health consultation to range of professionals
- High performance in staff training

## **Child and Family Court Advisory and Support Services**

- Exceeded all targets
- Improved performance recognised by Ofsted

# Agenda Item 2

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## **Aintree Hospital NHS Foundation Trust**

- Specialist advice for children under 16
- Think family Approach
- Pro-active response to MARGG & MARAC

## **LSCB Strategic & Business Plan – 2013-2020**

- **Priority 1** – Improving the quality of safeguarding practice and early intervention
- **Priority 2** - Domestic abuse, child and adult mental health, and alcohol and substance misuse
- **Priority 3** – Bullying and cyber bullying
- **Priority 4** – Looked After Children (LAC) – out of borough and placed in Sefton, Independent Children’s Homes
- **Priority 5** – Child Sexual Exploitation (CSE)
- **Priority 6** – Gun &Gang Crime

Dr. David Sanders concluded his presentation by setting out the mantra of a Social Worker or a Caring Adult/Professional as:

- Be curious.....
- .....listen to children and young people
- Follow your professional instincts.....
- Be pro-active.

The Chair, Councillor Moncur invited Dr. David Sanders to return to the Board in six months to give a further update in relation to the Sefton Local Safeguarding Children Board Strategic Plan.

Ms. Fiona Clark, Chief Officer for both South Sefton and Southport and Formby Clinical Commissioning Groups suggested that if possible the update be aligned with the Health and Wellbeing Strategy in order that the correlation between the LSCB Strategic Plan and the Health and Wellbeing Strategy may be easily identified.

RESOLVED: That Dr. David Sanders be:

- (1) thanked for his informative presentation: and
- (2) invited to present a further update in six months time in relation to the Sefton Local Safeguarding Children Board Strategic Plan.

## **41. NHS ENGLAND (MERSEYSIDE) TRANSFER OF FUNDS TO SEFTON COUNCIL TO SUPPORT SOCIAL CARE SERVICES IN FOR THE PERIOD 1 APRIL 2013 TO 31 MARCH 2014**

The Board considered the report of the Director of Older People on the agreement regarding funding that had to be transferred to local authorities



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to invest in social care services to benefit health, and to improve overall health gain through closer working between National Health Service and Local Government under the obligations upon the Partners to cooperate with each other, as referred to in Section 27 of the 1999 Health Act (under a Section 256 NHS Act 2006). The Board was advised that the Cabinet Member for Older People and Health was the accountable decision maker in relation to the funding, but the Health and Wellbeing Board, were being consulted on the proposals within the report.

RESOLVED:

That the Health and Wellbeing Board endorse the contents of the Section 256 Agreement as set out in the report.

## **42. HEALTHWATCH UPDATE**

The Board considered a progress report on Healthwatch Sefton, submitted by Ms. Maureen Kelly, Healthwatch representative. The report set out the background to the establishment of healthwatch organisations; progress in setting up the organisation; key milestones in the first 6 months, from April to September 2013; details of the Healthwatch Sefton staff team; the relationship with the Health and Well Being Board and emerging themes. A model of Healthwatch Sefton was attached at Appendix1.

A Member of the Board congratulated Healthwatch on its efforts to include Children and Young People in its work right from the onset.

Ms. Maureen Kelly highlighted that she intended to make arrangements to meet individually with representatives of the Board.

The Chair, Councillor Moncur, welcomed the suggestion of independent meetings between Members of the Board and Healthwatch. The Chair also highlighted that it had been an encouraging start for Healthwatch and thanked Ms. Maureen Kelly for the update.

RESOLVED: That:

- (1) Ms. Maureen Kelly be thanked for updating the Board on the progress of Healthwatch; and
- (2) the progress made to date in terms of the establishment of Healthwatch Sefton be noted.

## **43. PUBLIC HEALTH ANNUAL REPORT**

The Board considered the report of the Director of Public Health, presenting her Annual Report. The report was a statutory requirement and identified key health issues affecting the population of Sefton. The 2013 Annual Report was entitled "Delivering Public Health in a Changing Environment and the Board was invited to comment on it.

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Members of the Board agreed that the report was an excellent one which was in a format easy to read highlighting the key issues for Sefton.

Dr. Janet Atherton took the opportunity to thank Elected Members and Officers of the Council in the safe, smooth and legal transition of Public Health joining the Council.

RESOLVED:

That the report be received and the Director of Public Health be congratulated on the style and content of the Annual Report.

#### **44. MID TERM REVIEW OF CLINICAL COMMISSIONING GROUP CORPORATE PLAN**

The Board received a presentation from Ms. Fiona Clark, Chief Officer for South Sefton Clinical Commissioning Group and Formby and Southport Clinical Commissioning Group on a mid-term review of the Clinical Commissioning Group Corporate Plan for both South Sefton and Southport and Formby. The presentation outlined the following:-

- Programmes
- Clinical Lead
- Programme Lead
- Transformational Change
- Target Date
- End Date
- Next Key Milestone Description
- Milestones
- Key Performance Indicators 2013/14

Ms. Fiona Clark reassured the Board that the monitoring and tracking of performance would continue and that the Board would be updated as and when required.

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

#### **45. BALANCED SCORECARD - CLINICAL COMMISSIONING GROUP**

The Board received a presentation from Ms. Fiona Clark, Chief Officer for South Sefton Clinical Commissioning Group and Formby and Southport Clinical Commissioning Group on the Balanced Scorecard. The presentation outlined the following:-

- The five Domains of the Balanced Scorecard

- Clinical Commissioning Group Delivery Dashboard – South Sefton CCG
- Clinical Commissioning Group Delivery Dashboard – Southport and Formby CCG
- Clinical Commissioning Group Delivery Dashboard

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

#### **46. LGA PEER CHALLENGE - FORMAL COMPLETION**

The Board considered the report of the Head of Business Intelligence and Performance the formal completion of the Local Government Association (LGA) Peer Challenge Process in terms of production of the final Challenge report, the development of an Action Plan and Evaluation Report, all of which was assisting in continued work on improving the Health and Wellbeing delivery system. A copy of the final report from the LGA was attached to the report at Annex A. The report indicated that the Peer Challenge process had offered the Health and Wellbeing Board an opportunity for continually driving forward in delivery and influence, based on the Challenge's findings. The work undertaken since the receipt of the report, and the continuing improvement to systems and methods, ought to be transparent and heralded, and publication of the documents listed within the report would achieve this.

RESOLVED:

(1) That the following be noted:

- Receipt of formal version of LGA Peer Challenge report, as set out at Annex A to the report;
- The development of an Action Plan, based on the main recommendations of the report and the details therein, including the development of the Health and Wellbeing Sub Structure for delivery, as set out at Annex B to the report;
- The development of an Evaluation Report, authored by Sefton Council's Business Intelligence and Performance Team, as set out at Annex C to the report; and

(2) the documents, as listed above, be made available on the Council and Partner websites with immediate effect, to aid good practice of others and to illustrate the work of the Health and Wellbeing Board.

# Agenda Item 2

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## **47. FORWARD PLAN**

The Board considered the latest Forward Plan for the Health and Wellbeing Board, as submitted by the Head of Business Intelligence and Performance.

It was agreed that the following items be included on the Forward Plan of items for the Meeting on 22 January 2014:-

Report on Commissioning Intentions and Forward Planning: and  
Report on Sefton Strategy for Older Citizens 2014-16.

RESOLVED:

That the Forward Plan for the Health and Wellbeing Board be agreed subject to the following additional items being included on the Agenda for the meeting scheduled to take place on 22 January 2014:-

- Report on Commissioning Intentions and Forward Planning: and
- Report on Sefton Strategy for Older Citizens 2014-16.

# Agenda Item 4

Report to: Health and Wellbeing Board Date of Meeting: 19<sup>th</sup> February 2014

Subject: Sefton Strategy for Older Citizens 2014-16

Report of: Kevin Thorne

Wards Affected: ALL

Is this a Key Decision? No

Is it included in the Forward Plan? No

Exempt/Confidential No

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## Purpose/Summary

To receive the draft “Sefton Strategy for Older Citizens 2014-16” which has been prepared by the Sefton Partnership for Older Citizens

## Recommendation(s)

1. That the Board approves the “Sefton Strategy for Older Citizens 2014-16”
2. That the Sefton Partnership for Older Citizens (SPOC) be asked to prepare an Action Plan; to monitor its implications; and to present regular progress reports to the Programme Group of the Health and Wellbeing Board.

## How does the decision contribute to the Council’s Corporate Objectives?

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

## Reasons for the Recommendation:

In view of Sefton’s ageing population it is vital to make strategic plans to deal with its impact, and to develop a partnership approach from all agencies and service providers.

# Agenda Item 4

## What will it cost and how will it be financed?

The report sets out strategic plans and aspirations, and its approval does not in itself have cost implications.

## Implications:

<b>Legal</b> None	
<b>Human Resources</b> None	
<b>Equality</b>	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

## Impact on Service Delivery:

If the objectives in the strategy are achieved, the delivery of services to Sefton's older population will be significantly improved.

## What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has no comments on this report because the contents of the report have no direct financial implications for the Council (FD2797/13)

The Head of Corporate Legal Services has been consulted and has no comments on the report (LD 2103/14)

The draft strategy was considered in detail by the 3 Older Peoples Forums in Sefton during September and October; and was circulated widely for comments to Council Officers, the E-Consult Panel and the Sefton CCG's 'Big Chat' circulation list.

## Are there any other options available for consideration?

No alternative options have been considered.

## Implementation Date for the Decision

Immediately following the Health and Wellbeing Board meeting.

**Contact Officer:** Kevin Thorne – Integrated Commissioning Manager

**Tel:** 0151 247 7278

**Email:** Kevin.Thorne@southseftonccg.nhs.uk

## Background Papers:

The draft strategy is attached to this report.

**SEFTON STRATEGY FOR  
OLDER CITIZENS  
2014 - 2016**

**Creating A Place Where Older People Can Live, Work And Enjoy Life As  
Valued Members Of The Community**

**Sefton  
Partnership  
for Older  
Citizens**

# Agenda Item 4

Appendix 1

## **WHY WE NEED A STRATEGY**

- In March 2013 the House of Lords published an influential report which concluded that there had been a “collective failure to address the implications” of our rapidly ageing population, and that Government and society were “woefully underprepared”.
- By 2030 the 65+ population in England is likely to rise by 50%, and the 85+ population by 100%.
- The challenges arising from this have begun to be addressed by national policy makers in areas such as the age of retirement, pension reform, the funding of residential care and housing policy.
- However a 2013 report on “Delivering Dignity” highlighted the extent of undignified care of older people in hospitals and care homes, where people were “let down when they were vulnerable and most needed help”.
- The “demographic time-bomb” is therefore one of the biggest issues faced by society as a whole, and by policy makers at national and local level.
- We must also recognise that we live in a climate of diminishing resources which will require individuals, families and communities to take greater responsibility, with less reliance upon the state. The need to build community resilience to help address the needs of our ageing population will therefore be a key element in the development of this strategy.
- The expectations of people are also changing. We need to plan ahead for the cohort of people who are now in their 40’s and 50’s whose requirements in later life will differ from those who are currently in their 80’s and 90’s

## **SEFTON’S UNIQUE POSITION**

- Sefton has the highest proportion of residents aged 65+ and 75+ of all metropolitan boroughs in England.
- Sefton’s 50+ population is 41.5% of its total population – much higher than the average for England and for the North West.
- There are 28,400 people in the 75+ age group of whom about half live alone. This is projected to increase as a percentage of the total population and in actual numbers.
- These statistics are highlighted in the Sefton Health and Wellbeing Strategy and give rise to specific concerns about related issues such as the number of older carers and people with depression and dementia in our communities, and inequalities across the borough
- The growth in the number of older citizens in Sefton presents great challenges in terms of its impact on health and social care services, but it also opens up real opportunities to build upon the knowledge, wisdom and contributions of older people in helping to make Sefton a more cohesive community, and one which is a great place in which to live and work.

## **THE CONTRIBUTION OF OLDER CITIZENS**

- The perception in society is that older people are a drain on the country’s resources – but the opposite is actually the case.
- A report in 2011 assessed the cost of state pensions, age-related welfare, and use of the NHS – then compared this with the contribution of older people to income taxes, VAT inheritance tax and capital gains tax
- The report also assessed the contribution of the over 65’s to volunteering, unpaid caring, and looking after grandchildren.
- The conclusion was that the NET contribution of over 65’s to the UK economy in 2010 was £40billion, rising to £75billion per annum by 2030.



## Appendix 1

- In the promotion and implementation of this strategy an attempt will be made to enhance the profile of older citizens in Sefton, and to change the perception of them as a drain of resources to one of active citizens

### **SEFTON PARTNERSHIP FOR OLDER CITIZENS (SPOC)**

- SPOC is recognised as one of the major and most effective partnership groups in Sefton. Its aim is to identify the needs of older citizens, to bring together the networks which provide them with support, and to give older citizens the opportunity to be part of the planning of services.
- Half of the members of SPOC are elected by the three older people's forums which operate in Southport, Bootle and Maghull. They meet monthly and regularly attract 100+ people. The remaining members of SPOC are the providers of services to older citizens from the public, voluntary, community and faith sectors. This regular exchange of information and views enables SPOC to keep abreast of, and take action upon, the issues which impact on Sefton's older population.
- SPOC will be the lead organization in the monitoring and delivery of the Sefton Strategy for Older Citizens.

### **EVOLUTION OF OUR OLDER CITIZENS' STRATEGY**

- Sefton's first "Strategy for Older Citizens" covered the period 2010-2013 and was prepared following extensive consultation with older citizens.
- It was updated and refreshed in 2011 in conjunction with the members of the three older people's forums.
- The strategic priorities were translated into over 40 specific actions, which were set out in an Action Plan which has been progressed with partner organizations in the public, voluntary, community and faith sectors and has been monitored and updated on a six monthly basis. The majority of the actions have been successfully achieved.
- Following the approval of the new Strategy for 2014-2016 the proposal is to prepare and deliver a similar detailed Action Plan, in order to ensure that the strategic objectives are achieved in a similar way. The new strategy for 2014-2016 incorporates some of the objectives of the first strategy which have not yet been fully achieved, modifies others which have been updated to reflect changing circumstances, and introduces some new objectives which have been identified as a result of SPOC's activities during the past three years.

### **AIMS OF THE NEW STRATEGY**

- To challenge the stereotypes of older people, and to set out how the Sefton community can respond to the opportunities and challenges of an ageing population, whilst recognising the current constraints upon public expenditure;
- To set a clear direction for our communities and strive to ensure that the needs of people aged 50+ are met;
- To provide a framework of joint objectives which organisations and public services should use to shape their own plans to meet the changing needs of an ageing society;
- To identify and recognise the increasingly diverse population of older people in Sefton and work harder to ensure that organisational and service responses are sensitive to their specific needs;
- To bring a shared focus to the work of a wide range of agencies and partners, and strengthen the case for funding from national and regional programmes;
- To involve older people as active and equal partners in the process by enabling them to use their strengths in building community networks and activity.

# Agenda Item 4

## Appendix 1

- To encourage people to plan much earlier for the financial and other implications of their retirement, such as the possible impact of fuel poverty.

### **OBJECTIVE 1 – TO ADVOCATE THAT THE VOICE OF OLDER CITIZENS IS REFLECTED IN THE PLANNING AND DELIVERY OF SERVICES**

In order to achieve this we will strive to:-

- Explain and promote the objectives of the strategy to all major groups, organisations and key individuals responsible for the delivery and “age-proofing” of services.
- Extend the geographical spread and membership of the older people’s forums.
- Seek new and user-friendly ways of seeking information from, and communicating information to, community groups and individuals to increase awareness of the services which are available to support their needs.
- Ensure that the views of older citizens are fully taken into account as services are reconfigured to meet public sector financial constraints.
- Maintain membership and links with regional groups which represent older citizens, to ensure that SPOC keeps abreast of emerging national and regional issues.
- Keep under constant review the terms of reference and membership of SPOC, and the structures which it establishes to deliver its objectives, and the need to ensure that it is representative of the diverse population of the borough.

### **OBJECTIVE 2 – TO REDUCE THE LEVEL OF LONELINESS AND SOCIAL ISOLATION EXPERIENCED BY OLDER PEOPLE IN SEFTON**

In order to achieve this we will strive to:-

- Identify those who are socially isolated and/or are experiencing depression who would benefit from support services.
- Encourage older people to build community networks in local areas throughout the borough, including the development of inter-generational activities, and by working with schools
- Support opportunities which help older people to build social contacts and connections, via community and voluntary sector based services, initiatives which build community resilience and utilise existing community assets, alongside the effective promotion of and signposting to relevant activities.
- Participate in the development of the Dementia Action Alliance and support its objectives and work programmes.

### **OBJECTIVE 3 – TO ENCOURAGE THE PROVISION OF HEALTH AND WELLBEING SERVICES FOR OLDER PEOPLE WHICH ARE EFFECTIVE AND OF HIGH QUALITY**

In order to achieve this we will strive to:-

- Translate the high priority given to the needs of older citizens by the Health and Wellbeing Board, and in the Health and Wellbeing Strategy, into effective and innovative actions which will focus upon the “preventative agenda” for the over 50’s.
- Promote, publicise and update the brochures on “Five Ways to Wellbeing” and encourage older citizens to participate in activities which will improve their physical and mental health.
- Focus particular attention on the health and wellbeing needs of the older citizens in areas of the borough where life expectancy is lowest.
- Facilitating older people gaining access to green spaces, Sefton’s coastline, and a sustainable environment.

# Agenda Item 4

## Appendix 1

- Build partnerships with the clinical commissioning groups, and seek the support of GPs in signposting older citizens to health and wellbeing activities and social networks.
- Ensure that older citizens receive comprehensive information and support about the types of services and the providers available in their local area.
- Work with partners in the public and voluntary sector to identify older citizens or older carers in Sefton with care and support needs which are not being met to enable missing services to be developed and provided.

### **OBJECTIVE 4 – TO HELP OLDER PEOPLE TO ACHIEVE FINANCIAL SECURITY**

In order to achieve this we will strive to:-

- Assist older people to achieve an adequate income by providing more comprehensive pre- and post-retirement advice, information and seeking to maximise the take-up of benefits.
- Liaise with employers to enable older people to continue to work if they wish to do so, through flexible employment opportunities.
- Make applications for external funding to support the needs of older people in Sefton whenever opportunities arise.
- Encourage those over 50 to plan early for the financial implications of retirement.
- Work with partners in the public and voluntary sectors to provide information and improved financial advice to older citizens who may need to raise finance to help fund their care needs.
- In response to the Care Bill, work with partners in the public and voluntary sectors to ensure that following eligibility assessments, older citizens receive an appropriate financial assessment and understand any requirements to contribute to some or all of their care and support plan.

### **OBJECTIVE 5 – TO WORK WITH LOCAL AGENCIES TO PROVIDE SERVICES WHICH ARE OF HIGH QUALITY, JOINED-UP, AND AGE-PROOFED**

In order to achieve this we will strive to:-

- Work with the providers of public transport networks, and community transport providers, to deliver accessible and affordable services which meet the needs of older people in accessing the services which they require.
- Engage actively with the emerging proposals for the transformation of social care, and develop mechanisms which will ensure that the views and concerns of older citizens are fully taken into account.
- Work with partners to ensure that there is a consistent approach for older citizens with eligible needs to get the care and support they require, and that service provision is better coordinated by the relevant providers.
- Support the work of existing providers and the development of strategies and plans to provide improved services for older citizens e.g. dementia strategy; carers' strategy; plans for end-of-life care; and the "cancer champions" project for older citizens.
- Seek ways of providing training opportunities for older citizens in the use of information communication technology.

### **OBJECTIVE 6 – TO HELP OLDER PEOPLE TO FEEL SAFE AND SECURE WITHIN THEIR COMMUNITIES**

In order to achieve this we will strive to:-

- Strengthen engagement with the police, fire and rescue services, in order to highlight the safety concerns of older citizens, particularly relating to anti-social behaviour.

# Agenda Item 4

## Appendix 1

- Raise awareness of the range of services and initiatives which are available to keep people safe across Sefton, both at home and in their communities.
- Encourage the planning and provision of appropriate housing to meet the changing age profile of the population.
- Assist older citizens who need adaptations to their homes to have access to services to enable them to remain safe and independent.
- Ensure that older citizens who require repairs to enable them to live in a safe and comfortable home have access to advice and support services.
- Encourage partners to work towards providing information and advice to older citizens about their housing options, to help them secure housing suited to their needs.
- Monitor the uptake of safeguarding adults training and safeguarding alerts, and ensure that this remains a high priority in all relevant care settings, and work with Sefton's Adult Safeguarding Board to develop plans which protect vulnerable citizens.

