



OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 27TH JUNE, 2017

PRESENT: Councillor Page (in the Chair)
Councillor Dams (Vice-Chair)
Councillors Carr, Carragher (Substitute Member for
Councillor Linda Cluskey), Jones (Substitute
Member for Councillor Bliss), Keith (Substitute
Member for Councillor Dawson), McGuire, and
Lynne Thompson

ALSO PRESENT: Mr. Roger Hutchings, Healthwatch
Mr. Brian Clark, Healthwatch
1 member of the public.

6. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bliss, Burns and her Substitute Councillor Roche, Dawson, Linda Cluskey, Owens and his Substitute Councillor Friel, and also from Councillor Cummins, Cabinet Member – Adult Social Care, and Councillor Moncur, Cabinet Member – Health and Wellbeing.

7. DECLARATIONS OF INTEREST

No declarations of interest were received.

8. MINUTES OF PREVIOUS MEETINGS

RESOLVED:

That the Minutes of the meetings held on 28 February, 21 March and 23 May 2017, be confirmed as a correct record.

9. HIGHTOWN VILLAGE SURGERY AND FRESHFIELD SURGERY

The Committee considered a report submitted from NHS England (Cheshire and Merseyside) informing the Committee of NHS England's decision regarding future provision of primary care services to patients registered with Hightown Village Surgery, Hightown, and Freshfield

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

Surgery, Formby. The report set out an executive summary on the matter; the background; details of the establishment of a task and finish group to oversee the information gathering exercise; details of the engagement exercise undertaken with patients; a review of the options available; and the next steps to be taken. A Patient Listening Analysis Report was attached for both Hightown Village surgery and Freshfield Surgery.

The report indicated that following a review of all the information and the patient listening exercise, NHS England (Cheshire and Merseyside) had considered available options with both NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG and had taken the decision to undertake a procurement process to identify a provider to offer primary care services at both the surgeries concerned, that were sustainable in terms of high quality and value for money. Commissioners would seek innovative bids from providers to offer better access to services, better quality of services, better integration with other health services and a willingness to work in close partnership with other local health providers in the interests of patients. The contract for the two surgeries would be tendered as separate lots, although the NHS organisations concerned were receptive to innovative solutions and the surgeries could be operated as a merged practice. It was possible that consideration of the services provided at the two surgeries might have to be re-arranged if quality bids were not forthcoming.

Anthony Leo, Director of Commissioning, Cheshire and Merseyside Area Team, NHS England; Leah Maguire, North West Senior Communications and Engagement Manager, NHS England; and Jan Hughes, Assistant Contract Manager, NHS England (Cheshire and Merseyside), were in attendance from NHS England to present the report and to respond to questions put by Members of the Committee.

The Chair referred to the engagement events she had attended, as part of the information gathering exercise, and praised the efforts put into the events.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- A significantly high number of patients did not respond to the engagement exercise.
All patients were contacted by letter, seeking their views and those who could not attend listening events were encouraged to participate via a free-phone telephone number, email, or respond in writing. Social media was also used.
- Despite being registered with a GP, there may be residents who visit surgeries very infrequently and may not have strong views.
All patients were contacted by letter and the engagement exercises were made as public as possible in order to seek views.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

- What was the likelihood of Option 4 – to disperse patient lists – being deployed?
One of the risks of the process was that viable bid(s) would not be made for the surgeries.
- How would the process of seeking potential bidders work?
NHS England would work with the two Sefton CCGs throughout the project. Consideration would be given to hiring a venue for an event and submitting invitations to potential bidders.
- Bearing in mind the requirement for “quality bids”, how widely would the process be advertised?
The requirement for potential bidder(s) would be made available via the NHS procurement portal where it was possible for anyone to view, and it would also be widely advertised.
- What sort of “innovative approaches” might be feasible?
Consideration would be given to the provision of primary care clinical services that met the needs of the local population, for instance, it might be more appropriate for a patient to see a nurse. It might not be possible to provide a full-time service and it was important to seek the views of the local population in such instances and explain the situation to them.
- What makes an interesting GP practice, as “cherry picking” of practices could occur.
GP care was changing and evolving, with the requirement for different skills mix, new technology, different and innovative ways of managing both the practice and conditions. There were also financial incentives based on the number of patients.

