

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

DATE: Tuesday 3 March 2015

TIME: 6.30 pm

VENUE: Town Hall, Bootle

**Member**

Councillor  
Councillor Page (Chair)  
Councillor Dams (Vice-Chair)  
Councillor David Barton  
Councillor Jo Barton  
Councillor Burns  
Councillor Dawson  
Councillor Gatherer  
Councillor Grace  
Councillor John Joseph Kelly  
Councillor Lappin  
Mr. B. Clark  
Mr. R. Hutchings

**Substitute**

Councillor  
Councillor O'Brien  
Councillor P. Maguire  
Councillor Ball  
Councillor S. McGuire  
Councillor Webster  
Councillor Keith  
Councillor Kermode  
Councillor Bradshaw  
Councillor Killen  
Councillor Brennan

COMMITTEE OFFICER: Debbie Campbell Senior Democratic Services  
Officer  
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**If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.**

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# A G E N D A

1. **Apologies for Absence**
2. **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.
3. **Minutes** (Pages 5 - 18)

Minutes of the meeting held on 6 January 2015.
4. **Aintree University Hospital NHS Foundation Trust - Update Report** (Pages 19 - 22)

Update Report submitted by Aintree University Hospital NHS Foundation Trust.
5. **Sefton Clinical Commissioning Groups - Update Report** (Pages 23 - 26)

Joint update report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
6. **Public Health Annual Report** (Pages 27 - 86)

Report of the Director of Public Health.
7. **Care Act 2014 Update** (Pages 87 - 100)

Report of the Director of Older People.
8. **Cabinet Member Report** (Pages 101 - 110)

Report of the Director of Corporate Services.
9. **Monitoring of Accident and Emergency Service** (Pages 111 - 116)

Report of the Director of Corporate Services.
10. **Work Programme Key Decision Forward Plan** (Pages 117 - 132)

Report of the Director of Corporate Services.



## OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE)

Overview  
& Scrutiny



MEETING HELD AT THE TOWN HALL, SOUTHPORT  
ON TUESDAY 6TH JANUARY, 2015

**PRESENT:** Councillor Page (in the Chair)  
  
Councillor Dams (Vice-Chair)  
  
Councillors David Barton, Jo Barton, Burns,  
Dawson, Gatherer, Grace, John Joseph Kelly and  
Lappin

**Also Present:** Roger Hutchings, Healthwatch  
Brian Clark, Healthwatch  
Councillor Cummins, Cabinet Member – Older  
People and Health  
2 members of the public

### 41. APOLOGIES FOR ABSENCE

No apologies for absence were received.

### 42. DECLARATIONS OF INTEREST

The following declaration of personal interest was received:-

| <u>Member</u>           | <u>Minute No.</u>          | <u>Reason</u>  | <u>Action</u>   |
|-------------------------|----------------------------|--|---|
| Councillor David Barton | 50 – Cabinet Member Report | Personal – he is a Senior Manager at a nursing home in Southport | Stayed in the room, took part in the consideration of the item and voted thereon. |

### 43. CHAIR'S ANNOUNCEMENT

The Chair reported that the Council, at its meeting held on 20 November 2014, had appointed Councillor Dams as the new Vice-Chair of this Committee.

### 44. MINUTES

A Member of the Committee requested the inclusion of additional wording within the Minutes.

Matters arising from the Minutes – Minute No. 32 – Care Act 2014 – A

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Member of the Committee referred to the need for Members to be provided with case scenarios and requested that they be provided as soon as possible.

RESOLVED: That

- (1) subject to the inclusion of the following, the Minutes of the meeting held on 21 October 2014, be confirmed as a correct record:-

Minute No. 32 – NHS England – Provision of GP Services in Sefton – the penultimate paragraph of the preamble be amended to include the following additional words at the conclusion of the sentence reading "The NHS England representatives responded to the concerns raised and indicated their intentions to meet with Sefton Healthwatch to go through the issues identified":

"but this did not allay any of the concerns held by Members of the Committee."; and

- (2) the Director of Older People be requested to provide the case scenarios referred to as soon as possible.

## **45. TRANSFORMING SECURE CARE PATHWAYS - MEDIUM SECURE SERVICES - POSSIBLE SUBSTANTIAL VARIATION**

The Committee considered the report of the Director of Corporate Services submitting information to the Committee received with regard to "Transforming Secure Mental Health Services", which was provided by Mersey Care NHS Trust, and to formally request determination whether the proposals submitted by Mersey Care NHS Trust constituted a substantial variation in services. The report included criteria to be considered in determining whether a proposal was substantial.

A report submitted by Mersey Care NHS Trust was attached to the report, together with the following documentation:-

- Transforming Medium Secure Service – The Case for Change; and
- A letter from Mersey Care NHS Trust to the Chair of the Committee.

In essence, the proposals outlined a case for transferring the service currently provided at the Scott Clinic, Rainhill, St. Helens, by Mersey Care NHS Trust to a new unit to be constructed on Trust land at the Ashworth Hospital site in Maghull, as a result of the need to increase capacity and also to meet the latest guidance and legislation around medium secure care and environmental standards.

The process would be for a Joint Health Scrutiny Committee to be established if both Sefton MBC and St. Helens MBC agreed that the proposals were a substantial variation in services and the results of the joint process would be reported back to both Councils.

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Jacqueline Robinson, Head of Patients and Public Voice, Senior Consultant Engagement and Involvement Service, North West Commissioning Support Unit; Ann Kenwright, Director of Transformation, Mersey Care NHS Trust; Dr. Owen Haeney, Consultant Forensic, Psychiatrist; Elaine Wilkinson, Strategic Project Manager, Mersey Care NHS Trust, were in attendance to present the matter and respond to questions raised by Members of the Committee.

Ms. Robinson confirmed that public consultation events on the matter would be taking place and reported that St. Helens MBC's Health and Adult Social Care Overview and Scrutiny Panel had considered the matter at its meeting held on 5 January 2015 and had considered the proposals to constitute a substantial variation in services.

Members of the Committee raised a number of issues and questions, and responses provided were outlined as follows:

- Limited bed capacity – some patients were currently having to be placed out of area for treatment which created difficulties with treatment;
- Number of employees – some 180 people were currently employed at the Scott Clinic in St. Helens, with the potential of some 50 new jobs being created as a result of the proposals;
- Third party providers of service – arrangements were currently in place with Calderstones NHS Trust to manage a ward within a medium secure setting;
- Potential for increase in traffic in the Maghull area – this was likely to be of concern to local people in the area. Arrangements would be made to transport domestics, etc. A plan would be produced once public consultation had been held and traffic issues would be addressed within it;
- Number of beds provided – the number of beds provided had reduced from those provided some years previously;
- Concerns that staff working at Ashworth may reside in the Maghull area and the potential risk of some patients meeting them in the community – restrictions and boundaries often applied as to which locations patients were permitted to visit, but there was always a possibility of patients or former patients meeting staff in the community. Community plans based on risk were produced;
- The number of patients transferred from Ashworth to the Scott Clinic – there had been two the previous year;
- The use of Calderstones Hospital by the Trust – some beds were located there for use;
- Numbers of visitors to see patients – these were fairly limited;
- Results of public consultation on the proposals – if established, a joint scrutiny function would consider whether any decision taken was in the best interests of the patients, and the final decision would be communicated to the public via press releases and other mediums; and
- Would the construction of the new unit on the Ashworth site be

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subject to a planning application – yes it would.

On request by the Chair, a show of hands indicated that the Committee considered the proposals to be a substantial variation in services by a majority vote of 8 for and 2 against. There were no abstentions.

RESOLVED:

That this Committee considers that the proposals submitted by Mersey Care NHS Trust, in terms of transforming secure mental health services, constitute a substantial variation in services, and a Joint Health Scrutiny Committee be established.

## **46. LITHERLAND DARZI EQUITABLE ACCESS CENTRE, LITHERLAND TOWN HALL**

The Committee considered a report submitted by NHS England on the current position of the Litherland Darzi Equitable Access Centre Contract and next steps to be taken. The report indicated that the historical crossover in service delivered by Litherland Darzi and the Litherland Town Hall Walk-in Centre had produced a duplication of effort which was not considered effective for the two respective Commissioners of each service. The current Litherland Darzi Equitable Access Contract was provided by Liverpool Community Health Trust and the contract was due to expire on 31 March 2015. The report outlined the background to the matter and advised that a public consultation would be undertaken as an additional measure of evidence that would be used to inform the future of the Centre Contract. Appendices were attached to the report as follows:-

- Appendix 1 - A heat map showing non-registered patient attendance rates for 2013/14, by GP practice, using a rate per 1,000 patients;
- Appendix 2 - A breakdown of patient postcodes attending the registered service; and
- Appendix 3 - A breakdown of patient ages attending the registered service.

Jacqueline Robinson, Head of Patients and Public Voice, Senior Consultant Engagement and Involvement Service, North West Commissioning Support Unit; Jan Hughes, Commissioner, NHS England (Merseyside); and Anthony Leo, Director of Commissioning, NHS England (Merseyside) were in attendance to present the report and respond to questions posed by Members of the Committee.

The representatives explained that the Centre provided services for both registered and non-registered patients, but that it was not proving to be cost-effective and that a decision had been made not to re-commission it, subject to patient consultation. Commissioners were currently trying to understand what patients used the Centre for; that a survey indicated



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there was high patient satisfaction with services provided there; that the majority of users travelled less than three miles to access services; not everyone who used the Centre decided to register; and that children featured amongst the highest user group.

Members of the Committee raised a number of issues and questions, and responses provided were outlined as follows:-

- Alternative provision of services – a GP practice was available on the same site where patients could register if they wished;
- Use of facility if services at the Centre were withdrawn – the walk-in Centre at the former Litherland Town Hall site would remain;
- Primary care availability in the area – there were eleven GP practices within a two mile radius of the Centre, patients had a choice as to if and where they registered and that there was a need to strengthen the provision of primary care;
- Reasons for low usage of the Centre – full reasons were not known until an exploration took place; there were alternative GP practices in the area; the Centre was not currently providing good value for money; there was a need to ensure provision of services remained within south Sefton; and
- Number of GPs at the Centre – three full-time equivalent salaried GPs.

The representatives also provided a comparison with another GP practice with a budget of £600,000 in that the expected total number of patient contacts would be in the region of 21,000, whereas the Darzi Centre had achieved 6,816.

RESOLVED: That

- (1) the current position in relation to the Litherland Darzi Equitable Access Contract be noted; and
- (2) the intention of NHS England (Merseyside) to undertake a public consultation, as an additional measure of evidence to that specified in the report and that the public consultation outcomes will be used to inform future plans and provision regarding Litherland Darzi Equitable Access Contract, due to expire and close on 31 March 2015, be noted.

### **47. PROJECT TO REDUCE VARIATION AND IMPROVE OUTCOMES IN MATERNITY SERVICES FOR CHESHIRE AND MERSEYSIDE**

The Committee considered a report submitted by NHS Halton Clinical Commissioning Group providing information on work progressing across Cheshire and Merseyside to sustain and develop maternity services. The report indicated that Cheshire and Merseyside Clinical Commissioning Groups had agreed to undertake a review of maternity services across the sub-region, with the support of provider organisations and the Cheshire and Merseyside Strategic Clinical Network. The review would explore how

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outcomes could be improved, variations reduced, high quality services delivered, and maternity provision sustained and developed across the region. The intention would be to remain close to the national agenda as set out in the NHS “Five Year Forward View” and explore future options for sustainable maternity services. Work was currently underway to develop a baseline understanding of the nature and shape of maternity services in Cheshire and Merseyside. The next phase of work would be to develop options for improvement and any options for change would be subject to engagement and consultation with patients and the public in Cheshire and Merseyside.

Simon Banks, Chief Officer, Halton Clinical Commissioning Group, was in attendance to present the report and respond to questions posed by Members of the Committee.

Members of the Committee raised issues and questions, and responses provided were outlined as follows:-

- Midwifery visits to premature babies, small for age, etc. - there was a statutory requirement for midwives to visit such babies until 28 days of age;
- Liverpool Women's Hospital – high use in the region and tendency for higher cost cases to use the Trust;
- Models of care – much of the base work around quality of services had already taken place; and
- Inclusion of post-natal depression within the baseline understanding of services – arguably this was already included within clinical outcomes.

RESOLVED:

That the report be noted.

## **48. SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST – UPDATE REPORT**

The Committee considered an update report by the Deputy Chief Executive Officer / Finance Director, Southport and Ormskirk Hospital NHS Trust, on current issues impacting on the Trust. The report outlined details of the following:-

- Mortality rates at Trust premises;
- Chief Inspector of Hospitals – Visits by the Care Quality Commission;
- Performance, including Accident and Emergency;
- Financial pressures; and
- Children’s Diabetes Services.

Further to Minute No. 34 (3), the update report also included an overview of the current status of the Phlebotomy Service provided in the north of the

Borough.

Damian Reid, Deputy Chief Executive and Finance Director, Southport and Ormskirk Hospital NHS Trust, and Rob Gillies, Executive Medical Director, Southport and Ormskirk Hospital NHS Trust, were present from the Trust to present the update report to the Committee and respond to questions put by Members.

Damian Reid reported that the previous week had been very difficult for the Trust in terms of performance due to the scale of admissions to the Accident and Emergency Department; that lack of available beds and speed of discharge of patients had been factors; and that there could be further issues such as the cancellation of elective operations.

Members of the Committee considered the matter to be of great concern.

Councillor Cummins, Cabinet Member – Older People and Health indicated that the Council's social workers were doing everything possible to assist with the prompt discharge of patients from the Trust and that the numbers of social workers had increased recently, although numbers remained a national problem.

Fiona Clark, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, presented the commissioner perspective in that additional beds had been provided for the Trust and a community response team had been funded. In response to a question by a Member of the Committee on managing the situation, she indicated that the CCGs' strategic board was aware of the matter and of the need to consider the model of care required. In response to a comment by a Member of the Committee on the issue of the culture of A and E by society, she reported that general practice could be accessed 24/7 in that out of hours service providers were available. In response to questions on advising the public of available services, she indicated that the use of social media was useful in this respect.

Rob Gillies stated that the Trust would not be lowering its standards, despite the pressures. In response to a question by a Member of the Committee on numbers of age related acute cases, he acknowledged that largely due to the demographics of the area, the scale of admissions of older people to the Trust, was a factor in the current difficulties.

Janet Atherton, Director of Public Health, reported that take-up for flu vaccinations by people aged over 65 had been good, but was still too low in those with “at risk” conditions. Weekly figures for flu data were received and she stated that there had been an increase in cases but that they were not at epidemic levels.

With regard to financial pressures, Damian Reid reported that the Trust could enter the new financial year in deficit. He also indicated that following visits by the Care Quality Commission, a draft report was anticipated by the end of February 2015 and that this could be shared with

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the Committee.

With regard to mortality rates at Trust premises, Rob Gillies acknowledged that figures at the Trust could be improved upon and emphasised that investigations to understand possible reasons for higher than anticipated mortality figures needed to be clinically led.

RESOLVED: That

- (1) the update report from the Southport and Ormskirk Hospital NHS Trust be received; and
- (2) the concerns raised, particularly in relation to strains on the Accident and Emergency Department at the Trust, be noted.

## **49. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT**

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

- Examine Your Options this winter;
- New Asperger service launched;
- Alcohol Recovery Centre piloted over festive party period;
- Big Chat 4 – strategy into delivery;
- Breathe well in south Sefton;
- Breast care services for Southport and Formby patients;
- Out of Hours Pharmacy at Litherland; and
- CCGs awarded for inspiration and improving lives.

Fiona Clark, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, was in attendance from the CCGs to present the update report to the Committee and respond to questions put by Members of the Committee.

Fiona Clark reported on breast care services for Southport and Formby patients. In response to comments from a Member of the Committee about possible disgruntlement from Aintree University Hospital NHS Trust on the impact of the closure of services at Southport and the corresponding knock-on effect at Aintree, she indicated that the impact at Aintree and also in the West Lancashire area was being closely monitored. She also stated that it was unlikely that a surgical service would be reinstated at Southport.

A Member of the Committee asked whether discussions on breast care services with patients, the public, Healthwatch, etc. would form a consultation or a conversation, and emphasised the need to be honest with residents.

Fiona Clark indicated the need to hold honest dialogue in moving forward and also the need for services to be of the highest quality and safety for patients in considering what could be provided at a local level.

A Member of the Committee considered that in moving the situation forward, there was a need to include the current provision of services; consideration of how meaningful conversations with the public could be held; and the timescales involved, in that conversations were due to end by mid February 2015. He also indicated that Healthwatch Sefton had been involved in conversations on the breast care services.

Rob Gillies, Executive Medical Director, Southport and Ormskirk Hospital NHS Trust, reminded the Committee of the reasons behind the decision to close breast care services – that there was no link to the plastic surgery unit; no screening service was provided; the lack of specialist surgeons; and the national shortage of radiologists. He also considered that the important relationship with breast care nurses had now been lost.

With regard to the Out of Hours Pharmacy at Litherland, consultation was taking place concerning possible closure of the Pharmacy and an analysis of commonly prescribed medicines obtained had taken place. It was emphasised that this was not related to the review on the Darzi Centre. A Member of the Committee requested feedback on the outcome of the consultation as the facility was within her Ward, and the CCG representatives undertook to facilitate this.

RESOLVED: That

- (1) the joint update report submitted by the Clinical Commissioning Groups be received and the CCGs be thanked for the update report.
- (2) the Clinical Commissioning Groups be requested to provide information on the outcome of the consultation on the future of the Out of Hours Pharmacy at Litherland, as outlined above.

## **50. CABINET MEMBER REPORT**

The Committee considered the report of the Director of Corporate Services submitting the most recent report by the Cabinet Member - Older People and Health for the period November to December 2014. The Cabinet Member Update Report outlined information on:-

Adult Social Care:

- Day Care Opportunities; and
- Care Act 2014.

Public Health:

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- Health Champions (Linked to Making Every Contact Count);
- Sefton's Annual Flu Campaign; and
- Ebola.

Councillor Cummins, Cabinet Member – Older People and Health, was present at the meeting and outlined the main issues within the Update Report. He reported that the consultation on the "Remodelling Day Opportunities" was a modernisation programme and not a closure programme. He also indicated that a lot of work had been undertaken with regard to the Care Act and that this was likely to be reported within the next update report.

Janet Atherton, Director of Public Health reported on Sefton's annual flu campaign. Uptake amongst those people who were aged over 65 and front line health care workers had been good, but improvement was needed in those with long term conditions. A Member of the Committee commented on the high number of residential and nursing homes for older people, particularly within the north of the Borough and a representative from the Clinical Commissioning Groups indicated that GP services had been commissioned to attend such homes to provide immunisations, as there were issues with training for nurses to provide immunisations.

RESOLVED:

That the Cabinet Member report be received.

### **51. JOINT WORKING PROTOCOLS**

The Committee considered the report of the Director of Corporate Services submitting draft joint working protocols between the Committee and other local health bodies. In response to the document produced by the Department of Health entitled "Local Authority Health Scrutiny: Guidance to Support Local Authorities and their Partners to deliver Effective Health Scrutiny", and in order to demonstrate that clear understanding on respective roles between the health scrutiny function and other health bodies existed in Sefton, draft joint working protocols had been produced and were attached to the report at Appendices A, B and C.