### **OBJECTIVE 7 – TO CHALLENGE PROVIDERS TO TREAT VULNERABLE OLDER CITIZENS WITH DIGNITY AND RESPECT IN ALL CARE SETTINGS**

In order to achieve this we will strive to:-

- Build an effective partnership with “Healthwatch” to ensure that communication with, and the engagement of, older people’s groups is maximised in the monitoring of service delivery.
- Monitor the implementation of the recommendations of the “Delivering Dignity” report (Local Government Association, NHS Confederation, and Age UK) and the Francis Report on Mid-Staffordshire Hospital, and keep under constant review the implications for older people in Sefton.
- Provide support and constructive challenge to the commissioners of adult social care, and health services, and bring to their attention any concerns from older citizens about quality standards in hospitals, nursing, residential, and domiciliary care settings.

### **OBJECTIVE 8 – TO PROMOTE AND RESPOND TO THE IMPACT THAT THE NEW CARE BILL WILL HAVE ON OLDER CITIZENS IN SEFTON**

In order to achieve this we will strive to:-

- Monitor the implementation (up to 2016) of the 2013 Care Bill and ensure that its implications for older citizens in Sefton are widely communicated and understood.
- Identify older citizens in Sefton who are currently self-funding their care, and seek intelligence regarding the projected population of older citizens in Sefton, who may be impacted upon by these changes, to ensure anticipated needs are considered and used to inform responses to the implementation of the Care Bill
- Facilitate a clear process for older citizens receiving care and support to move into and/or out of Sefton in line with guidelines detailed in the Care Bill.
- Make older citizens in Sefton aware of the changes proposed within the Care Bill on eligibility criteria, and deferred payment of care home costs, meaning they do not have to sell their home during their lifetime.
- Ensure that any eligible older citizen in Sefton is provided with a care and support plan (or a support plan in the case of a carer) and that those who do not have eligible needs are given support and information to help prevent further needs developing.
- Provide information, as it emerges, on the implementation of the ‘Dilnot Social Care Cap’ and its possible implications.

## **OUTCOMES OF THE STRATEGY**

- If this strategy is implemented effectively, older people will have access to quality advice, be well informed, be able to make a positive contribution to their community, and will play an active part in decisions which affect their lives. Older citizens will also become free from discrimination in the delivery of services.
- For a minority of people, living longer will mean increased dependence, poor health and frailty – and the strategy addresses the needs of older people who are in this situation.
- The strategy also supports the needs of the majority of older people living in Sefton for whom living longer will mean:-
  - leading full, active and healthy lives for longer;
  - playing a key role in the local community through continued employment or voluntary work;
  - enjoying sport, social and leisure activities; and
  - using computers and other forms of technology to stay in touch with family and friends, to shop and to access information.

## **CONCLUSION**

- The Sefton Partnership for Older Citizens wants Sefton to be a place where old age is enjoyed rather than endured.
- A positive outlook and strong support networks are vital if later life is to be enjoyed to the full. This strategy demonstrates how this can be achieved.

## **MAKING CONTACT**

If you require this document in a different format (large print, audio, language, etc.) please contact:-

Sefton Council for Voluntary Services,  
3<sup>rd</sup> Floor, Burlington House, Crosby Road North, Waterloo L22 0LG  
Tel. 0151 928 2233 E-mail: [sarah.hurn@seftoncvvs.org.uk](mailto:sarah.hurn@seftoncvvs.org.uk)

## **GETTING INVOLVED**

If you would like to get involved, and to help influence the development of services for older citizens in Sefton, please contact:-

Sefton Pensioners' Advocacy Centre,  
Shakespeare Centre, 43/51 Shakespeare Street, Southport PR8 5AB  
Tel. 01704 538411 E-mail: [info@spacadvocacy.org.uk](mailto:info@spacadvocacy.org.uk)

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# Agenda Item 5

**Report to:** Sefton Health & Wellbeing Board

**Date of Meeting:** 19<sup>th</sup> February 2014

**Subject:** Church Ward Older People Pilot

**Report of:** Alex Spencer – Area Coordinator Central Sefton (ext 2605)

**Wards Affected:** Church

**Is this a Key Decision?** No                      **Is it included in the Forward Plan?** No

**Exempt/Confidential** No

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## **Purpose/Summary**

To update Sefton's Health & Wellbeing Board on progress of the Church Ward Older People Pilot.

## **Recommendation(s)**

1. That members of Sefton's Health & Wellbeing Board note the contents of this report

## **How does the decision contribute to the Council's Corporate Objectives?**

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

## **Reasons for the Recommendation:**

To inform members of Sefton's Health & Wellbeing Board on progress of the Church Ward Older People Pilot, and to ensure continued progression during 2014.

# Agenda Item 5

## What will it cost and how will it be financed?

There are no additional costs resulting from this report

## Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Legal</b>		
<b>Human Resources</b>		
None		
<b>Equality</b>		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

## Impact on Service Delivery:

A successful pilot is likely to lead to increased demand on services provided by the council and its wider partners. In the short term, this increased demand will focus on how older people are engaged. However, once older people are successfully engaged and services offered, there is likely to be increased demand on accessed services.

## What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has no comments on this report because the contents of the report have no direct financial implications for the Council (FD2798/14)

Head of Corporate Legal Services (LD 2104/14) have been consulted and any comments have been incorporated in the report.

## Are there any other options available for consideration?

No alternative options have been considered.

## Implementation Date for the Decision

Immediately following the Health and Wellbeing Board meeting.

**Contact Officer:** Alex Spencer – Area Coordinator, Central Sefton

**Tel:** 0151 934 2605

**Email:** [alex.spencer@sefton.gov.uk](mailto:alex.spencer@sefton.gov.uk)

**Background**



# Agenda Item 5

In November 2012, Cabinet Member Older People and Health approached officers from the council in order to develop a pilot which focused on reducing loneliness and social isolation for older people (residents aged 60 and over) living in Church ward.

To support this pilot, in January 2013 a meeting was convened with partners working across Church ward. This meeting identified three discreet work areas:-

- a. The identification of older people living in Church ward who may either experience loneliness/social isolation, or who may be vulnerable to experiencing loneliness/social isolation.
- b. The development of an online directory of services, which could signpost or refer identified older people to services which they may not know are available.
- c. A mapping exercise of community assets to determine what partner assets and “soft” assets e.g. cafes, social clubs, are available in Church ward.

To ensure the progression of workstreams a to c above, a Steering Group (comprised of council officers and partners resident/operating in Church ward) was established. The Steering Group has met bi-monthly throughout 2013.

## **Progress to Date**

### ***Workstream A : Identification of Older People Living in Church Ward***

Of the three pilot workstreams, the identification of older people has been the most challenging to complete.

From the outset, the identification of older people has been reliant upon the sharing of person-level data between partners.

Although partners have recognised this reliance and have indicated a willingness to share the person-level data they control, certain provisions within the Data Protection Act 1998 have proved difficult to overcome, resulting in person-level data not being shared.

The Steering Group has produced a strategic information sharing protocol to “legitimise” the sharing of person-level data, and confirm a commitment between partners to share data. Unfortunately, this document does not carry any legal effect, and the provisions of the Data Protection Act 1998 must take precedence when data is being shared.

As a result, the workstream is at a stage whereby partners control person-level data, yet provisions of the Data Protection Act 1998 have made organisations hesitant to either share **or** receive that data.

Following a meeting of the Church Ward Pilot Planning Group on 19<sup>th</sup> December 2013, it was resolved that the challenges presented by the Data Protection Act 1998 were difficult to overcome, and that the Steering Group should refocus its work to look at how partners engage with older people, how they resolve loneliness/social isolation issues raised by older people, and what referral mechanisms are in place between partners.

# Agenda Item 5

This new workstream will progress throughout 2014.

## ***Workstream B : Development of Service Directory***

Working in partnership, Sefton CVS and Public Health have developed an online directory of services which can be made available to residents across Sefton.

This information can be disaggregated to postcode level, from which it can be determined exactly what services are available and accessible within the ward.

Work is currently underway to promote this directory between partners and to older people, not just within Church ward, but borough wide.

Sefton Council is also in the process of developing an online directory of services, which will continue to be promoted by council officers.

## ***Workstream C : Exercise to Map Community Assets***

The exercise to map community assets in Church ward was completed by the councils Business Intelligence and Performance Team.

The exercise has indicated council owned assets and “soft assets” e.g. cafes, luncheon clubs etc which could be utilised by older people living in Church ward.

The exercise has also mapped assets which are 1 mile from the Church ward border in order to capture those assets which are not within the ward boundary, but may nevertheless be accessed by Church ward older people.

## **Work During 2014**

The Church ward pilot Steering Group and Planning Group will continue to progress the three workstreams detailed above – particularly focussing on revised workstream a.

It will continue to work with the Campaign to End Loneliness to determine examples of national best practice, which can be applied locally.

## **Recommendation(s)**

1. That members of Sefton’s Health & Wellbeing Board note the contents of this report.

# Agenda Item 6

**Report to:** Health and Wellbeing Board      **Date of Meeting:** 19<sup>th</sup> February 2014

**Subject:** Update on Winterbourne Review

**Report of:** Robina Critchley Director of Older People Wards **Affected:** All

**Is this a Key Decision?** No

**Is it included in the Forward Plan?** No

**Exempt/Confidential** No

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## **Purpose/Summary**

The purpose of this report is to update the Health and Wellbeing Board about progress with the stocktake undertaken as part of the national Winterbourne View Improvement Programme.

## **Recommendation(s)**

That the Health and Wellbeing Board **note** the Winterbourne View Joint Improvement Programme stocktake of progress.

## **How does the decision contribute to the Council's Corporate Objectives?**

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

**Reasons for the Recommendation:** The Health and Wellbeing Board provides an overview of the work supporting the requirements associated with Winterbourne View.

**What will it cost and how will it be financed?** N/A

# Agenda Item 6

## Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Legal</b>	
<b>Human Resources</b> None	
<b>Equality</b>	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

**Impact on Service Delivery:** N/A

## What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has no comments on this report because the contents of the report have no direct financial implications for the Council (FD2782)

Head of Corporate Legal Services have been consulted and has no comments on the report. (LD2088)

## Are there any other options available for consideration?

No alternative options have been considered.

## Implementation Date for the Decision

Immediately following the Health and Wellbeing Board meeting.

**Contact Officer:** Tina Wilkins Head of Service Vulnerable People

**Tel:** 3329

**Email:** tina.wilkins@sefton.gov.uk

## Background Papers:

**Winterbourne View: Transforming Care One Year On.**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/265752/Winterbourne\\_View\\_One\\_Year\\_On\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265752/Winterbourne_View_One_Year_On_Report.pdf)

## Appendix 1: Analysis of Sefton's Stocktake of Progress Background

This paper sets out our progress on the programme of work initiated by the Government following the publication of the systemic failings associated with Winterbourne View. Nationally to date the following has been completed. (Winterbourne View: Transforming Care One Year On)

- Learning Disabilities Census Completed;
- Joint Improvement Programme's stocktake report published, including information at local level;
- Enhanced Quality Assurance Programme Established to pursue the June 2014 deadline;
- A new planned approach developed to Care Quality Commission (CQC) inspection of mental health and learning disabilities services from next year, to be led by Professor Sir Mike Richards;
- New fundamental standards developed, which will be set out in regulations;
- Adult Safeguarding Boards will be written into law via the Care Bill.

Locally we have submitted evidence and information as required and have used this as an opportunity to understand changes to responsibilities and develop new partnerships following the organisational changes introduced under the Health and Social Care Act 2012.

## **Local Planning**

All regions have a Joint Improvement Programme (JIP) and each Local Authority, Clinical Commissioning Group (CCG) and Health and Wellbeing Board were required to complete a local stocktake (Appendix 1) which was submitted and analysed by the JIP. We have reviewed the return and are finalising an action plan that will address the areas that were unclear, and actions that we are required to take. This will be presented to the Learning Disability Partnership Board (LDPB) on the 21<sup>st</sup> March 2014 for approval and the LDPB will performance manage the progress of the action plan.

## **Self Assessment Framework**

NHS England and Association of Directors of Adult Social Services (ADASS) agreed to implement a joint health and social care self-assessment framework to monitor progress of key health and social care inequalities from April 2013. Sefton completed the self assessment on the 6<sup>th</sup> December 2013 and submitted it to Public Health England's Learning Disabilities Observatory.

## **Future Plans**

Winterbourne View exposed the impact of systemic failure on the lives of the most vulnerable. Southport and Formby Clinical Commissioning Group (SFCCG) and South Sefton Clinical Commissioning Group (SSCCG), Sefton MBC, NHS England (Merseyside) and local providers are working together to respond to the JIP and the DH to ensure that the lessons learnt from Winterbourne View inform everything we do going forward. Responsibility for taking this work forward lies with Sefton MBC, SFCCG and SSCCG and the Learning Disabilities Partnership Board will performance manage the action plan. The Health and Wellbeing Board will provide the overview in partnership with the SSCCG, SFCCG and Sefton MBC.

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*Publications Gateway Reference 00498(s)*

**To**  
**CCG Clinical Leads**  
**HWB Chairs**  
**L.A Chief Executives**

**Cc**  
**CCG Accountable Officers**  
**DASS**  
**DCS**

Dear colleague,

## **Winterbourne View Joint Improvement Programme - Stocktake of Progress**

Following the stocktake of progress document that you returned for analysis, I am pleased to enclose your report with specific analysis.

Firstly may I thank you for your stocktake return and the detail of your responses. With over 340 individual examples or practice of local activity sent in there is a wealth of material that will be disseminated over coming weeks. In addition, any requests for support and clarification that you made as part of your return will all be followed up.

The key next steps are:

- For you to review your analysis - ahead of the publication of the full national report.
- Receive an advance copy of the draft executive summary from the national report.
- Publication of the report on 17 October.
- Regional engagement to develop the Improvement offer with you and to support work you may already be doing.
- Individual contact with you responding to your request or to follow up on your analysis.
- 

Your stocktake is clearly an important building block in developing your response at a local level to the Winterbourne View concordat and much good progress is reported. However as you will see in the attached report, progress is variable and in some places there is much to do.

The stocktake is your self analysis and I am sure you would want to use this with the analysis to support and inform discussions as necessary. In view of the role of the Health and Wellbeing Board you may think that is an appropriate setting to present this.

# Agenda Item 6

Appendix 1a

We have now appointed the Improvement team to work with you in the future and for ease of contact the regional links are:

- **East and West Midlands, East of England & Yorkshire & Humberside**
- Zandrea Stewart – [zandrea.stewart@local.gov.uk](mailto:zandrea.stewart@local.gov.uk) – 07900 931056
- **North East, South East & South West**
- Steve Taylor – [stephen.taylor@local.gov.uk](mailto:stephen.taylor@local.gov.uk) – 07920 061189
- **London & North West**
- Ian Winter CBE – [ianjwinter@gmail.com](mailto:ianjwinter@gmail.com) – 07963 144128

They will be in touch with you very shortly as set out in the improvement section of the report, but please feel free to contact them with any questions or suggestions.

The stocktake was designed to enable local areas to assess their progress against commitments in the Winterbourne View Concordat, share good practice and identify development needs. The report, published jointly by the Local Government Association and NHS England, is an analysis that covers all 152 Health and Wellbeing Board areas.

A letter was sent on 2 October from Norman Lamb, Minister of State for Care and Support, Cllr Sir Merrick Cockell, Chairman, Local Government Association and Jane Cummings, Chief Nursing Officer, NHS England which was sent out to Clinical Commissioning Groups Clinical Leads, NHS England Area Teams with responsibility for specialised commissioning, Council Leaders and Chief Executives. The letter, which can be found on the [LGA website](#), stresses the urgency of moving forward in knowing that the commitments we have all made are kept and also sets out in more detail the additional steps we will be taking through the Enhanced Quality Assurance programme.

Once again please accept my personal thanks for the evidence of progress so far and for I am sure your ongoing support for continued progress.

Best wishes,

Chris Bull  
Chair of the Winterbourne View Joint Improvement Board



## Winterbourne View Joint Improvement Programme

### Stocktake of Progress

**Local analysis:** Sefton

Attached is your stocktake return with analysis  
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

[Ian Winter. ianjwinter@gmail.com](mailto:ianjwinter@gmail.com)

[Steve Taylor. Stephen.taylor@local.gov.uk](mailto:Stephen.taylor@local.gov.uk)

[Zandrea Stewart. Zandrea.stewart@local.gov.uk](mailto:Zandrea.stewart@local.gov.uk)

10<sup>th</sup> October 2013

Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
A database has been developed across health and social care to identify individuals on registers and review their care plans.	Leadership and governance arrangements around the programme are unclear, although there is a working group that reports to the HWB. No evidence of developing a local plan to address WV issues. Issues being dealt with in BAU ways.
<b>2 Understanding the money</b>	
Money appears to be understood, although not evident how this is then used in practice. 50/50 funding agreement in place.	

# Agenda Item 6

Appendix 1b

Transition/Moving On strategy in place.	
<b>3 Case management for individuals</b>	
	More information would be useful around the role of CLDT and how they are approaching the WV issues.
	Reviews are taking place within the area. Difficult from stocktake to get a good picture of how inclusive, thorough, and person centred they are.
<b>4 Current Review Programme</b>	
Thorough reviews appear in place for people in in-patient units.	Relationship with Specialist Commissioning unclear
Clear registers appear to be in place.	Not clear whether the reviews carried out are with a view to identifying a personalised service for the person reviewed and who is leading on the work for each individual.
Evidence of strong advocacy available.	
<b>5 Safeguarding</b>	
There appears to be a good level of information sharing around safeguarding issues.	
<b>6 Commissioning arrangements</b>	
Advocacy in place.	Difficult to get an accurate picture of how effective commissioning is from the stocktake response. There is clearly a long history of working together for complex people, but little though evidence of how effective it is at planning and achieving its strategic intentions not entirely clear.
<b>7 Developing local teams and services</b>	
Quality addressed through contractual arrangements.	
There are various specialist LD services available to reduce the need for hospital admission	
<b>8 Prevention and crisis response capacity</b>	
	Not clear if the service in place to prevent hospital admission is LD specific service or a more general re-ablement type service.
<b>9 Understanding the population who need/receive services</b>	
Long tradition of collating transition info. Info also within the JSNA.	
<b>10 Children and adults – transition planning</b>	
Established multi agency transition process.	
<b>11 Current and future market capacity</b>	
-	
<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	

Winterbourne View Local Stocktake:			16 Sefton	
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existng arrangement local 2 - Included in	3	1.1,1.2,1.4,1.5, 1.7, 1.8 1. A working group has been established( with membership from CCG's, Local Authority, other NHS services, people with learning disabilities and family carers) under the auspices of the Learning Disabilities Partnership Board( Quality sub-group), to oversee the implementation of the action plan. This working group reports to the Health & Wellbeing Board. 2 There is an NHS England Area Team action plan re: Winterbourne View actions, which outlines organisational responsibilities across health and social care services within Merseyside.
2	1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other Council Depts 5 - CCG(s) 6 -Specialist Commissioner s 7- Other providers	7	3 Local registers have been completed in line with "Transforming Care: A national response to Winterbourne View Hospital" guidance, and a database has been developed across health and social care to identify those individuals on registers and to review plans of care. 4 A Clinical Lead for Learning Disabilities has been agreed within the CCG's. 5 Benchmark of services for people with learning disabilities across health and social care against the Learning Disabilities Self-Assessment will continue. 6 A Health Needs Assessment for Learning Disabilities is being undertaken by Liverpool Public Health Observatory; which will be used to inform the JSNA around Learning Disabilities and to support the annual Self-Assessment process. 7 1.2: The LD Provider Forum - all providers attend 6 weekly meetings. Helen Neale (Contract and Compliance officer) from the local authority leads this forum. 8 1.4 -Yes the LDPB meeting on 19/7/13, Winterbourne View is on the agenda and Dave Williams will also be attending. 9 1.8 – agreements are in place. 1.3, 1.6: A Joint Funding Process between NHS Sefton and Sefton Local Authority has been in operation since 1997; and is a means of commissioning an integrated package of care for those individuals with learning disabilities and complex challenging behaviour. Its aim is to enable those individuals to remain living within their local community as opposed to having to access out of area specialist care. There is also a joint funded post to co-ordinate and monitor individual's packages of care; and the clinical management of people with challenging behaviour is delivered by specialist learning disability services provided by Mersey care NHS Trust. The Joint Funding Process is in-line with good practice as outlined within the 1993 Mansell report and the updated revised report of 2007. Advocacy services (People First/Sefton
3	1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	0 - No 1 - Yes 2 - Not clear 3 - In development	1	

4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	1	Advocacy/Merseyside Partners in Policymaking/IMCA) are commissioned to ensure that people are safe and to resolve any other differences. A planning function developed is Person Centred Planning with Health Action Planning, there are currently 650 people with LD who have a PCP/HAP and this includes those individuals with complex needs
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	
6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/ discussion	0	
7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	2	
8	Do you have any current issues regarding Primary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	2	
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	0	
<b>2. Understanding the money</b>				
10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	2.1: Yes

11	2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	2.2: Yes. The funds for patients who require low/medium/high secure services is held by the Northwest Specialist Commissioning Team, hosted by the Cheshire, Wirral and Warrington Area Team.
12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	4	2.3: No. There is a Joint Funding Process in place (an agreed arrangement of 50/50 funding provided by the NHS and Local Authority) to commission an integrated package of care for those individuals with learning disabilities and complex challenging behaviour.
13	Is there a pooled budget and / or clear ingements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	2.4: Joint Funding arrangement is in place – see good practice example.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	1	2.5: There is an agreed arrangement of 50/50 shared funding between Health and Social care to support individuals with learning disabilities and complex challenging behavior.

