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**Sefton Council** 

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

DATE: 27th June 2017

TIME: 6.30 pm

VENUE: Committee Room, Town Hall, Bootle

## Member

Councillor  
Cllr Catie Page (Chair)  
Cllr Andy Dams (Vice-Chair)  
Cllr Harry Bliss  
Cllr June Burns  
Cllr Anthony Carr  
Cllr Linda Cluskey  
Cllr Tony Dawson  
Cllr Sue McGuire  
Cllr Robert Owens  
Cllr Lynne Thompson  
Brian Clark (Co-Optee)  
Roger Hutchings (Co-Optee)

## Substitute

Councillor  
Cllr Michael O'Brien  
Cllr Veronica Webster  
Cllr Terry Jones  
Cllr Michael Roche  
Cllr Daniel Terence Lewis  
Cllr Clare Louise Carragher  
Cllr Pat Keith  
Cllr Marianne Welsh  
Cllr Gordon Friel  
Cllr David Pullin

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer  
Telephone: 0151 934 2254  
Fax: 0151 934 2034  
E-mail: [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk)

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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 of Previous Meetings** (Pages 5 - 28)

Minutes of the meeting held on 28 February and the Special meetings held on 21 March and 23 May 2017.

**4. Hightown Village Surgery and Freshfield Surgery** (Pages 29 - 110)

Report submitted from NHS England (Cheshire and Merseyside).

**5. Review of Sefton Community Equipment Store** (Pages 111 - 122)

Report of the Director of Social Care and Health.

**6. Domiciliary Care Contracts - Future Tender** (Pages 123 - 132)

Report of the Head of Commissioning Support and Business Intelligence.

**7. Public Health Annual Report** (Pages 133 - 164)

Report of the Head of Health and Wellbeing.

**8. Adult Social Care Complaints Annual Report 2016/17** (Pages 165 - 186)

Report of the Head of Adult Social Care.

**9. Clinical Commissioning Groups - Estates Plan**

A presentation to be given by the Deputy Chief Officer and Chief Finance Officer of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

**10. Sefton Clinical Commissioning Groups - Update Report** (Pages 187 - 192)

Joint report of NHS South Sefton Clinical Commissioning

Group and NHS Southport and Formby Clinical Commissioning Group.

**11. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 193 - 198)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

**12. Cabinet Member Reports** (Pages 199 - 218)

Report of the Head of Regulation and Compliance.

**13. Work Programme Key Decision Forward Plan** (Pages 219 - 240)

Report of the Head of Regulation and Compliance.

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

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

**MEETING HELD AT THE TOWN HALL, BOOTLE  
ON 28 FEBRUARY 2017**

- PRESENT:** Councillor Page (in the Chair)  
Councillor Dams (Vice-Chair)
- Councillors Burns, Carr, Dutton (Substitute Member for Councillor Bliss), Linda Cluskey, Keith (Substitute Member for Councillor Dawson), McGuire, Owens and Lynne Thompson
- ALSO PRESENT:** Mr. Roger Hutchings, Healthwatch  
Councillor Cummins, Cabinet Member – Adult Social Care  
Councillor Moncur, Cabinet Member – Health and Wellbeing  
Councillor Roscoe

### **44. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Bliss and Dawson and Mr. Brian Clark, Healthwatch.

### **45. DECLARATIONS OF INTEREST**

No declarations of interest were received.

### **46. MINUTES OF THE PREVIOUS MEETING**

**RESOLVED:**

That the Minutes of the meeting held on Minutes of the meeting held on 10 January 2017, be confirmed as a correct record.

### **47. REVIEW OF SERVICES AT LIVERPOOL WOMEN'S NHS FOUNDATION TRUST - UPDATE**

The Committee considered the report produced by the Healthy Liverpool Programme, providing an update of the Review of Services at Liverpool

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Women's NHS Foundation Trust as at January 2017. The report set out reasons why the review of services was happening; what has happened so far; and what was happening now.

Dr Chris Grant, Hospital Services Programme Director and Helen Murphy – Hospital Transformation Programme Manager were in attendance from the Healthy Liverpool Programme to present the report and respond to questions posed by Members of the Committee.

Dr. Grant gave a presentation on the review of services at Liverpool Women's Hospital NHS Foundation Trust that outlined the following:-

- What's happened so far?; and
- What's happening now?

Dr. Grant reported that a partnership approach was being adopted as the review affected a number of NHS Trusts, including Alder Hey Children's NHS Foundation Trust, Aintree University Hospital NHS Foundation Trust, and Royal Liverpool and Broadgreen University Hospitals NHS Trust. Four options for the future had been developed, of which the preferred option was to relocate women's and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital. All four options would require significant capital investment. A six week pre-consultation public engagement had taken place during the summer of 2016 and Dr. Grant indicated that the earliest date further consultation could commence was June 2017, rather than the date set out within the report and the presentation.

Members of the Committee expressed disappointment with the level of pre-consultation held during the summer of 2016, particularly within the Borough of Sefton, together with concerns held regarding the apparent lack of consultation with residents in the north of the Borough. Committee Members considered the focus of the approach undertaken to date appeared to be very much centred upon Liverpool. Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG confirmed that both of the Sefton CCGs were engaged with the review and she undertook to ensure residents in the north of the Borough would be involved in further consultation. Dr. Grant acknowledged the need to consult with all residents affected and that the pre-consultation had not been as thorough as it could have been. A minimum of a twelve week in-depth formal consultation would be required as the future service would provide women's and neonatal services for at least a couple of generations to come. Consultation was currently taking place with neighbouring Overview and Scrutiny bodies and Healthwatch bodies affected.