RESOLVED:

That the contents of the report be noted.

10. REVIEW OF SEFTON COMMUNITY EQUIPMENT STORE

Further to Minute No. 105 of the meeting of the Cabinet of 6 April 2017, the Committee considered the report of the Director of Social Care and Health on a review of the Sefton Community Equipment Store. The report set out the background to the matter; the national policy context; the local policy context; the legal framework for equipment provision; Sefton population needs; Sefton population projections; the demand for community equipment; monitoring and service performance targets of the service; the budget arrangements for the provision of equipment; what equipment was provided; “core stock” and recycling; the stock workforce; issues and opportunities; and next steps to be take.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

The report indicated that community equipment was vitally important to support care at home and in a range of settings, particularly with an ageing population. A maximum of one year had been agreed from 31 March 2017 to extend the current Section 75 Partnership Agreement between the Council and Liverpool Community Health Trust for the operation of the Store to enable the review and to insure that the “incoming Partner”, North West Boroughs Healthcare Foundation Trust, was proportionately consulted. The review approach had been used to engage with the workforce, referrers, Healthwatch and other key stakeholders, and some of the areas under consideration included the legislation, policy context and vision; the increase in our older population and the increased demand for equipment; same day requests for equipment; and the implementation of an operational level improvement plan.

Revised versions of the chart on Sefton 2014 Population Projections – All Residents and also the chart on the Number of items delivered year on year 2010/11 to 2016/17, were circulated at the meeting.

Sharon Lomax, Integrated Health and Social Care Manager, Health and Well Being, was in attendance to present the report and to respond to questions put by Members of the Committee.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- Given that most same day requests for equipment were received between 12.00 noon and 3.00 p.m., where were these requests coming from?
Most requests were made from ancillary services at a time when drivers were already out delivering, requiring deliveries to continue from 5.00 p.m. to 12 midnight, and requiring drivers to make some 30 deliveries per day. Priority requests usually took between 2 – 7 days. As part of the review, it was hoped that conversations could be held with residents and clinicians and consideration could be given to doing things differently, such as inviting family members to collect equipment, where appropriate. There was also a wish to implement an approach of “making every contact count”.
- How was stock control and returns monitored?
A data base was used and through this it was known what equipment was in use and how long for. Cleaning of equipment was repetitive and consideration could be given to how to be “greener” in this regard. Social enterprises could also be considered.
- When patients were discharged from hospital with a care plan, would that specify what facilities were required?
Lots of referrals for equipment came from hospitals and attempts were made to deliver equipment before patients came home from hospital. Where planned care was in place equipment was delivered prior to patient discharge, although unplanned care was more problematic.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

- Why was the North West Boroughs Healthcare NHS Foundation Trust to take over the running of the Store from Liverpool Community Health Trust?
Mersey Care NHS Foundation Trust had secured the contract to take over the running of the Store from Liverpool Community Health Trust and had sub-contracted North West Boroughs Healthcare NHS Trust to run the service. Responsibility for the Store sat with the Council's Adult Social Care Team and the Store was run entirely from premises in Sefton. The Sefton Clinical Commissioning Groups held Mersey Care NHS Foundation Trust to account for the contract.
- Was it possible to obtain a plan of who ran what Community Health Services across Sefton?
The Sefton Clinical Commissioning Groups could produce a diagram of services, including the value of contracts, and circulate this to Members of the Committee via the Senior Democratic Services Officer, in due course.

RESOLVED: That

- (1) the content of the report be noted; and
- (2) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group be requested to produce a diagram of services provided for Community Health Services across Sefton, to include the value of contracts.