15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A		1 2.6: Young people in transition are identified on an annual basis to determine if they meet criteria for the joint funding process. Transition strategy and Moving On meetings are in place to identify individuals in Transition.
16	2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	0 - No 1 - Yes 2 - Not clear 3 - in process/development		2 2.7: There is a Joint Funding Process in place, where there is an agreed process of joint working between the commissioner and clinicians re: prevention and re-admission agenda. Future investment could include the identification of people with learning disabilities and complex challenging behavior at transition
Page 38	<b>Case management for individuals</b>			
	17	Do you have a joint, integrated community n.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review		1 3.2 Yes
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review		1 3.3 Yes
1010	3TH			

20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.4 Yes
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	3.5: There is a joint funding process in place. A treatment/care plan is developed which includes a person centred plan. People with LD and family carers are involved in the review process. Monthly updates are provided to the care-coordinator, care manager and commissioners to ensure that people with challenging behavior are supported appropriately. Advocacy services (People First, Sefton Advocacy, IMCA and Merseyside Partners in Policymaking) are commissioned to ensure that people are safe.
<b>4. Current Review Programme</b>				
22	4.1 Is there agreement about the numbers of people who will be affected by the programme and arrangements being put in place to support them and their families through the process.	0 - No 1 - Yes 2 - Not clear 3 - in part	2	4.1: For those individuals sectioned under the Mental health Act ( Section3,37/41,47/49) liaison with Specialised Commissioning and the Home Office is undertaken to determine future services and where these individuals are placed. Local protocols in situation dictate that Sefton Clinical Commissioning Groups with Local Authority colleagues link into all reviews.
23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process 4 Not applicable (i.e. none funded by specialist commissioning )	2	4.2: Low/Medium Secure patients are reviewed on a monthly basis by a case manager. Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, egress from secure services. Alongside the review the team also undertake unannounced half day reviews, which includes an in depth review of an individual patient.

24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	4.3 – all arrangements are in place.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	4.4 – Local registers have been collated and developed of people with behavior that challenges for both children/young people and adults.
26	4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the point of contact for each individual	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1	4.5 Yes – There is clarity about ownership and maintenance of registers; there is also a Joint Funding Process in place and the Joint Commissioner (Integrated Commissioning Team) will monitor and co-ordinate individuals packages of care.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	4.6: Local advocacy i.e. sefton advocacy/People First/Merseyside Partners in Policymaking , and specialist advocacy e.g. IMCA service are both commissioned and available to support assessment, care planning and the review process. The three secure services in the northwest have independent advocacy contracts which provide a self-advocacy model and also provide the statutory IMHA service.



28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	4.7: The Joint Commissioner (Integrated Commissioning Team) will monitor and co-ordinate an individual's package of care through the Joint Funding Process, will attend all reviews within the specified timeframe (and jointly with a clinician) to ensure that all paperwork is up to date and that the commissioned service is meeting the individual's needs. The Contracts and Compliance Team (local authority) and CQC will be used to monitor any concerns re: quality of care and review process. Person centred planning will also be in place for individuals. From the Northwest Specialised Commissioning Team – the secure case managers meet weekly for clinical supervision and all findings are discussed within the team. Issues are highlighted to supplier managers to ensure they addressed appropriately if they require a contractual response
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances		4.8: Secure services – during the in-depth reviews, care plans are reviewed in line with national guidelines; staffs are also interviewed and there is a detailed review of findings. Within the Joint Funding Process the completed reviews do give a good understanding of the behavioural support being offered in individual situations, and the mechanisms/strategies developed to support individuals.
30	Have all the required reviews been completed. you satisfied that there are clear plans for any standing reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	3	Children with learning disabilities - all reviews have been completed. Adults with Learning Disabilities: Four reviews completed and one review outstanding. The outstanding review this has been scheduled with the specialized commissioning team. The team are planning six monthly reviews for the independent sector and the individual will be reviewed in August 2013
<b>5. Safeguarding</b>				
31	5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Sefton advises and informs the funding authority immediately an alert is received and liaise closely with the appropriate staff throughout the safeguarding process. See evidence – protocol for the notification of NHS out of area placements.

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32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	4	5.2: Care providers work closely with investigating officers throughout the safeguarding process and are equal partners in the development of protection plans which are regularly monitored and adjusted in accordance with need.
33	5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	0 - No 1 - Yes 2 - Not clear 3 - N/A	2	5.3: Individual CQC inspectors seek intelligence held on units prior to inspection and advise of concerns/issues following inspection. Location/service provider specific meetings are convened as deemed appropriate by either agency.
34	Are you satisfied that your Children and Adults safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	5.4: Sefton's Adult Safeguarding Board has received a formal presentation from the nominated officer responsible for responding to the Winterbourne View review.
35	5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	2	5.5: All current placements are regularly reviewed and descriptive care plans are designed for all individuals.

36	5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	1	5.6: Sefton Adult Safeguarding Board has established an agreed protocol with the high secure hospital within Sefton's boundary. Sefton Adult Safeguarding Board participates in regular meetings with nominated officers from hospital settings to share development opportunities for staff and determine good practice. Staff from hospital settings participate in multi-agency sub-groups to ensure dissemination of information and standardized approach.
37	5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	2	5.7: Not known
38	Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	2	5.8: Sefton Safeguarding Adults Executive Board representative attends CQC staff meetings and is accessible to individual inspectors. Safeguarding concerns are monitored via links with individual Commissioning Officers and trends identified and responded to promptly due to the effective data collection methods established within the Department.
<b>6. Commissioning arrangements</b>				
39	6.1 Are you completing an initial assessment of commissioning requirements to support people's move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	2	Local registers have been completed in line with "Transforming Care: A national response to Winterbourne View Hospital" guidance, and a database has been developed across health and social care to identify those individuals on registers and to review plans of care. There is also a Joint Funding Process in place between the NHS and Local Authority with an agreed arrangement of 50/50 shared funding to support those individuals with learning disabilities and complex challenging behavior to remain living within their local community as opposed to having to access out of area specialist care. For those individuals sectioned under the Mental

40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	2	<p>Health Act ( Section 3,37/41,47/49) liaison with Specialised Commissioning and the Home Office is undertaken to determine future services and where these individuals are placed. Local protocols in situation dictate that Sefton Clinical Commissioning Groups with Local Authority colleagues link into all reviews. Regular updates are provided to the Care Co-ordinator and Commissioner to identify that appropriate plans are in place to prevent delayed discharges and to identify if individuals will require input/clinical management from local LD services on discharge if appropriate. There is a 10 year history in Sefton of jointly commissioning services between the Local Authority and the NHS for adults with learning disabilities who exhibit severe challenging behavior and complex needs; and work has been done with the best providers to support these individuals. There is an understanding of the potential costs and sources of funding for future commissioning.</p>
41	6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	0 - No 1 - Yes 2 - Not clear 3 - In progress	0	
42	6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	0	
43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	0	
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	
45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1	<p>6.7: Local advocacy i.e. sefton advocacy/People First/Merseyside Partners in Policymaking, and specialist advocacy e.g. IMCA service are both commissioned and available to support assessment, care planning and the review process. The three secure services in the northwest have independent advocacy contracts which provide a self-advocacy model and also provide the statutory IMHA service</p>

46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	NR	
47	6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	NR	
48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	NR	
<b>7. Developing local teams and services</b>				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	0	7.1 As part of the Discharge Planning process both Care Co-ordinators and Commissioners work closely to ensure that appropriate provision is available to meet the support needs of those assessed as requiring short/long term services. Also see Point 9.

50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	7.2 Yes, the Department has an established Learning Disability Partnership Board and the effectiveness of advocacy arrangements are addressed within the Quality Sub Group. Also, each of the commissioned advocacy services has to comply with the standards specified within their contractual agreement
51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	0	Specialist Learning Disability services are commissioned and in place through Mersey Care NHS Trust on behalf of Sefton Clinical Commissioning Groups, to support mainstream health services deliver good quality healthcare services. There are also comprehensive local Assessment & treatment services commissioned to support people with learning disabilities in the community thus avoiding unnecessary admission/re-admission to hospital. There is also 'In-reach' psychiatry and input from criminal justice services. The local LD team within Mersey Care also offers support and clinical management to offenders with learning disabilities. There is a plan in place between Mersey Care NHS Trust and the Criminal Justice Services to make sure that people with learning disabilities get the right treatment. (See "LDPB Action Plan 2009-2012").
Page 46	<b>Prevention and crisis response capacity - local/shared capacity to manage emergencies</b>			
	52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2	8.2 Health in partnership with Local Authority has commissioned a low level re-ablement support service that enables timely discharge from hospital and also prevents re-admission back into the acute sector. This is utilized as a step-up/step-down service and all referrals are acted upon within 24 hours. The Rapid Response Team provides support to people during a crisis or an exacerbation of a long term condition. This service is utilized as an alternative to re admission during a crisis and enables people to be assessed for ongoing care needs seamlessly at the end of the 72 hour intervention.

54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	3	8.3 The development of the Departments Market Position Statement will include a full assessment of Sefton’s workforce and skills and this will be completed in conjunction with our own Workforce Development Unit and our Economic and Regeneration Department
<b>9 Understanding the population who need/receive services</b>				
55	9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2	The Local Authority already has a substantial bank of evidence of need of its service users gathered through long standing transition data from Children’s Services, ongoing needs assessments, user feedback, meetings with service user and carer groups etc. This has also been collated and analysed as part of the 2012 Sefton Strategic Needs Assessment (JSNA) and used to inform Sefton’s Health and Well Being Strategy which was approved in March 2013. This is being used to develop a Market Position Statement which will seek to strengthen diversity in the market and the range of services available. It will also ensure that there is sufficiency of appropriate and affordable provision to meet needs and deliver effective outcomes for those who use social care services. This will include mapping current services, identifying gaps and stimulating provision.
56	9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age, ethnicity and gender issues in planning and understanding future care services.	0 - No 1 - Yes 2 - Not clear 3 - In part	0	
<b>Children and adults – transition planning</b>				
57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	There is a well-established Transitions Strategy Group and multi-agency protocol. Transition Co-coordinators link information between children’s and adult services.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	10.1 & 10.2: Please see end of year transitions report. The needs of children/young people are identified within commissioning arrangements. Trends e.g. for future service and commissioning is undertaken via Transition Strategy and Moving On meetings to ensure that young people are highlighted early to enable services to forward plan.
<b>11. Current and future market requirements and capacity</b>				
1010	3TH			

59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	11.1 & 2 Please see Point 9.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	2	
61	11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	0 - No 1 - Yes 2 - Not clear	1	11.3: The provider forum – Sharing good practice with providers. PCP coaching and support with providers.



# Agenda Item 7

**Report to:** Health and Wellbeing Board      **Date of Meeting:** February 2014

**Subject:** Sefton Health and Wellbeing Survey Intelligence      **Wards Affected:** All Wards

**Report of:** Dr Janet Atherton – Director of Public Health

**Is this a Key Decision? Exempt/Confidential**      No      **Is it included in the Forward Plan?**      No

## Purpose/Summary

To inform the Health and Wellbeing Board of the findings of two surveys examining different aspects of health and wellbeing in Sefton in 2012.

## Recommendation(s)

These surveys provide a rich source of intelligence that can be used to inform the development of effective population based interventions to improve health and wellbeing and to reduce inequalities.

## How does the decision contribute to the Council’s Corporate Objectives? N/A

This report is for information purposes, not a key decision

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

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**Reasons for the Recommendation: N/A**

**Alternative Options Considered and Rejected: N/A**

**What will it cost and how will it be financed? N/A**

**(A) Revenue Costs**

**(B) Capital Costs**

**Implications: N/A**

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Financial</b>	
<b>Legal</b>	
<b>Human Resources</b>	
<b>Equality</b>	
1. No Equality Implication	<input type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

**Impact of the Proposals on Service Delivery: N/A**

**What consultations have taken place on the proposals and when?**

The Head of Corporate Finance and ICT has been consulted and has no comments on this report because the contents of the report have no direct financial implications for the Council. (FD 2790/13)

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The Head of Corporate Legal Services has been consulted and has no comments on the report (LD 2096/13)

**Implementation Date for the Decision N/A**

**Contact Officer: Samantha Tunney**  
**Tel: 0151 934 4039**  
**Email: [samantha.tunney@sefton.gov.uk](mailto:samantha.tunney@sefton.gov.uk)**

**Background Papers:**

Please refer to Appendix in the attached report.

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## **Sefton Health and Wellbeing Survey Intelligence January 2014**

### **Background**

In 2012, two surveys were commissioned to examine different aspects of health and wellbeing in Sefton. Firstly, The Merseyside Lifestyle Survey (2012) was jointly commissioned with NHS Halton & St Helens, NHS Knowsley, and Liverpool Primary Care Trust to explore key health behaviours and attitudes across Merseyside and within specific population groups. Whilst each area has undertaken lifestyle surveys in the past, this is the first time a shared methodology has been used across Merseyside. The survey establishes a method which can be reproduced in the future to monitor health and lifestyle within and across the local authority areas. Secondly, The Mental Wellbeing Survey (2012/13) was commissioned across the North West in response to a growing need to understand more about the mental wellbeing of people in the region. The survey provides information about a broad range of factors related to mental wellbeing including feelings, relationships, life events, health and local area. This report summarises key results from the interviews conducted with Sefton residents as part of these two surveys.

### **Methodology**

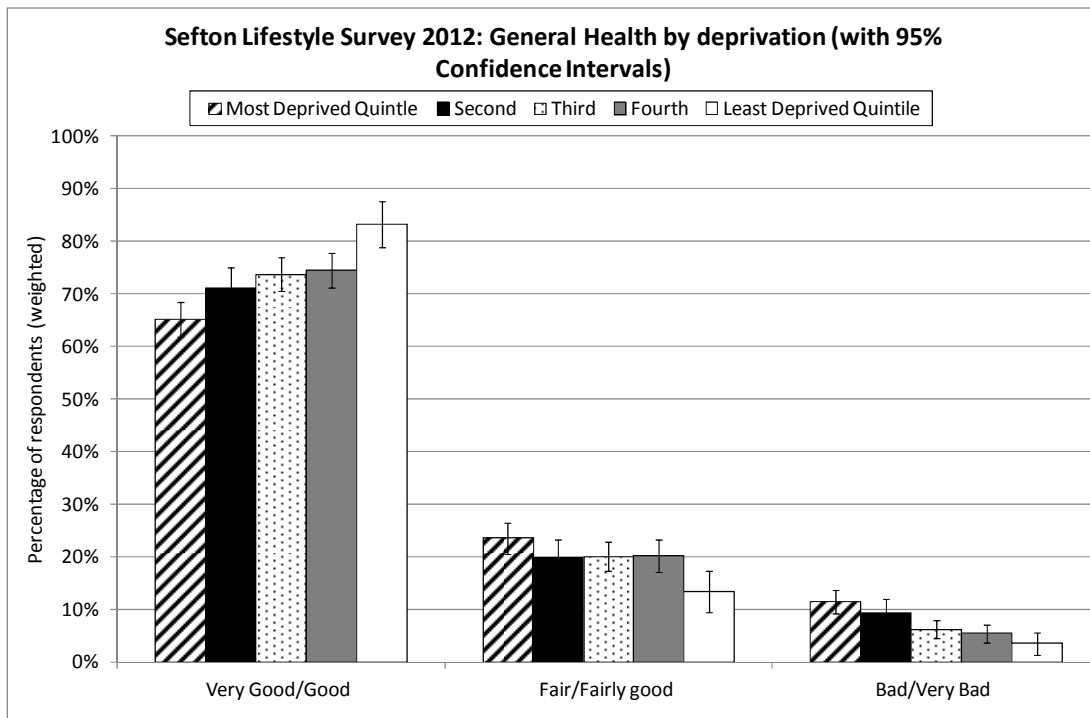
Both surveys used face to face interviews to collect information from residents. The Merseyside Lifestyle Survey is the first time a face to face survey has been used to collect general health and lifestyle information in Merseyside. Therefore we are unable to make direct comparisons of the results to previous local lifestyle surveys. The Merseyside lifestyle survey resulted in a robust and representative sample of the population. A total of 13,121 interviews were conducted across Merseyside, 2,912 of which were with Sefton residents. The Sefton Wellbeing survey was conducted as part of a larger survey of mental wellbeing across the North West. This is the second time such a survey has been conducted, the first being undertaken in 2009. The 2012 survey sampled 11,500 North West residents of which 500 were from Sefton.

### **Key Results**

#### **General Health**

70% of Sefton residents rate their health as good or very good and 21% consider themselves to have a long term health problem, illness or disability which limits their daily activities or the work that they do. Reporting poor general health and having a health problem or disability both increase with increasing deprivation. The proportion of respondents with a health problem or disability in the most deprived areas is double that of the least deprived areas.

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## Healthy Weight

Over 50% of residents have a Body Mass Index (BMI) that classifies them as overweight, obese or very obese – a figure similar to the Merseyside average. The proportion of overweight, obese or very obese individuals is higher in men (61%) than women (51%). The proportion of residents classified as obese also increases with increasing deprivation.

The Merseyside Lifestyle Survey collected a wealth of information about residents' diets. This included asking about takeaway food consumption - information that has not been collected previously. 23% of respondents consumed fast food at least once a week, mostly from local outlets rather than from a large chain (e.g. McDonalds, KFC, Dominos). Young age groups, single people and those from the most deprived areas are more likely to regularly have takeaway food.

In terms of activity, Sefton residents spend on average four and a half hours sitting or reclining per day, the longest of the 5 Merseyside local authority areas. Only 22% of Sefton respondents achieve the Chief Medical Officer (CMO) recommendation of 30 minutes of moderate or vigorous physical activity at least 5 days per week through work or leisure activities. However, respondents were more likely to engage in active travel, with 67% reporting at least 30 minutes walking or cycling for travel on a typical day.

Meeting the CMO recommendation through work and leisure shows little variation by deprivation but active travel is significantly higher in the most deprived area. Women, respondents not in work and those with long term illness are less likely to meet the recommended levels of physical activity or

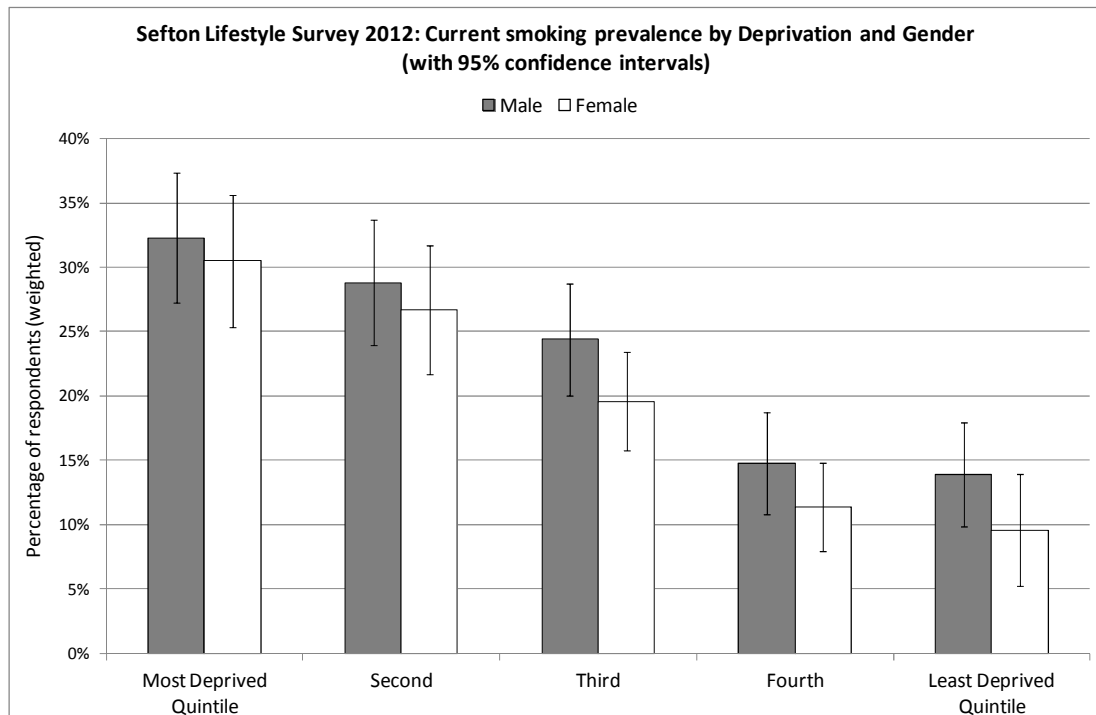
engage in active travel. Men and older people are more likely to have a higher average sedentary time per day than women and younger people.