The Senior Democratic Services Officer reported on the status of each protocol.

A Member of the Committee suggested that Alder Hey Children's Hospital NHS Trust might be included within Appendix C.

Members of the Committee discussed the possibility of holding an informal meeting of the Committee to discuss future agenda items and the focus of this Committee.

RESOLVED: That

- (1) the draft Joint Working Protocol between this Committee and Sefton

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Healthwatch as set out at Appendix A to the report be approved;

- (2) subject to approval of the Council's Health and Wellbeing Board at its meeting on 21 January 2015, the draft Joint Working Protocol between this Committee and the Health and Wellbeing Board, as set out at Appendix B to the report, be approved;
- (3) the draft Joint Working Protocol between this Committee and NHS organisations / health providers in Sefton and surrounding areas that provide services to residents of Sefton, as set out at Appendix C to the report, be approved in principle, and the final version be submitted to the Committee on completion;
- (4) the Senior Democratic Services Officer be authorised to seek guidance from the Overview and Scrutiny Committee (Children's Services) on the possible inclusion of Alder Hey Children's Hospital NHS Trust in the relevant draft protocol; and
- (5) an informal meeting of this Committee be arranged, to be held at 6.30 p.m., for no longer than two hours, at a mid-point venue within the Borough, to discuss future agenda items and the focus of this Committee.

### **52. SCRUTINY OF DRAFT QUALITY ACCOUNTS - PROCESS TO BE UNDERTAKEN DURING 2015**

The Committee considered the report of the Director of Corporate Services seeking approval of the process to be undertaken for the scrutiny of a number of Quality Accounts from NHS Trusts during May / June 2015.

The Committee was requested to approve an option for the preferred process to be undertaken.

A review of the processes undertaken by neighbouring local authorities had been carried out and brief explanations of the results received were outlined within the report for comparison purposes. The timescale for the consideration of the Quality Accounts was also set out within the report.

RESOLVED:

That discussion on the scrutiny of draft Quality Accounts and the process to be undertaken during 2015 be held at an informal meeting of this Committee, as outlined within Minute No. 51 (5) above.

### **53. MONITORING OF ACCIDENT AND EMERGENCY SERVICE**

The Committee considered the report of the Director of Corporate Services submitting the latest information regarding the monitoring of Accident and Emergency Services. The report set out the background to the matter and attached recent information provided on local Accident and Emergency Services performance by the Merseyside Area Team. The information

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illustrated the latest weekly performance, including the year to date performance, against requirements to deliver at 95%.

The report invited the Committee to consider the information provided on Accident and Emergency Services, in relation to the Aintree University Hospital NHS Foundation Trust and the Southport and Ormskirk Hospitals NHS Trust, and comment, as appropriate.

Information was also provided within the report on ambulance turnaround times.

It was suggested that the Committee might wish to include the monitoring of accident and emergency services at the informal meeting of this Committee, as outlined within Minute No. 51 (5) above.

RESOLVED: That

- (1) the information regarding monitoring of Accident and Emergency Services, together with ambulance turnaround times, be received; and
- (2) discussion regarding monitoring of Accident and Emergency Services be held at an informal meeting of this Committee, as outlined within Minute No. 51 (5) above.

### **54. WORK PROGRAMME KEY DECISION FORWARD PLAN**

The Committee considered the report of the Director of Corporate Services submitting the latest Key Decision Forward Plan and seeking the views of the Committee on its Work Programme for the remainder of the Council Year 2014/15.

There were five items within the current Key Decision Forward Plan which fell under the remit of the Committee, on this occasion and the Committee was invited to consider items for pre-scrutiny.

The work programme of items anticipated to be submitted to the Committee during the remainder of 2014/15 was attached to the report, at Appendix B.

A number of meetings of the Joint Health Scrutiny Committee for Cheshire and Merseyside, in relation to consideration of proposed changes to the provision and location of services provided by the Clatterbridge Cancer Centre had taken place.

The Chair and Vice-Chair of the Committee, as representatives of this Authority on the Joint Health Scrutiny Committee, were invited to report back to the Committee on progress. The Chair expressed her satisfaction with the review undertaken on cancer services, together with the outcomes of the review.



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Further to Minute no. 40 (5) of 21 October 2014, the Chair of the Committee had met with the Manager of Sefton Healthwatch to discuss a possible topic for review. Although it was considered that it was not appropriate to refer any issues for a possible working group review, a number of issues had been discussed and Sefton Healthwatch had agreed to submit quarterly updates to the Committee on progress made by the organisation on issues.

Further to Minute No. 11 (6) of 1 July 2014, the Committee had requested site visits to certain health providers during 2014/15 and the status of each was indicated within the report. Members of this Committee had visited Buckley Hill ambulance station in July 2014 and Aintree University Hospital NHS Foundation Trust in December 2014. In addition, requests had been made to The Walton Centre NHS Foundation Trust and Ormskirk and District General Hospital for possible site visits during 2014/15 and dates identified were outlined within the report.

RESOLVED: That

- (1) the contents of the Key Decision Forward Plan for the period 1 January – 30 April 2015 be accepted;
- (2) the latest work programme of items anticipated for the remainder of 2014/15 be received;
- (3) the latest position regarding the Joint Health Scrutiny Committee for Cheshire and Merseyside be received;
- (4) the outcome of the meeting between the Chair of the Committee and Sefton Healthwatch be noted; and
- (5) the latest position regarding site visits during 2014/15 be received.

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**Scrutiny Briefing Report to:** Overview and Scrutiny Committee  
(Health and Social Care)

**Date of Meeting:** 3 March 2015

**Subject:** Update report

**Organisation:** Aintree University Hospital NHS Foundation Trust

**Contact Officer:** Fin McNicol, Director of Communications

**Tel:** 0151 529 4705

**Email:** fin.mcnicol@aintree.nhs.uk

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## **Purpose/Summary**

To update the committee on developments at Aintree University Hospital NHS Foundation Trust.

## **Recommendation(s)**

To note the report

### **1. Introduction/Background**

1.1 Aintree University Hospital NHS Foundation prepares this report regularly for the Committee to provide an update on developments and news from the hospital.

#### **1. Service news: Winter developments**

Aintree's services continue to experience high demand and clinical teams are working hard to discharge patients as quickly and safely as possible and reduce unnecessary visits to the department.

A new GP hotline has been launched so that GPs can speak directly to our Acute Medicine Consultants. This service will provide advice to GPs on whether patients should be sent to Aintree or managed within primary or community care.

An Ambulatory Emergency Care (AEC) Unit has also been opened to provide same day emergency care to patients. This service means that suitable patients can be assessed,

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diagnosed and treated and go home on the same day, without having to stay in hospital overnight.

Aintree is also working with partners to direct patients to alternative services such as pharmacies, GPs and walk in centres, where minor and non-serious injuries can often be treated without the need to visit A&E.

## **2. New A&E psychological support service to start**

Following a review of services, a new clinical psychological service for A&E is expected to start in April once recruitment is completed.

The new service will provide a specialist psychological service to the A&E department and offer assessments, referrals, and support for patients including those with mental health and substance misuse issues, and bereavement services for relatives.

The new service will replace the Family Support Unit service offering bereavement services which closed in December after a review identified the increasing need for a service that could better help the patients with a wider range of mental health issues coming into A&E.

The volunteers who provided bereavement services have been thanked for their hard work and dedication. Alternative support arrangements for patients and relatives remain in place in A&E until the new service starts.

## **3. Urgent Care and Trauma Centre opening in less than 100 days**

The first phase of Aintree's new £35million Urgent Care and Trauma Centre is expected to open on Wednesday 20 May.

The new centre will provide large, modern treatment areas, and state-of-the-art facilities including a new CT scanner, which will provide much improved privacy and dignity for patients. The new trauma bays will be twice the size of the current bays allowing for more effective working for staff and a much improved patient experience.

Once A&E and Trauma services have moved into the new building, work will then start on refurbishing the existing A&E area to create the new Acute Medicine Unit which will later become part of the UCAT Centre in the final phase of the project.

When fully completed in 2016, the new UCAT Centre will house the Emergency Department, Major Trauma Centre and Acute Medicine Unit services on the ground floor and a new 24-bed Critical Care Unit on the first floor.

#### **4. Nursing recruitment**

Aintree has made good progress with nursing recruitment in a number of areas:

A recruitment campaign is currently running to fill vacancies in the Acute Medicine Unit. This has featured prominently on social media and newspapers across Merseyside including the Liverpool Echo and Metro with the aim of reaching nurses in both our local area and further afield. Response to date has been good with over 20 applications received.

Aintree runs a successful student nurse recruitment programme. A total of 62 offers have been made to students that qualify in April and almost 50 of these offers have been accepted to date. There are also a further 56 students that have shown an interest in working at Aintree when they qualify in September later this year.

Our Return to Practice course has also had success, with 13 placements offered to students with a view to offering them a permanent position on successful completion of the course. Due to the high level of interest in the course, Health Education North West agreed to fund an additional three places over and above the original 10.

Aintree has no immediate plans to go out internationally to recruit to nursing vacancies. Previous initiatives in Spain and Ireland had some success, with a number of those recruited at that time still working in various wards and our Critical Care and A&E departments.

# Agenda Item 4

## **5. Aintree teams up with British Red Cross to support elderly patients when they leave hospital**

Aintree University Hospital has launched a new pilot scheme with the Red Cross to help frail and elderly patients when they return to their homes after a hospital stay or an attendance at the A&E department.

Red Cross staff and volunteers will accompany patients home when they are discharged from the hospital and then spend a few hours with them, making sure they are comfortable and have everything they need. This might include doing some shopping for the patient, informing family or friends of their return, making meals, collecting prescriptions or simply having a cup of tea and a chat.

The initiative is intended to support older people who live alone without a family support network or easy access to other assistance and is part of a national scheme to reduce hospital admissions amongst older people and provide enhanced follow up support once they have left hospital. The pilot scheme will initially run until May.

## **6. Aintree supports ‘Hello my name is ...’ campaign**

Aintree joined thousands of NHS staff across the country in pledging support for the #HelloMyNameIs campaign to improve patient care.

The campaign took place on social media platform Twitter and aimed to remind staff to go back to basics and introduce themselves to patients properly. It was launched by Dr Kate Granger, a terminally ill hospital consultant who became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital. Dr Grainger also retweeted our message of support, sharing it with other campaign supporters across the country.

To find about more about the campaign, visit [www.hellomynameis.org.uk/home](http://www.hellomynameis.org.uk/home).

ENDS

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**Scrutiny Briefing Report to:** Overview and Scrutiny Committee  
(Health and Social Care)

**Date of Meeting:** 3 March 2015

**Subject:** Report of Fiona Clark, Chief Officer

**Organisation:** NHS South Sefton CCG and NHS Southport and Formby CCG

**Contact Officer:** Lyn Cooke

**Tel:** 0151 247 7000

**Email:** [lyn.cooke@southseftonccg.nhs.uk](mailto:lyn.cooke@southseftonccg.nhs.uk)

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## **Purpose/Summary**

To provide members of the committee with an update about the work of NHS South Sefton CCG and NHS Southport and Formby CCG.

## **Recommendation(s)**

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

# Agenda Item 5



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## **Update for Overview and Scrutiny Committee (Health and Social Care) March 2015**

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

### **Shaping Sefton – new models of care**

In early February around 200 health and social care professionals from across the borough came together for the first in a series of sessions organised by Sefton's Health and Wellbeing Board. The events – involving frontline staff, clinicians, other professionals and senior leaders – will support organisations in shaping and delivering their collective vision for better, more integrated care in Sefton. The sessions are being supported by the King's Fund, the independent think tank working to improve health and health care in England, and this first event was opened by its chief executive, Prof Chris Ham. He set out the case for change in Sefton across the whole health and social care system in order to address the demands of an ageing population and increasing numbers of people with multiple and complex long term conditions. Research by the King's Fund evidences the benefits - in particular to the experience of patients, their families and carers – of organisations and services working together, which makes a compelling case for care to be co-ordinated around the needs of people and populations. Shaping Sefton builds on earlier work of the Health and Wellbeing Board about how we can achieve this locally. We will update the committee as this work progresses.

### **Decision on Out of Hours Pharmacy**

The Out of Hours Pharmacy at Litherland Town Hall is set to close at the end of March 2015 and it will be replaced with a new system to make sure people can still get any urgent medicines they need after seeing an out of hours doctor at the Hatton Hill Road health centre. It follows a thorough review of this service, prompted by a decline in its function over the past 12 months. The Out of Hours Pharmacy is restricted to patients using the GP Out of Hours (OOH) service, dispensing relatively small amounts of medicines, which is fewer than 1% of all medicines dispensed across Sefton. Around 3,600 people attend the GP OOH service each year and not all of these will need a prescription. Because of its links to the GP OOH service, the Out of Hours Pharmacy also has much shorter opening times than regular high street chemists. A great deal has changed since the Out of Hours Pharmacy was set up and now there is little or no need for such a small and restricted service. These days there are plenty of chemists nearby that closely match the opening times of the Out of Hours Pharmacy late at night and at weekends. A public



consultation about the future of the Out of Hours Pharmacy was included in the review. Over 60% of people questioned thought the closure of the service would cause them little or no 'inconvenience' if they had to travel to another chemist and around 80% thought the NHS should target its money on more priority services. We know that a number of respondents appreciate the convenience of the service and as a result of their feedback, we have developed an alternative system to make sure people still have access to the medicines they need during the out of hours period. So, when other local chemists are closed, a wraparound GP prescribing and supply system will mean that doctors from the GP OOH service will supply medications directly to patients during their consultation. This already happens when people attending the GP OOH service need medicines after 11pm when the Out of Hours Pharmacy is closed. In addition, anyone who finds it difficult to travel to an alternative chemist will also be eligible for the wraparound GP prescribing and supply system throughout the entire out of hours period, so they are not disadvantaged by this decision. Governing Body members from NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG agreed the decision at their meetings in January 2015, after receiving assurances that appropriate alternatives would be put in place for all patients who might be affected by the service's closure. The alternative wraparound GP prescribing and supply service will be regularly reviewed to ensure patients continue to get their prescriptions when they need them during the out of hours period.

## **Update on breast care services for Southport and Formby patients**

NHS Southport and Formby CCG and NHS West Lancashire CCG are currently collating all the views submitted to them about local breast care services. Between mid January to late February, patients, carers, support groups and other interested parties were asked for their experience of these services at the range of local hospitals where people can choose to be treated. As well as attending a number of events across the area to gain views, the CCGs spoke directly to breast care patients and invited their feedback at a number of different out patient clinics during the period. It comes after Southport & Ormskirk Hospital's decision to close its breast care service to new patients from 1 September 2014 because it could no longer provide the service safely due to recruitment issues. A number of existing patients remain in the care of Southport & Ormskirk and the hospital trust has assured the CCGs that their care continues to be timely and appropriate. Alongside this, the CCGs have been examining which aspects of breast care could continue to be provided at the Southport & Ormskirk sites, based on clinical effectiveness and patient safety to ensure best practice and outcomes for patients. The views and experiences of local residents collected during the engagement exercise will also feed into this work, and the CCGs will be working with local providers of breast care over the coming months to ensure safe and sustainable services for the future.

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**Report to:** Overview and Scrutiny Committee      **Date of Meeting:** 03.03.2015

**Subject:** Public Health Annual Report

**Report of:** Director of Public Health

**Wards Affected:** All

**Is this a Key Decision?** No

**Is it included in the Forward Plan?**  
Yes

**Exempt/Confidential**

No

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## Purpose/Summary

To present to the Committee the Annual Report of the Director of Public Health

**Recommendation(s)** The Board is asked to receive and comment on the report and ensure the issues it highlights are taken into account in future plans

## 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  | ✓                      |                       |                        |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy | ✓                      |                       |                        |

# Agenda Item 6

**Reasons for the Recommendation:** The report is the statutory independent report of the Director of Public Health and identifies key health issues affecting the Sefton population.

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

(A) **Revenue Costs** – No direct costs associated with the report

(B) **Capital Costs** – No direct costs associated with the 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> Section 73B (5) and (6) of the National Health Service 2006 Act, inserted by Section 31 of the Health and Social Care Act 2012, provides that a Director of Public Health must produce an annual report and the local authority must publish the report.                                  |
| <b>Human Resources</b><br>No specific implications   |
| <b>Equality</b> The report identifies a number of health inequalities issues.<br><br>1. No Equality Implication <input type="checkbox"/><br>2. Equality Implications identified and mitigated <input type="checkbox"/><br>3. Equality Implication identified and risk remains <input type="checkbox"/> |

**Impact on Service Delivery:** This report should be taken into account in all service plans.

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

The Head of Corporate Finance and ICT has no comments on this report. The report is for information only and there are no decision arising from the contents of the report that have any direct financial implications for the Council. (FD3438/15)

The Head of Corporate Legal Services has been consulted and has no comments on the report. (LD 2730/15)

# Agenda Item 6

**Are there any other options available for consideration? No**

# Agenda Item 6

## **Implementation Date for the Decision**

**Immediately following the Committee/Council/Working Group meeting.**

**Contact Officer:** Dr Janet Atherton

**Tel:** 0151 934 3608

**Email:** Janet.atherton@sefton.gov.uk

## **Background Papers:**

There are no background papers available for inspection.

PHAR 2015

## Introduction

Welcome to Sefton's Health 2014, my annual report on the health of people in Sefton. Under the Health and Social Care Act, I have a statutory responsibility to produce an annual report and Sefton Council has the statutory duty to publish it. The report does not aim to be comprehensive as a regularly updated overview of needs is provided by the Sefton Strategic Needs Assessment. Instead each year I aim to focus on a key issue, reviewing progress and highlighting future challenges.

This year, my report focuses on one of our Joint Health and Wellbeing Strategy's key objectives - giving every child the best possible start in life. From October 2015, we will take on a new role for commissioning children's public health services from 0-5, as well as those we already commission for 5-19 year olds. By doing this role well we can make a big difference to long-term health and long-standing health inequalities. We know that good health and wellbeing, from pregnancy to five years old, has a massive impact on later life. We also know a lot can be done to improve it. Many people have contributed to this report and have a part to play in making the improvements necessary to ensure our children really do get the best start in life. I would particularly like to take this opportunity to thank elected members, my public health team, staff from across all council departments and partner organisations and the public for all they are doing to improve health and wellbeing in Sefton. I hope that you find the report informative and that you use it to take action to improve children's lives.

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This will be my final annual report as Director of Public Health for Sefton, after thirteen years as DPH in the borough. It has been a great privilege to serve the people of Sefton and to play a small part in the big improvements in people's health that we have seen over that time. People can now expect to live three years longer on average, heart disease death rates have halved, teenage pregnancy rates are at their lowest and immunisation rates at their highest. But there is much more to do, especially to tackle health inequalities in the borough which will need a concerted sustained focus over many years to shift. This is inevitably even more difficult to achieve in financially challenging times for local communities and their public services but it is vital that we have a continued focus on keeping people healthy despite the challenges.

I have been fortunate to work with some really committed people during my time in Sefton and I would like to take this opportunity to thank them for their support and to wish everyone well for the future.

## Examining the evidence: why should we act?

The evidence that early health and wellbeing is vital for life-long health is clearly set out in a succession of reports including *Health for All Children* (2006), the Marmot report (2010) and the Allen report (2011).