In response to questions by Members of the Committee, Dr. Grant confirmed the need to retain a dedicated service for women and neonatal care and acknowledged the desire to retain the unique brand and identity of the Trust, although he was unable to confirm what title any future service might have. He was asked about the possible outcome of the

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consultation and if the public preferred the retention of the service on Crown Street, Liverpool. Dr. Grant considered that clinicians would need to challenge that outcome and respond with their concerns and that he was unable to comment at present on future organisational issues and whether any new facility would retain independent Trust status or merge with another NHS Trust as these were very separate issues.

### RESOLVED:

That the report and presentation on the review of services at Liverpool Women's NHS Foundation Trust be noted.

### **48. REVIEW OF ORTHOPAEDIC SERVICES**

The Committee considered the report produced by the Healthy Liverpool Programme presenting the case for change with regard to Orthopaedic Services. The report set out the context and challenges of the review on Orthopaedic Services; the reconfiguration proposal; the clinical case for change; the financial case for change; the options proposals process; governance of the process; the establishment of a Committees in Common for developing Healthy Liverpool reconfiguration proposals; the establishment of an Orthopaedic Executive Oversight Group; engagement and communications; and key milestones and timescales.

Dr Chris Grant, Hospital Services Programme Director and Helen Murphy – Hospital Transformation Programme Manager were in attendance from the Healthy Liverpool Programme to present the report and respond to questions posed by Members of the Committee.

Dr. Grant gave a presentation on the review of Orthopaedic Services that outlined the following:-

- Why single service reconfiguration?;
- Single Service – Principles;
- Non-Health Benefits;
- Why change?;
- Clinical National standards;
- Getting it right first time; and
- Next Steps, including the milestones and timescales for the process.

Dr. Grant confirmed that the preferred option would be presented to the Committee at its Special Meeting to consider the matter, to be held on 21 March 2017.

Members of the Committee expressed concerns that the focus of the approach undertaken to date appeared to be very much centred upon Liverpool; that there was a lack of explanation regarding the future of

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services currently provided at Southport and Ormskirk Hospital NHS Trust; a lack of consideration regarding social care provision required following surgery across the Borough; and general lack of consultation to date, particularly regarding adequate consultation with Healthwatch Sefton. Further meetings with Healthwatch organisations from Liverpool, Knowsley and Sefton would be taking place in the near future and a request was made for adequate response timeframes to be factored in for consultation with Healthwatch in the future.

Dr. Grant confirmed that a partnership approach was being adopted with clinicians who were part of the Orthopaedic Team at Southport and Ormskirk Hospital NHS Trust and that they were aware of the review. He confirmed that the review should not de-stabilise the service currently provided at Southport and Ormskirk Hospital NHS Trust. Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG confirmed that a good orthopaedic service was required at Southport to meet the needs of the population.

In response to questions by Committee Members, Dr. Grant explained that Aintree University Hospital NHS Foundation Trust contained the major trauma unit for the Cheshire and Merseyside area and that in the event that patients presented with certain criteria, paramedics were required to deliver patients to that hospital as survival could depend on access to the specialised centre.

A Committee Member raised the issue of different uniforms worn by different members of staff within hospital environments and the confusion this could cause. The Member suggested a photograph of the different types on every ward/department explaining the roles of varying staff.

RESOLVED: That

- (1) the report and presentation on the review of Orthopaedic Services be noted;
- (2) the recommendations set out within the report be noted, with a view to the matter being considered further at the Special Meeting of this Committee to be held on 21 March 2017; and
- (3) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) be requested to pursue the issue raised regarding helping the public to understand the different uniforms worn by hospital staff with partner organisations, via the Chief Nurse for the CCGs.

## **49. INTEGRATION STRATEGY "MAKING IT HAPPEN" AND A SECTION 75 PARTNERSHIP AGREEMENT (POOLED BUDGET)**



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Further to Minute No. 76 of the meeting of the Cabinet of 26 March 2015, the Committee considered the report of the Director of Social Care and Health seeking feedback in respect of Sefton's Health and Wellbeing Board's strategy for integration "Making it Happen" and on the proposal for the Council to enter into a new partnership arrangement under Section 75 of the National Health Act 2006 Section 75 Agreement with each of the two Clinical Commissioning Groups (CCGs) of Southport and Formby and South Sefton, covering the population of Sefton. The agreement would enable pooled budget arrangements to be renewed anticipating the current agreement expiry date of March 2017.

The report set out the background to the matter; "making it happen" and the Strategy focus; pooled budgets and the Section 75 Agreement; work being undertaken to prepare for a new Section 75 Agreement; and next steps planned.

A copy of the Strategy entitled "Making Integration Happen: Sefton's Health and Social Care Integration Strategy 2016 – 2020" was attached to the report.

The Director of Social Care and Health reported that information and guidance was still awaited from the Department for Health regarding the Better care Fund guidance and that a report would be presented to Cabinet on 9 March 2017. He also stated that at present there was a £6m budget gap to be addressed over the coming years.

Discussion took place on programmes running which adopted an integrated approach in encouraging residents to get active which, in turn, was more likely to lead to better mental health.