## Smoking

Sefton's current smoking rate is 22%. This is the lowest smoking rate of the 5 areas who participated in the lifestyle survey and 6 percentage points below the Merseyside average.

Area	Smoking Prevalence (%)
Knowsley	32
Halton	30
St Helens	30
Liverpool	29
<b>Sefton</b>	<b>22</b>

Smoking generally falls with age. The highest rate was found in the 25-34 age group at 30% and the lowest in the 65+ age group at 13%. Males, White respondents, those from the most deprived areas and those with a long term illness or disability were also more likely to smoke.

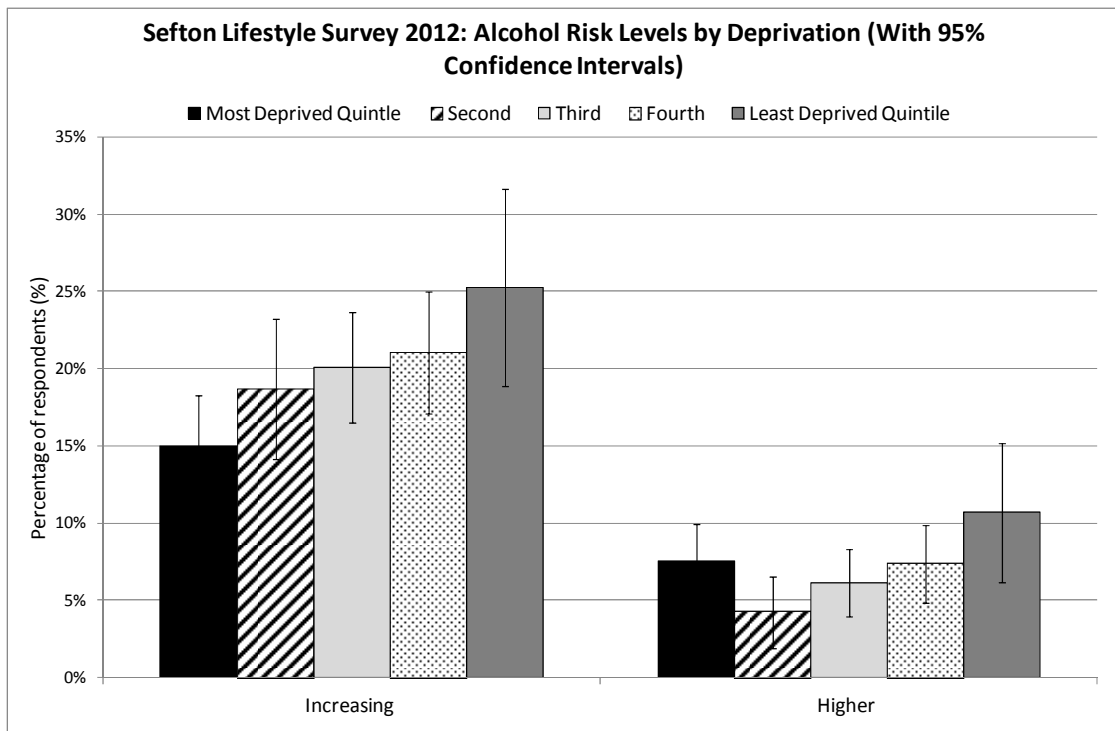


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## Alcohol

Risk Level	Units per week	
	Men	Women
Lower risk	0-21	0-14
Increasing risk	22-50	15-35
Higher risk	Over 50	Over 35

Sixteen percent of Sefton residents drink at increasing or higher risk levels, more than the Merseyside average (14%). Increasing risk drinking is more common amongst males and the 25-54 year old age group. Higher risk drinking, however, shows little variation by gender and is most prevalent in the youngest age group (18-24 year olds). Whilst increasing risk drinking increases as deprivation decreases, higher risk drinking is most prevalent in the least and most deprived areas.



## Mental Well Being

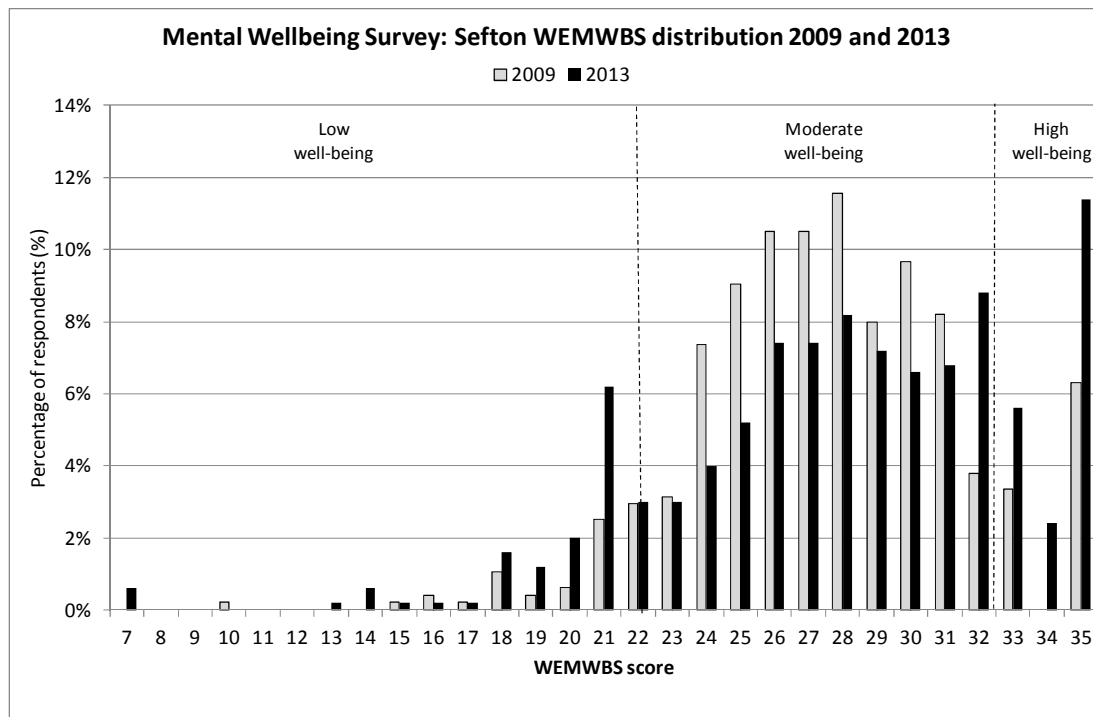
The Warwick-Edinburgh Mental Well Being Scale (WEMWBS) is a scale used to assess mental well being. WEMWBS consists of a set of 7 statements that respondents rate themselves against with answers that range from “none of the time” (scoring 1) to “all of the time” (scoring 5). Total scores are banded low (7-22), moderate (23-32) or high (33-35).

The WEMWBS was included in the Merseyside Lifestyle Survey and The North West Mental Wellbeing survey with both surveys reporting similar scores for Sefton. Approximately 22% of respondents have high mental well being, 63% moderate mental wellbeing and 15% low mental well being. The



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North West Wellbeing survey found that Sefton's mean WEMWBS score has increased since the 2009 and is now greater than the North West average. The lifestyle survey also found that those who are divorced or separated, those who are not in work, those with a long term illness or disability and those with poor general health rate their mental wellbeing more poorly. Respondents from the two most deprived quintiles are more than twice as likely to have low mental well being as respondents from the least deprived quintile.



The Mental Wellbeing survey also informs us about two mental health indicators included in the Public Health Outcomes Framework- life satisfaction and anxiety. Approximately 80% of Sefton respondents stated that they were satisfied with their life on the whole, higher than the North West average (65%) and an increase from just over 60% in 2009. Approximately 3% of adults say that they are extremely anxious or depressed which is similar to the figure reported for Sefton in 2009.

## Place

Ninety-three percent of Sefton residents are at least fairly satisfied with their local area as a place to live and just over 62% feel strongly that they belong to their immediate neighbourhood. Both these figures have improved since the 2009 survey and are higher than the North West averages (90% and 38% respectively). 46% of Sefton residents agree they can influence local decisions. This is higher than the North West average of 37%. Those with low mental wellbeing were less likely to feel they could influence decision making than those with high mental wellbeing.

## Relationships

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The Wellbeing Survey asked residents about their social contact with others. Contact with neighbours, friends and relatives have all decreased in Sefton. In 2009 most adults said they spoke to their neighbours on most days (57%). However in 2012, only 40% of residents speak to their neighbours most days, now the same as the proportion that speak to neighbours once or twice a week. The proportion of adults who never speak to their neighbours has also increased from 2% in 2009 to 4% in 2012. This trend is similar to the North West, which has seen a shift to speaking to neighbours less frequently. The survey also asked how often residents see friends or relatives who do not live with them. Again there has been a fall in the proportion of residents who see friends or relatives most days, from just over 50% in 2009 to just over 40% in 2012. Approximately 4% of Sefton residents meet with friends or relatives less frequently than once per month, which is slightly worse than the North West average.

However residents remain satisfied with the quality of their personal relationships. In 2012, 65% of Sefton adults were very satisfied with their personal relationships. This is broadly similar to the 2009 Sefton average and slightly better than the North West average of 60%. Only 1% of residents were very dissatisfied with their personal relationships, a similar figure to the North West and 2009 averages.

## **Money**

In total, 37% of the Sefton population say that they never worry about money. This has improved since the 2009 survey and is now similar to the North West average. However, approximately 4% of Sefton's population say that they worry about money all the time, and a further 14% worry about money quite often. Those with low mental wellbeing are more likely to worry about money often than those with high mental wellbeing.

## **Conclusion**

This report presents key results from two surveys recently conducted in Sefton. These surveys provide a rich source of intelligence that can be used to inform the development of effective population based interventions to improve health and wellbeing and to reduce inequalities. The Sefton Mental Wellbeing Survey updates our understanding of the population's mental wellbeing, allowing us to assess how it has changed since 2009 as well as how it compares to other North West local authorities. In contrast, the Merseyside Lifestyle Survey presents a new approach for collecting lifestyle information from residents. There are significant differences between this new survey methodology and ones used in the past. As a consequence, the results of this survey should not be compared with previous local lifestyle surveys as this could be misleading. The 2012 survey has, however, delivered a robust sample which allows comparisons to be drawn between Sefton and its neighbouring local authorities as well as between lower geographies such as CCGs and wards.

## **Appendix -Topics covered by the Sefton Lifestyle and Wellbeing Surveys**

## *Merseyside Lifestyle Survey (2012)*

Sefton level intelligence is available relating to the topics listed below. Analysis at sub-Sefton geographies and for different population groups may also be available. Please contact Business Intelligence & Performance to discuss any requirements.

- General Health and limiting longstanding illness
- Prevalence of health conditions
- Mental Wellbeing (WEMWBS)
- Physical Activity
- Active Travel
- Sedentary behaviour
- Fruit & Vegetable consumption
- Fast food consumption
- Bread and dairy consumption
- Salt consumption
- Oil and fat consumption
- Alcohol consumption
- Smoking
- Healthy Foundations (Health Attitudes and Motivations)

## *North West Mental Wellbeing Survey (2012/13)*

Intelligence is available at the Sefton level on the following topics:

- Mental Wellbeing (WEMWBS)
- Anxiety and Depression
- Life Satisfaction
- Speaking to neighbours
- Contact with friends and family
- Ability to rely on others
- Satisfaction with personal relationships
- General health\*, mobility and pain
- Activity and sedentary behaviour\*
- Smoking status\*
- Alcohol consumption\*
- Cannabis Use
- Money
- Satisfaction with local area
- Sense of belonging to local neighbourhood
- Influence on local decision making

\*Lifestyle information was collected to gauge associations with mental wellbeing. If interested in these topics in their own right please refer to the Merseyside Lifestyle Survey (2012) which provides greater detail and was collected from a larger sample of residents

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**Report to:** Health and Wellbeing Board      **Date of Meeting/Report:** 19<sup>th</sup> February 2014  
**Report to:** Cabinet                                      **Date of Meeting/Report:** 27<sup>th</sup> February 2014

**Subject:**      Better Care Fund (Formerly the Integration Transformation Fund)

**Report of:**    Deputy Chief Executive                      **Wards Affected:** All

**Is this a Key Decision?** No                                      **Is it included in the Forward Plan?** No

**Exempt/Confidential**      No

**Purpose/Summary**

This report provides members of the Health and Wellbeing Board and Cabinet with the background to the Better Care Fund (BCF) (formerly the Integration Transformation Fund) and outlines the approach being taken in developing Sefton's Better Care Plan. The first stage of which is that a BCF template has to be submitted by 14<sup>th</sup> February to NHS England (North), which will then be assured by that organisation, with support from the Local Government Association, to assess whether Sefton's BCF, is sufficiently robust to deliver the governments vision for the integration of health and social care.

**Recommendation(s)**

That the Health and Well Being Board agree and recommend to the Cabinet and the two CCG Boards, the first iteration of the Better Care Plan, in the form of the attached template, as agreed by the Chair of the Health and Wellbeing Board, Councillor Moncur, in consultation with the Cabinet Member Older People and Health, Councillor Cummins, which was submitted to the government on the 14<sup>th</sup> February 2014, subject to agreement by the Health and Wellbeing Board and the Councils Cabinet.

That Cabinet endorse the recommendation from the Health and Wellbeing Board, that the Cabinet agree the first iteration of the Better Care Plan (template attached), and note that the Plan will be brought for approval by Cabinet as a key decision at its next meeting, in order to meet the governments deadline of April 4<sup>th</sup> 2014.

That the Health and Wellbeing Board and the Cabinet note that there is no new money attached to the Better Care Fund.

**How does the decision contribute to the Council's Corporate Objectives?**

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community			
2	Jobs and Prosperity			
3	Environmental Sustainability			
4	Health and Well-Being			
5	Children and Young People			
6	Creating Safe Communities			
7	Creating Inclusive Communities			

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8	Improving the Quality of Council Services and Strengthening Local Democracy			
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## Reasons for the Recommendation:

The Government is pooling resources within the Better Care Fund, and has nominally proposed the amount for each local area, subject to jointly developing with its CCG(s), a joint plan. The first stage of the process is to submit a planning template, which will be assured, to assess whether the plan is likely to deliver the government's vision for integration of health and social care. The deadline for the template to be submitted was 14<sup>th</sup> February, 2014, and the Cabinet Member for Older People and Health, in consultation with the Cabinet Member for Children, Schools, Families and Leisure, as Chair of the Health and Wellbeing Board, agreed to submit the template by the deadline, but subject to the approval of the Cabinet on formal recommendation of the Health and Wellbeing Board. It is not known what the impact would be of non-compliance with the process, but it is possible that the resources nominally allocated to Sefton would not be available. Therefore to ensure the resource is secured, the process has been complied with.

## What will it cost and how will it be financed?

### (A) Revenue Costs

The Better Care Fund Pooled Budget for Sefton has a proposed value of £24.0 M in 2015/16. Of this, £2.8 M, is for disabled facilities grants and social care capital grant, and is currently resources which the council receives (see B below).

In 2014/15, the Council will receive, as previously reported, a further £9.3 M from the Southport and Formby CCG and South Sefton CCG, which will continue in 2015/16, and forms part of the aforementioned £24 M. This is currently spent on a range of S256 agreements which support social care but have a health benefit, carers break expenditure, and reablement services.

The balance of the £24M: £11.9 M, will be transferred to the Better Care Fund by the two local CCGs, and is resources which currently funds acute and community services. Of this, in 2015/16, £3 M is required to protect social care, and to off set some of the demographic pressures on social care services, resulting from Better Care Fund vision.

### (B) Capital Costs

Of the £24.M resources referred to above, £2.8m relates to capital expenditure to cover the Disabled Facilities Grants and the Social Care Capital Grant. These items are currently included within the Council's single capital pot and will need to be ring fenced in future years to facilitate the transfer from the Council's single capital pot into the Better Care Fund.

## Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<b>Legal</b>	
<b>NHS England Planning Guidance – Developing Plans for the Better Care Fund, December 2013, Health and Social Care Act 2012, The Care Bill.</b>	
<b>Human Resources</b>	
<b>Equality</b>	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

**Impact on Service Delivery:**

**What consultations have taken place on the proposals and when?**

The Head of Corporate Finance and ICT has contributed to the preparation of this report and is aware of the future changes being proposed by introducing a pooled budget to support the social care and health needs. At this stage the financial risks cannot be evaluated as the proposals are not yet fully developed to identify risks arising from the changes in commissioned services and any resulting impacts this could have on the Council's responsibilities and budget choices. She supports the recommendations in order to maximise the resources available to meet the Sefton population needs and will review the risks as the plan matures. (FD 2802/14)

The Head of Corporate Legal Services (LD 2108/14)

**Are there any other options available for consideration?**

**Implementation Date for the Decision**

**Contact Officer:** Sam Tunney  
**Tel:** 0151 934 4039  
**Email:** [samantha.tunney@sefton.gov.uk](mailto:samantha.tunney@sefton.gov.uk)  
 Background Documents  
 Better Care Fund Guidance  
 Better Care Fund Template  
 Better Care Fund Finance Template

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## Background

In the autumn of 2013 the Government set out its intentions for the implementation of an Integration Transformation Fund (ITF), now known as the Better Care Fund. The Better Care Fund places requirements on local health and social care systems to plan for a higher level of integration as part of a five year strategy. The most recent detailed guidance on Better Care Fund outlines the following requirements:

- Plans are to be jointly agreed and signed off by the Health and Wellbeing Board
- Protection of social care services (not spending)
- As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact in the acute hospital sector

The guidance requires the first iteration of the completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans, to be submitted to the government by 14 February 2014 and for a revised version of the Better Care Plan to be submitted to NHS England (North) as an integral part of the constituent CCGs' Strategic and Operational Plans by 4 April 2014.

## What is the Better Care Fund?

The Better Care Fund (formerly known as the Integrated Care Fund) requires Councils and Clinical Commissioning Groups (CCGs) to deliver five year local plans for integrating health and social care.

Whilst the Better Care Fund does not come into full effect until 2015/16, the intention is for CCGs and Local Authorities to build momentum during 2014/15, using the £200 million (nationally) due to be transferred to local government from the NHS to support transformation. Plans for use of the pooled budgets must be agreed by CCGs and local authorities, and endorsed by the local Health and Wellbeing Board. It is not yet clear how this will be released to local authorities.

It is important to clarify that this money is not new money, but a transfer of resources from the NHS to Local Authorities that is already committed to existing services. The funding is intended to be used to support adult social care services which also have a health benefit. The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified. The Sefton Better Care Plan is being developed in order to derive the maximum benefits for our residents, whilst seeking to protect adult social care services within the current climate of significant budget pressures and growing demand. The approach has been developed to assist the Council in delivering the proposals for modernising adult social



care as outlined in the report on the Adult Social Care Change Programme being presented to Cabinet on the 27<sup>th</sup> February 2013.

## Payment linked to Performance

Nationally, £1bn of the £3.8bn included in the total Better Care Fund will be linked to achieving outcomes. Ministers have agreed the basis on which this payment-for-performance element of the Fund will operate. Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and a single locally determined metric.

The national metrics/measures underpinning the Fund are:

- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care;
- avoidable emergency admissions; and
- patient / service user experience.