The science is clear and the economic case even more compelling. As shown in recent Chief Medical Officer for England's reports we can no longer afford the huge cost resulting from preventable disease and injury. We must refocus on prevention.



“Women are less likely to have a pre-term baby if they don’t smoke: if a pre-term baby is breastfed, they have fewer complications.” & “Every pre-term birth costs the public-sector around £25,000 and society another £52,000”

“Reducing speed limits can help prevent childhood injuries” [20-MPH sign] & “A single traumatic brain injury can cost society £1.4 to £5 million over the long term”

## **Commissioning: New Roles for Sefton Council**

From October 2015, Sefton Council will take over responsibility for commissioning children’s public health programmes for 0 to 5 year olds from NHS England. We will be responsible for commissioning the Healthy Child Programme that provides universal programmes like immunisation and screening to all families and additional targeted support for those with the greatest need. The programme is delivered by Health Visitors and the Family Nurse Partnership and aims to prevent illness through immunisation and picks up problems with child development early through screening programmes and health checks. Catching problems early.

## **Healthy Places: Thriving in Sefton**

Children do best when they have safe places to play, be active, learn and grow. They need safe homes and neighbourhoods to live in, families and communities that help them thrive, and high quality health care. We need to build health into the way we do things that impact on children's everyday lives to make healthy living the norm rather than a struggle.

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“We’re supporting residential 20 mph zones for safer play”

The Directors of Public Health for Cheshire and Merseyside are working together through the champs public health collaboration to promote the healthy places approach with a wide range of organisations who can have a positive impact on the places where children are starting their journey in life.

## **Top 10 for Number 10: Keeping Health on the Agenda**

There is a lot that we can do to improve children's lives through work in Sefton, but national policy also has a major role to play. That is why the North West Directors of Public Health published our “Top Ten for Number Ten” - ten evidence-based public health policy priorities. All ten affect child health, but five are especially important:

- Taxing sugar sweetened beverages: to help the fight against child obesity
- Banning unhealthy food adverts before 9pm: to reduce unhealthy food choices
- Getting schools to provide at least one hour of physical activity a day
- A commitment to eradicate child poverty: a preventable cause of physical and emotional problems
- Acting on the “1001 critical days” report: to give all babies the best possible start during a key period for brain development.

## **Targeted Support: Improving health where it is most needed**

Sefton has big health inequalities between richer and poorer areas. We need to ensure that public health services give most support to those with the greatest need. These families will be concentrated in areas with high levels of child poverty, but it is important that we use the Healthy Child Programme effectively to identify families in need of support wherever they live. The Maternity Services Liaison Committee and the local breastfeeding programme have had a clear focus on reducing health inequalities in young children while helping all mothers and babies in Sefton.

## **Stronger Communities: Working together for health**

Strong communities and strong families are vital for health. Organisations like Children's Centres, Healthy Living Centres and a diverse network of voluntary organisations have an important role to play in local communities. Developing community resilience is about communities having the things they need to withstand unexpected problems. It includes things like knowing where to go to get health advice and treatment, having good support networks available for times of individual need, and being prepared for emergencies.

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## **FIND OUT MORE...**

Sefton's joint health and wellbeing strategy [hyperlink <http://modgov.sefton.gov.uk/moderngov/documents/s44151/Summary%20Health%20and%20Wellbeing%20Strategy%20-%202013-18.pdf>]

The Public Health Outcomes Framework [hyperlink <http://www.phoutcomes.info/>]

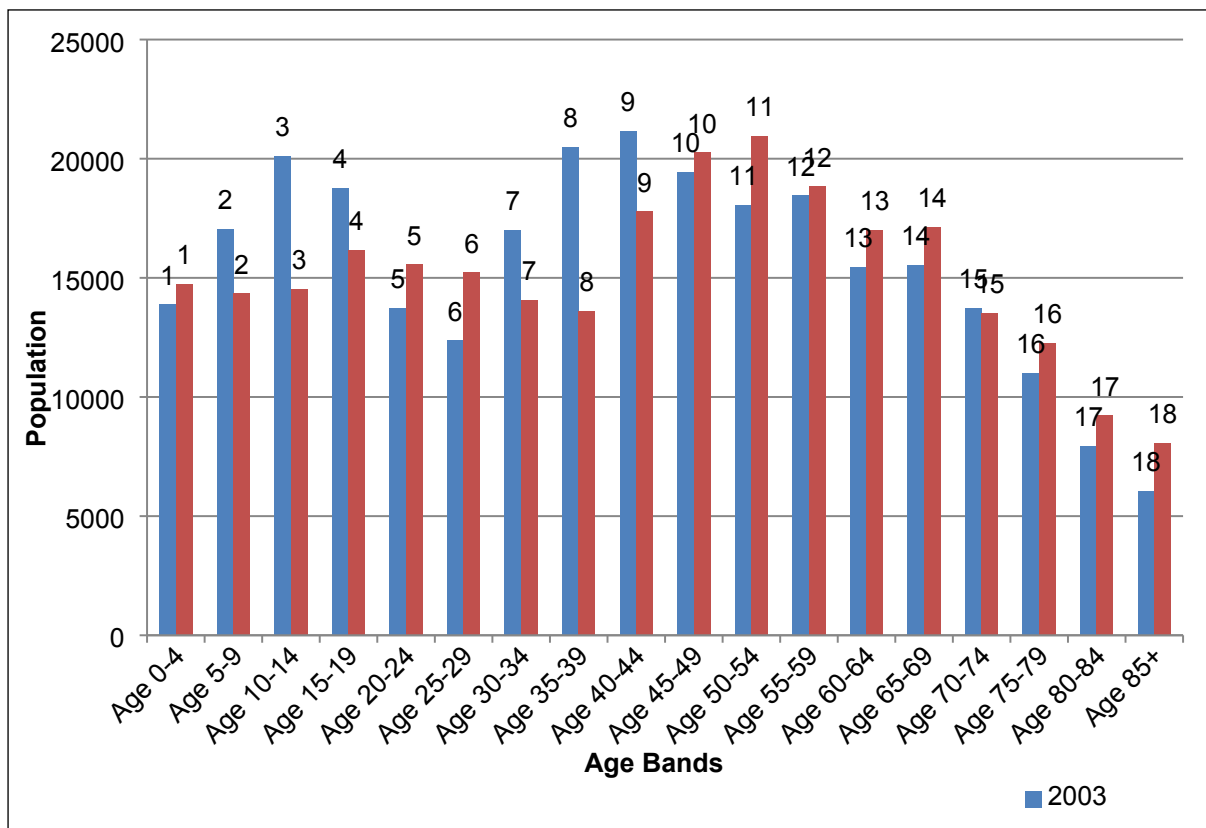
The Champs public health collaborative [hyperlink <http://www.champspublichealth.com/>]

The Northwest directors of public health group's 'Top Ten for Number Ten' [hyperlink <http://phlive.org.uk/wp-content/uploads/Manifesto.pdf>]

## Chapter 1 - Health Needs in Sefton

### Population

Sefton's population has changed markedly over the last ten years, with a growing older population and fewer children. However, whilst the numbers of older children have fallen, the number of 0 to 5s living in Sefton today is about the same as ten years ago: 17,000 children.



Source: Office of National Statistics

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The Office for National Statistics has forecast that Sefton's population will grow by about 1% between 2011 and 2021, and that there will be fewer secondary school age children, more primary school age children, and around 450 more 0 to 5 year olds.

Life expectancy for both men and women in Sefton continues to improve. On average, Sefton men can expect to live for 77.5 years, and women 82.8 years. Over the past 10 years, life expectancy has increased by 2.6 years for men and 2.9 years for women. In terms of living a healthy life, Sefton men can expect to live an average of 62.5 years in good health, and women 63.9 years. Over the past 10 years, healthy life expectancy has increased by 1.8 years for men and 1.5 years for women. This means that whilst people are living longer, the time they spend in poor health has increased over this time.

Life expectancy varies a lot between different areas in Sefton. The most recent ward level life expectancy data for period 2009-13 shows that in the ward with the highest life expectancy (Ainsdale) men live, on average, 12.2 years longer and women 13.1 years longer than those in the lowest scoring ward (Linacre). The inequalities in health within Sefton were highlighted in Due North: the report of the Inquiry for Health Equity in the North published in 2014.

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| Table – Life expectancy at birth for men and women across Sefton wards by Deprivation |                              |                                |                            |
|---|------------------------------|--------------------------------|----------------------------|
| Ward  | Male Life Expectancy (Years) | Female Life Expectancy (Years) | Deprivation Quintiles      |
| Linacre   | 70.5                         | 76.6                           | Most Deprived Wards        |
| Derby   | 74.1                         | 80.7                           |                            |
| St Oswald   | 73.8                         | 78.7                           |                            |
| Litherland  | 75.7                         | 81.9                           |                            |
| Ford  | 77.1                         | 84.1                           |                            |
| Church  | 73.6                         | 79.3                           | Second Most Deprived Wards |
| Netherton and Orrell  | 76.5                         | 82.2                           |                            |
| Dukes   | 75.1                         | 81.5                           |                            |
| Manor   | 78.2                         | 83.3                           |                            |
| Cambridge   | 75.4                         | 80.6                           | Third Most Deprived Wards  |
| Kew   | 78.2                         | 80.1                           |                            |
| Norwood   | 76.1                         | 83.4                           |                            |
| Molyneux  | 81.7                         | 87.4                           |                            |
| Victoria  | 81.8                         | 83.1                           |                            |
| Ainsdale  | 82.7                         | 89.7                           | Fourth Most Deprived Wards |
| Sudell  | 81.0                         | 86.7                           |                            |
| Birkdale  | 82.6                         | 84.1                           |                            |
| Park  | 80.7                         | 85.5                           | Least Deprived Wards       |
| Meols   | 80.4                         | 85.1                           |                            |
| Ravenmeols  | 81.6                         | 84.8                           |                            |
| Blundellsands   | 81.8                         | 85.3                           |                            |
| Harington   | 80.3                         | 87.3                           |                            |

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## **Public Health Outcomes Framework - Sefton's Position**

- In England there is a national public health outcomes framework that enables local areas to check their progress across four groups of outcomes: Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

Public Health England also produces a child health profile for every Local Authority area. An overview of Sefton's latest position against the public health outcomes framework and the child health profile is included in the appendix.

## **Improving the Wider Determinants of Health**

The wider determinants of health are all those things in society that affect health - like poverty, the work environment, education, housing and being able to access healthy food easily.

Living in poverty can have a significant impact on early child development and health. One in five Sefton children lives in a low-income household. Children living in poverty are more likely to have slower development and poorer health than those who are better off. The proportion of Sefton children living in low income households is similar to the national average, but varies considerably across the borough.



In Linacre ward, about half of children live in low income families, yet in Harrington ward, the figure is only 1 in 20.

Children from poorer backgrounds are less likely to thrive and develop as quickly as other children in their first years of school. Across Sefton, just over half of all children achieve the minimum expected level of development by the end of reception year, which is worse than the England average. Among children receiving a free school meal, however, only 40% achieve the minimum. This is significantly worse than the England average of 45%.

## **Health Improvement**

In 2013/14, 57% of Sefton babies were breastfed at birth. This is about the same as the last three years, and is still significantly lower than the England average of 75%. By 6 to 8 weeks, only 27% of are breastfed. This has improved slightly over the last three years, but remains significantly worse than the England average of 47%. The breastfeeding chapter explains how this will be targeted in coming years.

More women in Sefton smoke during pregnancy than the England average. Over the last three years, 15.3% of mothers were smoking at the time of delivery, compared with 12% nationally.

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Recent information from the National Child Measurement Programme (2013/14) shows that fewer Sefton children aged 4 to 5 are overweight or obese compared with previous years. Across Sefton, 14.3% of 4 to 5 year-olds are overweight and 10.4% obese. These figures are higher than the national averages for England, but not significantly so, where 13.1% are overweight and 9.5% obese.

In 2013, the rate of hospital admission for accidental and deliberate injury for 0 to 4 year olds in Sefton was 117 per 10,000 children. This rate has decreased over the past three years and is now lower than the England average (135 per 10,000).

## **Health Protection**

The proportion of Sefton children receiving their routine immunisations on time is better than the national average, with uptake of most vaccinations over 95%. In 2013/14, around 9 out of every 10 Sefton 5 year-olds received both doses of the measles, mumps and rubella (MMR) vaccine. This rate has improved over the past three years.

During winter 2013/14, all Sefton children aged 2 and 3 years old were offered the new nasal flu vaccine for the first time. Uptake of this was higher amongst children living in the Southport and Formby area (51.9% for 2 year olds and 46.4% for 3 year olds) than South Sefton area (36.8% for 2 year olds and 36.8% for 3 year olds).

## Health Care

Between 2010 and 2012, fewer Sefton babies died before their first birthday than between 2008 and 2010. This infant mortality rate is currently 4.8 per 1,000 live births, which is not statistically significantly different to the England rate (4.1 per 1,000).

Childhood tooth decay in Sefton is similar to the England average. In 2011/12, the average number of teeth per child that were actively decayed, filled or had been extracted at 5 years old was 0.9, similar to the England average of 0.94.

### **Further resources & Useful Information**

National Obesity Observatory, Public Health, England: <http://www.noo.org.uk/>

National Child Measurement Programme: <http://www.hscic.gov.uk/ncmp>

### **The Due North Report**

<http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf>

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## Chapter 2 - Sefton as a place to thrive

Creating the right environment in which children can thrive is really important. Good education, excellent public planning and support for healthy living all contribute to healthier places and people. All children in Sefton should have access to good education and live in a decent and safe home, near to a park or open space, with opportunities to explore, play and have fun. These things make a huge difference to the short and long term health of developing children.

Places where children spend most of their time are a vital part of healthy child development. These places include the child's home, early years' settings (like nurseries and playgroups), and outside with parents or carers in the built and natural environment. Communities that have good quality open and green space, accessible public transport and opportunities for active travel e.g. walking and cycling, as well as access to affordable and healthy food enjoy better health than those who do not. Similarly, a safe and warm home is crucial to health and happiness especially for young children who spend a lot of their time at home. A home that is damp, mouldy, too cold, or over-crowded, can seriously affect their health and development. Being part of a homeless family can have an even greater effect. Improved housing conditions and support for households who struggle financially to heat their homes will enhance the health of children in Sefton.

Several chapters in this report describe the far reaching impact of living and growing up in poverty as a child. Over the last few years there have been a number of changes to the welfare and benefits system and a recent analysis of austerity policy in the UK suggests that children are amongst the groups most affected. Increasing family income through employment or maximising benefits reduces the negative impact of child poverty on lifelong health.

## **What is happening in Sefton**

Sefton Council is working with our partners to make Sefton a place where more children can thrive and have a better start in life. Examples of this include:

- Sefton's Local Plan promotes accessible open and green space so children and families can enjoy the outdoors. This should improve child physical development and mental wellbeing.
- The roll out of 20 miles per hour speed limit areas will make residential areas safer for children to play.
- 'Healthy homes, Healthy people' is a pilot scheme to improve housing focusing on households with children vulnerable to poor health outcomes through their home environment.
- Over sixty parks and greenspaces in Sefton have signed up to the voluntary code for smokefree play areas. A survey of residents conducted in local parks (a quarter of them smokers), showed that 94% supported not smoking in playground areas.

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- Volunteers and Sefton Council staff have been worked together over the last few years to get local organisations to sign up to be a breastfeeding-friendly venue. This scheme will get a welcome boost following the Council resolution to encourage local organisations to become breastfeeding friendly.

## **What more could we do in Sefton?**

Local authorities, alongside health and community partners, have a key contribution to make in ensuring housing, education, environment, planning, transport and regulatory services promote good health. The following actions from local partners would support children and families in Sefton to thrive:

- All public sector organisations adopting a Health in All Policies approach - building health and wellbeing in all new plans and policies, including the Local Plan and Neighbourhood Plans.
- Reducing the number of children living in poverty by maximising incomes, job creation with a focus on young people and boosting the local economy.
- Improve the quality of housing in the private rented sector and addressing fuel poverty.
- Develop transport infrastructure to make physically active travel the norm and minimise injury and death.
- Ensure access to universal early years services including health and education provision.

**Find out more...**

**Sefton's local plan** <http://www.sefton.gov.uk/localplan>

**Breastfeeding in Sefton** <http://www.healthysefton.nhs.uk/Breastfeeding.htm>

**Austerity Policy** – link to doc

# Agenda Item 6

## Chapter 3 - School Readiness: Getting the best start in education

Getting the best possible education can have a profound impact throughout a person's life, health, and emotional wellbeing. Early education has a huge impact on later life chances, income, and health. In England, children at the end of reception year (aged 5 years old) are assessed against the government standard "good level of development". This looks at child development, a marker of school readiness.

We know that gaps in educational attainment between poor children and other children of the same age already exist at school entry age. As noted in the health needs chapter just over half of all children in Sefton achieve the minimum expected level of development by the end of reception year, which is worse than the England average. Among children receiving a free school meal, however, only 40% achieve the minimum. This is significantly worse than the England average of 45%. These figures have improved from the previous year.

By understanding what works in improving school readiness, we can prioritise what we can do to improve it most effectively.

School readiness depends on every child achieving the best possible early physical health, development, and mental wellbeing. This can be supported through things like the national Healthy Child Programme and through targeted work to improve school readiness. The Healthy Child Programme helps through;



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- Early identification of need and risk
  - Identifying those at risk of poor development and outcomes because of child, family, and environmental factors
- Universal health and development reviews
  - Identifying and addressing difficulties early in life
- Supporting the family unit
  - An important part of early child development
- Supporting parenting
- Preventing obesity
- Promoting breastfeeding and good nutrition

Improving school readiness means working to improve all of those things that impact on a child's early health, wellbeing, and development. This includes;

- The child's nutrition
- The home environment
- The family environment, parenting, and the home environment
- Early language development
- Recognising developmental delay
- Screening for visual and hearing impairments, and other medical problems
- Creating opportunities for safe play, and health promoting physical environments
- Improving dental health
- Reducing exposure to hazards like passive smoke, home accidents, and road collisions.

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In Sefton Council, the school readiness team works with schools, nurseries, children's centres, child minders and families to improve partnership between organisations and improve school readiness. This team especially targets their approach to those children and families who are most vulnerable.

## What more could be done?

The scope for closer working between early years services and the delivery of the Healthy Child Programme should be reviewed as the Council takes on responsibility for commissioning the HCP in 2015. Improving school readiness should be a key aim of this closer working.

### **Find out more**

#### **Health for All Children**

([http://www.dhsspsni.gov.uk/guidance\\_and\\_principles\\_of\\_practice\\_for\\_professional\\_staff\\_health\\_for\\_all\\_children.pdf](http://www.dhsspsni.gov.uk/guidance_and_principles_of_practice_for_professional_staff_health_for_all_children.pdf))

#### **The Healthy Child Programme**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

## Chapter 4 - Pregnancy in Sefton

### Local picture

The Maternity Services Liaison Committee – known as the MSLC - works to ensure a healthy start and healthy future for all new-born babies and their families living in Sefton. The MSLC is made up of parents, health professionals and representatives from Sefton Council, Sefton Clinical Commissioning Groups and the local Community and Voluntary Sector (CVS).