RESOLVED: That

- (1) the Strategy for Integration "Making it Happen" be noted; and
- (2) the work to progress towards a new Section 75 Agreement be noted.

### **50. 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:-

- Innovation award for Care Home Innovation Programme (CHIP);
- Governing body elections for Southport and Formby CCG governing body;
- Joint working with Liverpool CCG;

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- More practices sign up to repeat prescription medicines scheme;
- Improving financial performance against targets;
- Transfer of Community Services update;
- Trinity Practice, Southport;
- Healthier You: National Diabetes Prevention Programme;
- CCGs support new antibiotics campaign;
- CCGs Chief officer celebrates 35 years with new roles; 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.

In response to a question put by a Committee Member, Mrs. Taylor reported that a paper was anticipated the following week regarding developments in closer CCG working, and this would be circulated to Committee Members via the Senior Democratic Services Officer. Equal representation is to be taken from each CCG affected initially and local focus was a key issue. With regard to the Alliance Local Delivery System (STP), work was currently in progress and documentation to be shared was anticipated. In relation to the North Mersey (LDS), Mrs. Taylor chairs the meeting every other week and Southport and Ormskirk Hospital NHS Trust was now involved.

RESOLVED: That

- (1) the joint update report by the Clinical Commissioning Groups be received; and
- (2) the congratulations of the Committee be extended to Fiona Taylor, Chief Officer of the Sefton Clinical Commissioning Groups, for 35 years of service.

## **51. 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.

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A Committee Member reported difficulties encountered regarding regular car parking at Aintree University Hospital NHS Foundation Trust and as the Council's representative on the Council of Governors, the Cabinet Member – Adult Social Care, undertook to raise the matter with the Trust.

RESOLVED:

That the information on Health Provider Performance be noted.

### **52. IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE**

Further to Minute No. 41 (2) (b) of 10 January 2017, the Committee received a presentation from Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), on the Improving Access to Psychological Therapies (IAPT) Service.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG reminded the Committee that the performance of the IAPT Service had been closely monitored and reports presented in respect of underperformance at previous meetings. The CCGs had an accompanying presentation and in the interests of time, this would be circulated to Members of the Committee in due course, along with the presentation to be made.

Trish McCormack, Jane Palombella and Andy Styring, Cheshire and Wirral Partnership NHS Foundation Trust were in attendance to give a presentation on the actions being undertaken to improve performance in the Sefton IAPT Service and respond to questions put by Members of the Committee. The presentation outlined the following:-

- Access Sefton – Psychological therapy in Primary Care;
- What is IAPT?;
- Background;
- Who will benefit?;
- Therapy venues;
- IAPT targets;
- IAPT targets and Sefton;
- Improving recovery;
- Recovery in context of severity;
- Improving access;
- Challenges;
- Community links; and
- Future plans.

In response to questions raised by Members of the Committee Jane Palombella responded that patients were seen comparatively quickly for

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initial assessment, following which there was a waiting time of 28 days prior to the next stage of treatment. The Service worked to guidelines produced by the National Institute for Health and Care Excellence (NICE). If necessary, patients could be offered additional sessions. Mrs. Taylor referred to the performance of the Service against required targets, as set out within the Performance Dashboard referred to under Minute No. 51 above, and considered that it offered reassurance for the Committee to see improvements in the performance of the Service.

Members of the Committee also raised a number of potential venues that could possibly be used for the Service to meet with patients across the Borough.

RESOLVED: That

- (1) the presentation on the performance of the Improving Access to Psychological Therapies (IAPT) Service be noted; and
- (2) the Chief Officer of the Sefton Clinical Commissioning Groups (CCGs) be requested to liaise with the Senior Democratic Services Officer in order to circulate the presentation prepared by the CCGs to Members of the Committee.

## **53. CABINET MEMBER REPORTS**

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:-

- Day Care Modernisation;
- Supported Living;
- Domiciliary Care Contract Extension;
- Mental Health Service Team;
- Care Home Closure, Southport;
- Assessed and Supported Year in Employment (ASYE) Update;
- Annual Christmas Shutdown 2016/7 – impact on winter-related pressures within the NHS; and
- Adult Social Care Service Refresh.

Councillor Cummins, Cabinet Member – Adult Social Care, was in attendance at the meeting to present his Update Report and highlight particular aspects of it.

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

- Sefton Sexual Health Service;
- Stop Smoking Service;
- Declaration on Healthy Weight;
- Soft Drinks Industry Levy;
- Public Health Annual Report (PHAR);
- NHS England funding for Pre-Exposure Prophylaxis (PrEP) for prevention of HIV;
- 0-19 Integrated Healthy Child Programme;
- Substance Misuse;
- Domestic Abuse;
- Air Quality;
- Recruitment of a Public Health Apprentice in Public Health;
- Suicide Prevention;
- Formby Pool;
- High Ropes Course; and
- Sefton Swim Local Pilot.

Councillor Moncur, Cabinet Member – Health and Wellbeing, was in attendance at the meeting to present his Update Report and highlight particular aspects of it.

Discussion took place on suicide prevention and difficulties encountered in obtaining accurate figures on the matter.

With regard to the Sefton Swim Local Pilot, the Cabinet Member Health and Wellbeing reported that the bid of £531,582 submitted had been successful in obtaining funding to improve existing swimming facilities and programmes, in order to increase participation and income.