There is no single measure of patient / service user experience of integrated care currently available and a new national measure is currently in development. In addition to the above five national metrics/measures, local areas are required to choose one additional indicator that will contribute to the payment-for-performance element of the Fund. The following menu of nine metrics/measures selected from the NHS, Adult Social Care and Public Health Outcomes Frameworks have been chosen by the government which local areas can choose from as their local metric/measure:

<b>NHS Outcomes Framework</b>	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days
<b>Adult Social Care Outcomes Framework</b>	
1A	Social care-related quality of life
1H	Proportion of adults in contact with secondary mental health services living independently with or without support
1D	Carer-reported quality of life
<b>Public Health Outcomes Framework</b>	
1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as "inactive"
2.24i	Injuries due to falls in people aged 65 and over

Local areas must either select one of the measures from the above menu, or agree a local alternative. Any alternative chosen must meet robust criteria as outlined in the guidance.

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It is recommended to the Health and Wellbeing Board and Cabinet that the following metric from the NHS Outcomes Framework be adopted as the local metric for the Sefton Better Care Plan:

## ***2.1: Proportion of people feeling supported to manage their (long term) condition.***

The reasons for recommending this metric to the Health and Wellbeing Board and Cabinet is that it will be collected as part of the existing performance management processes for the NHS thereby not requiring the Council to invest in any new surveys or consultations processes. Additionally the model of integration described in the attached planning template, would be supported by this measure.

Each metric/measure will be of equal value for the payment for performance element of the Fund. The Better Care Fund Plans will go through an assurance process involving NHS England and the LGA in order to release performance related funds. The government will not withhold the performance-related funding and reallocate elsewhere in 2015/16. However, they are considering whether such an approach should be adopted in future years. In terms of failure to achieve the levels of ambition outlined in the plan the government may require areas to produce either a contingency plan or recovery plan, for which any the held-back portion of the performance payment from the Fund will be made available.

It is important to note that the BCF is only part of our overall plans to integrate health and social care, which is a core purpose of the Health and Wellbeing Board, and a duty under the Health and Social Care Act 2012 and will be a duty under the Care Bill when enacted.

Attached at Appendix One is the Better Care Fund Planning Template for Sefton which, with the approval of the Chair of the Health and Wellbeing Board, in consultation with the Cabinet Member for Older People and Health, was submitted to the Government on the 14<sup>th</sup> February. The submission was made subject to approval by the Health and Wellbeing Board on the 19<sup>th</sup> February 2014 and ratification by Cabinet on the 27<sup>th</sup> February 2014. South Sefton CCG and Southport and Formby CCG gave a delegation to their Chief Officer and Chairs of the two Boards, to sign the planning template for submission. Members should note that the Council and CCGs will not be bound by the draft planning template as there will be further iterations developed as the plan goes through the assurance process working towards a revised submission on the 4<sup>th</sup> April 2014.

### **Requirements in developing a Better Care Plan**

- The Health and Wellbeing Board are required to sign off the plan on behalf of the Council and the CCG's
- The plan must be developed as an integral part of a CCG's wider strategic and operational plans, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan
- The plan should include an agreed shared risk register, an agreed approach to risk sharing and mitigation covering, as a minimum, the impact on existing NHS and social care delivery and the steps that will be taken if, for example, emergency admissions or nursing home admissions increase

- Councils and CCGs must engage with all providers, both NHS and social care (and also providers of housing and other related services), to develop a shared and agreed view of what future services will look like, help manage the transition from current service delivery to the future proposed models, including an assessment of future capacity and workforce requirements across the system, and agreement to all the service change consequences.

## **Assurance Process**

The Government issued further draft guidance on the assurance process for the Better Care Fund in early February 2014. NHS England and local government regional peers will have the primary role in the assurance process of the BCF Plans. The assurance process includes a testing timetable working towards a revised iteration of the plan being submitted by the 4<sup>th</sup> April 2014. Further funding has been made available in year 2013/14 and for 2014/15 to support a sector led support programme for the Better Care Fund and the Care Bill across the nine local government regions.

## **The Local Approach to Developing our Better Care Plan**

The Health and Wellbeing Board held a number of workshops during November to January with a range of representatives from the Council and CCGs at which the framework for integration in Sefton was developed. Following this, under the direction of the Health and Wellbeing Board, the Programme Group established a task and finish group of officers from the Council, the Clinical Commissioning Groups for Southport and Formby and South Sefton and Clinicians to share ideas about how to develop the Plan for Sefton.

The Health and Wellbeing Board hosted a listening event on the 22<sup>nd</sup> January 2014 to engage wider partners from the hospitals, community health trusts, pharmaceutical and optical committees, housing providers, health and social care providers and the voluntary, community and faith sector, including those representing public voice, to share ideas and further shape the approach to integration within Sefton. From this a report has been developed which has informed the vision and outcomes expressed in the BCF planning template. Further work is planned to further develop this work within the Council, with CCGs and with those invited to the event, over the coming months.

A range of public engagement and consultation sessions have been held on the CCGs Strategic Plans for Southport and Formby and South Sefton which included taking feedback as it relates to the Better Care Fund. The first iteration of the Better Care template has been developed by also utilising the feedback from the public, service users, and stakeholders from the wide ranging consultation and engagement processes that underpinned the development of the Sefton Strategic Needs Assessment and the Sefton Health and Wellbeing Strategy. Further events with stakeholders, the public, service users and the voluntary sector will take place during the coming months to inform the final Better Care plan for Sefton.

The approach adopted to developing our Better Care Plan has been informed by the Council's significant budget pressures, which are compounded by our demographics and the dialogue that is taking place with the public around self care and self management. This approach will continue to underpin the development of the final Better Care Plan for Sefton, and will inform our approach to integration.

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## **Conclusion**

Preparations for the development of a Better Care Plan, as part of the CCG's Southport and Formby and South Sefton 5 year Strategic Plans are underway, in accordance with the national guidance. Once feedback, both from the assurance process referred to above, and from continued engagement on the first cut of the Better Care template and the CCG's draft 5 year strategic plans is received, a more detailed revised plan will be brought to the Health and Wellbeing Board and Cabinet. The guidance on the BCF has been changed during the process of development, and it is anticipated it will continue to be firmed up over coming months as the assurance process validates whether the BCF templates are robust enough in terms of vision, ambition and schemes, to draw down the funding. The risks associated with the plan are set out in the attached template, and the Health and Wellbeing Board and Cabinet is asked to consider the risks when it considers the attached BCF template.



## Foreword

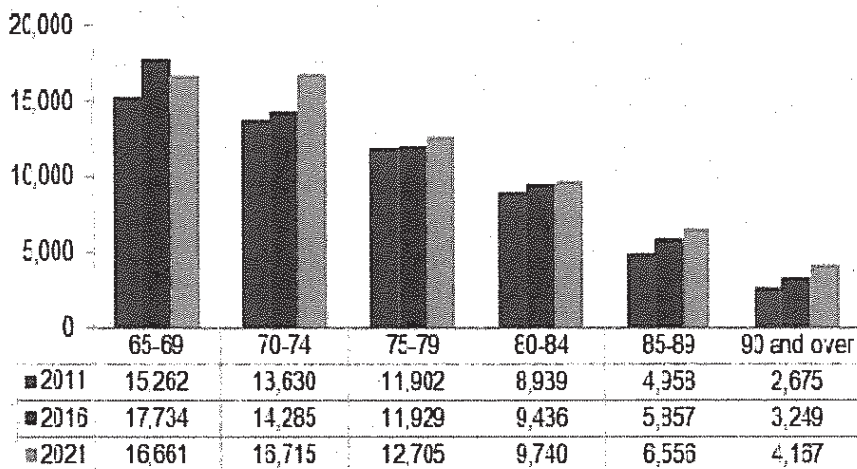
### Who we are?

Sefton is a borough in Merseyside. Our population is approximately 275,000 and is centred around 5 townships. Sefton is served by two Clinical Commissioning Groups: Southport and Formby CCG and South Sefton CCG, which together, have co-terminus boundaries with Sefton Council. We have 54 GP practices: 20 in Southport & Formby and 34 in South Sefton and our population is served by a range of acute hospitals, including Southport and Ormskirk Hospital Trust: which is an Integrated Care Organisation, and Aintree University Hospital Foundation Trust. Our population is also served by Royal Liverpool and Broadgreen Hospital Trust. Community services in the south of the Borough are provided by Liverpool Community Health Trust and they also provide some specialist services and children's services for the whole of the borough. Mersey Care NHS Trust provides borough wide Mental Health Services. There are a range of specialist hospitals within Merseyside and beyond, which meet the specialist needs of our community, including Alder Hey Children's NHS Foundation Trust providing both secondary and tertiary care for children and the Walton Centre NHS Foundation Trust. We have a thriving domiciliary and residential care market and an active community, faith and voluntary sector.

### What are the challenges?

The Borough faces particular challenges with regards to its significantly ageing population, with multiple long term conditions, compounded by unacceptably high health and wellbeing inequalities. Between 2011 and 2021, while the overall population of the Borough is expected to remain largely unchanged (an increase of 1%), it is predicted that there will be a 16% (57,366 to 66,545) increase in our population aged 65 and over, and a 40.5% (7,633 to 10,723) increase in the numbers of people aged 85 years and over in the same period, with those over the age of 90 expected to increase by more than 55%<sup>1</sup>.

**Projected Growth in over 65's Within Sefton 2011-2021**



The above charts shows a predicted increase across all quintile age groups age 65 and over by 2021.

<sup>1</sup> ONS Population Projections 2011-2021



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Although the percentage increase in residents over the age of 65 is lower than percentage increases both nationally and regionally (23% and 20% respectively), the proportion of the area's population that is aged 65 or over is predicted to increase more rapidly. This is as a result of an increase of just 1% in Sefton's overall population, compared to 9% nationally and 4% across the North West. By 2021 over 65's are projected to represent 24% of the overall population, compared to 19% both regionally and nationally. Sefton's ageing population is further compounded by a falling working age population, expected to fall by 4%, compared to a national increase of 4% and a reduction of less than 1% across the North West. This demographic time bomb points to an increased demand for Council services during a time when resources and generated revenue to the authority are reducing.

The Council has significantly reduced resources as a result of the austerity measures; whilst at the same time is facing increased demand and expectation from within our communities. We are working within a context of dynamic national policy change, which is impacting on individuals and communities within the Borough. To put some of this in context, Council resources will have reduced by over £110m by 2014/15 and will see a further approximate reduction of £55m by 2017. This equates in real terms to a 40% reduction in resources since 2011/12. Around 60% of the Council's budget is currently spent on vulnerable adults and children. The core purpose of the Council is to protect the **most vulnerable** and to manage demand for support and services, and not just supply. We must pursue borough growth, as well as make savings, and empower communities and support independence by doing things differently in the context of reduced resources. We want to develop our commissioning approach and move from a contracting function where we have a small number of contracted services that have to be used to meet all assessed need, to one that starts from the position of identifying what people, families and communities can do for themselves augmented by a vibrant and responsive market place that has the flexibility to deliver support to fill the gaps.

There are also considerable pressures on the health system with the need to make on-going efficiencies, maintain quality, reduce secondary care activity, whilst working to further develop our approach to integration.

Local prosperity and community resilience go hand in hand, and as partners, we recognise that we must collaborate not just within the Borough, but also across geographical boundaries. An example of this is that Southport and Formby and South Sefton CCG collaborated with West Lancashire CCG around Southport and Ormskirk Hospital Trust which is an Integrated Care Organisation. Additionally, South Sefton CCG collaborates with Liverpool and Knowsley CCGs around the Aintree catchment, community and mental health services. We believe we need to align around the needs of people not organisations, to enable us to innovate and rise to the significant challenges which our communities face. By 2020, local government and public service will be unrecognisable, with people, families and communities having to do more things for themselves. Our challenge is to focus on people and place, not just the financial pressures on organisations, and more of the same will not be good enough if we are to achieve the aspirations of our community.

It is recognised that the Better Care Fund is important to the alignment and integration agendas, and we intend to use it for these purposes. However, the Fund alone is not enough to resource real and sustainable integration. This requires commitment from all partners, commissioners, providers, and the voluntary community and faith sector to effect the scale of change we need in our Borough, and through our engagement, we are creating the climate for this to happen. This work, together with work by individuals and communities, is part of the change, and an understanding that the Council will not be able to continue to provide services in the way it has to date. We believe that sustainable change at the scale required by the government is not achievable within five years, and that a more realistic planning horizon is five to ten years.

Due to the particular challenges in Sefton, the journey of integration has been on-going for some time. The Better Care Fund will help in focussing attention, by making it real. We have begun to align Social Care and Health Care Services in Sefton and tested new models of integrated care: known locally as 'Care Closer to Home' and 'Virtual Ward'. We made a Pioneer Integration Bid, with West Lancashire District Council and the Southport and Formby CCG, which regrettably was unsuccessful, but is evidence of our commitment to drive forward change.

The Council and the two local CCGs are aligned at strategic and operational levels, facilitated through the sub structure to the Health and Wellbeing Board. We have a strong foundation of integrated working with Public Health, with the Director of Public Health having been a shared post with the Council and NHS for a number of years, and we are currently mapping our community assets, as these are seen as key to community resilience.

We collectively want to make a real and positive difference to the most vulnerable people in our community. Our ambition is to integrate to support the achievement of the outcomes in our Health and Wellbeing Strategy, to mitigate the impact on the acute sector and the changes in commissioning

We will work together with our communities to do this as our ambition is to make Sefton a better place, despite the many challenges that we face. We are providing system leadership but we are in very difficult times, and the pressures on the system, whether from government austerity measures, welfare reform, demographic pressures, expectations of people around entitlements to services, means there must be a recognition of the challenges we collectively face, in seeking to effect real economically viable, sustainable, and holistic system change.

## Timeline

*This plan will be signed off by Sefton Councils Cabinet (at its meeting on 27<sup>th</sup> February 2014); South Sefton and Southport and Formby CCG Boards – as part of their 5 year strategic and operational plans, gave delegated authority at meetings held on 29<sup>th</sup> January 2014 and 30<sup>th</sup> January 2014 respectively, to the Chairs and Accountable Officer to sign on their behalf and Sefton's Health and Wellbeing Board (at its meeting on 19<sup>th</sup> February 2014). However, in so doing we note that it our considered view that if sustainable change is to be achieved, on the scale that the government is requiring, a ten year planning horizon is more realistic.*

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## Better Care Fund planning template – Part 1

### 1) PLAN DETAILS

#### a) Summary of Plan

Local Authority	Sefton MBC
Clinical Commissioning Groups	Southport and Formby CCG South Sefton CCG
Boundary Differences	The geographic boundaries are co-terminous
Date agreed at Health and Well-Being Board:	19/02/2014
Date submitted:	14/02/2014*
*submitted subject to approval by the Board as above and the Councils Cabinet on 27 <sup>th</sup> February.	
Minimum required value of ITF pooled budget: 2014/15	£
2015/16	£24.040M
Total agreed value of pooled budget: 2014/15	£0.00
2015/16	£24.040M

#### b) Authorisation and signoff

<b>Signed on behalf of the Clinical Commissioning Group</b>	
<b>By</b>	Fiona Clark
<b>Position</b>	Chief Officer, South Sefton CCG and Southport and Formby CCG
<b>Date</b>	XX/XX/2014
<b>Signed on behalf of the Clinical Commissioning Group</b>	
<b>By</b>	Dr Niall Leonard
<b>Position</b>	Chair, Southport and Formby CCG
<b>Date</b>	XX/XX/2014
<b>Signed on behalf of the Clinical Commissioning Group</b>	
<b>By</b>	Dr Clive Shaw
<b>Position</b>	Chair, South Sefton CCG
<b>Date</b>	XX/XX/2014



<b>Signed on behalf of the Council</b>	
<b>By</b>	Margaret Carney
<b>Position</b>	Chief Executive, Sefton MBC
<b>Date</b>	XX/XX/2014
<b>Signed on behalf of the Health and Wellbeing Board</b>	
<b>By Chair of Health and Wellbeing Board</b>	Councillor Ian Moncur
<b>Date</b>	XX/XX/2014

**c) Service provider engagement**

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

We have actively engaged our partners throughout the development of our Sefton Strategic Needs Assessment, the Health and Wellbeing Strategy, the CCGs Strategic Plans, and we are continuing to build on these existing engagement activities. The engagement approach has been focused on wellbeing as opposed to just Health and / or Social Care. To this end, joint engagement sessions (Sefton Council, South Sefton CCG and Southport & Formby CCG) remain programmed in prospectively to June 2014 as part of the CCG's Strategic Plan development. We have actively engaged with health providers as active participants; together with a range of local social care and housing providers, and our voluntary, community and faith sector as a whole. As a result, our providers have told us that they are keen to work with us to co-produce our future plans. We have through this engagement, gained a greater understanding and an appreciation that collectively we need to do things differently, to innovate, and to work together to find solutions to issues.

The Adult Social Care Strategic Plan and Priorities 2013 - 2020 set out the vision for Adult Social Care in Sefton. The Change Programme will deliver the transformation necessary to deliver the vision. The programme includes a full consultation and engagement plan with people and partners. The Market Position Statement sets out our current market place and how we will work with providers to develop the range of support necessary for our communities to make informed choices about their care and needs

**d) Patient, service user and public engagement**

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our vision for integration is based on what people have told us is most important to them and this is evidenced through the feedback on our Sefton Strategic Needs Assessment, the Health and Wellbeing Strategy, the CCG Strategic Plans for Southport and Formby and South Sefton and in developing this Plan. The Health and Wellbeing Board has also utilised the National Voices approach to ensure that the public, patients and service users (including carers) have directly influenced the priorities within our Health and Wellbeing Strategy and the content within this Plan. We have further enhanced our understanding of what patient and the public experience of services is through "Big Chat" and "Mini Chats" events and "Community Chats" within the Borough, which have brought partners together in engaging with our communities, on what matters to them. This has informed our plans, delivery and commissioning. Our Big Chat event in October 2013 highlighted the ambitions of the Health and Wellbeing Board and our emerging models of integrated working.