Almost 3000 babies are born in Sefton each year. Sefton's maternity services are there to support all mothers through a healthier pregnancy and birth. Support is needed throughout pregnancy as we know that some women find it difficult getting to appointments or antenatal classes, while some vulnerable families are more likely to have premature babies and need extra help. The focus of the MSLC is on promoting a healthy pregnancy and reducing health inequalities by making sure everyone can get the care and support they need. This involves:

- Engaging parents to promote healthy eating, and to support them to quit smoking and book early at maternity services to prevent problems like low birth-weight.
- Promoting choice in antenatal care and place of birth. We know that home birth is a safe option for women with low risk pregnancies. Women who plan a home birth are half as likely to have a caesarean section or forceps delivery, yet fewer than 2% of women in Sefton have a home birth.

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We know that more women would choose this option if they were fully aware and supported in planning the birth.

- Developing better working together across health services, social care, children's centre's and the voluntary sector to that we all work to meet the needs of Sefton families. This includes those who may have extra needs for example young or single parents, or parents with disabilities.

Sefton midwives work together with health visitors and others to deliver the Healthy Child Programme. At the booking appointment between 8 and 12 weeks of pregnancy they give mothers information about screening tests, immunisations, healthy eating, breastfeeding support, and help with stopping smoking. At this and future appointments they also help prepare mothers and partners for parenthood, including preparing for the birth, and safe care of their baby. This includes a discussion on safe sleep to help prevent sudden infant death. Midwives also support mum's emotional wellbeing and mental health, and improve parent and baby attachment which improves the baby's mental wellbeing.

This year the MSLC supported Liverpool Women's NHS Foundation Trust's successful bid to the Department of Health to refurbish the midwifery led unit and low risk postnatal area. The bid focused on improving choice for women and encouraged normal birth and will provide additional birthing pools and improved rooms to let partners stay. This will help to make birth a more normal and less medical experience.

We also recognise the importance of joined up services between maternity services, health visiting, general practice and our children centre colleagues. Later chapters will describe some of the positive examples of this work.

## **Looking forward**

The MSLC recognises that involving parents is essential in shaping services that are responsive to Sefton communities. Year on year, they have worked on increasing parent participation and engagement. Over the last few years the MSLC has supported Southport and Ormskirk baby day. This has led to more parents contacting and joining the parent task group of the MSLC. The challenge going forward is to maintain the enthusiasm and commitment of all, but in particular the parents. This will allow them to create a sustainable group for improving Sefton's high quality maternity services. The MSLC will develop a strategy to ensure new parents join the MSLC and maintain its vibrancy.

The MSLC parent task-group recently surveyed local parents to find out what really mattered to them during their pregnancy: this will directly inform future commissioning and improvements to maternity services. A number of challenges for maternity providers and commissioners were identified by the survey. They include:

- The need for sensitive healthy lifestyle advice and support for women who are overweight or obese
- A need for increased support in completing and implementing birth plans
- The need for more breastfeeding peer support whilst on the maternity unit

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- The need to increase the offer and uptake of antenatal classes

In response to these and other findings from the survey, the parents have decided to develop a parent charter, setting out what mothers and their partners can expect from all the statutory services during pregnancy. This has the support of the CCG who commission maternity services and the maternity services themselves. It will also involve those partner services mentioned earlier.

## **MSLC recommendations for Sefton based on feedback from parents in the survey**

- All partners must endorse the parent charter and ensure services provide the level of care agreed within it.
- Providers and commissioners should improve the choice and uptake of antenatal classes, particularly amongst those groups who have experienced difficulty attending.
- Maternity providers should develop a more robust system to ensure consistent and maintained birth plans.
- Providers and commissioners should increase the level of breastfeeding peer support in maternity units
- Sensitive support should be provided to those women who need to achieve a healthier weight.

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In July 2014 a number of parents from the MSLC attended the Faculty of Public Health Annual Conference in Manchester. They presented a poster showcasing how local parents got involved with the MSLC.

Sefton MSLC now has growing, creative and inclusive parent participation. A dynamic and positive relationship exists between parents, local government, voluntary sector, health commissioners and maternity providers. The impact can be seen in:

- Parents taking the lead, e.g. chairing the committee
- The creation of a parent task-group, with work plan directed by the parents
- Parent attendance and contribution at related events, e.g. the launch of 'Cheshire and Merseyside Children, Young People and Maternity Clinical Network'
- Parents challenging providers and raising issues relevant to families
- The task-group completion of a parent survey and commitment from providers to respond to findings.
- Active parent Twitter and Facebook account.
- Fund raising activities

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## Chapter 5 - Emotional Wellbeing

Pregnancy and childbirth should be a happy time for both mother and baby. But it is not without its stresses and strains. Having good mental wellbeing gives mothers and carers the skills and strength they need to cope with the physical and emotional changes they go through. It also helps them cope with the normal fears and excitement about having a baby and of course the sleepless nights. However, around 1 in 7 mothers experience mental health problems. These range from low mood to clinical depression. This can happen any time before, during, or after the baby is born. Left untreated, they can lead to serious consequences, such as neglect of the baby, behavioural problems in older children and at its most tragic a mother attempting to take their own life. However, it is important to remember that with the right support this does not need to happen.

### **The evidence for supporting mothers**

The National Institute for Health and Care Excellence (NICE) has produced guidance that sets out the care mothers and their families should receive. This starts with support from the Health Visitor and where appropriate goes onto include more specialist mental health support. It is widely accepted that effective and timely prevention, detection and treatment can have a positive impact on mothers and their families and reduce long-term difficulties. Health Visitors are trained to assess mental wellbeing and have an extensive knowledge of local support. All mothers receive a patient information leaflet called 'Your emotional wellbeing in pregnancy and beyond'. This provides the health visitor with an opportunity to help mums talk



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about how they have been feeling. If the health visitor thinks the mum needs additional help, they will refer mothers for psychological therapy and or other support services, for example, an exercise programme.

At the moment, the mental wellbeing assessment happens after the birth. But from early 2015 all pregnant women in Sefton will be offered a visit from the health visitor by 28 weeks of pregnancy. This will help health visitors identify and provide appropriate support earlier if it is needed.

Sefton's Health Visitors have developed resources to support maternal mental wellbeing and these are available in thirteen languages spoken in Sefton. This ensures that mums who do not speak English as their first language have equal access to mental wellbeing support.

Some of Sefton's Children's Centres now offer short 'Think differently, cope differently' courses to support mums with mild to moderate depression and anxiety. These provide a great resource for health visitors to refer parents to. Some of the Children's Centres also offer a 'Positive Thoughts' Course which has proven popular with mums.

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## Case Study

*Jane is a made-up person, but her story is typical of some of the clients our health visitors support.*

The Health Visitor visited first-time-mum Jane, with her 3 month old baby Dylan. She has been Jane's Health Visitor since Dylan's birth and has visited them at home a couple of times, and has also seen Jane and Dylan in clinic. Sefton Health Visitors routinely assess maternal mental health when the baby is 3 to 4 months old. During the assessment, Jane was tearful and said that her partner had left her. She said there had been some domestic violence and that she felt depressed and anxious. Jane was isolated, had little family-support locally and had low confidence. Jane said that Dylan was difficult to settle and cried a lot. The assessment tools identified mild clinical depression and moderate levels of anxiety. For the next few weeks the Health Visitor visited Jane at home to undertake 'Listening Visits' and she also accompanied her to her local Children's Centre, where Jane enrolled on the 'Positive Thoughts' Course which really helped to lift her mood and lessen her anxiety. She continued to attend the Children's Centre and became involved in the Community Garden there. A year on, her confidence has increased and she has now started a part time job. Dylan is settled in a local nursery. The support for Jane outlined in this case study will have provided long term benefits to Dylan in relation to his educational outcomes, his behaviour and his long term wellbeing.

## What more could be done?

Health Visitors will soon be able to measure the level of maternal emotional wellbeing across Sefton. This will help to identify areas of greatest need in Sefton and enable health visitors to target their support during pregnancy and the early years to those who need it most.

## Find out more

### **FIND OUT MORE**

Guidance from NICE on care after birth - <https://www.nice.org.uk/Guidance/QS37>

Sefton Children's Centres - <http://www.sefton.gov.uk/schools-learning/early-years-and-childcare/childrens-centres.aspx>

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## Chapter 6 - Protecting mothers and babies: antenatal and newborn screening

The NHS provides world class health screening for health problems in pregnancy and for newborn children. This is part of the routine, free, and universal care offered to women who are pregnant and to their children. Pregnant women are asked for permission by their midwife, and then they are offered blood tests, ultra sound scans, and a questionnaire.

For newborn babies, the heel prick blood spot test, a hearing test, and a physical examination are offered to every baby.

There is lots of information about these screening programmes on the internet – links to useful information can be found at the end of this chapter.

Six screening tests offered:

Pregnant women are offered screening for:

- infectious diseases that could harm the mother or baby, such as syphilis and HIV;
- inherited blood-disorders related to family origin, such as sickle cell disease;
- abnormalities such as spina-bifida or chromosome disorders (the commonest being Down's syndrome);

Babies are offered screening for:

- the heel-prick blood spot test for rare diseases that can be treated if picked up early - they are phenylketonuria, MCADD, thyroid underactivity, cystic fibrosis, and sickle cell/ thalassemia and from January 2015 this has been expanded to include four more inherited metabolic diseases.
- inherited hearing impairment (deafness)
- congenital problems at birth such as hip or heart problems

Over 97% of pregnant women cared for by Liverpool Women's Hospital and Southport and Ormskirk Hospital have screening blood tests. Approximately 46% of women are screened for Down's syndrome at Liverpool Women's and 42% are screened at Southport and Ormskirk.

Pregnant women are screened for sickle cell disease if they have a family origin from certain African or Mediterranean countries. It's important for women to book early with their midwife so that this can be done in good time.

Just over 98 per cent of babies get their hearing tested, and more than nine out of ten have the heel prick blood spot test in good time after birth. Almost three in every hundred babies need a second heel prick test because the first sample was too small. Local midwives are working hard to get this figure down to one in two hundred.

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We don't yet have good data on how many children get their full physical examination, but local hospitals are starting to collect this.

An example: the heel prick test (new born blood spot)

At about a week old, the midwife gets a drop of blood from the baby's heel and soaks it onto a special piece of blotting paper. This paper strip is sent to Alder Hey Hospital where a sophisticated laboratory runs a series of tests for the five diseases: phenylketonuria, MCADD, thyroid underactivity, cystic fibrosis, and sickle cell/thalassemia.

If any of the tests is positive, then the result is checked further, and parents are contacted for a specialist opinion. For each of the diseases, picking them up early makes a huge difference to the baby as they grow up. In the case of thyroid underactivity, for example, a simple daily treatment means that the baby develops completely normally. In contrast, if it wasn't picked up early, the baby's mental and physical development are affected.

What could be improved?

- More women could benefit from screening if local maternity teams improve the uptake of infectious disease and Down's syndrome screening tests.
- Women should be booked with their midwife early enough in their pregnancy so that sickle cell tests can be offered quickly when needed.

- The heel prick test should be given in good time and without delay to almost every baby, not just nine out of ten babies.
- The sample should be “right first time” so that babies do not need to have it repeated.
- Local hospitals should collect and report data on the newborn physical examination.

## **Childhood vaccinations in Sefton**

The NHS infant vaccination programme protects children from more than 20 common and serious infectious diseases, such as tetanus, polio, diphtheria, some forms of meningitis, mumps, measles, rubella (german measles), rotavirus diarrhoea, and pneumonia. Teenage girls also get the HPV vaccine in school year 8, which protects them against the genital warts virus – a major cause of cervical cancer. Next to clean drinking water, good nutrition and good parenting, vaccinations are one of the most important things that keep children healthy.

Most children in Sefton complete their recommended course of vaccines, and uptake of routine vaccinations has improved over the last few years. The number of 5 year olds getting their second dose of MMR still needs to be improved, however, as two doses are needed to ensure immunity. The good uptake in Sefton is down to parents ensuring they bring their children for vaccination, hard work by local doctors and nurses, and good organisation of the immunisation programme by Public Health England to make sure the vaccines are available. The table shows how well Sefton did in 2013/14.

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2013/14 was the first year that children were offered immunisation against flu. The uptake rate for Sefton as a whole was similar to the national rate but further work is needed to improve this for future years.

## **FIND OUT MORE...**

Sefton's joint health and wellbeing strategy [hyperlink

<http://modgov.sefton.gov.uk/moderngov/documents/s44151/Summary%20Health%20and%20Wellbeing%20Strategy%20-%202013-18.pdf>]

The Public Health Outcomes Framework [hyperlink

<http://www.phoutcomes.info/>]

The Champs public health collaborative [hyperlink

<http://www.champspublichealth.com/>]

The Northwest directors of public health group's 'Top Ten for Number Ten'

[hyperlink

<http://www.screening.nhs.uk/annbpublications> . There is information in other

languages at [www.screening.nhs.uk/languages](http://www.screening.nhs.uk/languages).



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**Childhood Vaccinations April 2013 to March 2014: uptake as % of all invited infants. Sefton children are some of the best protected in the North of England.**

For best protection, 95% (nineteen out of twenty) children need to be up to date with their vaccinations

|   | <b>England</b> | <b>North West</b> | <b>Sefton</b> |
|---|----------------|-------------------|---------------|
| <b>Diphtheria, tetanus, polio and Hib meningitis at 12 months old</b>                             | 94.3%          | 95.7%             | 96.3%         |
| <b>Pneumococcal vaccine at 12 months old</b>  | 94.1%          | 95.3%             | 96.0%         |
| <b>Diphtheria, tetanus, polio and Hib meningitis at 2 years old</b>                               | 96.1%          | 97.3%             | 97.2%         |
| <b>Pneumococcal vaccine at 2 years old</b>  | 92.4%          | 94.2%             | 95.0%         |
| <b>Hib meningitis at 2 years old</b>  | 92.5%          | 94.3%             | 94.9%         |
| <b>MMR (mumps, measles, rubella vaccine) at 2 years old</b>                                       | 92.7%          | 94.9%             | 94.7%         |
| <b>MMR (mumps, measles, rubella vaccine) at 5 years old</b>                                       | 88.3%          | 92.0%             | 90.3%         |
| Note: Source is NHS England data analysis, collated by Merseyside Screening and Immunisation Team |                |                   |               |

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## Flu Vaccination Uptake: 2013/14

|   | <b>England</b> | <b>South Sefton CCG</b> | <b>Southport &amp; Formby CCG</b> |
|---|----------------|-------------------------|-----------------------------------|
| <b>Flu vaccination coverage in ALL 2 year olds combined</b> | 42.6%          | 38.1%                   | 54.1%                             |
| <b>Flu vaccination coverage in ALL 3 year olds combined</b> | 39.5%          | 34.8%                   | 50.7%                             |

## Chapter 7 - Health Visiting and the Family Nurse Partnership

### Health Visiting and Family Nurse Partnership

#### Local picture

Every family with a new baby or a child under the age of five will have a health visitor. Health visitors are qualified nurses or midwives who have specialist training in child health and health promotion. The health visitor can provide practical support and confidential health advice.

In Sefton, health visitors take over from midwives and deliver the Healthy Child Programme (HCP) for ages 0 to 5. Health visitors are supported in delivering the HCP by child health practitioners and nursery nurses. They also work closely with midwives, Family Nurse Partnership, school health, children's centres, social care and the voluntary sector. The Healthy Child Programme is a series of reviews, screening tests, vaccinations and information to support parents and help them give their child the best chance of staying healthy and well. The HCP is based on a model of 'progressive universalism'. In other words, there are standard services available to everyone (universal), and additional services available to those who need them most or are at risk (progressively more services provided according to need). The programme is offered in GP surgeries, local clinics, and Children's Centres. Some reviews can be done at home which enables the health visitor to assess the child in the family environment.

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Because health visitors have specialised knowledge of community health, health promotion and child health they are able to provide specialist care from birth through to starting school. Health visitors play a pivotal role in safeguarding children and addressing issues like neglect. As part of the Healthy Child Programme, health visitors have recently started contacting families shortly before the birth to offer early support and advice, and set out the support families can expect once their baby is born.

During child development reviews, the health visitor asks how the child is doing and about any concerns parents may have. The first home visit will usually take place when babies are 10 to 15 days old. During the check-up the health visitor examines the baby and records the details in the baby's red book (Personal Child Health Record). After the first visit, a development review takes place at 6 to 8 weeks old. Further routine reviews are at three months, four months, one year, between two and two and a half years, and at school entry (four to five years). Once the child reaches school age, the school nursing team and school staff help support the child's ongoing health and development.

## **Looking forward**

From 2015, some of Sefton's most vulnerable families will be supported by the more intensive Family Nurse Partnership support programme. This is a targeted programme offered to first time mothers aged 19 or under. Unlike the regular health visiting service, it begins in early pregnancy; with the Family Nurse offering weekly and fortnightly visits right up until the child is two years old. The aim is to work with

young parents, helping them to understand about their pregnancy and how to care for themselves and their baby. The focus is on partnership, nurses do not tell parents what they should do, but work with them to help them make decisions about giving birth, looking after their baby and toddler and deciding what is best for them.

The programme has three major goals

- To improve antenatal health
- To improve child health and development
- To improve economic self-sufficiency

The programme is aspirational, helping young parents become the best parents they can be, and in turn helping their baby to grow, develop and learn. Nurses will also help parents explore childcare options, education and training and provide support to help parents manage household finances and setting up home.

Work is underway to recruit and train the Family Nurse Partnership Team that will work in Sefton. Liverpool Community Health already provides this service in Liverpool where it has shown positive health outcomes. The programme originated in the United States where it has been shown to provide the following benefits.

- Reduction in smoking whilst pregnant
- Fewer subsequent births and greater intervals between births
- Fewer accidents
- Increase in employment

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- Reduction in child abuse and neglect
- Improved child language development
- Increased access to education and training
- Greater involvement of fathers

From October 2015, Local Authorities will take over responsibility for commissioning health visiting and FNP services from NHS England. The staff that provide the services will remain in the NHS provider services. This is the final component of transferring responsibility for public health to the council and it provides a real opportunity to align these core services along with its other key early years staff, e.g. children's centres, staff working in social care, disabilities team, and to ensure good links with public health programmes for older children.

The 2010 'Fair Society, Healthy Lives' review by Professor Sir Michael Marmot showed that investing in early years is vital to reducing health inequalities and that the returns on investment in early childhood are higher than in older age groups. The Healthy Child programme provides a blend of services, some of which are universal, with an ability to scale-up the service where need is highest. By having a universal service like this, we can support the most disadvantaged in Sefton and prevent families who might have "hidden" problems, e.g. post natal depression falling through the net. This approach has potentially huge benefits for the long-term health of Sefton's children.

## What more should we do?

The local authority should work with the NHS to ensure a safe transfer of commissioning responsibility and the quality of the Health Visiting service and Family Nurse Partnership is maintained or improved post transfer.

Opportunities for building stronger links with early years services and with 5-19 public health programmes should be created.

### **FIND OUT MORE**

The Healthy Child Programme -

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

Fair Society Healthy Lives Report (The Marmot Review) -

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

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## Chapter 8 - Healthy Lifestyle Choices

The earlier healthy lifestyle choices are started, the more of a habit they become throughout childhood and into later life. This chapter describes what we are doing locally to give children a healthy start in life.

### Smoking & Pregnancy

#### The Local Picture

Smoking during pregnancy is a serious public health concern because it damages the health of both mother and baby. A Royal College of Physicians' Report (2010) said that in the UK each year, maternal smoking during pregnancy impairs the growth and development of the unborn child and leads to miscarriages, perinatal deaths, premature births and low birth weight babies.