RESOLVED:

That the update reports from the Cabinet Member - Adult Social Care and also the Cabinet Member - Health and Wellbeing be received.

### **54. 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 its Work Programme for the remainder of the Municipal Year 2016/17; reporting on progress on scrutiny reviews to be undertaken by Working Groups appointed by the Committee; identifying any items for pre-scrutiny by the Committee from the Key Decision Forward Plan; reporting on progress regarding site visits to health care providers during 2016/17; and seeking views on the approach to be adopted with regard to draft Quality Accounts.

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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.

Further to Minute No. 12 (3) of 28 June 2016, the Committee had established a Working Group to consider Residential and Care Homes. Five meetings had been held to date and site visits undertaken. A further meeting would take place the following week and it was hoped that the final report would be submitted to the Special Meeting of the Committee, to take place on 21 March 2017.

Further to Minute No. 18 of 6 September 2016, a further Working Group had been established to consider complaints and feedback received from GP practices, although it had not been possible to convene a meeting, due to difficulties encountered identifying a date which was convenient for all concerned.

Since the publication of the agenda for this meeting, a further Key Decision Forward Plan containing the Key Decisions that fell under this Committee's remit had been published and had been circulated for the attention of the Committee. The Committee was invited to consider items for pre-scrutiny.

Further to Minute No. 43 (4) of 10 January 2017, Members of the Residential and Care Homes Working Group had undertaken site visits to care homes on behalf of the Committee during February 2017.

Further to Minute No. 43 (5) of 10 January 2017, the report also sought views on the process to be undertaken for the scrutiny of a number of draft Quality Accounts from NHS Trusts during May 2017. The Senior Democratic Services Office reported that the two Sefton Clinical Commissioning Groups were anticipated to host an event on Quality Accounts for the North Mersey area, on a date to be determined during late April/early May 2017, to which Committee Members would be invited.

RESOLVED: That

- (1) the Work Programme for 2016/17, as set out in Appendix A to the report, be agreed;
- (2) progress made to date by the Working Groups established be noted;
- (3) the contents of the Key Decision Forward Plans for the period 1 March to 30 June 2017 and 1 April to 31 July 2017 be noted,
- (4) progress made in relation to site visits be noted; and
- (5) with regard to the process to be undertaken for draft Quality Accounts this year, further details be obtained regarding the event to be hosted by the two Sefton Clinical Commissioning Groups and

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the matter be considered at the Special Meeting of the Committee, to take place on 21 March 2017.

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Overview  
& Scrutiny



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

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY 21ST MARCH, 2017

PRESENT: Councillor Page (in the Chair)  
Councillor Dams (Vice-Chair)  
Councillors Burns, Carr, Linda Cluskey, Dawson,  
McGuire, Owens and Pullin (Substitute Member for  
Councillor Lynne Thompson)

ALSO PRESENT: Mr. R. Hutchings, Healthwatch  
Councillor Moncur, Cabinet Member – Health and  
Wellbeing

### **55. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Bliss and his Substitute Councillor Dutton, Councillor Lynne Thompson, Mr. B. Clark, Healthwatch and Councillor Cummins, Cabinet Member – Adult Social Care.

### **56. DECLARATIONS OF INTEREST**

No declarations of interest were received.

### **57 A LIVERPOOL ORTHOPAEDIC AND TRAUMA SERVICE (LOTS) FEASIBILITY STUDY (FINAL DRAFT)**

Further to Minute No. 48 of 28 February 2017, the Committee considered the report submitted by the Healthy Liverpool Programme providing an overview of the process undertaken with regard to the Liverpool Orthopaedic and Trauma Service (LOTS) Feasibility Study; timelines; governance issues and risks relating to the proposed change of the trauma and orthopaedic service; and detailing the case for change and the preferred option.

At present the Trauma and Orthopaedic Services were delivered by both Aintree University Hospital NHS Foundation Trust (AUH) and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Following an options appraisal process the preferred option was Option 1 – a two-site option comprising both AUH and the Royal Liverpool and Broadgreen University Hospitals NHS Trust, with one site, AUH, for orthopaedic trauma and a separate site, the Royal, for elective procedures, and some

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Ear, Nose and Throat Services going to AUH from Broadgreen. Accident and Emergency Departments at both sites would continue to deliver trauma care, with AUH being the site for major trauma care.

The Feasibility Study was attached to the report.

Dr Chris Grant, Hospital Services Programme Director and Dr. Fiona Lemmens, Clinical Director for Hospital and Urgent Care, were in attendance from the Healthy Liverpool Programme to present the report and respond to questions posed by Members of the Committee.

Dr. Grant gave a presentation on the review of Orthopaedic Services that outlined the following:-

- Single Service, City-wide principles;
- Orthopaedic case for change;
- Options appraisal;
- The base case (current model);
- The considered options;
- The preferred option;
- Benefits of the preferred option;
- Ear, Nose and Throat (ENT);
- Public Consultation Plans; and
- Next Steps – timeframe.

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

- Could the proposals potentially have major implications for the out-lying areas, such as Wirral and Southport?  
There was acknowledgement that the proposals could have implications and impacts for out-lying areas and conversations were on-going with outlying service providers.
- What questions would be raised during the consultation process?  
Specific questions had not been finalised and there was acknowledgement that there were potential pitfalls if questions were not carefully phrased.
- Is it Option 1 or nothing?  
All the Options developed had been appraised and would continue to be considered. Clinicians considered that patient care would be compromised if the case for Option 1 was not presented as the preferred Option.
- Was there some acknowledgement that services from a single hospital site would be a better option?  
A single hospital site might be preferable for hospital services but not necessarily for out-patients.