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## e) Related documentation – to be added to

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

<b>Document or information title</b>	<b>Synopsis and links</b>
<b>JSNA – Sefton Strategic Needs Assessment</b>	Joint Council, Southport and Formby and South Sefton CCGs and NHS England assessments of the health needs of the local population in order to improve the physical and mental health and wellbeing of the people of Sefton.
<b>Sefton Strategic Needs Assessment Consultation Report</b>	Report provides details of the consultation process and findings undertaken on the Sefton Strategic Needs Assessment
<b>Borough Ward and Parliamentary Profiles</b>	The profiles disaggregate the SSNA to a Ward and Parliamentary Constituency level
<b>Joint Health and Wellbeing Strategy</b>	This document sets out the overarching Health and Wellbeing Strategy for Sefton.
<b>Joint Health and Wellbeing Strategy Consultation Report</b>	Report provides details of the consultation process and findings undertaken on the Joint health and Wellbeing Strategy.
<b>Pioneer Bid</b>	Bid to become a pioneer in Integration Care and Support by West Lancashire, Southport and Formby, and South Sefton CCGs
<b>Joint Commissioning Intentions</b>	The Sefton Integrated Commissioning Group identified a range of areas and services on which it would focus its joint commissioning activity. These areas are now recognised within the Health and Wellbeing Board sub group structure.
<b>Big Chat Reports</b>	These documents provides details of the two CCG/HWBB Big Chat events held in October 2013
<b>HWBB Stakeholder Event Report</b>	This document provides details of the engagement event that took place in January 2014 on Integration in Sefton – the Better Care Fund
<b>CCG Strategic Plan/BCF Engagement Schedule</b>	This document outlines the engagement schedule planned to consult with the public and the voluntary, community and faith sector on the CCG Strategic Plan and Integrated Care
<b>Market Position Statement</b>	Provides key information to the market, summarising intelligence and how the Local Authority intends to strategically commission and encourage the development of high quality provision
<b>Individual CCG QIPP, Strategic and Operating plans</b>	South Sefton CCG and Southport & Formby CCG have developed draft 2 year operational plans, in line with NHS England requirements. Draft will be submitted 14/02/14 and finalised by 4/4/14. The final 5 year strategic Plan will be in place by 20/6/14
<b>LGA Peer Challenge Evaluation Report</b>	This evaluation document provides details of the process and findings of the Peer Challenge

## 2) VISION AND SCHEMES

### a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

**Our Vision** for Sefton, as described in our Health and Wellbeing Strategy, is:-

***“Together we are Sefton – a great place to be!  
We will work as one Sefton for the benefit of local people, businesses and Visitors”***

Our Health and Wellbeing Strategic Objectives are:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes
- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

**Over the next 5 years**, we will aim to deliver transformed services for the people of Sefton focusing on moving care from hospital to community based resources and supporting people in their own homes. Where care and other support is needed, we will look to make it available *in the right place, at the right time, at the right quality, whilst being cost effective.*

**In seeking to deliver our 5 year ambition we will focus on:**

- Early Intervention and Prevention
- Health promotion
- Self-care, self-help, self-management, with the longer term aim of reducing reliance on public sector services
- Encouraging self-determination and responsibility
- Information, advice, signposting and where necessary, redirection to appropriate services
- Developing integrated approaches across professional and organisational boundaries e.g. primary and secondary care clinicians working together in the community, assessment, meeting care needs, single gateway, seamless front door
- Facilitating a significant shift in culture and behaviours, across professions and organisations, but also in individuals in our community
- Innovation and whole system change

To achieve this we have committed to the following principles:

- Everything we do is to improve outcomes and the experiences of people
- We will engage with the people who use our services as partners, establishing a new and equal relationship with our professional staff in co-designing and continually improving services
- We will provide person centred care that considers an individual's physical and mental

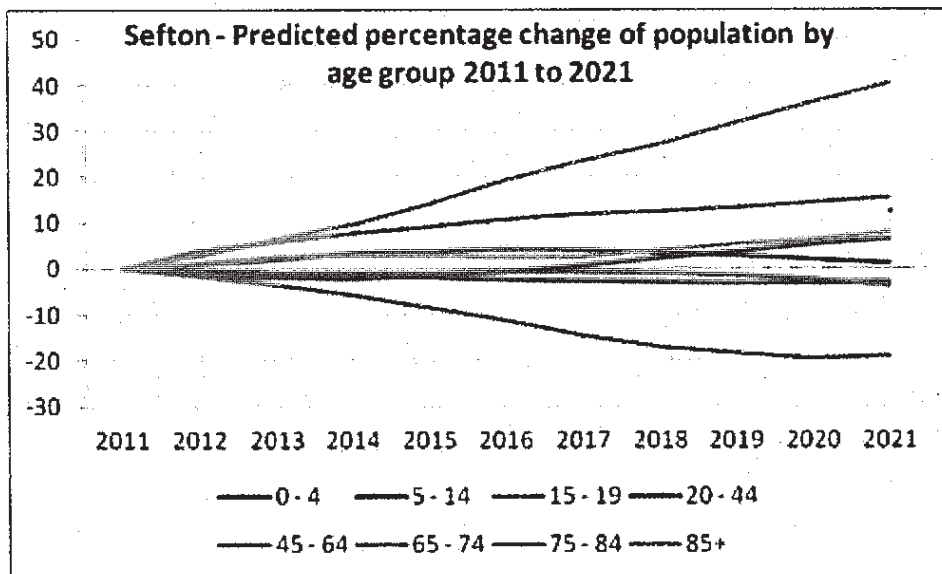
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health and well-being needs

- We will provide care and services focused around the individual - there is no wrong front door - promoting early intervention and prevention, encouraging people to self-help where possible
- We will ensure the location of services is in, or as close as possible to, people's own homes, with hospital and residential care targeted at those who require that level of care
- We will ensure our workforce is fully engaged and contributes to the development of this vision and the services that are part of it
- We will maximise the opportunities to make an even greater difference to people's lives through working with other sectors e.g. housing, voluntary sector

## Population & Demographics

Sefton is a diverse borough with different challenges facing South Sefton and Southport & Formby. South Sefton has some of the most deprived areas in the country, with high levels of benefits reliance, social housing and deprivation. This has many health implications for families in these areas, with high levels of smoking and obesity. Whilst the North of the Borough (Southport and Formby) faces different challenges. Southport is a seaside town, which attracts an older retirement age population, which may be more dependent on care within the home to help them remain living independently.

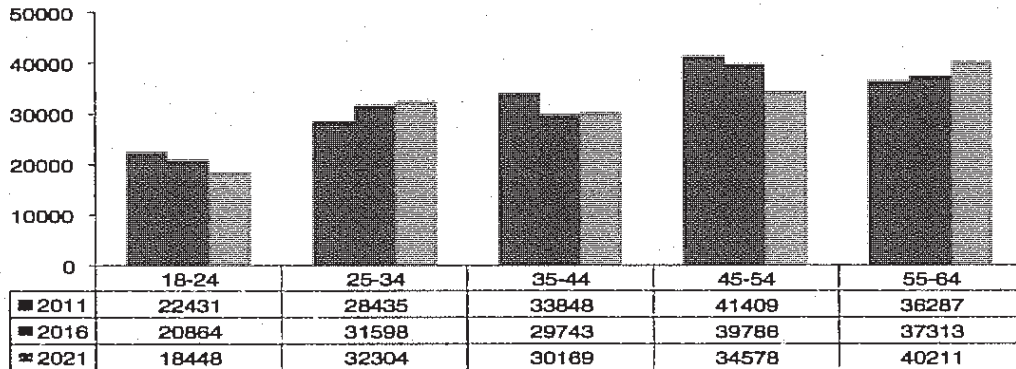


Source: ONS 2011 base Population Projections – 2012

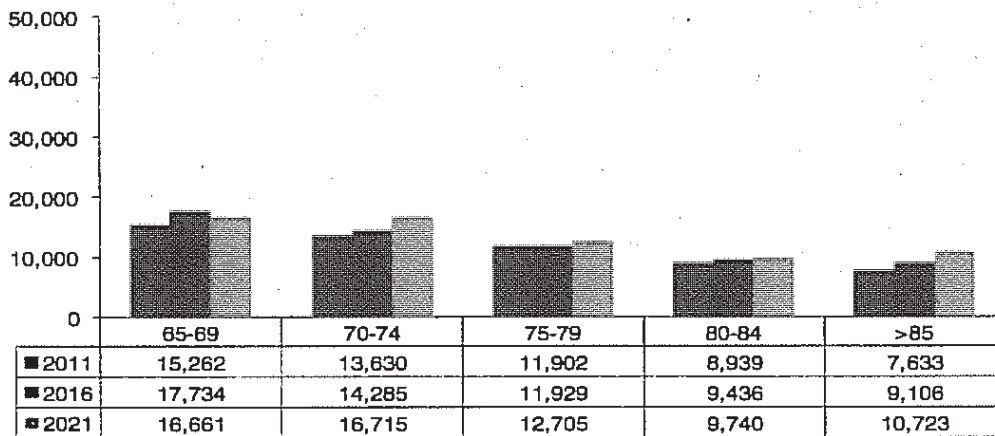
The line chart above shows a significant increase in older population whilst the age groups below 65 either remain consistent or are falling. This indicates the proportion of older people will grow significantly over the next ten years (see pie charts below)



## Projected Change in 18-64 Year Olds within Sefton 2011-2021

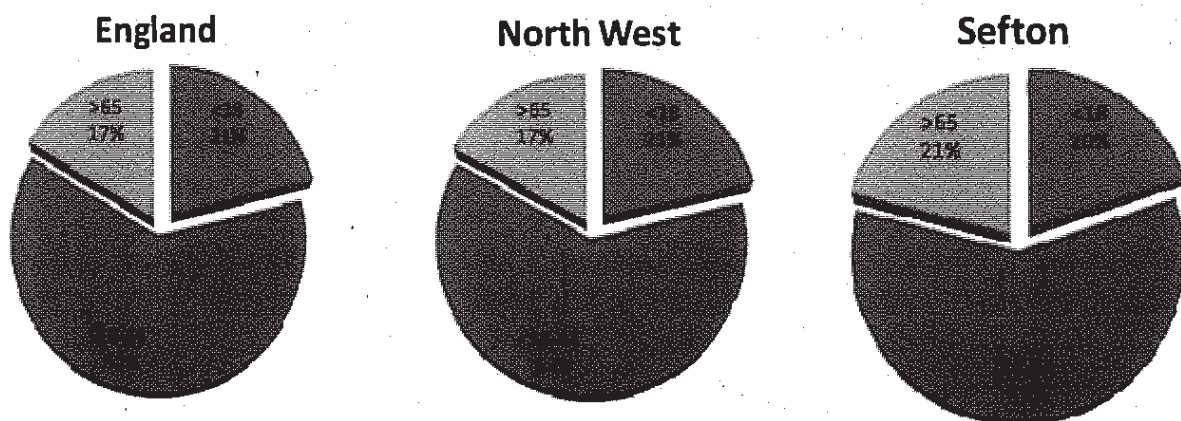


## Projected Change in 65 and Over within Sefton 2011-2021



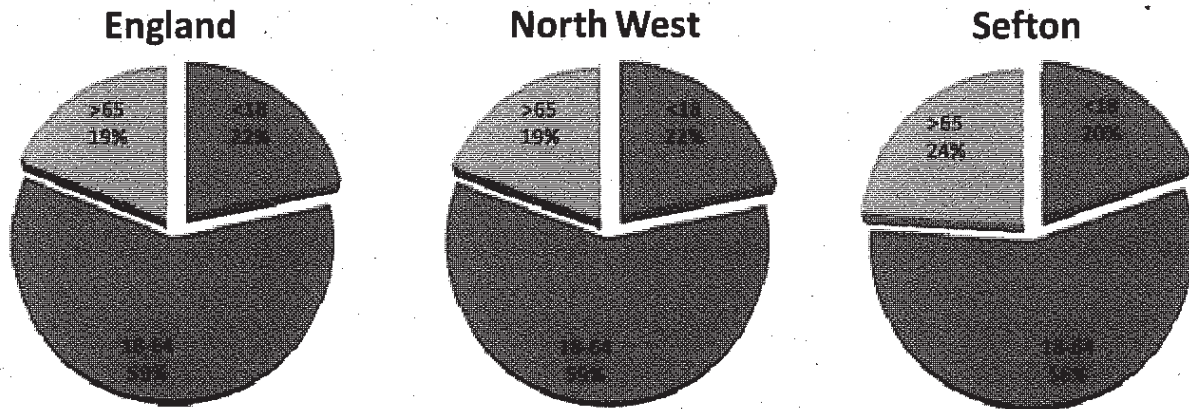
Whilst Sefton's overall population is expected to remain largely unchanged overall in the next 10 years, the two charts above show that whilst overall the number of working age people within Sefton is likely to fall by around 4% over the next ten years, the population over 65 is expected to increase by some 16%. With those over 85 expected to increase by more than 40%

### Population Proportion Breakdowns (2011)



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## Population Proportion Breakdowns (2021)



Population projections show that by 2021, almost one in four Sefton residents will be aged 65 or over compared to one in five both nationally and regionally. Whilst the percentage increases in older people across Sefton are not dissimilar to percentage increases both nationally and regionally, the proportion of over 65's in Sefton is compounded by a stagnating overall population (projected to increase by just 1%, compared to 9% nationally and 4% across the North West) and a reducing working age (18-64) population, which across Sefton is predicted to fall by 4%, compared to a national increase of 4% and a reduction of less than 1% across the North West.

This change in population will put further demands on services; whilst income to the Authority is likely to fall with the reduction in working age residents.

By 2020, over 3,500 people are currently forecast to be living in a care or nursing homes, an increase of more than 21% on current levels. Over the same period it is projected that 18% more people aged 65 and over will have dementia impacting on their wider health and their care needs.

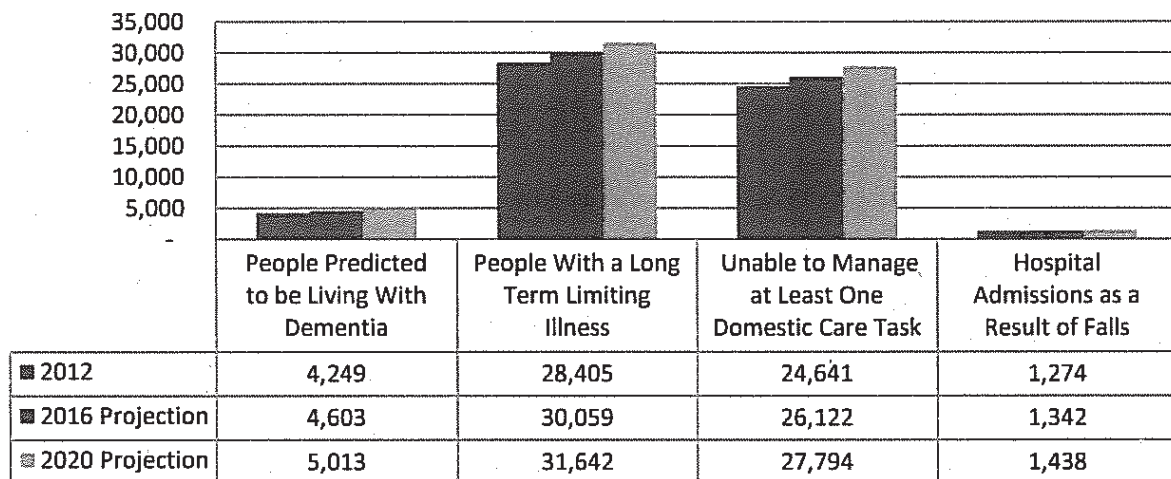
Source: modelled figures, [www.poppi.org.uk](http://www.poppi.org.uk)

Total population aged 65 and over forecast...	Sefton Actual Change			Sefton Proportions		National Proportions	
	2012	2020	Increase 2012-20	% of Over 65 Population 2012	% of Over 65 Population 2020	% of Over 65 Population 2012	% of Over 65 Population 2020
to be admitted to hospital as a result of falls	1,274	1,432	12.80%	2.15	2.19%	2.05	2.15
to have a fall	15,807	17,855	12.80%	26.54	27.23%	26.57	26.99
to be unable to manage at least one self-care activity on their own	20,155	22,752	12.80%	34.16	34.93%	33.44	34.02
to have a fall above 30	16,252	18,782	8.20%	28.02	28.56%	28.11	28.27
to have dementia	4,245	5,013	18.00%	7.20	7.64%	7.02	7.41
to live alone	22,259	24,523	10.20%	37.72	37.40%	39.73	39.78
to be in local authority residential care	2,922	3,552	21.60%	4.95	5.41%	3.85	3.98
to be unable to manage at least one domestic task on their own	24,841	27,754	12.80%	41.76	42.07%	40.71	41.59

The chart above highlights the increased demand on Sefton services with predicted increases across all categories and also shows the proportion of the over 65 population compared to national proportions, which with the exception of obesity and those living alone, are all higher than the national proportions.

These demographic pressures, coupled with increasing social care demands as outlined above, will impact significantly on our ability to do things differently in Sefton. During the life of this plan, we will mitigate the impact on social care by moving to an integrated model. However given the scale and complexity of the challenge, sustainable change that improves outcomes, remains a significant risk when you couple this with the demographic pressures and the Government's austerity measures.

**Key factors that may influence potential changes in demand for health & social care in people aged 65 and over**



The chart above highlights the increased demand on Sefton services with predicted increases across all categories

- People with dementia is expected to increase by 18%
- People with long term illness is expected to increase by 11%
- Those unable to manage at least one domestic task is expected to increase by 13%
- Hospital admissions as a result of falls is expected to increase by 13%

Coping with these demographic pressures, with significantly reduced resources available to the public sector is a current and on-going challenge. We have analysed the impact at a lower super output area, at a borough ward level and at a parliamentary constituency level, which demonstrates the diverse and difficult needs of our communities. We believe that a local solution, appropriately targeted, with our partners, and people, is the best way to try together to address our challenges. The challenge is such that we see no other way forward, than to do things differently.

The emergent Strategic Plans of South Sefton CCG and Southport and Formby CCG, together with work on transforming Adult Social Care by Sefton Council, describe a 'framework' for integrated care in Sefton, which this plan builds on. The strategic priorities of our CCGs and the Council priorities, underpin the achievement of the health and wellbeing strategic objectives. The needs of our communities in Sefton are very different, and are described in summary above.

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Currently we have two models of integrated care in place: the Virtual Ward in South Sefton and the Care Closer to Home Programme in Southport and Formby. Both use risk stratification of people as a basis for implementing interventions and aim to:

***“promote and maintain the independence of frail and older people and those with long term conditions who are at increase of risk of unplanned care.”***

These programmes help to shift the focus towards a more person-centred approach, reducing the need for urgent care, reducing hospital admissions, and focussing on a prevention, social care and wellbeing model of working, including, where appropriate, seven day working.

We intend to review Care Closer to Home and Virtual Ward programmes during 2014/15 to inform how we could ‘scale these up’ or “plus” the approaches. We want to integrate care so that it achieves the best possible outcomes for the people in Sefton. To achieve, this will require us to continue to build on our effective partnership approach with other public sector bodies, the voluntary, community and faith sector, with our diverse providers of health, care, social care, and wellbeing services, and importantly, will require even greater contributions from individuals and communities themselves, if we are to realise fully the benefits of prevention, self-care and self-management.

The following will form the basis of our approach in Sefton and we propose to use the fund most appropriately to support this approach, with the primary funding focus being protection of social care, and investment in social care to create improvements in the health of our population:

- Care Closer to Home Plus – Southport and Ormskirk/Virtual Ward Plus – South Sefton - integrated care coordination, including urgent care
- Transforming adult social care – including increasing the use of assistive technology, developing a new model of reablement and scaling this up, increasing personal and community resilience and commissioning services and support that ‘do with’ people rather than ‘do for’ people.
- Early intervention and prevention (reablement, falls, community equipment, early assessment, self-care)
- Long term conditions and mental health – An impact assessment will be undertaken in order to see if we have realised the desired outcomes and achieved value for money from services commissioned to support those people with poor mental health and wellbeing and long term conditions.
- Integrated Assessment and Integrated Discharge
- Integrated Commissioning
- Community and voluntary sector
- Carers
- Transitions from child to adulthood
- Dementia Friendly Communities, and dementia awareness
- Self-help, information and advice
- Public voice
- Integrated safeguarding and quality assurance
- Whole system model of care for adults with Learning Disabilities

We also intend to review and invest in a series of enabling schemes, which we will scope and implement a programme management approach to delivery in order to achieve our vision for integration in Sefton.



Priorities within the draft 5 year CCGs Strategic Plans and Budgets which will support our approach include:

- Frail Elderly
- Unplanned Care
- Primary Care Transformation - enabling and supporting the development of a stronger role for primary care services at the heart of integrated care
- Cardiovascular Disease (including stroke)
- Respiratory Disease
- Cancer
- Children's
- Urgent Care
- End of Life
- Diabetes
- Mental Health

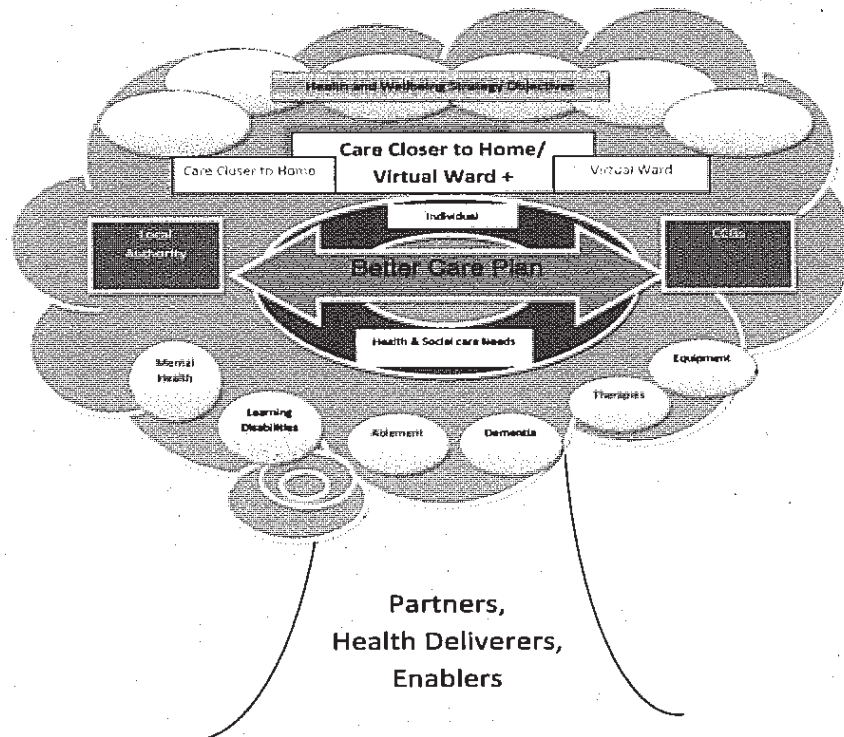
The CCG Strategic 5 year Plan focuses on delivering a shift in activity and resources over 5 years from a secondary care environment to a community environment. During 2014/15 the Health and Wellbeing Board, Cabinet Members, and the CCG Boards, will actively engage our partners, providers, the public, and anyone with a stake in Sefton, in developing a health, social care and wellbeing system which is fit for the future. From 2015, our focus will be on gearing up to transform the way we do things

To deliver on our ambition will require a significant culture change for people, families, our communities, organisations and the voluntary sector. We recognise the significant challenge this poses, and in 2014/15 we will develop a change programme to deliver, **in a 5 to 10 year period, changed patterns of services** which will see:

- An increase in the number of people living independently and receiving care at home when needed.
- Families, charities, volunteers and neighbours will increasingly be the providers of services playing a pivotal role in the prevention agenda and promoting dementia friendly communities.
- Decreases in unnecessary admission and readmissions to hospital.
- Social care focused on enabling people to live independently, rather than on assessing and meeting need: with staff focusing on assessing what people can do for themselves and only meet the needs of the most vulnerable.
- Increased use of appropriate home technology, tele-health and telecare
- Participation of people in applied research studies, particularly in primary care and related to the acceptability of technology.
- Appropriate use of joint Health and Social Care packages.
- Young people transitioning seamlessly from Children to Adult Services provision.
- Carers supported to continue in their unpaid caring roles.
- A reduction in social isolation.
- Effective and appropriate mental health provision.
- End of Life / Palliative Services, where people are treated with dignity and respect.
- Enhanced, targeted and focused reablement across community, intermediate and hospital based care.
- 7 day services, where appropriate
- Integrated access for all referrals using NHS number as the primary identifier.
- People, partners, providers, the two CCGs and Council working in an integrated way, to reduce the longer term reliance on public sector services.
- People and their families taking primary responsibility for looking after themselves early in order to remain fit and healthy whilst planning how they will personally financially

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contribute towards any care that may be required.