Smoking during pregnancy is measured nationally through Smoking At Time of Delivery data (SATOD). Sefton's rate for 2013/14 was 15.3%, with higher rates in South Sefton CCG at 17.1% than in Southport and Formby at 12.2%. Overall Smoking At Time of Delivery has seen only a slight decrease from 15.6 % to 15.3% between 2012/13 and 2013/14.

During 2013/14 there were 292 pregnant women who set a quit date with the Sefton stop smoking service, an increase of 28 pregnant women compared to the previous year. 47% of the women who set a quite date went on to successfully stop smoking, an increase of 3 percentage points on the previous year.



## What is being done to address these issues

We are using the latest scientific evidence and recommendations to reduce smoking in pregnancy with the aim of:

- Improving the health of mothers who smoke
- Reducing the risk of harm to her unborn child

*Following NICE guidance: the Merseyside 'stop smoking in pregnancy pathway'*

We know from NICE guidance that midwives play a key role in identifying, referring and supporting pregnant smokers. The NICE recommendations have been applied by organisations working together across Merseyside. This includes organisations like local councils and NHS maternity services. This partnership approach has been crucial to ensure there is a consistent approach to help pregnant women to quit smoking across Merseyside.

The Merseyside 'stop smoking in pregnancy pathway' helps ensure that NHS maternity services have an evidence-based comprehensive approach to stop smoking. This means that pregnant smokers in Sefton are identified and supported to quit smoking wherever they choose to give birth.

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## *Specialist stop smoking support*

Pregnant women in Sefton can access a specialist stop smoking service through SUPPORT, Sefton's local NHS stop smoking service. They provide one-to-one quit support, including the option of home visits for pregnant women. During 2013/14, 138 pregnant women went on to successfully stop smoking.

## *Incentive scheme for vulnerable pregnant quitters*

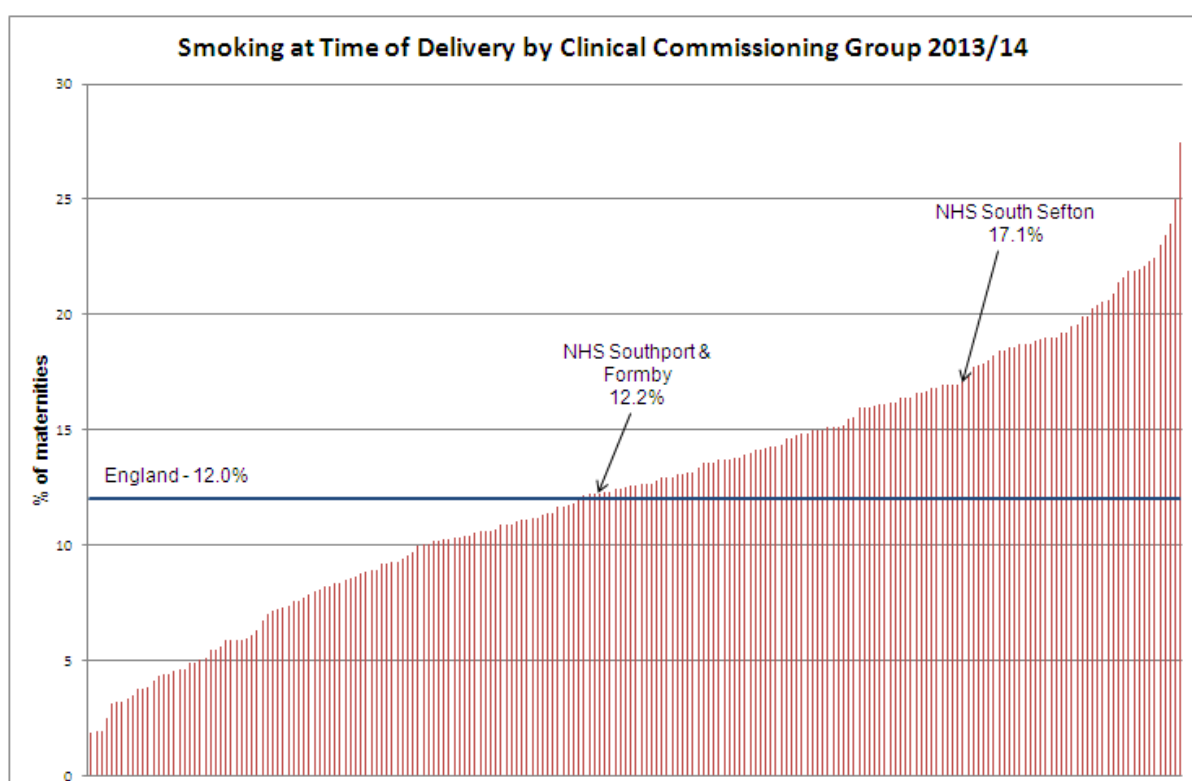
Pregnant women at risk of relapse can be offered rewards to continue on their quit attempt for at least four weeks. Once on this incentive programme clients can be rewarded if they sustain their quit attempt throughout the pregnancy and for at least 8 weeks after birth. Women take a carbon monoxide breath test to demonstrate they are smokefree.

## What more could be done in Sefton?

- We should work with partners to support young women to quit smoking before they have children. More importantly, work should be done to prevent young women from starting to smoke.
- Sefton Council should work in partnership with maternity service commissioners, to audit current practice against national smoking in pregnancy guidance and take action to improve compliance where needed in Sefton.

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- We need to understand better why some women in Sefton opt out of using specialist stop smoking services to support them to stop smoking during pregnancy, and use this information to tailor the service better to their needs.
- We should identify new ideas that can support pregnant women to quit smoking, such as finding examples of good practice and innovative delivery in other areas.



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## Breastfeeding

### Local picture

Breastfeeding is the healthiest way to feed a baby. Breastfeeding contributes to the health of mother and child in both the short and long term and provides all the nutrients a baby needs. The current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months, and then continuing for as long as the mother and baby wish while gradually introducing a more varied diet.

The percentage of Sefton mothers deciding to breastfeed (the breastfeeding initiation rate) increased from 54% to 57% between 2012/13 and 2013/14. The percentage still breastfeeding at 6 to 8 weeks did not change over the same period remaining at 27%. This compares to national rates of 74% and 47% respectively so although we have seen improvement in breastfeeding initiation over the last year there is more to be done to improve rates further.

### What are we doing to address these issues?

#### Sefton's Baby Friendly Initiative

Sefton achieved international recognition from the United Nations Children's Fund (UNICEF) in 2014, by successfully passing the accreditation process for Stage 3 of the Baby Friendly Initiative (BFI). Stage 3 is the final stage of the BFI award and acknowledges the commitment, support and dedication that staff and volunteers in Sefton offer to mum's and families. The BFI award process involved professionals being interviewed and assessed: pregnant women and new mothers were asked about their experience and the care they had received in over thirty different aspects

of breastfeeding. More than 80% of mothers reported positive feedback in each of the areas.

Southport & Ormskirk hospital have achieved their certificate of commitment for BFI status and are currently working to achieve the next stage of this award through the delivery of training programmes to staff in the hospital and ensuring that hospital policies and procedures promote the most supportive environment to encourage breastfeeding. Improvements may take time to be reflected in the statistics.

## **Breast Start**

Sefton's breastfeeding peer support programme called Breast Start, is made up of paid staff and volunteers. Sefton women have found this service valuable - during 2013/14, 68% of mum's supported by Breast Start were still breastfeeding at 6 weeks. The service provides antenatal workshops, support on post natal wards, postnatal support groups, home visits and telephone support.

## **Breastfeeding Friendly Venues**

Sefton runs a programme to encourage businesses in Sefton to actively welcome breastfeeding on their premises. 43 venues in Sefton have so far committed to providing a welcoming and supportive environment to breastfeeding mothers. Further work is underway to build on increasing the number of breastfeeding friendly venues, and to highlight to all Sefton organisations how important it is to provide a welcoming and supportive breastfeeding environment.

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## *Breast milk – it's amazing*

The 'Breast milk- it's amazing' campaign was launched in 2009 across Sefton, Knowsley, Liverpool and Wirral. It is a high profile health promotion campaign that aims to improve breastfeeding uptake in the region. The campaign was later adopted by Champs – Cheshire and Merseyside's public health collaborative service. Champs have since developed the campaign with a relaunch and a series of related events that link parents into support groups.

## **The Healthy Start Scheme: Providing access to free fruit, vegetables, and vitamins**

Good nutrition is vitally important for early child development. The Department of Health's 'Healthy Start' scheme provides free weekly vouchers for fruit, vegetables, milk, and infant formula. It also offers free vitamin tablets for pregnant mothers and free vitamin drops for children at around 6 months old (when they are weaning onto solid foods and need vitamin supplements). The vitamins offered are tailored to the needs of pregnant mothers (providing folic acid, Vitamins C & D) and (Vitamins A, C & D) to young children, to help prevent birth defects and rickets. Vitamins are distributed via children's centres and nurseries – this helps introduce mothers to the other health improving services available at children's centres.

The fruit and vegetable voucher element of Healthy Start can assist with establishing healthier eating habits to help with maintaining a healthy weight.

The Healthy Start scheme is a statutory duty for the local authority, and is offered to families on specific benefits and all mothers under 18 years old.

In Sefton, the scheme has been supplemented by a local offer since 2009; so that all of Sefton's pregnant mothers and children under two have access to free vitamin supplements. This local offer has improved the uptake of the national Healthy Start programme in Sefton. Sefton's supplementary local offer has been shared as a model of good practice with other local public health teams and with the NHS England.

Future plans are for Sefton Council to work in partnership with food banks to improve the opportunity for eligible young families to access the necessary vitamins and food options to maintain a healthy diet.

## **Future Challenges**

- The first few hours after delivery is a crucial time for breastfeeding support to be provided. Given the loss of Council funding for a comprehensive service, it will be important to work with Sefton Clinical Commissioning Groups, maternity and health visiting services and Breast Start to find ways of supporting breastfeeding effectively. Any voluntary activity or service supported by mainstream NHS services would have most impact if focussed in the immediate post natal period.
- Maintaining the BFI status in Sefton's community settings and ensuring that the guidance is being adhered to and new staff are trained.

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- Achieving BFI status at Southport and Ormskirk hospital to ensure consistent support for new mothers wishing to breastfeed.
- Maintenance and expansion of breastfeeding friendly venues across Sefton to ensure that women feel comfortable to breastfeed and know that they will get a positive welcome when they do.

## **FIND OUT MORE**

Healthy Sefton: Stop Smoking Service -

[http://www.healthysefton.nhs.uk/Stop\\_Smoking.htm](http://www.healthysefton.nhs.uk/Stop_Smoking.htm)

Healthy Sefton: Breastfeeding Support -

[http://www.healthysefton.nhs.uk/Breastfeeding/Local\\_Breastfeeding\\_Support.htm](http://www.healthysefton.nhs.uk/Breastfeeding/Local_Breastfeeding_Support.htm)



## Chapter 9 - Keeping Children Safe

### **When a child dies in Sefton: lessons for the future**

Government legislation requires every Local safeguarding Children Board (LSCB) to review the death of each child or young person who lived in their area. By doing this, we can find ways of preventing future deaths and help support families. Each child death is a personal tragedy for the individual family, but looking at deaths collectively across Merseyside helps agencies identify interventions that may prevent further deaths or injury.

Sefton is part of the 'Mersey Child Death Overview Panel'. This panel receives a short report about each child and how they died. The information comes from records held by hospitals, local health services, schools, police, children's services or other agencies whose staff knew the child. The panel, which includes public health specialists, medical doctors, other health specialists, children's services staff, education staff, and police, meets monthly to review the reports.

The panel is not concerned with blame but focuses on finding out if anything can be changed to prevent similar deaths in the future. They also look at what support was offered to the child and their family before and after the death. The panel can recommend changes to these arrangements if needed.

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The process is confidential and information about the panel should be given to parents by the registrar when they register the death of a child. Parents can contact the panel if they wish to receive individual feedback about their child, or want to contribute extra information that they feel may help to improve the care of children.

During 2013/14, the deaths of 14 Sefton children were considered by the Mersey Panel. Twelve of the deaths occurred in babies less than one year old, and of those six were neonates, that is babies less than 28 days old. For Merseyside as a whole, deaths in the neonatal and infant age groups continue to be much greater than in any other age group. Across Mersey, the commonest causes of death at this age are:

- complications associated with prematurity,
- genetic and congenital anomalies,
- and in older babies - sudden unexpected, death in infancy (also known as SUDI)

Other chapters in this year's report highlight the importance of women booking early in pregnancy. This ensures that all women get early offered pregnancy screening to identify medical conditions during pregnancy. Supportive midwifery and health visiting care can also help mothers improve their chance of a healthy pregnancy and birth through quitting smoking, healthy eating, and starting and continuing to breastfeed. Smoking and poor maternal diet is connected to low birthweight babies.

And we know that breastfeeding offers positive protection to babies from infection and allergy.

Sadly, sudden infant death often remains unexplained. But we know that the risk is greatly reduced if parents do not smoke, if babies are breastfed, and if they are placed to sleep in a safe environment. Sudden unexpected death is, thankfully, rare but it can happen. To help prevent it, all Sefton health staff advise the following:

## **Things to do**

- Always place your baby on their back to sleep
- Keep your baby smoke free during pregnancy and after
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months
- Breastfeed your baby
- Use a firm, flat waterproof mattress in good condition

## **Things to avoid**

- Never sleep on a sofa or armchair with your baby
- Don't sleep in the same bed as your baby
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while sleeping or use loose bedding

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## Domestic violence: preventing harm to children

There are national and local strategies and programmes designed to support families and looked after children in their living and social environments. These include programmes to reduce the impact of domestic abuse on children, the government's 'Troubled Families' programme, and local programmes that support community social networks. Although only very rarely implicated in the death of children, panel reviews have identified a significant number of domestic violence incidents. In response, Sefton Council is researching the experience and impact of domestic violence on the health and wellbeing of people, including children who are affected by domestic violence.

### Looking Forward

The Mersey panel is planning a series of training sessions for all front line staff who support parents and carers of babies. This will ensure they are able to discuss safe sleeping arrangements with families and give clear advice. The training will use a common protocol currently being developed across Merseyside NHS Trusts.

Sefton also plan to work with panel partners across Cheshire and Merseyside to develop a media campaign promoting safe sleeping practice.

Members of the panel are also delivering updates on the work and findings of the panel across Merseyside. Feedback from staff working in Sefton has been positive. Sharing learning will hopefully help protect children from potential harm and avoidable risks to health.

**Find out more**

Merseyside Child Death Overview Panel (including annual reports) -

[http://www.liverpoolscb.org/sub\\_child\\_death\\_overview\\_panel.html](http://www.liverpoolscb.org/sub_child_death_overview_panel.html)

Vulnerable Victims Advocacy Team - <http://www.sefton.gov.uk/advice-benefits/crime-and-emergencies/domestic-violence.aspx>

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**Report to:** Overview and Scrutiny Committee (Health and Social Care)      **Date of Meeting:** 3 March 2015

**Subject:** Care Act 2014 Update      **Wards Affected:** Wards

**Report of:** Director of Older People

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

## Purpose/Summary

This report updates the Overview and Scrutiny Committee for Health and Social Care on the required changes associated with the Care Act 2014 and the progress towards implementation.

## Recommendation(s)

- i. Note the content of the report
- ii. Receive further updates and scrutinise the work to implement the Act in Sefton

## 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  |                        | ✓                     |                        |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy |                        | ✓                     |                        |

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## Reasons for the Recommendation:

The Overview and Scrutiny Committee need to be aware of the Care Act 2014 in order to scrutinise work within this field effectively.

## Alternative Options Considered and Rejected:

Maintaining the status quo is not an option due to new legislation and demographic and budgetary pressures.

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

### (A) Revenue Costs

With regard to the Care Act the Council has received New Burdens funding of £1.969m in 2015/16 and this has been incorporated into the MTFP going forward. There is also a sum of £0.834m within the Better Care Fund associated with the Care Act implementation and this will be captured within the Section 75 Agreement currently being drafted with colleagues in Health. Funding for future years is not yet known.

### (B) Capital Costs

As part of the new burdens funding the Council has been notified of an allocation of £0.307m in 2015/16 for capital costs associated with the implications of the Care Act 2014.

## Implications:

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

|   |
|---|
| <b>Financial</b><br>There is a significant financial risk with potential additional cost for Care Act 2014 implementation and on going delivery.  |
| <b>Legal</b><br>The Children and Families Act 2014 and the Care Act 2014 and subordinate legislation and statutory guidance.  |
| <b>Human Resources</b><br>The implications in terms of Personnel practice and implications for the workforce are not clear yet. Regular consultation takes place with trade unions through recognised processes. Officers will continue to consult with trade unions and employees as necessary following these recognised processes.   |
| <b>Equality</b><br>1. No Equality Implication <input checked="" type="checkbox"/><br>2. Equality Implications identified and mitigated <input type="checkbox"/><br>3. Equality Implication identified and risk remains <input type="checkbox"/><br><br>The Care Act will have a positive equalities impact with an outcome based needs assessment ensuring that individuals views, needs and wishes are placed at the centre. |



## **Impact of the Proposals on Service Delivery:**

The Care Act represents the most significant change in Adult Social Care in recent years, with changes to underpinning legislation, eligibility criteria, funding, the status of Adult Safeguarding and a host of other associated areas which are likely to impact across the Council. The known impacts of the proposed changes are described in the report. Adult Social Care's day-to-day operational model will expand and change over the period of implementation.

Demographics indicate a growth in demand for Care and Support services. The Council's strategic commissioning intentions will support market development to meet the range of needs for the individuals of Sefton, offering choice as to how their needs are met. Market shaping activities will encourage the care market to expand, where possible supporting economic growth and access to jobs.

An underpinning principle of the Care Act 2014 is the promotion of health and wellbeing to prevent, reduce or delay the need for care and support focusing on keeping people as independent as possible through prevention and early intervention. Comprehensive information and advice will enable individuals to make early informed choices about their care and support; those entering the care system will do so through clear pathways and be able to choose how their care and support needs are met through a range of commissioned support or direct payment.

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

The Head of Corporate Finance and ICT can confirm that the Council has received £2.803m (as detailed above) in 2015/16 to support the costs of the implementation of the Care Act from April 2015. However there has been no announcement as to how much, if any, additional funding may be released to support any ongoing delivery of the Care Act in future years. Any required expenditure above this level is not contained within the current Medium Term Financial Plan (FD 3442/15)

The Head of Corporate Legal Services have been consulted and any comments have been incorporated into the report. (LD 2734/15)

Meetings have also taken place with key partners, such as Sefton CVS, Healthwatch and the Carers Centre, to share information and explore ideas. These continue to take place.