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- Where were patients taken from the Southport and Formby area?

In the case of a major trauma, patients in the north of the Borough were taken to the Major Trauma Service at AUH.

- Would the proposals have a negative impact on the North West Regional Spinal Injuries Centre, based at Southport Hospital?

The Spinal Injuries Centre provided chronic care and not acute care. The proposals would have no impact on the Centre.

- Were clinical staffing levels adequate for the future, particularly in light of potential implications following Brexit?

There was acknowledgement that there were concerns regarding clinical staffing levels for the future. Staff were more likely to want to work within the better units and this provided an incentive to make the proposals work well.

- Of hospital admissions, what percentage represented orthopaedics?

Some 33% of the surgical workforce represented orthopaedics and trauma, making it the biggest surgical speciality. This provided a reason to make a good service even better.

- Would anything be moved from AUH as a consequence of the proposals?

Minor changes to services could be required as a result of implementation of the proposals.

- The abbreviations within the documents provided were confusing and made reading difficult to follow.

A glossary of terms could be included with any future information provided.

- In developing a centre of excellence requiring clinical staff with specialisms, what risks and responsibilities were associated with the outlying areas where specialism drains could occur?

Lessons had been learnt as a result of the major trauma centre at AUH as surrounding hospitals provided trauma units with a hub and spoke model in operation. In order to provide quality care, services had to work well across an area rather than provide pockets of mediocrity. This could result in patients travelling further to access good quality care.

- AUH was largely the hospital used by residents of south Sefton and Knowsley Boroughs. What were the likely impacts for patients having to access services at other sites?

A significant number of patients accessed services at AUH. Most routine care would continue to be provided at all hospital sites and the length of time for in-patient stays was reducing.

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Members of the Committee acknowledged that the proposals could be perceived as having negative outcomes and that complex decisions regarding care services could have negative, as well as positive, impacts.

Committee Members agreed to reflect the concerns raised regarding the impact of the proposals on outlying areas within the Resolutions below.

RESOLVED:

That the Committee:-

- (1) Notes the clinical and financial case for change and the content of the report for trauma and orthopaedic services;
- (2) Approves the continuation of the proposal development towards patient and public engagement and formal consultation, leading to a decision regarding the future delivery of trauma and orthopaedic services;
- (3) Determines whether the proposals for change represent a substantial variation of service, as set out under Minute No. 57b below; and
- (4) Recognises:-
  - (a) that the changes proposed have substantial potential ramifications for services provided in other hospitals in the sub-region; and
  - (b) that the proponents of the changes understand these ramifications and will reflect this in their consultation processes.

## **57 B REVIEW OF ORTHOPAEDIC SERVICES - ISSUE OF SUBSTANTIAL RECONFIGURATION PROPOSALS**

Further to Minute No. 57a above, the Committee considered the report of the Head of Regulation and Compliance regarding the Liverpool Orthopaedic and Trauma Service (LOTS) Feasibility Study and requesting the Committee to formally determine whether the proposals submitted by the Healthy Liverpool Programme constituted a substantial variation in services or not.

The report indicated that there was a statutory requirement on providers of health services to consult local authority health overview and scrutiny committees on any proposals for significant development or substantial variation/reconfiguration in health services. Further to Minute No. 20 of 3 June 2014, the Council had approved the Protocol for Establishment of

## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 21ST MARCH, 2017

Joint Health Scrutiny Arrangements for Cheshire and Merseyside and a copy of the Protocol was attached to the report at Appendix A. Guidance issued by the Department of Health on the consideration of substantial variations was outlined and further to Minute No. 42 (2) of 25 September 2014, the Council had agreed that any final decision on substantial variations would be taken by the full Council.

A show of hands indicated that there was unanimous agreement by those Committee Members present that the proposals submitted by the Healthy Liverpool Programme, as outlined under Minute No. 57a above, did constitute a substantial variation in terms of the Orthopaedic and Trauma Service.

RESOLVED:

That this Committee considers that the proposals submitted by the Healthy Liverpool Programme constitute a substantial variation in terms of the Orthopaedic and Trauma Service and the Council be requested to endorse this decision.

### **58. SCRUTINY OF DRAFT QUALITY ACCOUNTS - PROCESS TO BE UNDERTAKEN DURING 2017**

Further to Minute No. 54 (5) of 28 February 2017, the Committee considered the report of the Head of Regulation and Compliance seeking approval for the process to be undertaken for the scrutiny of a number of draft Quality Accounts from NHS Providers during May / June 2017. The report set out the background to the matter; the timescale for the consideration of Quality Accounts; the process undertaken during 2016; an event to be held by the Sefton Clinical Commissioning Groups on 5 May 2017, to which eight NHS Providers would be invited to give presentations on their draft Quality Accounts; together with matters for the Committee to consider.

Some discussion took place on which draft Quality Accounts from NHS Providers could be considered.