11. DOMICILIARY CARE CONTRACTS - FUTURE TENDER

The Committee considered the report of the Head of Commissioning Support and Business Intelligence seeking approval to commence a procurement exercise for the provision of Domiciliary Care services. The report included details of the proposed procurement approach under Liverpool City Region (LCR) / Tripartite (Sefton/Knowsley/Liverpool) joint working arrangements; the development of a new outcome based service model; and consultation and engagement activities.

The report set out the background to the matter, together with details of LCR and public sector reform working; the new model of service; the future procurement of domiciliary care services; and consultation and engagement.

The report indicated that the Council, at its meeting on 3 November 2016, had extended existing Domiciliary Care contracts for an additional twelve month period from 1 April 2017 to 31 March 2018. Work was underway with Knowsley MBC and Liverpool CC to explore the sharing of services

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

and to standardise Service delivery and contractual arrangements, the aim being to move away from commissioning of services on a prescriptive basis and to be more outcome focused. Sefton Council had commissioned an external organisation, RedQuadrant, to conduct a market oversight exercise of the Domiciliary Care sector, to include an assessment of the rates required to support the sector, particularly given the aims of the Ethical Care Charter and the National Living Wage. Consultation and engagement was underway with Providers and would be extended to service users and their families in due course.

Tina Wilkins, Head of Adult Social Care, was in attendance to present the report and to respond to questions put by Members of the Committee.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- What were the reasons why a partnership approach would solve existing problems?
In the future it was intended that there would be more of a standard specification and more similar pricing, as each area currently had different rates for care provision. Removing barriers across the local authorities concerned would provide bigger patches with better capacity, as sufficient coverage of staff was not always possible at the moment.
- Regarding continuity of care, how would the proposals contribute towards recruitment and retention of staff?
The proposed model would increase capacity and provide better hourly rates and terms and conditions for staff by increasing power and control for Providers.
- Concerns were held were staff were more transient as this generally contributed towards a decline in service.
The specification for the service would be the same, or more standardised across the geographical area. There was a need to ensure good training opportunities for staff and care services could provide staff with hours that suited them. Providers had to negotiate call times as lots of service users wanted calls at much the same times and the proposed model would provide for greater flexibility. Work was currently underway with Providers to identify a good price for care.
- In the past there had been issues with 15 minute calls, as this was insufficient to provide proper care, together with staff not being paid for travel time.
An assumed travel element was now incorporated into call times. As a rule 15 minute calls were not now used. Currently a 15 minute call time would probably only be used for a medical call, or as an add-on to make a 45 minute call.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

- What quality assurance was in place to ensure staff turned up for calls?
Eventually information technology would enable Providers to move to a log in / log out system for staff and it would be possible to clearly ensure that staff were on call.

RESOLVED:

That the report be noted.

12. PUBLIC HEALTH ANNUAL REPORT

Further to Minute No. 4 of the meeting of the Cabinet held on 25 May 2017, the Committee considered the report of the Director of Public Health which incorporated his independent annual report on the health and wellbeing of the population of Sefton highlighting key issues. The annual report had been developed through collaborative working with a range of Council and external partners and it considered the root causes of health inequalities across Sefton, what actions were already being undertaken locally to address these issues, as well as recommendations for future actions on nine key areas, which were:-

- The best start in life;
- Healthy schools and pupils;
- Helping people find good jobs and stay in work;
- Active and safe travel;
- Warmer and safer homes;
- Access to green and open spaces and the role of leisure services;
- Strong communities, wellbeing and resilience;
- Public protection and regulatory services; and
- Health and spatial planning.

The Public Health Annual Report was a statutory independent report of the Director of Public Health and identified key issues affecting health in the Sefton population.