Our joint vision, as highlighted in the above figure, has been developed from patient and public participation using a "Fruits" and "Roots" model to deliver better integrated care and improve outcomes.

The aims are to:

- **improve the health and wellbeing** of people in our community, with a focus on tackling inequality.
- co-ordinate care around individuals targeted to their specific needs with the ambition of **working towards a single assessment framework** to assess and meet the needs of individuals in their homes and communities, with seamless delivery of health and social care. This means ensuring there is a good quality care plan in place for all those at risk, backed by co-ordinated provision commissioned to deliver on the required support and outcomes envisaged in each and every plan.
- **improve the quality and experience of care**, with the right services available in the right place at the right time and use these experiences to evaluate and improve services.
- **maximise independence** by providing appropriate support at home to those who need it and in the community, and empower all people to self-care and self-manage their own health and wellbeing.
- provide **proactive and common case management**, which avoids unnecessary admissions and readmissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health and self-manage their long term conditions.
- facilitate integrated care through **Primary Care** across the Borough. Our ambition is that community, social care services, specialist mental and physical health services will be organised to work effectively through our model of integrated care, enabling Primary Care to ensure their patients are getting the very best person-centred care.
- collaborate with our **providers** to develop new models of service delivery, driven by clinical and professional staff on the ground.

- adopt national and international best practice and embrace innovation and ideas

## Configuration of Services

We have a strong focus on shared distributive leadership within Sefton. We plan to use these relationships to maximise the use and value for money of all resources, to eliminate the necessity for people to have to negotiate complex systems and in particular, time consuming multiple assessments.

We will continue to explore opportunities to progress from alignment to integration which provides for:

- The continued development of the Lead Professional role.
- Co-location of services regardless of provider/employer
- Excellent links from primary care to secondary care.
- The ability of all services to bend and flex to meet need where that need is presenting. For example, an ability to immediately and responsively transfer resources from bed based to community services if this is required.
- Strong links and effective support, and where necessary, co-location with voluntary sector services, registered social landlords, housing services and independent private health and social care providers.

## Monitoring our Outcomes

We aim, through these delivery models, to achieve a 15% reduction in non-elective care. This level of reduction requires whole system change. We intend to use the Better Care Fund to help social care services align better with health and wellbeing services, and to collectively work together to promote and facilitate prevention, self-care and self-management.

We will utilise existing outcome frameworks, which align with the Health and Wellbeing Outcomes Framework in our Health and Wellbeing Strategy (a fresh iteration of which is underway) with a particular focus on the Adult Social Care Outcome Framework (ASCOF), the overarching NHS Outcomes Framework and the Public Health Outcomes Framework. As monitoring frameworks develop, we will contribute and support developmental work to ensure these frameworks represent genuine outcomes for people and we will benchmark our performance.

Outcomes will be monitored through the existing performance arrangements for the Council, CCGs and the Health and Wellbeing Board, which will evaluate the value for money and effectiveness of our approach.

The performance management arrangements of the Health and Wellbeing Board have been reviewed and we will use the opportunity that this presents to ensure that the appropriate arrangements are in place through the sub structure to the Board, so that a wide range of partners, individuals and communities are engaged in ensuring achievement of the outcomes across the domains of the Health and Wellbeing Strategy and that the specific outcomes in the BCF Plan, are achieved.

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## b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

### Aims and objectives of the integrated system

The aims of our approach are both qualitative and quantitative. We are determined that any changes we implement will have people at the heart of them and specifically will increase the quality and timeliness of service provision, where it is needed. Our integrated approach will seek to support more people via community based, prevention and early intervention initiatives to reduce demand on more intensive health and social care services. Where formal health and social care services are required, these will be focused on rehabilitation/reablement and regaining self-caring skills in the first instance to reduce the potential for a progression on to more specialist and nursing care services.

Through the risk stratification tool which underpins virtual ward/care closer to home, we will focus on those who will benefit most from early intervention, prevention, self-management and self-care. We will further develop this model, and build on our wider vulnerability work, to ensure we are targeting the most vulnerable, and those who will benefit most from our integrated approach.

In terms of monitoring outcomes and metrics, we will monitor key performance measures over time to ensure the system reforms are delivering the key aims and objectives of rescaling demand, reducing levels of dependency and supporting as many patients and services users within community settings as possible. The current 'Virtual Ward and 'Care Closer to Home' programmes are helping us to re-evaluate our overall approach to health, social care and wellbeing and to examine how we could do things differently to not only ensure value for money, but ensure that services are appropriate, affordable, sustainable and meet the needs of people in Sefton. We will also use this framework, to build individual and community resilience, and work with our communities, to maximise community assets.

The emphasis of our scaled up version of care closer to home and virtual ward, is around self-care, self-management and prevention. As demonstrated by our approach to developing our first Health and Wellbeing Strategy, we have a long tradition of working across organisational boundaries to achieve positive outcomes for local people. Our work was commended during our recent LGA Peer Review of our Health and Wellbeing arrangements, which highlighted strong and effective partnerships across the health, social care and wellbeing system. We are committed to doing things differently to achieve our vision for Sefton. However we believe our demographics present a huge challenge, and potentially will impact on our ability to transform at scale and pace.

Our Health and Wellbeing Strategy is focussed on prevention of ill health and poor emotional wellbeing, early detection of disease, support to people to remain independent at home, manage their long-term conditions, wherever possible avoid unnecessary hospital admissions and in situations where hospital stays are unavoidable, ensure that there are no delays to their discharge.

The specific quantitative aims of our integrated approach are:

- To reduce the number of people being admitted to care homes, from both acute and



community settings.

- To decrease the number of delayed discharges and lost bed days from acute settings for those patients medically fit for discharge.
- To reduce the requirement for emergency placements.
- To reduce the length of stay for people who do require an emergency placement where no other alternative is available.

To support these aims, we will also expect to see significant qualitative improvements through a more integrated model. Initial aims we expect to deliver are:

- Residents only having to tell their story once. This supports the principle of the shared care record and is one of the key messages from our public engagement processes.
- Faster response times and more integrated support to people where needed.
- Positive feedback and customer satisfaction reports.

How will you measure these aims and objectives?

We will **measure our success** against the aims and objectives of our plan by:

- Communicating regularly with people to receive and act on feedback about performance.
- Utilising feedback and learning from complaints and compliments about services and ensuring this is effectively implemented.
- Carefully monitoring performance across the whole system using key indicators related to the improvements referred to above and taking action to address deficiencies in performance where necessary.
- Robust financial management - monitoring financial information across the services to identify pressures and/or shifts in demand.

Health Gains

There are a number of potential measurable health gains from the service changes, which are nationally verified and published, (which we can also measure locally as required) which align to the national metrics that underpin the Better Care fund. These include better management of the following:

- **Unplanned admissions for chronic ambulatory care sensitive conditions.** These are chronic conditions such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. Latest data shows that Sefton's rate of unplanned admissions for chronic ambulatory care sensitive conditions for April-November 2013 was 551.4 per 100,000 populations. By supporting people with these conditions better we aim to reduce this measure managing patients appropriately and safely on the same day without the need to admit. To this end, the CCGs have been developing its strategic plan around key related programmes (CVD, Respiratory, Diabetes), with a particular focus on the Frail Elderly and Unplanned Care. Key outcomes around the following are being developed:
  - Patient Years of Life Lost.
  - Emergency Admissions.
  - Patient Experience of In-patient Care.
  - Patient Experience of GP / out of hours service.
- **Emergency admissions for acute conditions** that should not require hospital admissions (such as ear, nose and throat infections, kidney infections and heart failure). The Sefton value of 650.4 admissions per 100,000 population between April and November 2013. Therefore we would expect these changes to have the impact of a reduction on this measure as patients are helped to manage these conditions better outside the hospital setting.

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- **Emergency readmissions to hospital** are also a key issue locally. Readmissions within 30 days of discharge in South Sefton CCG were 12.4 per 100,000 population between April and November 2013, and in Southport and Formby CCG were 13.7 per 100,000 population between April and November 2013. This indicator is a key NHS Outcomes Framework indicator, the CCG will target and support the practices and specialties that are over performing in this measure.
- **Admissions to residential and care homes** is an issue for us locally given our significant demographic pressures coupled with the reductions in Council revenue due to the government's austerity measures. Our commitment through the Councils Adult Social Care Change Programme, and the Better Care Plan, will see a shift of investment into **effective reablement services** resulting in admissions to residential and care homes remaining either static or reducing.
- **Patients who have to stay in hospital will be discharged rapidly** thereby reducing costs and freeing up scarce resources for elective care procedures,
- **Patient and service user experience** will be one of the cornerstones of our integration programme, and through our local processes, Healthwatch Sefton and the new national metric we will see improvements in people's experiences of health and social care.

All of these issues were highlighted as important locally in the 2013 Sefton Joint Strategic Needs Assessment Update. Demand for adult emergency care services are increasing; however the capacity of hospitals to manage these numbers is not, therefore action is needed to reduce demand on emergency care services. In particular, there are pressures related to seasonal demand due to cold weather, and an ageing population with increased numbers of long term conditions. 22.7% of the local population have a limiting long term illness. This is higher than the overall rate for England at 17.6%.

In addition, there are approximately 29,800 over 65s (54%) in Sefton with a long term illness or disability that limits their daily activities. This is higher than the England average of 51.5%. This trend is likely to put an increased burden on health and social care services, again providing an impetus for better integration. Therefore, to support the key objectives of reducing demand in urgent care and cross organisational sustainability, strategic integration plans will focus on enhanced integrated community developments. This will promote care closer to home, resourced appropriately to meet the needs of the geographical population. Sefton has high morbidity and mortality in over 65's. Figures from the 2011 Census show that the Borough has numerically approximately 5% above the English average of over 65's and approximately 0.5% above the English average of over 85's. Our over 75's also have an average of 3 chronic diseases. As mentioned above, excess winter deaths are an important issue locally. The excess winter deaths index for 2008-11 was 24.9 in Sefton meaning about one in four extra deaths occurred between December and March compared to the rest of the year. This was the highest index of any local authority in the North West, and much higher than the England average (19.1%). Particularly, excess winter deaths due to respiratory conditions are higher in Sefton (35.2% in 2011/12) than in both the North West and England (26%% and 32% respectively).

By being better joined up (e.g. to increase vaccination rates) we would aim to reduce this figure and already improvements are being delivered. In 2013, Southport and Formby CCG hit the 75% target for vaccinating over 65s against flu and has the highest rate for vaccination of under 65's at risk in Merseyside. South Sefton CCG is close to reaching the 75% target with approximately 73% of over 65s being vaccinated in 2013. Locally the hospital Trust has also achieved its target for staff vaccinations.

## c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Our model of integration described in this plan is based on a scaling up of our current programmes of integrated care provided through the framework of care closer to home and virtual ward. The CCGs in Sefton already invest heavily in these programmes, and the framework is described in their strategic plans. The BCF plan builds on that framework, in that it identifies what we need to invest in to support that framework to work, the schemes that underpin the model, and importantly protect social care. We recognise that there are some significant challenges in seeking to deliver integrated care successfully. From our learning and experience of delivering through our Care Closer to Home and Virtual Ward Programmes, we have identified the following enabling schemes that we will need to focus on to deliver our vision

- **ICT** – integrated electronic records linking primary, community, secondary and social care systems. Consideration of 7 day working also requires an appraisal of IT systems. A fully integrated system which includes multiple organisations in the health and social economies needs IMT. This is perhaps the greatest challenge of all. We have identified the need to develop an Informatics Strategy to enable sharing of information in the support of integrated care. We will seek to maximise technology within available resources and we would welcome a wider dialogue to help shape national direction of travel and to tap into any projects aimed at improving health and social care outcomes.
  - **Workforce** – remodelling, new skills, multi-disciplinary approaches, including our CCG and Social Care commissioners, where possible, will be commissioning and procuring jointly, focussed on improving outcomes for individuals.
  - **Data & Intelligence** – to enable appropriate identification of patients/people who would benefit most, and how to design services to support prevention. Coordinating business intelligence/evidence, and evaluating the impact of population/ needs/delivery models on the health and social care economy. We believe we need to develop evidence to support the scaling of our approach, and we will focus on this in 2014/15.
- Culture Change/Behaviour Change/Communications** – across commissioners and providers, the community, health care system, and government. We are currently developing a communications timeline for engagement with staff, partners and the public to co-design the strategy.
- **7 day working** - in order that people receive the right care, in the right place; at the right time we will consider ways to facilitate 7 day working, where appropriate. A failure to facilitate this will lead to gaps in provision out of hours and not only disjointed but broken episodes of care. In particular we will work with acute providers to support discharge from hospital and reablement.
  - **Performance Management/Outcomes** – we have work already underway to refresh our Health and Wellbeing Strategy and we will ensure the outcomes which underpin this plan align with our outcomes framework, and that we have robust performance management arrangements in place. We are developing integrated dashboards, and will build on this work.
  - **Finance and Contracting** – we have identified the need for continued/iterative work on contracts, developing financial plans and modelling assumptions.

The planned changes build on what we have already achieved within these areas; however we recognise the challenge this poses. The Performance Group, and the sub structure to the

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HWBB, will drive the changes needed to support the delivery of a fit for future, health, wellbeing and social care system. The Adults Social Care Transformation Board within the Council, will continue to drive the transformation already underway within this service, but will link through into the Health and Wellbeing Board Programme Group and wider sub structure. The Cabinet Member for Older People and Health has a key role to play in ensuring the Borough has an affordable, effective, social care system which is transformed to meet the needs of our communities, and his role on the Health and Wellbeing Board in overseeing integration within Sefton is key to sustainability.

The CCG Boards are responsible for delivering on their Strategic Plan outcomes, as well as being a key partner on the Health and Wellbeing Board, and its substructure. In 2014/15 these work streams, and the aforementioned schemes, will be scoped, so we have an effective integration strategy and plan, to achieve the delivery of a different model of integrated care across health, social care and wellbeing. Early intervention and prevention is a key theme across all these areas; however this will take time to achieve through a managed process of transition and change. In addition we have a commitment to joint commissioning and integrated delivery of services wherever this will improve outcomes for the people of Sefton.

These priorities directly align with the Better Care Fund priority areas in both 2014/15 and 2015/16. In addition they also align with the CCG strategic priorities referred to above.

The Health and Wellbeing Board, supported by its Programme Group will ensure that activities to deliver across all the priority areas are aligned, to deliver the ambition for integration of the Council, the CCG Boards, and our wider partners.

The planned changes across health and social care commissioning have been developed based on the 5 national conditions (excluding the joint sign off):

- Protection of social care services
- 7 day working, where appropriate
- Data sharing and IT
- Joint assessment and care planning (including accountable professional)
- Acute sector impact

This includes a range of services, currently commissioned separately. We have an integrated commissioning plan and will build on this looking for opportunities to jointly commission further during 2014/15 and through this; the economy will ensure value for money. Our focus will be to ensure appropriate investment in a range of community services to see a reduction in demand on acute care and long term residential/nursing placements.

This plan has been supported by the evidence base from the JSNA and will link in with both CCG and Council commissioning plans for 2014/15 and 2015/16 and the Health and Wellbeing Strategy.



## **d) Implications for the acute sector**

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

All the plans and development included in the Better Care Fund Plan are in keeping with the development of a model of integration articulated in existing plans aimed at improving outcomes and thereby minimising pressure on the acute sector. In summary, the proposals in the plan are aimed to support the acute sector by:

- Decreasing demand pressures for non-elective admissions to hospital and attendance at Accident and Emergency through a range of preventative approaches including the expansion of ambulatory care pathways.
- Decreasing the number of unnecessary re-admissions to hospital.
- Proactive identification of patients in primary care through risk stratification and other means to offer a range of preventative interventions to improve the management of long term conditions and maintain independence.
- Maintaining capacity within the Acute and Sub-Acute settings to facilitate safe and timely discharge in accordance with national best practice and NHSE planning policy.
- Increasing the range of community resources available 7 days per week and at key hours to both divert pressure from the hospital and ensure a wide range of services to facilitate timely and personalised discharge following admission or transfer from Accident and Emergency.

The integration model remains focused on enabling the shift in activity and resources from the Acute to the Community setting by optimising Health & Social Care effort to support real value and improvement to health needs.

A number of other initiatives contained in the plan will have a positive impact on our Acute Trusts and will enable them to deliver safe and effective services. Initiatives include:

- Improvements in recording and the focus on moving to the utilisation of the NHS number as the key identifier for all patients.
- The clear identification of a lead professional for a key cohort of patients and more effective discharge processes without delay.
- Strengthening and maintaining safeguarding.
- Reviewing Mental Health Services.
- Freeing up capacity to enable the local acute providers to focus on maintaining elective performance and the repatriation of appropriate elective work and to seek any opportunities to provide services in community settings.

Through the development of the CCG's strategic and operational plan, work will continue to be carried out with key providers to quantify the impact of the planned outcomes from the BCF on each organisation. Where the impact can be measured in terms of reduced non elective activity for example reduced AED (Accident and Emergency Department) attendances, non-elective admissions and readmissions this will be quantified. As existing schemes gather momentum and new schemes, via the BCF, are implemented, acute providers have an opportunity to reduce overall unplanned bed capacity and support the transition to enhanced community care and the avoidance of unnecessary unplanned activity.

We will work with our key providers to model scenarios and to reflect these in contract

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arrangements for 2014-15, 2015-16 and beyond. It is important that all partners have an appreciation of the consequential impact of changes on the Acute Sector and that there is appropriate engagement with the public and service users. The actual impact of schemes should be measured both in terms of outcomes, most notably the outcomes set out and described as part of the "Everyone Counts" planning Guidance (Annexe D-G) and the BCF planning guidance. These include;

- NHS Constitution Measures
- NHS Constitution Support Measures
- Activity Measures
- Health & Justice Measures
- Public Health Service Measures
- Specialised Services Measures
- Primary Care Measures

The key driver for understanding the implications on the Acute Sector is that the funding to support BCF is already committed and the necessary shift of funding is most likely to come from spend with acute providers. We have not underestimated the impact this will have and are shaping our joint plans accordingly.

Our joint plan demonstrates our commitment that those individuals at high risk of health and social care interventions be proactively managed and supported to avoid the requirement for hospital based interventions. We recognise that in order to make both the BCF and our joint longer term sustainability a reality, we have to reduce the overall spend in the acute sector in order to properly fund our integrated model.

We are working with our main acute and community providers through the Virtual Ward and Care Closer to Home Programmes to turn this high level plan into real actions that allows all partners to reshape their model of service provision accordingly. We have developed a joint approach and a shared understanding of how we might deliver sustainable and transformational change-across the system, e.g. Care Closer to Home.

Specifically we will aim to target our efficiency savings around:

- Admissions avoidance
- Reduced length of stay
- Reduction in delayed discharges

## Admissions Avoidance

The CCGs have a focus on Mental Health as part of their strategic 5 year plan. This emphasis is orientated at moving from a traditional medical model of mental health care to one based on recovery and outcomes. The overall aim of this strategy will be to facilitate optimum community provision to deliver the optimum outcome for individuals, based on needs.