## **Implementation Date for the Decision**

Immediately following the Committee meeting

**Contact Officer: Lauren Sadler**

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## **Background Papers:**

There are no background papers available for inspection

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## 1. Introduction/Background

- 1.1 Implementing the changes associated with the Care Act is part of the Adult Social Care Change Programme. The overall aim of the programme of work 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 strategic plan highlights 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 the development of the market to deliver the required change. The scope of the programme also includes delivery of approved budget savings and designing the new model for Social Care.
- 1.2 To oversee the implementation of the Care Act in Sefton, the governance and work streams for the Adult Social Care Change Programme has been appropriately refreshed. The Programme Board oversees four distinct projects each working to their own implementation plan that includes working towards completion of reviewing relevant documents, policies, considering training and workforce development, charging and cost implications as well as understanding and identifying potential risks.
- 1.3 To support the implementation a grant of £125,000 has been provided and this has been used in the following three ways:
  - One full-time post in finance to support all financial implementation of the changes in the Care Act
  - £25K to support joint working with Liverpool City region.
  - Workforce development resources
  - One full-time post in ASC to support all administration around the implementation of the changes in the Care Act
- 1.4 In addition there are two regional groups that have been established and the Council is currently aligning its local work to ensure that there is no duplication.
  - North-West regional ADASS group – the Council has representation on this group and they are an excellent source of information, communication and sharing best practice. This has included carrying out local stocktakes and workforce readiness surveys.
  - Liverpool City Region group – this group is looking at a range of areas with each authority taking an overall lead for one subject, Sefton is leading on pre-paid cards – an efficient method to administer direct payments.
- 1.5 Updates from each of these regional groups are presented on a monthly basis to the ASC Change Programme Board. In addition the Council is working with the two regional groups to assess and analyse all of the upcoming National Guidance for implementation that will be produced and circulated.
- 1.6 As part of the initial implementation of the Care Act, Adult Social Care has completed three self-assessments to determine Council's readiness for the changes. The first self-assessment was completed in August and shows that the Council were on track at this point, this assessment was repeated in September and January and shows that the Council are again progressing well in the key areas.

- 1.7 The New Burdens monies identified by Government associated with implementing the Care Act and the Better Care Fund are not likely to meet the true cost to the Council of implementing such a significant change, especially given the financial challenge. The additional burdens settlement for 2015/16 is £1.969m. There is flexibility around the usage of the money and it will be allocated around the priorities for implementation of Care Act. There is also a sum of £0.834m contained within the Better Care Fund to support elements of the Care Act implementation from April 2015.
- 1.8 There is an on-going programme of workforce development alongside stakeholder and partner activity, for example, Voluntary, Community Faith sector. Officers have embarked on a series of focussed development workshops with Adult Social Care staff and corporate legal services to ensure readiness for the duties under the new act. This has been supplemented by wider workforce briefings to enable information sharing with areas that closely link to Adult Social Care.

## **2.0 The Care Act 2014**

- 2.1 The Care Act 2014 is a comprehensive piece of legislation which combines some new initiatives with an overhaul of many and varied pieces of legislation that existed for adult social care. Such a major piece of legislation is inevitably supported by a range of secondary legislation (regulations) and government guidance, much of which has yet to be finalised or drafted by the government at this time. The overhaul means that there is one comprehensive source of legislation for adult social care and it codifies many of the Council's existing practices.
- 2.2 The Cabinet Member has been kept apprised of major departmental activity to prepare for the implementation of the legislation accordingly.
- 2.3 The new initiatives contained in the legislation include:
- the carers right to have an assessment in their own right (and not simply as part of the care package)
  - introduction of national eligibility of assessment criteria (removal of the FACS criteria)
  - financial cap on payment for care by an individual. This will be introduced in April 2016.
- 2.4 A number of policies will need to be reviewed in due course and if they have any budgetary implications these will need to be considered by the designated Cabinet Member.
- 2.5 Wellbeing and Prevention  
Key developments and work streams:
- Advocacy: Sefton has collaborated with Liverpool City Council to jointly tender for independent advocacy to meet the new duties. This offers the Council value for money. The tender process is currently underway and the tender evaluation period commenced on the 18<sup>th</sup> February with a view to confirming the successful provider by the 16<sup>th</sup> March 2015.

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- Market facilitation: refresh of early intervention and prevention strategy to support development of the market and information services, as well as working with colleagues in public health to ensure there is connectivity on various schemes and aligned to the BCF programme. The Care Act places a duty on Authorities to develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to our communities. As Cabinet is aware the Market Position Statement details the future requirements for the community of Sefton. Building on this the Market Facilitation Strategy and plan will make this happen.
- Information services: there is a new statutory requirement to provide information services. Whilst we can utilise existing services to support this, the requirements to provide information are extensive and there is a duty to provide a range of materials to be made available. The Council is in a good position to meet these extended obligations.
- Provider failure - The Act makes it clear that Authorities have a temporary duty to ensure that the needs of service users continue to be met if a provider fails. The Council has a responsibility towards all people receiving care regardless of whether they pay for their care themselves or whether the Council pays for it. The Council must ensure that the person does not experience a gap in the care they need as a result of the provider failing. A market failure plan is being developed in conjunction with other Local Authorities to ensure a consistent approach. This will be ready for April 2015 and Cabinet Member for Older People & Health will be kept informed of progress.
- Prisoners and prisons – The Council is negotiating a Section 75 agreement with NHS England who will act as lead partner and commission the provision of social care services for Sefton's prison and prisoners (HMP Kennet). This provision is anticipated to commence in June 2015 with temporary arrangements in place for April and May.

## 2.6 Charging and Financial assessment

Currently work is underway to assess all of the charging implications of the Care Act to ensure full implementation by April 2015. Key areas that are currently being considered and worked upon:

- Deferred payments process will change and will require additional work and resource. The Council is required to implement a new deferred payment scheme from the 1<sup>st</sup> April 2015 which includes elements of local discretion. People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment. This means that everyone in a care home who meets the eligibility criteria will be able to ask for a deferred payment regardless of whether or not the local authority pays for their care. Councils will be able to charge interest on loans and an administration fee to ensure they run on a cost neutral basis. the Council's financial regulations will be updated to include the changes as required in law and that the new policy and associated charges will be published on the Council website by April 2015.
- There are changes to the financial assessment for people who have a property; work is underway to estimate the numbers of people affected by this, also there will need to be changes to IT to accommodate the differences.

- Sefton information systems are being reconfigured in line with the Care Act and new elements will undergo significant testing by the ASC workforce and this will also lead to a refreshed guidance.

2.7 It has been estimated that there are circa 1,200 self-funders who will become the responsibility of the Council and circa 60 people who will require a deferred payment service. In addition to this the number of additional financial assessments is estimated to be circa 1,500.

## 2.8 Safeguarding

A comprehensive work plan has been developed to give support and guidance for the Adults Safeguarding Board in relation to the Care Act. The risk areas are:

1. Review the Sefton Safeguarding Adults Board Serious Case Review (Safeguarding Adult Review) Policy to ensure that it incorporates all relevant requirements from the Care Act and guidance
2. Develop and implement an engagement plan to ensure agencies are robustly engaged, supported and able to respond to their responsibilities to take part in Safeguarding Adult Reviews
3. Review the mechanism and effectiveness of agencies implementation of recommendations from Safeguarding Adult Review
4. Require all agencies that will have a statutory duty under the Care Act to report against their contribution to the Board and the delivery of the plan for the Annual Report
5. Develop and implement a multi-agency communications strategy in relation to safeguarding

## 2.9 Integration and partnership working

A stocktake in relation to integration and partnership working will need to take place. This stocktake will focus on the six key areas:

1. Integration, cooperation and partnerships
2. The boundary with the NHS
3. Delayed transfer of care
4. Working with housing authorities and providers
5. Working with employment and welfare services
6. Delegation of local authority functions.

2.10 The stocktake will be reported through the ASC Change Programme Board and any risk factors identified and reported. The Council will need to ensure this dovetails with the work on the BCF and wider issues within children services and public health.

## 2.11 Carers

The Council must implement new arrangements for carers from 1 April 2015, particularly in respect of carer's assessment. The Council is currently exploring delivery models that will support carers in achieving their outcomes and enable them to continue caring. As options for the delivery models are identified these will be progressed with the appropriate Cabinet Member.

In relation to the Council's obligations specifically relating to young carers the Care Act cannot be read without equal attention being given to the Children and Families Act 2014. Together the legislation clarifies the law in relation to young carers and reinforces the significance of a whole family approach.

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The range of issues and challenges for the Council are:

- i. The identification of carers' at the earliest opportunity
- ii. The provision of information, advice and guidance, complimenting similar services as provided by Sefton Council and the CCGs
- iii. Signposting and referring carer's to the correct information, advice and support to ensure that they are not financially disadvantaged as a result of their caring role
- iv. Supporting carers' to have their voice heard in decisions that affect them, and where appropriate, advocate on their behalf
- v. Expanding and diversifying the provision of activities and peer support for carers'
- vi. Supporting carers' to take part in educational, training or work opportunities that they may feel excluded from because of their caring responsibilities
- vii. Providing a range of learning and development opportunities for carers', front line staff and the community
- viii. Through a variety of methodologies, gathering and reporting on carer experiences of using mainstream health and social care services; and supporting carers to participate in the planning, commissioning and quality assurance of health and social care services

2.12 This new statutory requirement will mean that all carers will be entitled to an assessment. Although it cannot be stated exactly how many people this will entail it has been estimated to be in the region of 2,500.

## **3.0 Focus on Assessment and Eligibility**

3.1 There are a number of requirements for assessment and eligibility that need to be in place prior to full implementation in April 2015. There is a working group focusing on the assessment and are currently working through each of the areas to establish our current performance, areas of change and new processes within the Act. This project group is specifically working on the development of Policy, Procedures and Practice in the following areas:

- The total extent of current and future needs for care and support
- What need is eligible for both adults and carers and how these can be met subject to a financial assessment
- Care and support planning with active involvement from the service user
- Changes required in the reassessment process
- Processes in relation to transition to adult care and support for children, young carers and child's carers.

3.2 The new requirements to meet the prevention and wellbeing agenda mean this will generate significant numbers of new clients to assess. At this stage it is difficult to state exactly how many people will meet the criteria however we estimate it could be over 1,000. In addition there is a new statutory requirement for reviews within 12 months and this will generate significant additional pressures within the system.

3.3 We estimate that increased demand around assessment and eligibility will lead to additional costs to the Council in the region £292,000 plus the additional recruitment of ASC staff to assess both carers and the cared for.

- 3.4 One of the ways that the Council will meet this requirement is the implementation of a web-based 'Health & Social Care Portal' that will enable people to find information and advice about health and social care in Sefton, and allow self-assessments to be completed online where appropriate.

The advantages of self-assessment include:

- guiding people to sources of help and clarifying eligibility
- providing 24-hour access to assessment

- 3.5 The Council's Liquid Logic Adults' Social Care System is being developed to provide this functionality.

- 3.6 The Care Act 2014 introduces a national eligibility threshold, which consists of three criteria, all of which must be met for a person's needs to be eligible. The eligibility threshold is based on identifying:

- whether a person's needs are due to a physical or mental impairment or illness
- to what extent a person's needs affect their ability to achieve two or more specified outcomes
- and whether and to what extent this impacts on their wellbeing.

- 3.7 The National eligibility threshold

Assessments will be based on supporting people in achieving outcomes that support their wellbeing. A key focus of the Care Act is on prevention. Councils are responsible in that people are advised on how their needs can be met or how to prevent further needs from developing or increasing.

The Care Act emphasises that an assessment must always be appropriate and proportionate and this may come in different formats and be carried out in various ways.

In considering whether a person's needs are eligible for care and support, local authorities must consider whether the person's needs are due to a **physical or mental impairment or illness**. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses, brain injuries and substance misuse.

If they do have needs caused by physical or mental impairment or illness, the Council must consider whether the effect of the adult's needs is that they are unable to achieve two or more of the following specified **outcomes**:

- a) Managing and maintaining nutrition
- b) Maintaining personal hygiene
- c) Managing toilet needs
- d) Being appropriately clothed
- e) Being able to make use of the adult's home safely
- f) Maintaining a habitable home environment
- g) Developing and maintaining family or other personal relationships
- h) Accessing and engaging in work, training, education or volunteering

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- i) Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- j) Carrying out any caring responsibilities the adult has for a child

The regulations provide that 'being **unable to achieve**' specified outcomes includes circumstances where the person:

- is unable to achieve the outcome without assistance. This includes where the person may need prompting, for example some adults may be physically able to wash but need reminding of the importance of personal hygiene.
- is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an elderly person with severe arthritis may be able to prepare a meal, but this leaves them in severe pain and unable to eat the meal;
- is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others. For example, if the health or safety of another member of the family, including any child could be endangered when an adult attempts to complete a task or an activity without relevant support; or
- is able to achieve the outcome without assistance but takes significantly longer than would normally be expected. For example, a young adult with a physical disability is able to dress themselves in the morning, but it takes them a long time to do this and exhausted and taking the remainder of the morning to recover.

Finally, and crucially, Council must consider whether, as a consequence of the person being unable to achieve two or more of the specified outcomes there is, or is likely to be, a **significant impact** on the person's **wellbeing**. Council should determine whether:

- the adult's needs impact on an area of wellbeing in a significant way; or,
- the cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult's overall wellbeing.

To do this, Council should consider how the adult's needs impact on the following nine areas of wellbeing in particular (but note that there is no hierarchy of needs or of the constituent parts of wellbeing):

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

In making this judgement, Council should look to understand the adult's needs in the context of what is important to him or her. The **impact** of needs may be **different** for different individuals, because **what is important for the individual's**



**wellbeing** may not be the same in all cases. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another.

3.8 The Committee will be guided through and explore case studies using the above eligibility criteria throughout the meeting to illustrate the potential impact for the Council.

3.9 Committee should note that good progress has been made in preparation for the Care Act 2014. There has been comprehensive work around the refreshing of procedures and guidelines for the ASC workforce coupled with an intensive training programme across the ASC and wider Council workforce. Additional capacity has been identified and significant planning and prioritising has taken place at local, sub regional and regional level to ensure consistency.

#### **4.0 The Care Act key changes and new duties effective from April 2016:**

a) There will be a cap on the maximum lifetime costs people will pay for their care, it is anticipated that this will be £72k for older people, with a lower cap for those of working age and zero for those people who have existing care needs at the point when they reach the age of 25 years.

b) A care account will be used to record accrued direct care costs calculated using the Local Authority's usual cost of care rate. General living costs and support costs not identified in the person's care plan will be excluded.

c) An increase in the financial assessment capital thresholds for those individuals with eligible needs.

d) Direct payments for individuals residing in long term care.

4.1 The Council can consider introducing a fee to those customers who have the means to pay for their own care privately, but who choose the Council to commission and manage their care services on their behalf. A flat rate fee is proposed which would contribute towards the costs the Council would incur in providing such services as well as managing care accounts from 2016. The Council will liaise with other Councils over this and will adapt proposals to be in line with other Local Authorities once the Care Act has been reviewed fully.

4.2 Implications for the changes to take effect from April 2016 are still being considered and consulted on by Department of Health and will be considered by Sefton later in the year.

#### **5.0 Risks & Challenges**

5.1 The Care Act 2014 needs to be considered in the context of key financial and demand risk factors already known concerning social care. These are demographic growth, particularly among older people and younger adults with complex disabilities; and increasing complexity of need among adult social care service users. Additional risks include the new duties to provide services to carers

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and to people who fund their own care. The Council are aware that the New Burdens monies identified by Government associated with implementing the changes required is not likely to meet the true cost to the Council of implementing such a significant change.

## 5.2 The key risks include:-

- The costs of implementation and ongoing delivery of the Care Act could create significant budget pressures
- Capacity might not be sufficient to meet the increase in demand for care assessments and reviews through new duties to support self-funders, carers and prisoners within current resources.
- Changes to ICT
- Community expectation
- Provider failure

## 6.0 Policy Change, Communication, Consultation & Engagement

6.1 The Care Act 2014 makes considerable changes to the law and practice around Social Care, most notably introducing the national eligibility criteria. However, it is important to note that the care system is developing not changing, in the sense that the Care Act builds on current practice, adjusts it and embeds best practice in the law. The Council will review and update its policies and guidance in light of these changes in a way that will continue to meet assessed need.

6.2 The Council will need to develop new and a refreshed range of existing policies and practices, including but not limited to:-

- Prisons and approved premises policy
- Delayed Transfers and Pathways Policy
- Charging/Partnership for Care/Contributions Policy
- Mental Health Policy including that relating to Section 117
- Eligibility Policy
- Deferred Payments Policy
- Direct Payments and Personal Budgets Policy

6.3 The need for consultation and engagement will be dependent on each policy and the nature of any service change as a result. Therefore, where significant change is applicable an appropriate level of consultation with key stakeholders will be undertaken.

6.4 For some changes the Council will inform the community on proposed new ways of working. Communications will include references to improved information and advice around preparing for later life needs and costs.

6.5 New and refreshed policies will be subject to appropriate approvals.

6.6 The scope of this change requires a whole Council and partnership approach. In addition to a training programme covering all areas of the act primarily aimed at the Social Care workforce a number of briefing sessions have taken place with the wider workforce.

## **7.0 Equality Act 2010 Duty and Impact Assessments**

- 7.1 As the Council puts actions into place to deliver the Care Act changes there is a need to be clear and precise about processes and impact assess any potential changes, identifying any risks and mitigating these as far as possible. The impact assessments, including any feedback from consultation or engagement where appropriate, will be made available in compliance with the Equality Act 2010.

## **8.0 Conclusion**

- 8.1 With regard to delivering and implementing the Care Act 2014 the scale and pace of the change required cannot be underestimated. The Council will need to identify, develop and implement new models of care and the potential associated impact on the community will require appropriate capacity to deliver change. This is on top of increasingly demanding day-to-day-work, and against a backdrop of contraction over the last few years, means capacity will have to be created to enable the delivery of a programme to change and enable the Council to support those most vulnerable. It is important to note that this risk is likely to be mirrored by our partners and providers of services.
- 8.2 The combined impact of demographic, pressures, new policy and statutory requirements present a significant challenge that will require a sustained and robust Council wide response with continued engagement with key partners. This will require the Council to develop solutions that ensure people remain independent for as long as possible; support carers to continue caring; encourage people to plan in advance for their care needs; and promote wellbeing and independence and community inclusion. Only a strategic approach can mitigate the demand and financial pressures that will continue to be faced by Adult Social Care.

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# Agenda Item 8

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**Report to:** Overview and Scrutiny Committee **Date of Meeting:** 3 March 2015  
(Health and Social Care)

**Subject:** Cabinet Member Report

**Report of:** Director of Corporate Services

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

## **Recommendation**

That the report be received.

## **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   |                               | √                            |                               |
| 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  |                               | √                            |                               |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy | √                             |                              |                               |

## **Reasons for the Recommendation:**

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

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

**Implications:** N/A

# Agenda Item 8

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>                              |                                     |
| <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?** N/A

The Head of Corporate Finance and ICT has no comments on this report. The report is for information only and there are no decision arising from the contents of the report that have any direct financial implications for the Council. (FD: No. 3433).

The Head of Legal Services has been consulted and has no comments on this report. There are no legal implications arising from the contents of this report. (LD: No.2725/15).

**Are there any other options available for consideration?** N/A

**Implementation Date for the Decision**

Immediately following the Committee meeting.

**Contact Officer:** Debbie Campbell

**Tel:** ext. 2254

**Email:** [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

**Background Papers:**

There are no background papers available for inspection.

## 1. Introduction

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

1.2 Attached to this report, for information, is the most recent Cabinet Member report for the period January - February 2015 for the Older People and Health portfolio that falls within the remit of this Committee.