Matthew Ashton, Director of Public Health, was in attendance to present the report and to respond to questions put by Members of the Committee, and he gave a presentation that outlined the following:-

- Life expectancy in Sefton;
- Health and wellbeing indicators in Sefton 2016;
- General socioeconomics, cultural and environmental conditions;
- The best start in life;
- Healthy schools and pupils;
- Helping people find good jobs and stay in work;
- Active and safe travel;
- Warmer and safer homes;

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

- Access to green and open spaces and the role of leisure services;
- Strong communities, wellbeing and resilience;
- Protecting the health of the public;
- Health and spatial planning; and
- The Public Health Annual Report 2017/18.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- With regard to data provided within the Public Health Annual Report and infant mortality, the figure in Sefton was worse than the average elsewhere in England.
Whilst it was acknowledged that the figure was worse, it was not significantly higher and was categorised as Amber. Infant mortality was classed as ages 0 to 12 months and included sudden infant deaths. Disability and conditions developed since birth could also play a role. The death of any child was investigated for learning, both across Merseyside and nationally.
- How were the calculations made within the data table, to indicate “worse”, “similar” or “better” in comparison to the England average? Significance was measured as one standard deviation from the mean. Where a difference was less than that, then it was not statistically significant.

RESOLVED:

That the content of the report be noted.

13. ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT 2016/17

The Committee considered the report of the Head of Adult Social Care informing the Committee of the performance of Adult Social Care Services in responding to complaints received from 1 April 2016 to 31 March 2017. The report set out an executive summary; current legislation and an overview of the Adult Social Care complaints procedure; Adult Social Care complaints; cases submitted to the Local Government Ombudsman; compliments received; learning from complaints; and conclusions and recommendations.

The report indicated that complaints had fallen by 36% since the previous year and work had been undertaken with service users and Providers to reduce the number of complaints quarter by quarter learning from complaints. Details of complaints submitted to the Local Government Ombudsman were also published. Complaints regarding attitude and behaviour of staff were often difficult to determine and training was

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

undertaken to avoid repetition and explain the changes being undertaken by the Council.

Tina Wilkins, Head of Adult Social Care was in attendance to present the report and to respond to questions put by Members of the Committee.

A Member of the Committee raised the following issue and a summary of the response provided is outlined below:-

- Whilst the number of complaints were provided within the report, it would be useful in future to be aware of percentages in order to fully ascertain accessible data as evidence.
There were about 5,500 service users, not including the Community Equipment Store, as this would take the figure to some 9,000 to 10,000 service users.

RESOLVED: That

- (1) the report and its findings be noted; and
- (2) the Head of Adult Social Care be requested to consider including illustrating complaints with the use of percentages in future reports.

14. CLINICAL COMMISSIONING GROUPS - ESTATES PLAN

The Committee received a presentation by Martin McDowell, the Deputy Chief Officer and Chief Finance Officer of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG).

The presentation outlined the following:-

- Background to the matter;
- Future model of care;
- The Strategy up to 2030;
- Estates and Technology Transformation Fund (ETTF); and
- Next steps to be taken.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- Were the CCGs considering a “super practice” type model?
Services could function independently within the same building as other services, in a co-located concept.
- Some practices had received smaller grants to help with refurbishment of premises.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

Where buildings were owned by practices, the CCGs and estates specialists could enter into discussions with the owners regarding market value / alternative use. The CCGs had supported practices in receiving grant funding towards the total cost of refurbishment towards better facilities although the practices also had to make a contribution towards the costs of refurbishment in these instances.

- Were the CCGs bidding for funding, through the ETTF, towards improvements in technology, including the use of apps?
The CCG was focusing upon ensuring that the right infrastructure was in place with regard to technology and a number of local GPs were interested in reviewing the development of apps to support healthcare / self-care across their practice population.
- The right technology connected appropriate workers.
Security was an important consideration when data was shared amongst workers and needed to be contained within a secure network as it dealt with sensitive, personal information.

RESOLVED:

That the presentation be noted.

15. 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:-

- Sefton and Liverpool CCGs agree to pause merger;
- Election results for Southport and Formby CCG;
- New providers in place for community services;
- Reported financial position 2016/17;
- All practices now part of medicines management scheme;
- Community cardiology pilot;
- Commissioning policy review;
- Residents invited to “Big Chat 8”; and
- Details of next governing body meetings.

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

Mrs. Taylor reported that following the cessation of paediatric audiology services by the Bridgewater Community Health NHS Trust, work was

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

currently underway to transfer services for children with hearing difficulties to Alder Hey NHS Foundation Trust for children within South Sefton and for Southport Hospital to offer interim support in the north of the Borough.