RESOLVED:

That, with regard to the process to be undertaken for the scrutiny of draft Quality Accounts in 2017, an informal daytime meeting be convened to consider four draft Quality Accounts, the details of the meeting to be determined in consultation with the Chair of the Committee, a representative of the Clinical Commissioning Groups (CCGs) to be requested to attend the meeting, together with Healthwatch representatives, the draft Quality Accounts from the following NHS Trusts to be considered:-

- Southport and Ormskirk Hospital NHS Trust;

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- Mersey Care NHS Trust;
- Aintree University Hospital NHS Foundation Trust; and
- Liverpool Women's NHS Foundation Trust.

## **59. RESIDENTIAL AND CARE HOMES WORKING GROUP - FINAL REPORT**

Further to Minute No. 54 (2) of 28 February 2017, the Senior Democratic Services Officer reported that work remained on-going for the Residential and Care Homes Working Group and it was anticipated that the Final Report would be submitted to the meeting of the Committee to be held on 27 June 2017.

Some discussion took place on the NHS Feedback Working Group, established by this Committee during 2016/17. It had not been possible to identify a date convenient to all concerned in order to convene an initial meeting. The Working Group could be reconvened during 2017/18 and the Senior Democratic Services Officer and the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group undertook to discuss the issue of availability of representatives, around clinical practice.

RESOLVED: That

- (1) progress made to date by the Residential and Care Homes Working Group be noted; and
- (2) progress made on the NHS Feedback Working Group be noted.

## **60. PROPOSED MERGER OF LIVERPOOL, SOUTHPORT AND FORMBY, AND SOUTH SEFTON CLINICAL COMMISSIONING GROUPS**

The Committee considered two briefings prepared by the Clinical Commissioning Groups for Liverpool, Southport and Formby and South Sefton.

The first briefing paper set out the background to the proposed merger of Liverpool, Southport and Formby, and South Sefton Clinical Commissioning Groups (CCGs); the case for change; the way forward; the establishment of a Joint Committee across the three CCGs for the period to April 2018; timescales for establishing the Joint Committee; merging the CCGs and steps required; joint working with local authorities; public engagement; practice member engagement; challenges and risks ahead; together with next steps and timescales. A discussion paper to explore future working arrangements across Liverpool, South Sefton, and Southport and Formby CCGs was attached to the briefing paper.

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The second briefing paper set out a briefing for partners; explaining why the merger was happening; how the CCGs would work towards a merger; together with next steps and timescales.

Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG; Dr. Andy Mimmagh, Chair of NHS South Sefton CCG; and Dr. Rob Caudwell, Chair of NHS Southport and Formby CCG, were present from the CCGs to present the briefing papers and respond to questions put by Members of the Committee on the proposed merger.

Members of the Committee expressed some concerns regarding how the proposals would operate in practice, particularly regarding issues of accountability and given that efficiency savings were required by NHS bodies.

Mrs. Taylor indicated that the proposals would be discussed at the forthcoming Governing Body meetings for each of the Sefton CCGs. In the event that the Governing Bodies approved the proposals, a process would be followed, including a formal request to the Council for views. Healthwatch would also be invited to share views. Whilst the CCGs affected were seeking to avoid duplication and be as cost effective as possible in future operations, maintaining aspects of each CCG, including culture and ethos, was also considered important.

Members of the Committee referred to Appendix 4a of the first briefing paper and expressed some concerns regarding the results of the options appraised by each Governing Body, particularly given that "Better Health" tended to achieve lower scores. Mrs. Taylor explained that the criteria for assessing the options were set out within the briefing paper.

A Committee Member asked about the possibility of the merger of the two Sefton CCGs as a way forward. Mrs. Taylor indicated that that possibility had been ruled out as an option due to the size of the North Mersey footprint and commissioning capacities required in the future, against the background of current deficits in budgets. A bigger commissioning organisation could deliver services, such as dermatology, more collectively which would result in maintaining service delivery at lower costs. Stroke Services was another area under consideration where a better deal for the population could be achieved.

The Chair considered that the matter could be considered further at a Special Meeting of the Committee, at some point in the future.

### RESOLVED:

That the briefing papers, together with information on the proposed merger of the Liverpool, Southport and Formby, and South Sefton Clinical Commissioning Groups be noted.

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## **61. CARE AT THE CHEMIST SCHEME**

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) advised the Committee that the financial allocation for the “Care at the Chemist” scheme had been halved for this financial year. The CCGs were in the process of advising pharmacists about the changes and some had indicated that they were still happy to participate with 50% of previous funding. Mrs. Taylor considered that Members of the Committee could receive queries from residents through their surgeries regarding the matter.

RESOLVED:

That the information regarding the “Care at the Chemist” scheme be noted.

## **62. NHS HOSPITAL TRUSTS - ISSUES ARISING**

Further to Minute No. 51 of 28 February 2017, a Committee Member referred to the difficulties encountered regarding regular car parking at Aintree University Hospital NHS Foundation Trust. The Council’s representative on the Council of Governors, the Cabinet Member – Adult Social Care, had undertaken to raise the matter with the Trust.

Further to Minute No. 48 and the issue of different uniforms worn by different members of staff within hospital environments and the confusion this could cause, a suggestion had been made to exhibit a photograph of the different types on every ward/department explaining the roles of varying staff. The Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) reported that the matter had now been raised with NHS Hospital Trusts.

RESOLVED:

That the progress regarding issues arising, related to NHS Hospital Trusts, be noted.