## **2. Background**

- 2.1 At its meeting on 30 August 2011, the Overview and Scrutiny Management Board proposed that, in future, Cabinet Member reports will be published on the Modern Gov library and an e-mail alert will be sent to Scrutiny Chairs. In the event that Chairs identify any issues they would like to raise for discussion at their next Overview and Scrutiny Committee, they should alert the appropriate officer and this will enable appropriate officer attendance at that meeting.
- 2.2 The Cabinet Member update report attached was e-mailed to the Chair of the Committee on its availability. The Chair has indicated that she would wish the update report to be included on the agenda, for general information for Committee Members and to enable them to raise any issues.
- 2.3 ***The Committee is requested to receive the report.***

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| <b>CABINET MEMBER UPDATE REPORT</b>   |                                |                              |
|---|--------------------------------|------------------------------|
| <b>Overview &amp; Scrutiny Committee (Health and Social Care) 3<sup>rd</sup> March 2015</b> |                                |                              |
| <b>Councillor</b>   | <b>Portfolio</b>               | <b>Period of Report</b>      |
| <b>Paul Cummins</b>   | <b>Older People and Health</b> | <b>January February 2015</b> |

### **ADULT SOCIAL CARE**

#### **LGC Awards 2015**

On 15<sup>th</sup> January 2015 the Local Government Chronicle (LGC) announced the shortlists for their 2015 awards and announced that Sefton Council has been included on the shortlist in the award category of “*Commissioning Pioneer*”. This award is intended to highlight new thinking in the way in which Councils commission services and Sefton is one of 9 local authorities shortlisted. The LGC announced that there had been 663 entries, across all award categories, from a record 222 organisations.

The shortlisting relates to the approach taken to de-commission the Community Meals Service in 2013 and to meet people’s ongoing needs through alternatives available within the local community (voluntary, community, faith and independent business sectors), or as it is termed within the awards process “Putting the Community in Community Meals”.

The success of this project owed much to work undertaken by colleagues across the Council and Voluntary, Community and Faith Sector, as well as businesses that were willing and able to adjust their offer to meet local need for meals. The short-listing is great affirmation and recognition of the excellent work undertaken and, in particular, how the Council can commission for positive outcomes by working effectively with partners, the community and the marketplace; influencing and facilitating change and access to other services, even when it is having to deliver big savings or has no money to spend, as was the case with Community Meals.

Importantly, many aspects of the approach taken, including the different approach to consultation and engagement with people using the service and the parallel engagement with the marketplace have been incorporated into the Council’s updated commissioning processes and will continue to feature in further commissioning activity.

The Award winners will be announced on 11th March 2015. More information about the awards can be accessed at: <http://www.lgcplus.com/news/lgc-awards-2015-shortlist-revealed/5078192.article>

### **REMODELLING DAY OPPORTUNITIES**

The consultation and engagement on the remodelling of day opportunities finished on the 29<sup>th</sup> January 2015. Over the whole consultation period (from 16<sup>th</sup> October) service users of day centres, their carers and young people in transition were targeted to ensure they

# Agenda Item 8

## Appendix A

received information and had the opportunity to give their views. This was done by sending questionnaires out, with information describing the proposed changes, and also by holding a number of engagement events at day centres, at the Carers Centre, and in schools for those young people who may have a view on future opportunities. They, and the general public, were also able to comment through an online questionnaire and access to questionnaires at libraries, sports centres, town halls and other Council buildings.

Analysis from the consultation and engagement events with an equalities impact report will be available within a report to Cabinet, with recommendations on the proposed changes, for the 26<sup>th</sup> February 2015 Cabinet.

Depending on the decisions made at Cabinet, officers will then, if appropriate, move onto the next phase of planning and developing the modernised buildings and carrying out individual reassessments with service users. This is likely to take place over an 18 month to 2 year period, the reassessments being completed within a 9 month period. The Council will continue to work very closely with New Directions in developing any approved modernisation and will also involve service users and carers in any design work. Feedback will be given to all stakeholders on the outcome in various forms appropriate.

There has been excellent collaborative working with the VCF Sector in all aspects. This has been from the planning and design of the questionnaire through to advocacy at the engagement events and in discussions on the proposals. If the changes are approved the collaborative working will continue by strengthening and developing the market that already provides some good alternative opportunities. In addition, advocates and assistance will be made available to all service users and carers who are concerned with any changes and to assist, if necessary, with signposting to opportunities in the community.

### **CARE ACT**

Good and substantial progress is being made on all elements of the Care Act implementation in readiness for 1<sup>st</sup> April 2015. Specific areas of significant progress include:

**Advocacy** – This service is currently out for tender in conjunction with Liverpool offering Sefton efficiencies and the ability to offer a comprehensive service.

**Deferred payments** – Work has progressed and recommendations are included in the Cabinet Report on the discretionary elements this will lead to a new policy and the introduction of administration and interest rate charges.

**Eligibility** – the impact of the Act is a significant change from the current Fair Access to Care Services (FACS) system, however, after significant discussions and testing against live case studies we are now confident of the local position and can reassure the Council that this will not lead to issues around the assessment process.

**Assessment** – A comprehensive workforce development plan has been created which ensures all ASC workforce will be fully equipped with the knowledge needed for any changes to assessment. This includes a focus on key core skills to ensure defensible decision making against any possible challenge which may occur with a major legislation change.

**Funding allocations** – financial planning has taken place in regards the New Burdens funding and this will be presented shortly.

**Workforce development** - there is a substantial need to ensure that the workforce is appropriately trained. There has been substantial activity at a regional, sub regional and local level on the workforce development.

**Carers** – the Act gives the Council a responsibility to assess a carer's needs for support. This will mean more carers are able to have an assessment, comparable to the right of the people they care for. A review of the carers' assessment process is almost completed to ensure we can meet this need.

### PUBLIC HEALTH

#### **Substance Misuse – Adult Treatment and Recovery Service (Lifeline)**

The core adult substance misuse service was re-commissioned in 2013 and is now provided by Lifeline. The contract was agreed for 2 years, and is due to end on the 30<sup>th</sup> September 2015. The service provides a range of specialist treatment and recovery interventions:

- Comprehensive assessment and health checks
- Hepatitis B testing and vaccination provision
- Hepatitis C testing and treatment referral
- HIV testing
- Opiate replacement treatment and medically assisted withdrawal programmes
- Community opiate detoxification programmes
- Structured psychosocial interventions (including cognitive behaviour type interventions and motivational interviewing)
- Relapse prevention programmes
- Criminal Justice and Drug Intervention Programmes (DIP)
- Assess to residential detoxification and residential rehabilitation programmes
- Needle and syringe programmes
- SMART recovery groups
- Alcohol support and extended Brief Intervention Groups
- Strengthening families
- Recovery support including assisted access to mutual aid groups (NA and AA)

The service currently operates from two offices: Bootle and Southport as well as via community outreach satellite venues.

The legal team has advised that a decision must be made by the end of March 2015 at the latest on whether the contract should be extended for a further 12 months. This will provide Lifeline with the minimum 6 months notice period. As such the Public Health commissioners plan to review Lifeline performance in January/February 2015 to inform the final recommendation and decision on future commissioning of the service. The following factors will be systematically considered by an evaluation team which will include: public health, contracts, finance, legal:

- Performance against agreed KPIs
- Complaints and compliments received by service users and stakeholders, including provider response and implementation of learning
- Partnership and pathway development
- Client engagement
- Children's and adult safeguarding

- Clinical governance and patient safety

The following will also be considered:

- market of alternative providers
- financial cost of re-commissioning
- impact on clients, provider and other stakeholders of changing provider

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### 0-5 Transition update January 2015

From the 1<sup>st</sup> October 2015, the Government intends that Local Authorities take over responsibility from NHS England (NHSE) for commissioning public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership (FNP, a targeted service for teenage mothers). The commissioning of Child Health Information Systems and the 6-8 week GP check (also known as Child Health Surveillance) will not transfer. Health visiting and Family Nurse Partnership contribute to the national, universal Healthy Child Programme (HCP). The Government intends to mandate certain elements of this programme : Antenatal health promoting visits, new baby review, 6-8 week assessment, 1 year assessment and 2-2 ½ year assessment.

In Merseyside, NHS England chairs a Health Visiting assurance board which aims to ensure a collaborative approach to oversight, management and governance of both health visiting and FNP during the transition. This group is assured that workforce trajectories are on track. The board is also monitoring the expected change in caseload associated with the move from a GP list case load to a resident case load. Initial audits suggest that Sefton could see a net gain of 500 children. Public health will investigate the impact this may have on service delivery.

Another group chaired by our Chief Executive provides strategic assurance that councils across Merseyside are prepared to receive the commissioning responsibility. The group is currently exploring opportunities to bring together the health visitor 2- 2 ½ year check with the educational check carried out in all Ofsted approved early years setting at 2 ½ years. The aim is to strengthen the assessment of school readiness and ensure appropriate interventions are put in place to support the child.

A Sefton operational group, chaired by Public Health, is working with NHS England to ensure stakeholder engagement events planned for early 2015 provide relevant updates and opportunities to discuss future priorities

The Department of Health published Local Authority budget allocations for 2015/16 in Mid December. Liverpool Community Health was asked to provide a breakdown of current Health Visiting costs, including staffing and all non staff costs. These figures were not shared and consequently the Director of Public Health (DPH) was not able to accept the allocation by the deadline of 16<sup>th</sup> January. The DPH has responded to Jon Rouse, Director General of Social Care, Local Government and Care Partnerships setting out Sefton's concerns. As well as the inability to review how the current service structures its funding, the DPH also noted that:

1. The current performance data available suggests that this is an underperforming provider. Managing this may lead to additional costs.

2. Future allocations are expected to move to a distribution based on population needs. Any significant difference to current funding will not be known until December 2016. This will provide very little time to negotiate redesign of services and or contracts.

This has also been escalated to Public Health England and Cheshire and Mersey NHS England. All parties are hopeful that the LCH financial details will be available shortly and the budget can be agreed.

Sefton MBC has also indicated to NHSE that we may wish to include specific terms and conditions to the novated contract. We need to review the full contract and ensure that it complies with the Local Authority standard form of contract before agreeing to novation.

Family Nurse Partnership nurses have been recruited and anticipate taking the first clients from March/April 2015. The FNP board met in December and will meet quarterly to monitor the implementation of the programme in Sefton.

**Further action:** A paper will need to go to Cabinet to note the final 0-5 allocation when agreed, and to delegate authority to Cabinet member or DPH to sign off the novation of the contract from October.

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### Flu

The levels of flu circulating this winter have been higher than for the last 3 years, but not exceptionally high, and well below the levels we had in 2010 to 2011 and 2008 to 2009. Levels rose earlier than the last few years and peaked around the 2<sup>nd</sup> week of January, with the latest data indicating that flu activity is now falling. Numerous outbreaks of influenza-like illness have been reported since before Christmas in care homes in the North West and Cheshire, with Merseyside largely spared. We had one outbreak in a care home in Sefton before Christmas.

NHS England commission the national flu vaccination programme which offers free flu vaccination for people at greater risk of developing complications from flu. Flu nasal spray is also recommended for children aged 2 to 4 years old to protect them against flu and help reduce the spread of flu to those around them. The programme for children will be rolled out to older groups of children in a phased way in future years. The majority of flu vaccination is delivered through GP practices, with availability of free vaccine through some community pharmacies this winter. Community nurses supported the delivery to people in care homes and the housebound this year.

Up to end of December 2014, the %s of people in targetted groups who had received the flu vaccine in Sefton were:

South Sefton: 74% of people aged 65 and over; 54% of people under 65 with long-term health conditions. The numbers of pregnant women vaccinated has increased to 738 from 684 at same time last year. Around a third of children aged 2 to 4 years old received the nasal flu spray.

Southport and Formby: uptake of the vaccine was similar in the north of the Borough at 76% for the over 65s; 52% for the under 65s with long-term health conditions. The

# Agenda Item 8

## Appendix A

numbers of pregnant women vaccinated decreased to 457 from 504 at same time last year. Uptake of the flu nasal spray amongst young children was almost 10% higher than south Sefton.

Across Sefton, there is very wide variation in vaccine uptake by practice, for example in South Sefton, the uptake by practice amongst those aged 65 and over ranges from 60% to 88%. Uptake overall is quite similar to last year. The final campaign uptake figures will be available in a few weeks, and planning will then begin for next winter, building on the learning from this winter. Ongoing challenges are to address the variation in uptake by practice, and continue work to increase the numbers of pregnant women and people with long-term health conditions who are protected against flu, as well as building up the children's nasal spray programme.

Once flu is spreading, apart from vaccination, hygiene is the main method that can help prevent spread. During January, the 'Catch it. Bin it. Kill it' campaign has been running on national press and radio to encourage people to carry tissues to catch coughs or sneezes, to bin them when used as soon as possible and then to wash their hands and kill the germs.

(Note: There were some media reports in early January about whether the flu vaccine protects against circulating flu strains this winter based on intelligence from Australia and the USA. The UK public health advice based on analysis of strains circulating here has been clear that getting vaccinated remains the best way to protect yourself from flu).

**Report to:** Overview and Scrutiny Committee **Date of Meeting:** 3 March 2015  
(Health and Social Care)

**Subject:** Monitoring of Accident and Emergency Services / Ambulance Turnaround Times

**Report of:** Director of Corporate Services **Wards Affected:** All

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

**Exempt/Confidential** No

## Purpose/Summary

To submit to the Overview and Scrutiny Committee the latest information regarding monitoring of Accident and Emergency Services, together with information on ambulance turnaround times.

## Recommendation(s)

The Committee is invited to consider the information provided on Accident and Emergency Services, together with information on ambulance turnaround times, and comment, as appropriate.

## 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  |                        | √                     |                        |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy | √                      |                       |                        |

## Reasons for the Recommendation:

Following the referral of a Notice of Motion from the Council, the Committee has committed to monitor accident and emergency services, as part of its work programme. The Committee has also requested ambulance turnaround times to be included in monitoring reports.

# Agenda Item 9

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

**Implications:** N/A

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>                              |                                     |
| <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. The report is for information only and there are no decision arising from the contents of the report that have any direct financial implications for the Council. (FD: No. 3432).

The Head of Corporate Legal Services has been consulted and has no comments on this report as there are no legal implications arising from the contents of this report. (LD2725/15).

**Are there any other options available for consideration?** N/A

## **Implementation Date for the Decision**

Immediately following the Committee meeting.

**Contact Officer:** Debbie Campbell

**Tel:** 0151 934 2254

**Email:** [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

## **Background Papers:**

There are no background papers available for inspection.



## 1. Introduction/Background - Monitoring of Accident and Emergency Services

1.1 At the meeting of the Council held on 27 June 2013, it was resolved as follows:-

### “RESOLVED:

This Council notes the problems which have been increasingly encountered by local residents seeking urgent and emergency care, whether this is from General Practitioners, telephone advice systems, A&E departments or ambulances.

The Council:

- (1) urges the Government to take steps to ensure that quality standards for all urgent and emergency services are maintained and improved; and
- (2) commits itself, through its Overview and Scrutiny function, to monitoring the quality and availability of local urgent and emergency health care.”

1.2 This Committee subsequently noted the resolution of the Council and agreed to monitor local Accident and Emergency Services as part of its work programme.

1.3 Attached to this report at **Appendix A** is the most recent information provided on local Accident and Emergency Services performance by the Cheshire, Warrington and Wirral Area Team and the Merseyside Area Team.

1.4 The information illustrates the latest weekly performance at week ending 8 February 2015, including the year to date (YTD) performance, against requirements to deliver at 95%.

1.5 A further recommendation on future consideration of these Monitoring Reports is included within the Work Programme Report which appears elsewhere on this agenda.

## 2. Matters for Consideration

**2.1 *The Committee is invited to consider the information provided on Accident and Emergency Services, in relation to the Aintree University Hospital NHS Foundation Trust and the Southport and Ormskirk Hospitals NHS Trust, together with information on ambulance turnaround times, and comment, as appropriate.***

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Mersey UM Gold Summary Tables:

|                                 | * Financial Year to Date 4hr | * Qtr to Date 4hr | * Month to Date 4hr | * Daily 4hr | Performance Direction Compared with Previous Day and Target | Performance Direction Based on Site Daily Average Only | A&E Attendances          | % Emergency Admissions via A&E | % Medical Outliers        | NWAS Turnaround Time | NWAS Ambulance Attendances |
|---------------------------------|------------------------------|-------------------|---------------------|-------------|---|--|--------------------------|--------------------------------|---------------------------|----------------------|----------------------------|
| <a href="#">Aintree</a>         | 86.52%                       | 80.28%            | 85.12%              | 96.65%      | ↑   | ↑  | 209                      | 40.67%                         |                           | 29.21                | 78                         |
| <a href="#">Royal Liverpool</a> | 92.29%                       | 91.57%            | 94.49%              | 99.61%      | ↑   | ↑  | 257                      | 29.96%                         |                           | 27.63                | 120                        |
| <a href="#">Southport</a>       | 87.68%                       | 73.42%            | 92.41%              | 94.62%      | ↓   | ↑  | 130                      | 10.00%                         | 4.33%                     | 29.74                | 49                         |
| <a href="#">St Helens</a>       | 93.53%                       | 91.15%            | 96.28%              | 92.31%      | ↓   | ↓  | 260                      | 37.31%                         | 1.10%                     | 25.45                | 89                         |
| * A&E Type 1 Performance Only   |                              |                   |                     |             |   |  |                          |                                |                           |                      |                            |
| Target                          | 95.00%                       |                   |                     | 95.00%      |   |  | Site Upper Control Limit | Site Upper Control Limits      | Site Upper Control Limits | 30.00                | Site Upper Control Limit   |

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|                 | FinYtD Previous WE | Previous WE | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | WE     |
|-----------------|--------------------|-------------|--------|---------|-----------|----------|--------|----------|--------|--------|
| Aintree         | 86.54%             | 81.93%      | 74.12% | 82.61%  | 82.38%    | 83.11%   | 91.37% | 96.30%   | 96.65% | 86.01% |
| Royal Liverpool | 92.23%             | 95.31%      | 86.38% | 90.91%  | 95.28%    | 96.65%   | 96.88% | 98.31%   | 99.61% | 94.84% |
| Southport       | 87.60%             | 80.35%      | 87.69% | 95.61%  | 88.70%    | 87.39%   | 93.39% | 94.83%   | 94.62% | 91.72% |
| St Helens       | 93.46%             | 95.09%      | 96.28% | 98.89%  | 97.38%    | 97.99%   | 93.98% | 99.15%   | 92.31% | 96.58% |

DATES:

Daily position: 08/02/15

Weekly position: 02/02/15 – 08/02/15

Month position: 01/02/15 – 08/02/15

Quarter position: Q4 to date (01/01/15 – 08/02/15)

Year position: 2014/15 (01/04/14 – 08/02/15)

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**Report to:** Overview and Scrutiny Committee **Date of Meeting:** 3 March 2015  
(Health and Social Care)

**Subject:** Key Decision Forward Plan 1 March – 30 June 2015

**Report of:** Director of Corporate Services **Wards Affected:** All

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

**Exempt/Confidential** No

### **Purpose/Summary**

To submit to the Overview and Scrutiny Committee the latest Key Decision Forward Plan and seek the views of the Committee on its Work Programme for the remainder of the Council Year 2014/15.