Members of the Committee raised the following issues and a summary of the responses provided are outlined below:-

- Did Health Visitors still carry out routine hearing tests on young babies?
The 8 month hearing assessment was no longer the norm.
- Following the pause undertaken on the proposal to merge Liverpool and the two Sefton CCGs, would a more robust business plan be forthcoming by the end of the summer?
It was not yet known whether the proposed merger would continue. If it did, the resolution of this Committee on the matter would be adhered to.
- Regarding the NHS Sustainable Transformation Plan (STP), there was currently no new information forthcoming on the Alliance Local Delivery System (LDS).
Now that the latest Interim Chief Executive was in place at Southport and Ormskirk Hospital NHS Trust, the Trust was moving closer towards a vision which her senior management team would take forward.
- Could the Committee receive an update on the Alliance LDS?
It was suggested that the Interim Chief Executive at Southport and Ormskirk Hospital NHS Trust could be invited to the next meeting of the Committee, in order to provide an update on the matter, and any developments in the interim period could be provided from the Chief Officer of the Sefton CCGs.
- The venue for the latest “Big Chat 8” had been good and had resulted in different people attending.
CCGs would continue to consider innovative approaches to such events.

RESOLVED: That

- (1) the joint update report by the Sefton Clinical Commissioning Groups be received;
- (2) Karen Jackson, Interim Chief Executive at Southport and Ormskirk Hospital NHS Trust, be invited to attend the next meeting of the Committee, primarily to report on developments regarding the STP Alliance Local Delivery System; and
- (3) the Chief Officer of the Sefton CCGs be requested to report any developments on the STP between now and the September

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

meeting of the Committee to the Senior Democratic Services Office, with a view to advising Members of the Committee.

16. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), providing data on key performance areas and the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), was in attendance to present the data, highlight key aspects of performance, and respond to queries from Members of the Committee.

Members of the Committee raised the following issues and a summary of the responses provided are outlined below:-

- Regarding the Friends and Family Test at Southport Hospital, Healthwatch representatives considered that responses had improved since changes had been made to the Executive level some time previously.
Relationships between Healthwatch and the Trust appeared to have improved.
- Regarding the figures for A&E at Aintree University Hospital NHS Foundation Trust, was performance suffering as a result of the level of trauma care provided at the Trust?
No, trauma did not divert staff from A&E and was dealt with separately.
- Regarding the Friends and Family Test in relation to A&E at Southport and Ormskirk Hospital NHS Trust, how could engagement be improved?
Forms of engagement were prescribed at a national level and patients were choosing not to participate. Healthwatch had been attempting to undertake an exit exercise at the Trust in order to obtain qualitative data for some time and were only just beginning to embark on such an exercise.

RESOLVED:

That the information on Health Provider Performance be noted.

17. CABINET MEMBER REPORTS

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

The Committee considered the report of the Head of Regulation and Compliance submitting the most recent Update Reports from the Cabinet Member – Adult Social Care, and the Cabinet Member – Health and Wellbeing, whose portfolios fell within the remit of this Committee.

The Cabinet Member Update Report - Adult Social Care, outlined information on the following:-

- Market oversight exercise;
- Domiciliary care – Future tender/contracts;
- Pre-paid cards – Direct payments scheme;
- Supported living review;
- Day care modernisation;
- The assessed and supported year for newly qualified social workers;
- Home First (Supported discharge from hospital);
- Integrated community re-ablement and assessment service; and
- Refresh update – Adult Social Care Teams.

Councillor Cummins, Cabinet Member – Adult Social Care, had submitted his apologies for the meeting.

Regarding the “Home First” item within the Cabinet Member – Adult Social Care Update Report, the Chief Officer of the Sefton Clinical Commissioning Groups reported that she would be held to account on the performance of the services supporting delivery of the broader urgent care agenda. In respect of the Integrated Community Re-ablement and Assessment Service, this would ensure service users were sign posted to the correct services and was anticipated to go “live” on 1 October 2017.