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

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY 23RD MAY, 2017

PRESENT: Councillor Page (in the Chair)  
Councillor Dams (Vice-Chair)  
Councillors Burns, Carr, Linda Cluskey, Dawson,  
Lynne Thompson and Marianne Welsh (Substitute  
Member for Councillor McGuire)

ALSO PRESENT: Councillor Cummins, Cabinet Member – Adult Social  
Care  
Councillor Moncur, Cabinet Member – Health and  
Wellbeing

### 1. MANCHESTER ARENA ATTACK

The Chair referred to the attack on Manchester Arena the previous evening and paid tribute to the emergency services, taxi drivers and the people of Manchester for the community spirit and resilience they had displayed in the aftermath of the attack. The Committee observed a period of silence and reflection in honour of those who had lost their lives or been injured in the attack.

Reference was made to Dr. Rob Caudwell, Chair of Southport and Formby Clinical Commissioning Group, as a relative of Dr. Caudwell's friend had been killed in the attack, and the Committee expressed its deepest sympathy for the family concerned.

### 2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Bliss and his Substitute Councillor Jones, Councillor McGuire, and Mr. Brian Clark and Mr. Roger Hutchings, Healthwatch Co-Optees.

### 3. DECLARATIONS OF INTEREST

No declarations of interest were received.

### 4. INTRODUCTIONS

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Introductions took place.

## **5. CLINICAL COMMISSIONING GROUPS - PROPOSED MERGER.**

Further to Minute No. 60 of 21 March 2017, the Committee considered a letter received by Sefton Council's Chief Executive, submitted jointly from the Chairs of NHS Southport and Formby Clinical Commissioning Group (CCG), NHS South Sefton CCG, and NHS Liverpool CCG, formally requesting support regarding plans to merge the three CCGs.

Copies of a presentation entitled "CCG Working Together in Sefton and Liverpool", together with copies of a briefing paper entitled "Joint Working across South Sefton, Southport and Formby, and Liverpool CCGs", which had been submitted previously to the Committee at its Special Meeting on 21 March 2017, were circulated at the meeting.

Fiona Taylor, the Chief Officer for NHS South Sefton CCG, and NHS Southport and Formby CCG; Dr. Andy Mimmagh, Chair of South Sefton CCG; Dr. Kati Scholtz, Southport and Formby CCG; and Tracy Jeffes, Director, South Sefton CCG, and Southport and Formby CCG; were present from the CCGs to present the matter to the Committee and respond to questions put by Members of the Committee.

Fiona Taylor and Dr. Mimmagh went through the presentation entitled "CCG Working Together in Sefton and Liverpool" that outlined the following:-

- Background to the proposed merger;
- Reasons why the merger had been proposed;
- Merger to strengthen commissioning;
- Next steps involved in the process; and
- An invitation to discuss the matter and consider how the Committee would like to be involved in this work.

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

- How would Sefton's specific locational needs continue to be met, particularly regarding ageing populations and different needs required in the north and south of the Borough?

Commissioning for areas with different needs followed nationally agreed pathways and Sefton's specific requirements would continue to be met.

- How would residents be advised of the proposals before July, when the application deadline for any merger on 1 April 2018 was required by NHS England?  
'Big Chats' within local communities would be taking place in June.

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- What was the role of AQuA (Advancing Quality Alliance)?  
The role of AQuA was clarified and it was explained that it was discretionary whether to buy in services from the organisation, the role of which was that of a 'critical friend'. AQuA had led discussions with the CCGs considering joint working.
- What had been the initial reaction of NHS England?  
The CCGs were required to go through an NHS England ratification process if the proposals were to be agreed. NHS England had indicated that the delivery of care could not slip in the event that the merger was agreed and took place. NHS England had also pointed out that nationally agreed strategies may impact on plans and that, if the merger was feasible, it had to deliver on the financial side.
- Reference was made to the tripartite work undertaken between Sefton, Liverpool and Knowsley Councils. Why was Knowsley CCG not part of the merger?  
Knowsley CCG had considered at the options but had decided not to be part of merger at the moment.
- Concerns were expressed that Sefton would play a minor role in formulating strategic policies and choices under a merged CCG and that local accountability would be lost.  
Under the merger, a governing body would consider strategic measures and there would be representation from Sefton on that body. Sefton GPs would continue to be involved in decision making.
- Concerns were expressed that insufficient information and detail had been provided on the proposed merger.  
The detail requested was considered to be operational in nature and was not necessarily fully available at the present time.
- What would happen if support was not obtained from the Councils concerned?  
The CCGs would prefer to be able to demonstrate support from the Councils concerned and would need to discuss the matter further with governing bodies.
- How would the merger affect patients in Sefton?  
The merger should not make any difference for patients and the delivery of care.

The CCG representatives also advised on the level of efficiency savings they were required to make and annual reductions to available budgets, causing on-going pressures to service delivery. They did not anticipate significant savings to be made in staffing reductions by the proposals, rather stronger commissioning capacity was anticipated in the delivery of care and savings were expected to be made in that delivery.

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With the agreement of the Committee, the Chair requested the CCG representatives to withdraw from the meeting in order for the Committee to formulate a resolution on the matter. Further discussion then took place on the issue.

The CCG representatives were invited back into the meeting and the following resolution was proposed:-

That, at this stage, the Committee considers it has insufficient information on which to reach a decision on whether the merger will mutually benefit all communities. An outline business plan and further assurances regarding opportunities, risks and funding are required before support could be given.

A show of hands indicated that there was unanimous agreement by those Committee Members present that the proposed resolution was agreed.