### **Recommendation(s)**

1. The Committee is invited to consider the items for pre-scrutiny from the attached Key Decision Forward Plan.
2. The Committee is requested to note that the Joint Working Protocol between this Committee and the Health and Wellbeing Board has now been approved.
3. The Committee is requested to support the recommendations of the Joint Health Scrutiny Committee, regarding cancer services for Cheshire and Merseyside, as set out at Paragraph 3.3.
4. The Committee is requested to note progress to date with regard to the Joint Health Scrutiny Committee for Sefton and St. Helens.
5. The Committee is requested to comment on the work programme of items for 2014/15, as appropriate.
6. The Committee is invited to comment on the recent site visit to The Walton Centre NHS Foundation Trust and support the forthcoming site visit to Ormskirk Hospital.
7. The Committee is requested to approve the process to be undertaken for the scrutiny of draft Quality Accounts in 2015, as set out at Paragraph 8.
8. The Committee is requested to approve the recommendations with regard to the Work Programme for 2015/16, as set out at Paragraph 9.

### **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 |                        | √                     |                        |

# Agenda Item 10

|   |   |   |   |  |
|---|---|---|---|--|
| 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  |   | √ |  |
| 8 | Improving the Quality of Council Services and Strengthening Local Democracy | √ |   |  |

**Reasons for the Recommendation:**

The pre-scrutiny process assists the Cabinet and Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made. The report also updates Members on developments within the Committee's area of work.

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

**Implications:** N/A

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>                              |                                     |
| <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 been consulted and has no comments on this report because the contents of the report have no direct financial implications for the Council. (FD 3440/15)

The Head of Corporate Legal Services has been consulted and has no comments on this report as there are no legal implications arising from the contents of this report. (LD 2732/15).

**Are there any other options available for consideration?** N/A

## **Implementation Date for the Decision**

Immediately following the Committee.

**Contact Officer:** Debbie Campbell

**Tel:** 0151 934 2254

**Email:** [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

## **Background Papers:**

There are no background papers available for inspection.

## **1. KEY DECISION FORWARD PLAN**

- 1.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan. Such items must fall under the remit (Terms of Reference) of this Committee.
- 1.2 The pre-scrutiny process assists the Cabinet and Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 1.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 1.4 The latest Forward Plan is attached at **Appendix A** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 1.5 There are 2 items within the current Plan that fall under the remit of this Committee, namely:-
  - Adult Substance Misuse Contract Extension; and
  - Public Health Annual Report.
- 1.6 Should Members require further information in relation to the items on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.
- 1.7 *The Committee is invited to consider the items for pre-scrutiny from the attached Key Decision Forward Plan.***

## **2. JOINT WORKING PROTOCOLS**

- 2.1 Further to Minute No. 51 (2) of 6 January 2015, the Committee approved the draft Joint Working Protocol between this Committee and the Health and Wellbeing Board, subject to approval by the Council's Health and Wellbeing Board.
- 2.2 At its meeting on 21 January 2015, the Health and Wellbeing Board agreed the Protocol (Minute No. 25 refers).

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- 2.3** *The Committee is requested to note that the Joint Working Protocol between this Committee and the Health and Wellbeing Board has now been approved.*

## **3. JOINT HEALTH SCRUTINY COMMITTEE FOR CHESHIRE AND MERSEYSIDE**

- 3.1 Following the review undertaken by the Joint Health Scrutiny Committee for Cheshire and Merseyside, on the proposals by the Clatterbridge Cancer Centre NHS Foundation Trust, a briefing note providing an overview of the work of the Joint Scrutiny Committee has been circulated to Members of the Committee, for information.

- 3.2 A copy of the briefing note can be found via the following web-link:-

<http://modgov.sefton.gov.uk/moderngov/ecSDDisplay.aspx?NAME=SD1878&ID=1878&RPID=10178481&sch=doc&cat=13636&path=13058%2c13160%2c13636>

- 3.3 The Committee is now requested to formally support the recommendations of the Joint Health Scrutiny Committee, namely to:-

- (a) note the decision of the Joint Committee to support the proposed future model of cancer services for Cheshire and Merseyside, including the new site adjacent to the Royal Liverpool University Teaching Hospital; and
- (b) support the recommendation that a discretionary Joint Scrutiny Committee to oversee the delivery of the new build project in Liverpool and refurbishment of the Wirral site is retained to maintain a scrutiny and oversight role during the lifetime of the project.

- 3.4** *The Committee is requested to support the recommendations of the Joint Health Scrutiny Committee, regarding cancer services for Cheshire and Merseyside.*

## **4. JOINT HEALTH SCRUTINY COMMITTEE FOR SEFTON AND ST. HELENS**

- 4.1 Following the decision taken by both Health Overview and Scrutiny Committees at St. Helens and Sefton MBC, a Joint Health Scrutiny Committee for Sefton and St. Helens has been established to scrutinise the proposals by Mersey Care NHS Trust regarding the future provision of medium secure services currently provided at the Scott Clinic in St. Helens.

- 4.2 At the time of drafting this report, meetings of the Joint Health Scrutiny Committee are scheduled to take place on 26 February 2015 and 4 March 2015. A further meeting is anticipated to take place later in the year, following consultation with the public, formulation of the outcome of the consultation, etc.

- 4.3** *The Committee is requested to note progress to date with regard to the Joint Health Scrutiny Committee for Sefton and St. Helens.*



## 5. WORK PROGRAMME 2014/15

5.1 A work programme of items submitted to the Committee during 2014/15 is attached at **Appendix B** for information. The work programme has been submitted to each meeting of the Committee during 2014/15 and updated, as appropriate.

**5.2 *The Committee is requested to comment on the work programme of items for 2014/15, as appropriate.***

## 6. SITE VISITS

6.1 Throughout the Municipal Year Members of this Committee are requested to attend occasional site visits to organisations that provide health services to residents of the Borough.

6.2 During 2014/15, Members of this Committee have visited the following NHS establishments:-

- the ambulance station at Buckley Hill; and
- Aintree University Hospital NHS Foundation Trust.

6.3 Members visited The Walton Centre NHS Foundation Trust on 13<sup>th</sup> January 2015, for a tour of the Sid Watkins Building, the Walton Centre's new building.

6.4 The Committee has also requested a site visit to the following health provider during 2014/15 and the date determined by the Chair is indicated:-

- Ormskirk Hospital – Thursday 12 March 2015.

**6.5 *The Committee is invited to comment on the recent site visit to The Walton Centre NHS Foundation Trust and support the forthcoming site visit to Ormskirk Hospital.***

## 7. INFORMAL MEETING OF MEMBERS OF THE COMMITTEE – RECOMMENDATIONS ARISING

7.1 Members of the Committee met informally on 3 February 2015, to discuss the process to be undertaken for the scrutiny of draft Quality Accounts in 2015, together with the consideration of future agenda Items.

7.2 Based on the outcome of these discussions, recommendations are set out within the following items, 8 and 9 below.

## 8. Process to be Undertaken for the Scrutiny of Draft Quality Accounts in 2015

8.1 At their informal meeting, Members of the Committee discussed the draft Quality Accounts submitted for consideration each year to the Committee and considered

# Agenda Item 10

various options for the process to be undertaken.

- 8.2 Members expressed a view that they would prefer to focus on problems and areas of concern within the Quality Accounts. The Chief Officer of the CCGs could be requested to provide a very brief summary of the main points to focus on. An informal meeting during the day time, preferably at Formby PDC, could be held some time between the Elections and the Annual Council Meeting, when the current membership of the Committee would cease to exist. The Chief Officer of the CCGs to be invited to attend this meeting, if possible.

**8.3 *The Committee is requested to approve the following:***

***That***

- (a) ***an informal daytime meeting of Committee Members be held on a date to be determined by the Chair of the Committee, at Formby Professional Development Centre, on a date between the Elections to be held on 7 May and the Annual Meeting of the Council;***
- (b) ***the Chief Officer of the South Sefton and Southport and Formby Clinical Commissioning Groups (CCGs) be requested to provide a very brief summary of the main points she considers Committee Members should focus on within the draft Quality Accounts, and she be requested to attend this meeting, if at all possible;***
- (c) ***NHS Trusts be not invited to attend the meeting, unless Members specifically request otherwise.***

**9. Work Programme for 2015/16**

- 9.1 At their informal meeting on 3 February 2015, Members of the Committee discussed agenda items for the Committee and how they would wish to shape the work programme for 2015/16. There was a general consensus that the business of the Committee had become too NHS health oriented and that social care should receive greater priority. Due to the relatively low number of Committee meetings, Members considered that items considered at meetings should be "mission critical" and that the Director of Adult Social Care and the Cabinet Member – Older People and Health should be advising which items fell into this category. Where a crisis was developing, either within the Council or elsewhere, Members wished to be advised of it immediately, via email.
- 9.2 A "traffic light" system of red – mission critical issues to be considered by the Committee; amber – updates which could be emailed to Members for information; and green – routine issues such as site visits, etc. could be adopted.

**9.3 *The Committee is requested to approve the following:***

***That***

- (a) ***the focus of agenda attention during 2015/16 be more based on Council activity and less on NHS Trust activity;***

- (b) the Director of Adult Social Care, the Director of Public Health, and the Chief Officer of the CCGs be requested to advise Committee Members on issues to focus on for 2015/16 and these officers be requested to attend meetings of the Committee;**
- (c) the Chief Officer of South Sefton and Southport and Formby Clinical Commissioning Groups (CCGs) be requested to continue to attend meetings of the Committee, where possible, and she also be requested to focus the regular update reports from the CCGs on matters of genuine concern, together with indications of actions being taken to address those matters of concern;**
- (d) with regard to the regular Update Reports on Monitoring of A&E Services, the Committee be requested to determine whether it wishes to continue to receive these via email, or whether it wishes to cease receiving these reports;**
- (e) with regard to site visits during 2015/16, Members of the Committee will discuss these early in the Municipal Year and target these towards areas of concern;**
- (f) with regard to future Overview and Scrutiny reviews and possible working groups, the Chair and Vice-Chair of the Committee to meet early in the forthcoming Municipal Year to discuss the matter;**
- (g) with regard to NHS Trusts:**

  - (i) routine update reports be emailed to Members of the Committee for information, in future;**
  - (ii) routine consultations with the Committee to be made via briefing papers, to be emailed to Members;**
  - (iii) only consultations requiring specific decisions from the Committee to be included as agendas items;**
  - (iv) NHS Trusts be requested to operate on a principle of "no surprises" and to advise the Committee as soon as possible, via email, of matters of concern;**
  - (v) NHS Trusts be asked to submit requests to attend Committee meetings only to raise matters of genuine concern;**
  - (vi) reports produced by the Care Quality Commission be included on agendas for future Committee meetings.**
  - (vii) the Chair of the Committee and the Director of Public Health be requested to meet with the Chief Executive of the Aintree University Hospital NHS Foundation Trust and the Southport and Ormskirk Hospital NHS Trust to explain the rationale of the recommendations set out above.**

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## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

**FOR THE FOUR MONTH PERIOD 1 MARCH 2015 - 30 JUNE 2015**

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

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

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

As a matter of local choice, the Forward Plan also includes the details of any significant issues to be initially considered by the Executive Cabinet and submitted to the Full Council for approval.

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

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

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

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

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

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

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## Appendix A

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

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

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

### NOTE:

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

**Margaret Carney**  
**Chief Executive**

### FORWARD PLAN INDEX OF ITEMS

| Item Heading   | Officer Contact  | Page No |
|--|--|---------|
| Post 16 SEN Transport Policy Review  | Paul Rogers paul.rogers@sefton.gov.uk Tel: 0151 934 3317   |         |
| School Performance Review - Recommendations  | Mike Morris mike.morris@sefton.gov.uk  |         |
| Adult Substance Misuse Contract Extension  | Margaret Jones margaret.jones@sefton.gov.uk Tel: 0151 934 3308   |         |
| Public Health Annual Report  | Matthew Saunders matthew.saunders@sefton.gov.uk Tel: 0151 934 3243   |         |
| Three Year Budget Plan 2014/15 - 2016/17   | Margaret Rawding margaret <a href="mailto:rawding@sefton.gov.uk">rawding@sefton.gov.uk</a> Tel 0151 934 4082 |         |
| Hired Passenger Transport Framework Contract   | Graham Mussell graham.mussell@sefton.gov.uk Tel: 0151 934 4871   |         |
| Disposal of Surplus Council-Owned Land   | Ingrid Berry ingrid.berry@sefton.gov.uk Tel: 0151 934 3556   |         |
| Annual Service Contracts for Highway Maintenance Work 2016-2021 - Procurement Strategy | Andrew Dunsmore andrew.dunsmore@sefton.gov.uk Tel: 0151 934 2766   |         |
| Property Search Litigation   | Peter Cowley Litigation.senior@sefton.gov.uk Tel: 0151 934 2250  |         |
| Crosby Town Centre Investment Strategy   | Andrew Hall andrew.hall@sefton.gov.uk Tel: 0151 934 3604   |         |

## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

|                                 |   |     |                  |     |
|---------------------------------|---|-----|------------------|-----|
| Details of Decision to be taken | <p><b>Adult Substance Misuse Contract Extension</b></p> <p>The Council currently commissions Lifeline to provide adult substance misuse services and their 2 year contract expires at the end of September 2015. A decision must be made by the end of March 2015 at the latest on whether the contract should be extended for a further 12 months. This will provide Lifeline with the minimum 6 months notice period.</p> <p>An evaluation of the current provision needs to be undertaken during February/March 2015 to inform the final recommendation and decision on future commissioning of the service; and it is anticipated that an evaluation team comprising: public health, contracts, finance, legal will consider the following points:</p> <ul style="list-style-type: none"> <li>• Performance against agreed KPIs</li> <li>• Complaints and compliments received by service users and stakeholders, including provider response and implementation of learning</li> <li>• Partnership and pathway development</li> <li>• Client engagement</li> <li>• Children’s and adult safeguarding</li> <li>• Clinical governance and patient safety</li> </ul> <p>The following will also be considered:</p> <ul style="list-style-type: none"> <li>• market of alternative providers</li> <li>• financial cost of re-commissioning</li> <li>• impact on clients, provider and other stakeholders of changing provider</li> </ul> |     |                  |     |
| Decision Maker                  | Cabinet   |     |                  |     |
| Decision Expected               | 26 Mar 2015   |     |                  |     |
| Key Decision Criteria           | Financial   | Yes | Community Impact | Yes |
| Exempt Report                   | Open  |     |                  |     |
| Wards Affected                  | All Wards   |     |                  |     |



|   |   |
|---|---|
| Scrutiny Committee Area   | Health and Social Care  |
| Persons/Organisations to be Consulted                           | A panel including, legal, finance, contracts, public health, Clinical Commissioning Group representation. |
| Method(s) of Consultation                                       | Meetings, e-mails   |
| List of Background Documents to be Considered by Decision-maker | Adult Substance Misuse Contract Extension   |
| Contact Officer(s) details                                      | Margaret Jones margaret.jones@sefton.gov.uk Tel: 0151 934 3308  |

### SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

|                                 |  |    |                  |     |
|---------------------------------|--|----|------------------|-----|
| Details of Decision to be taken | <b>Public Health Annual Report</b><br>Publication of the 2014 Public Health Annual Report. The decision is to endorse the publication of the report.   |    |                  |     |
| Decision Maker                  | Cabinet<br><br>Council   |    |                  |     |
| Decision Expected               | 26 Mar 2015<br><br>23 Apr 2015<br>Decision due date for Cabinet changed from 15/01/2015 to 26/03/2015. Reason: To enable discussions to be held with the Health and Wellbeing Board and the Overview and Scrutiny Committee (Health and Social Care)<br><br>Decision due date for Council changed from 22/01/2015 to 23/04/2015. Reason: To enable discussions to be held with the Health and Wellbeing Board and the Overview and Scrutiny Committee (Health and Social Care) |    |                  |     |
| Key Decision Criteria           | Financial  | No | Community Impact | Yes |
| Exempt Report                   | Open   |    |                  |     |
| Wards Affected                  | All Wards  |    |                  |     |
| Scrutiny Committee Area         | Health and Social Care   |    |                  |     |
| Persons/Organisations to be     | None - the Public Health Annual Report is a report by the  |    |                  |     |

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Appendix A

|   |  |
|---|--|
| Consulted   | Director of Public Health  |
| Method(s) of Consultation                                       | Not applicable   |
| List of Background Documents to be Considered by Decision-maker | Public Health Annual Report  |
| Contact Officer(s) details                                      | Matthew Saunders matthew.saunders@sefton.gov.uk Tel: 0151 934 3243 |

## OVERVIEW AND SCRUTINY COMMITTEE (HEALTH &amp; SOCIAL CARE)

## WORK PROGRAMME 2014/15

|   | 01 JULY | 02<br>SEPTEMBER | 21 OCTOBER | 06 JANUARY | 03 MARCH |
|---|---------|-----------------|------------|------------|----------|
| <b>Regular Reports</b>                            |         |                 |            |            |          |
| Cabinet Member Update Report                      | X       | X               | X          | X          | X        |
| Work Programme Update                             | X       | X               | X          | X          | X        |
| A&E Monitoring                                    | X       | X               | X          | X          | X        |
| CCGs Update Report                                | X       | X               | X          | X          | X        |
|   |         |                 |            |            |          |
| <b>Service Operational Reports:</b>               |         |                 |            |            |          |
| JSNA/Health & Wellbeing Strategy Update           |         | X               |            |            |          |
| Implementation of the Social Care Act             | X       |                 | X          |            | X        |
| Public Health Annual Report                       |         |                 |            |            | X        |
| CCGs Strategic Plan                               |         | X               |            |            |          |
| Draft Quality Accounts - Process to be Undertaken |         |                 |            | X          |          |
|   |         |                 |            |            |          |
| <b>Presentations:</b>                             |         |                 |            |            |          |
| Francis Report & Recommendations                  |         |                 | X          |            |          |
| NHS England                                       |         | X               | X          |            |          |
| The Role & Remit of the Health & Wellbeing Board  |         |                 | X          |            |          |
| Health & Wellbeing Strategy                       |         | X               |            |            |          |

|                                   | 01 JULY  | 02 SEPTEMBER | 21 OCTOBER | 06 JANUARY | 03 MARCH |
|-----------------------------------|----------|--------------|------------|------------|----------|
| <b>Presentations (Cont.):</b>     |          |              |            |            |          |
| Sefton Strategic Needs Assessment |          | X            |            |            |          |
| <b>NHS Trust Update Reports</b>   |          |              |            |            |          |
| Aintree                           | X        |              | X          |            | X        |
| Clatterbridge Cancer Centre       |          |              |            |            |          |
| Liverpool Community Health        |          | X            |            |            |          |
| Liverpool Women's                 |          |              |            |            |          |
| Mersey Care                       |          |              |            | X          |          |
| North West Ambulance Service      |          | X            |            |            |          |
| Royal Liverpool & Broadgreen      |          |              |            |            |          |
| Southport & Ormskirk              |          | X            |            | X          |          |
| The Walton Centre                 |          |              |            |            |          |
| <b>Site Visits</b>                |          |              |            |            |          |
| Buckley Hill Ambulance Station    | 21/07/14 |              |            |            |          |
| A&E, Aintree                      |          |              | 02/12/14   |            |          |
| The Walton Centre                 |          |              |            | 13/01/15   |          |
| Ormskirk Hospital                 |          |              |            |            | 12/03/15 |