The Cabinet Member Update Report – Health and Wellbeing outlined developments on the following aspects of Public Health:-

- Problem gambling – awareness raising;
- Well Sefton;
- Mental resilience in school age children;
- Suicide prevention;
- Street drinking;
- Public Health performance;
- Service Plan 2017;
- The Collaboration for Leadership in Applied Health Research and Care for the North West Coast (CLAHRC); and
- Merseyside Fire and Rescue Service – Safe and Well Visits.

The Health and Wellbeing Update Report also outlined developments on the following aspects of Parks and Greenspaces:-

- Community Resilience:
 - Community self-management/Market testing of empty buildings;

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

- Anti-Social Behaviour initiatives;
- Creating and building partnerships;
- Community Hubs;
- Capital Schemes:
 - Hesketh Park Observatory;
 - King's Gardens;
- Benchmark Awards:
 - Green Flag Award;
 - Green Flag Community Award;
 - In Bloom and It's Your Neighbourhood Awards; and
 - The Open Golf Championship 2017.

Councillor Moncur, Cabinet Member – Health and Wellbeing, had submitted his apologies for the meeting.

The Chair requested any queries on the update reports to be submitted to the Cabinet Members concerned via the Senior Democratic Services Officer.

RESOLVED: That

- (1) the update reports from the Cabinet Member – Adult Social Care and also the Cabinet Member – Health and Wellbeing be received; and
- (2) Members of the Committee be invited to submit any questions on the update reports to the Cabinet Members concerned via the Senior Democratic Services Officer.

18. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Head of Regulation and Compliance seeking the views of the Committee on the draft Work Programme for 2017/18; requesting the identification of potential topics for scrutiny reviews to be undertaken by any Working Group(s) appointed by the Committee; and identification of any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

A Work Programme for 2016/17 was set out in Appendix A to the report, to be considered, along with any additional items to be included and agreed.

Updates were anticipated from the Liverpool Women's NHS Foundation Trust on proposals at the Trust at some stage and the Chief Officer of the Sefton CCGs undertook to provide any developments at the Trust within future Clinical Commissioning Groups' Update Reports.

Further to Minute No. 12 (3) of 28 June 2016, the Committee had established a Working Group to consider Residential and Care Homes. As

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

the Working Group had not yet completed its review, the Committee was requested to defer the appointment of any new working groups.

The Head of Adult Social Care reported on a possible topic the Committee might wish to consider at some stage in the future on the community, voluntary and faith sector which would be required to develop and provide a range of more personalised services across the Borough in the future, for Adult Social Care service users. There were a number of risks and strengths associated with this future provision and a working group might be formed to consider whether the sector was prepared for the challenges ahead.

There were four Decisions within the latest Key Decision Forward Plan, attached to the report at Appendix D that fell under this Committee's remit, and the Committee was invited to consider items for pre-scrutiny.

The Chair reported that the first meeting of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) had taken place the preceding week, that Sefton Council has been well represented, and the matter had been robustly scrutinised.

RESOLVED: That

- (1) the Work Programme for 2016/17, as set out in Appendix A to the report, be agreed;
- (2) the Chief Officer of the Sefton Clinical Commissioning Groups be requested to provide any developments at Liverpool Women's NHS Foundation Trust within future Clinical Commissioning Groups' Update Reports;
- (3) the appointment of any new Working Group(s) during 2017/18 be deferred until such time as the Residential and Care Homes Working Group has completed its final report;
- (4) the contents of the Key Decision Forward Plan for the period 1 July to 31 October 2017 be noted, and
- (5) the outcome of the first meeting of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) be noted.

19. TINA WILKINS, HEAD OF ADULT SOCIAL CARE

The Chair referred to the fact that this was Tina Wilkins' last meeting at the Committee, as she was leaving the Council to take up a position at North West Boroughs NHS Healthcare Foundation Trust.

RESOLVED:

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 27TH JUNE, 2017

That congratulations and best wishes be accorded to Tina in her future role and thanks be extended for her input into the work of this Committee.