The key areas where they will impact will be through advance care planning – making sure those at most risk of accessing acute services have the necessary support packages in place – and through rapid intervention when individuals do require acute interventions to return the individual to their normal place of residence as soon as possible.

Whilst the impact this will have on both acute sector admission numbers and subsequent levels of service provision are currently being worked up, we envisage enabling acute providers to make significant cost efficiencies through refreshed models of service delivery based around footfall and activity. In our discussions with providers, it is clear that they are committed to shaping their services to reflect the impact of the expected changes. Together we recognise the challenges this might create if we are to sustain high quality hospital care for our residents, and we will

continue to work in partnership to minimise this risk.

## Length of Stay/Delayed Discharge

For those patients who are admitted, we want to ensure there is a clear discharge plan and the necessary support in place to speed rapid discharge. Whilst much of this is already in place, we believe our new model will allow a much greater synergy between organisations and will ensure any blocks to discharge are identified and removed as soon as practicably possible. The single contact point will have a key role to play in this scenario and the introduction of 7 day a week working across organisations will also facilitate this. We are under no doubt about the challenges this system change will bring but our joint commitment to making the necessary changes will help us to deliver the change we need. We recognise that what we are proposing carries an element of risk should the necessary reductions in admissions and length of stay not be achieved. We are confident that we have built a strong partnership across the health and social care system and coupled with our common vision of what the future should be, we will work together in 2014/15 to understand, and seek to manage this risk.

## **e) Governance**

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

We have invested in building strong governance through our Health and Wellbeing Board, which transcends traditional organisational boundaries. The Board's Peer Challenge by the Local Government Association has confirmed its maturity and from this we have a robust action plan, which has informed our governance arrangements.

Our Health and Wellbeing Board is a tightly focused governance body, which comprises 3 Councillors (2 of whom are Cabinet Members), the Chairs of the two Clinical Commissioning Groups (which similarly ensures due accountability through the CCG Boards governance structures), the statutory officers for Children and Adult Services within Sefton Council, the Director of Public Health, the Chief Officer of the two CCGs, together with the Director of Finance for the NHS England (North) and the Chair of Sefton Healthwatch.

Included within the 3 Councillor representatives are two Cabinet Members whose portfolios of responsibility are Children, Schools, Families and Leisure and Older People and Health, which aligns the decision making through the Council's Cabinet. These are key Cabinet Portfolios and provide the links back to the Council's Cabinet. Another Elected Member on the board has a significant amount of experience of working and leading in the health economy. Cabinet is the constitutional forum for key decision making for the Council and a core part of the due process for the changes envisaged in this document.

The Health and Wellbeing Board provides wider system leadership and influence, through a sub structure which was put in place last year. The sub structure comprises a Programme Group, made up of representatives of the Health and Wellbeing Board, the Deputy Chief Executive of the Council and the Chief Executive of the Council for Voluntary Service (CVS), which oversees the delivery of the Health and Wellbeing Strategy, and through a series of Forums and Task Groups, integrated commissioning arrangements, amongst other things.

The Board maintains overall sovereignty of the achievement of the Strategy, for wider system leadership, and for promoting and championing integration. Its sub structure ensures that commissioning and delivery achieves outcomes and importantly that it has arrangements in place to enable our partners to work with us to innovate, to challenge, and to plan how to do things differently. These arrangements are maturing, and are sufficiently robust to provide oversight

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and governance for this plan.

The Programme Group of the Health and Wellbeing Board is responsible for overseeing integrated commissioning, on behalf of the Health and Wellbeing Board, with accountability being vested in the individual Board Members of both the Local Authority and the CCGs. The Local Authority, the CCGs and Members of the Health and Wellbeing Board, have collectively led the development of this plan, demonstrating clear and shared visibility and accountability in relation to the management of all aspects of the fund.

From 2015-16, the BCF funding will be underpinned by a Section 75 pooled budget arrangement which will be jointly governed by the LA and CCG. It is not envisaged that separate governance arrangements will be established for the BCF but existing structures will be flexed to provide due accountability for the BCF Budget.

The Council's Health and Social Care Overview and Scrutiny Committee will play a key role in ensuring the effectiveness of the plans.

In support of delivery, key networking and collaborative arrangements will be utilised to underpin achievement of the plan across the borough, these include:

- Health & Social Care Forum.
- Contract Meetings with Acute Providers.
- Contract Quality Performance Groups.
- CCG Network.
- Collaborative Commissioning Forums.
- Strategic Partnership Boards with Providers.
- Tri-partite Board with West Lancashire CCG and Southport & Ormskirk Hospital Trust.
- Urgent Care Networks.



## 3) NATIONAL CONDITIONS

### a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

As highlighted above, Sefton is facing significant challenges in terms of growing demands from an ageing population coupled with significant reductions in government funding. The Local Authority embarked upon an Adult Social Care Change Programme, the overall aim of which is to develop a model for Sefton Council's Adult Social Care (ASC) that is sustainable, modern and flexible, delivering the four strategic priorities as set out in the ASC Strategic plan 2013-20 :

- the Council's commitment to safeguarding;
- how the Council will focus resources on the most vulnerable;
- the need to work with our partners and the community; and
- and the development of the market to deliver the required change.

The change programme is structured around a number of inter-related projects and commissioning activity; the main projects are on awareness, eligibility and support.

The Council will continue to assess and review in accordance with the Department of Health Guidance: Prioritising need in the context of Putting People First, 2010 which replaces the previous Fair Access to Care (FACS) criteria. There are four bands associated with the guidance with Sefton's eligibility criteria set at Critical and/or Substantial. Maintaining eligibility criteria is one aspect; however this does not mean maintaining the same traditional services. Through the Adult Social Care Change Programme and the BCF Plan, we will focus upon developing new forms of joined up care and community services, which help ensure individuals remain healthy, well and self-sufficient and enabled to stay as independent as possible, for as long as possible. We will focus upon protecting and enhancing quality of life and working collaboratively to promote early interventions and self-management, wherever possible. We recognise that change can be difficult, challenging and sometimes uncomfortable, but we recognise that the service is at a point where doing more of the same - or trying to do more of the same with less - is going to fail people, carers, families and the communities. Managing expectation is the key in delivering this programme of change.

In February 2013, the Council approved a proposal to work with the two Sefton Clinical Commissioning Groups (CCGs) and agreed a model of reablement that will enable more users to go through a reablement process, thereby reducing levels of admission to short & long term care. The rationale for this change is based on national longitudinal studies that have demonstrated that timely intervention of home care reablement, focusing on activities for daily living, can enable people to live more independently and reduce their need for ongoing homecare support.

The aim is that the new ways of working will reduce the reliance on longer term packages of care, in turn reducing future pressure on the community care and nursing and residential care budgets. The outcomes required from this work include;

- increased numbers of people being offered reablement
- achievement of personal outcomes
- reduction in the requirement for Community Care assessments
- reduction in the need for ongoing homecare support
- achieving Value For Money

The BCF will help to 'protect' these services by:

- Enabling/maintaining continued health linked provision.
- supporting the development of preventative services.

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- facilitating the development of integrated services which deliver better outcomes for individuals and improved efficiency for commissioners and providers.

Please explain how local social care services will be protected within your plans

The use of the fund, and stronger collaboration between CCGs, the Council and other parties and stakeholders, will seek to minimise the financial and delivery risk facing the provision of social care services. Present financial projections based on the Local Government Spending Settlement and the demographic forecasting, have, and will, continue to have significant impact on social care services, which help to improve health and wellbeing. Without the utilisation of the Better Care Fund to offset the impact of some of the proposed reductions, the Council would be in danger of failing to meet its statutory obligations, such as timely hospital discharge.

The Plan will ensure that a range of adult social care services continue to be maintained and developed in accordance with Sefton's Health and Wellbeing Strategy.

The new delivery will see roles and responsibilities change significantly in both the Council and the provider. The size of this change cannot be underestimated as it is dependent on whole system change including assessment and review and health processes, the use of assistive technology, telehealth, system development, plus significant cultural change. The Better Care Fund Plan will align the work of the local Health System, and the Adult Social Care Transformation Programme.

The Plan seeks to:

- Support improvements in quality and efficiency of existing services through the developments of integrated initiatives such as lead professional, data sharing, increased hours of operation;
- Develop preventative measures to help avoid pressure on acute services and social care provision;
- Develop 7 day services, where appropriate, around the needs of the citizen;
- Utilise investment to pump prime redesign of services and deliver new models of care; and
- Ensure we have the financial resource and capacity to meet the social care needs of the most vulnerable.

To support these aims, the Local Authority will:

- define priorities and identify who our "most vulnerable" are
- integrate with partners and the NHS to provide efficient, co-ordinated, consistent, effective, services
- design social care services and activities that are modern, flexible and sustainable with self care and self management at the core
- help people to understand how to get independent financial advice where this might be helpful in making decisions about funding their care
- continue to identify those services which the Council must continue to provide as an absolute minimum and assess their current efficiency
- continue to assess and manage risks based on new financial forecasts

Current NHS funding to social care to benefit health has been used to enable the Local Authority to provide timely assessment, appropriate care management, safeguarding and service provision, and where appropriate targeted prevention models. There will be pressures to see an increase in future allocations in order to reflect the demographic pressures and deliver the requirements under both the Care Bill and BCF.

Further, it is recognised that many of the anticipated changes will have a significant impact on the community, workforce, partners, providers, suppliers, pathways, processes and technology. Also the complexity of the Transformation agenda and the Better Care Fund Plan aims will mean that there are dependencies on other projects, and Local Authority and Partner works

## **b) 7 day services to support discharge**

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Our experience of both the Virtual Ward and Care Closer to Home Programme has helped us to determine what we need in terms of 7 day services to reduce admissions at weekends. We are committed to providing seven-day health and social care services to support patient discharge. All partners are engaged in existing work streams through NHS IQ, and sub-regional groups. The Board and the programme group will oversee delivery against this commitment.

## **c) Data sharing**

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

At present the Council and the CCGs do not currently use the NHS number as the primary identifier for correspondence, though it is already recorded and embedded in the core adult social care systems used by the Council and health systems used by the CCGs. The Council and the CCGs intend to use the NHS number as a primary identifier for correspondence and care planning by no later than April 2015.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

We are committed to using the NHS Number as primary identifier for social care records. This will help to provide co-ordinated health and social care for service users. The use of the NHS Number as primary identifier will support safer patient identification practices and help to access records more easily and accurately.

Integration will result in improved care for service users by ensuring coordination of their care pathway and that their current needs are met accurately and efficiently.

NHS Number is already being recorded in the Adult Social Care System and this is reviewed on a regular basis through the NHS Tracing Service to allow us to check and update records, where necessary. Further work is currently underway to identify NHS Numbers for child records via the NHS Tracing Service which will allow inclusion of NHS Number in our Integrated Children's Social Care System. This implementation will be completed no later than April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems that are based upon Open API's and Open Standards, where appropriate, and linked to a suitably assessed business case. For example, we have

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adopted secure GCSX email accounts for secure communication with our health practitioners.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, and professional clinical practise and in particular requirements set out in Caldicott 2.

We will comply with all current and future IG issues and will develop a specific IG work stream as part of our overall programme plan. This will also incorporate compliance with Caldecott2 and other national conditions. We already have connection to the NHS N3 spine / COIN and our compliance with the standard requirements for that connection is reviewed on an annual basis. The Council is putting in place internal information governance structures based around standard 'connecting for health' practice including Senior Information Risk Owner and Information Asset Owners embedded across Council departments and undertaking a review of its wider information governance structure and data sharing processes to be completed by November 2014.

#### **d) Joint assessment and accountable lead professional**

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Within the virtual ward based in South Sefton CCG, the Multi-Disciplinary Team (MDT) work together to assess risk and allocate patients during their admission to the ward. This approach will be expanded as part of the scaling up of the Virtual Ward and Care Closer to Home models of care.



## 4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
<p><b>Shifting of resources</b> to fund new joint interventions and schemes will <b>destabilise current service providers</b>, particularly in the acute sector.</p>	High	<p>Plans will be based on our Health and Wellbeing Strategy Vision linked to the 5 year strategic plans for our two CCG's.</p> <p>Over coming months, we plan to work with the health, wellbeing and social care economy to develop a collaborative approach to redesign, integrated working and risk sharing.</p> <p>Consideration will be given to transitional support to providers.</p>
<p>A <b>lack of detailed baseline data</b> and the need to rely on current assumptions means that our financial and performance targets for 2015/16 onwards are unachievable.</p>	High	<p>A review of baseline data and the production of trajectories will be undertaken when performance outcomes are known in 2015/16.</p>
<p><b>Operational pressures will restrict the ability of our workforce</b> to deliver the required investment and associated projects to make the vision in our BCF submission a reality.</p>	High	<p>We are already seeing increasing demands for health and social care services which will impact on the ability for the workforce to adapt. This will be a specific work stream within our plan.</p>
<p>Improvements in the quality of care and in preventative services will <b>fail to translate into the required reductions in acute and nursing / care home activity</b> by 2015/16, impacting the overall funding available to support core services and future schemes.</p>	High	<p>Robust performance monitoring and management against agreed trajectories for improvement, including residential/nursing placements and acute demand.</p> <p>Integrated commissioning to improve value for money.</p>
<p>The introduction of the <b>Care Bill</b>, currently going through Parliament and expected to receive Royal Assent in 2014, will result in a <b>significant</b></p>	High	<p>Sefton will undertake a detailed assessment of the impacts of the regulations when published.</p>

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<p><b>increase in the cost of care provision from April 2016 onwards</b> that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.</p>		
<p><b>The demographics</b> within Sefton are such that we are predicting a large increase in the number of frail elderly people, and in particular, a number with co-morbid and complex needs. In addition, we have a significant number of people who have a learning disability and in particular, a large number with complex learning and physical disability coming through transitions. These two things together may put undue pressure on both our health services and our health and social care budgets. Therefore, we may be unable to meet the national targets, without national recognition of this significant risk.</p>	High	<p>We are seeking to mitigate some of the pressures, but the scale of the challenge is significant. We aim through the Adult Social Care Transformation Plan to mitigate where we can, within resources available</p>
<p><b>Governance</b> processes in respective organisations will <b>stifle progress</b> and slow down developments</p>	High	<p>Robust governance arrangement will continue through the Health and Wellbeing Board, Cabinet Members, Cabinet and the CCG Boards</p>
<p>Differing organisation and <b>workforce cultures</b> inhibit progress at scale and pace, and the <b>HR element of 7 day working</b></p>	Medium	<p>This will be a specific work stream within our plan</p>
<p>Proposed model does <b>not reduce emergency admissions</b></p>	High	<p>We will adopt a stepped approach to the redesign over 5 years and a transitional approach via commissioning.</p> <p>An approach to demand reduction including self-management and raising public awareness of changes.</p> <p>Early identification of issues and escalation into the Health and Wellbeing board will be</p>

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		critical.
Impacts of the model do <b>not have sufficient benefits for the Adult Social Care</b> agenda and increase costs	High	Prioritisation of initiatives to offset loss of budget; monthly performance monitoring and management with appropriate escalation and governance.
<b>Integrated assessments not delivered</b> , leading to multiple assessments, duplication of services, loss of value for money, unnecessary admissions and delayed discharges	Medium	This will be a specific work stream within our plan, with a transitional approach, linked to workforce development and ICT infrastructure.
<b>Non elective admissions and readmissions increase.</b> Having invested growth funding in the BCF any growth in non-elective activity will place the <b>CCG</b> in <b>severe financial pressure</b> and undermine any investment in Primary, Community and Other Services	High	2014/15 will be used to test and refine our approach to reducing non elective admissions. We will work with the acute sectors to develop detailed business cases and service specifications that move from acute services to primary and community services.

A key theme we are working on is how the risks associated with this plan can be mitigated. Where they fall to the Council, the risk will be included in the Corporate Risk Register.

Risks identified within this plan attributable to CCG delivery mechanisms, will be included in the 5 year Strategic and Operational Plans for the South Sefton and Southport and Formby.

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# Agenda Item 11

**Report to:** Health and Wellbeing Board      **Date of Meeting:** 19<sup>th</sup> February 2014

**Subject:** Programme Group Meetings - Key Discussions and Decisions

**Report of:** Head of Business Intelligence & Performance      **Wards Affected:** ALL

**Is this a Key Decision?** No      **Is it included in the Forward Plan?** No

**Exempt/Confidential** No

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## **Purpose/Summary**

For the Board to note the list of key discussions/issues from the meetings of the Programme Group since its inaugural meeting on 9<sup>th</sup> December 2013.

## **Recommendation(s)**

That the Board notes the range of issues discussed and actions taken by the Programme Group during its monthly meetings.

## **How does the decision contribute to the Council's Corporate Objectives?**

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

## **Reasons for the Recommendation:**

So the Board can see the range of issues discussed by Programme Group.

## **What will it cost and how will it be financed?**

Not applicable

## **Implications:**

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<b>Legal</b> None	
<b>Human Resources</b> None	
<b>Equality</b>	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

## Impact on Service Delivery:

Positive

## What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has no comments on this report because the contents of the report have no direct financial implications for the Council (FD2807/14)

The Head of Corporate Legal Services has been consulted and has no comments on the report (LD 2113/14)

## Are there any other options available for consideration?

No alternative options have been considered.

## Implementation Date for the Decision

Not applicable

**Contact Officer:** Samantha Tunney  
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## Background Papers:

None

### 1. Background

At its meeting on 21<sup>st</sup> August 2013, the Health and Wellbeing Board endorsed a substructure for delivery of work across the range of objectives for the Health and Wellbeing Strategy and its aims.

Part of the sub-structure included the development of a Programme Group consisting of statutory members of the Board, the Chief Officer of the CCG's, the Deputy Chief Executive of the Council and the Chief Executive of Sefton Council for Voluntary Services, with the aim of ensuring the delivery of the Health and Wellbeing Strategy on behalf of the Health and Wellbeing Board, managing the performance of the sub

structure's Forums and Task Groups, and providing strategic oversight through reports and managing the Forward Plan and Accountability Framework.

## 2. Work of the Programme Group

To date the Programme Group has met on three occasions and has reviewed and considered the following :

### Better Care Fund (formerly Integration Transformation Fund)

The Programme Group considered the above and developed an approach to meeting the requirements as set out in the Better Care Fund guidance, on the provisions and actions required to complete the Better Care Fund template. On behalf of the Health and Wellbeing Board the Programme Group :

- Commissioned 'think pieces' which informed the approach to the BCF vision;
- Agreed to seek clarification on the risk stratification cohort and its relationship with the emergent work of the Council in relation to vulnerability;
- Agreed use of the "John Rouse principles" as a foundation to inform the development of an approach to integration;
- Agreed the programme and approach to the stakeholder event in January 2014; and
- Agreed that the first iteration of the planning template would be completed by a BCF Task and Finish Group of officers from the two CCGs and Local Authority, through an inclusive workshop approach.

*Progress* – A successful stakeholder event was held in January, and the work of the Task and Finish Group in completing the first iteration of the template is drawing to a successful conclusion and the first iteration of the planning template will be ready for the governments deadline of for submission of the 14<sup>th</sup> February 2014 will be met (report elsewhere on the Cabinet agenda).

### Partnerships – Development and Relationships

On behalf of the Board, the Programme Group has overseen the development and delivery of the Health and Wellbeing Strategy through the substructure. The Programme Group has agreed to meet with other relevant partnerships to build awareness of the Health and Wellbeing agenda, and seek their involvement in the work. This work will be progressed through the Forum leads through the respective Forum meetings, which are now beginning to meet.

*Progress* – Each Forum has undertaken a review of the different partnerships and identified its key partners and are in the process of planning engagement events for later in 2014.

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## Policy Updates/Statutory Roles

The Programme Group received updates by statutory leads of Forums on different policy areas that affect the Health and Wellbeing Strategy.

*Progress* – The Programme Group has received updates from each of the Forums on their initial working at their monthly meetings, and noted the policy updates monitored. For example the Early Life 0-19 Forum have led on events on the consultation on the proposed national changes pertaining to children and young people with Special Educational Needs.

## Provision of Mental Health and Wellbeing Services

The Programme Group had a discussion on the provision of Mental Health and Wellbeing services and noted that the former Sefton Integrated Commissioning Group had undertaken some initial work in relation to this subject. The Wider Determinants Forum and Adults Forum have established a specific task group to develop a strategic framework for mental health and wellbeing services to prepare for delivery on the cross government outcomes strategy 'No Health Without Mental Health'. Additionally they have linked into the work that is underway on reviewing the CAHMs strategy.

*Progress* – The work streams on preparing the approach to Mental Health and Wellbeing services and the CAHMs strategy continue through the Forum sub-structure of the Health and Wellbeing Board.