RESOLVED:

That, at this stage, the Committee considers it has insufficient information on which to reach a decision on whether the merger will mutually benefit all communities. An outline business plan and further assurances regarding opportunities, risks and funding are required before support could be given.

---

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

**Date of Meeting:** 27 June 2017

**Subject:** Report to Sefton Overview and Scrutiny on Hightown Village Surgery and Freshfield Surgery

**Organisation:** NHS England (Cheshire and Merseyside)

**Contact Officer:** Jan Hughes (**from Wednesday 21<sup>st</sup> June**)  
**Tel:** 0113 825 2905

**Email:** [jan.hughes1@nhs.net](mailto:jan.hughes1@nhs.net)

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### **Purpose/Summary**

To inform the committee of NHS England's decision regarding future provision of primary care services to patients registered with Hightown Village Surgery, Hightown and Freshfield Surgery, Formby

In reaching its decision NHS England considered multiple factors including views of patients.

### **Recommendation(s)**

The committee is asked to note the contents of this report

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## **Report to Sefton Health Overview and Scrutiny on Hightown Village Surgery and Freshfield Surgery**

## **Report to Sefton Health Overview and Scrutiny on Hightown Village Surgery and Freshfield Surgery**

First published: 15 June 2017

Prepared by: Alan Cummings

Classification: Official



## Contents

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## 1 Executive summary

- 1.1. Hightown Village Surgery and Freshfield Surgery are currently being managed on an interim basis by Ashurst Health Limited and Chapel Lane surgery respectively. These arrangements have been in place since 29<sup>th</sup> February 2016 when the option to extend the contract with the previous contract holder for a further two years was not exercised. The interim arrangements are in place until 31<sup>st</sup> December 2017. As a consequence, local NHS commissioners have been considering the options for the future delivery of primary care services for the patients of Hightown and Freshfield.
- 1.2. Communication and engagement with registered patients and stakeholders has been key to the process for developing options for appraisal and determining a final recommendation. This report provides information of the background to the current position and highlights a range of factors that have influenced the final recommendation. These include the national strategic direction as defined in the *GP Forward View*; the current financial model; an independent premises survey; and an independent travel survey. Central to the final recommendation has been the feedback from an extensive communication and engagement exercise.
- 1.3. A number of options were carefully considered. These are summarised in this report. NHS commissioners have taken the decision to undertake a procurement process to try and identify a provider, to provide primary care services at Hightown Village Surgery and Freshfield Surgery, which are sustainable, of high quality, and value for money.

## 2 Background

- 2.1 In 2013 NHS England inherited nine GP practices in Sefton operated by a single provider under a time limited contract. The provider faced challenges in delivering the GP practices and complaints were received from patients throughout the term of the contract. The option to extend the contract at the three year break point was not exercised and interim providers were appointed to all nine practices to permit a procurement to be undertaken without service interruption.

## 3 Task and Finish Group

- 3.1 It was determined that Hightown Village Surgery and Freshfield Surgery should not be put out to tender along with the other seven practices, due to the remedial work that was being undertaken by the interim provider. During the interim contract period it was clear that NHS England and NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group did not have sufficient information to make a robust decision regarding the future provision of primary care services to patients of these practices.

- 3.2 In order to acquire all of the relevant facts a task and finish group was established to oversee the information gathering exercise. The task and finish group was clinically led by a GP chair. Members of the group included representatives from the practice's patient participation group, commissioners and communications officers from NHS England, NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Officers from Sefton Council advised on the process adopted to ensure it complied with current legislation and best practice. Healthwatch Sefton attended the meetings to aid transparency and offer a wider patient perspective.
- 3.3 A number of alternative long term solutions for provision of services were identified. Each of these has its advantages and disadvantages which needed to be considered within the context of other factors such as the *General Practice Forward View*, patient views and demographics, accessibility of alternative practices, condition of existing premises, procurement legislation, market forces and resources available and so on. The process followed is shown in Figure 1.
- 3.4 To assist with the review of the various options, an assessment of the premises was undertaken by the District Valuer's Service as well as an independent travel assessment which was commissioned from Sefton Council.

## 4 Engagement Exercise

- 4.1 Patients of each practice were invited to attend one of eight face to face events, held on different days of the week and at different times. These events were facilitated, so that patients' views could be captured. The venues used were The Gild Hall in Formby for patients of Freshfield Surgery and St Stephen's Church Hall, Hightown, for patients of Hightown Village Surgery. Those that could not attend the listening exercise sessions were encouraged to participate via a Freephone number, email or in writing and information being shared at the events was made available in both practices. Appropriate contact details were provided in the invitation. This patient engagement listening exercise commenced on 3 April 2017 and continued until 12 May 2017. The Freshfield events were attended by 157 patients (5.9 per cent of the practice population) and two sessions were cancelled due to very low turnout. The Hightown events were better attended with 230 patients (11.6 per cent of the practice population).
- 4.2 Each event had a maximum capacity for 60 attendees, presenting the opportunity for 480 patients to attend an event. Additional sessions were planned in the event of extra demand. To ensure inclusivity and adherence to the Equality Act, a mailshot sent to all registered patients aged over 13 signposted them to the number of ways they could register to attend; this included registering online, emailing the dedicated email address or calling a Freephone number. The aim of the listening exercise sessions was to provide patients with detail in relation to the options put forward. It provided patients with an opportunity to discuss the options presented by NHS commissioners, whilst also allowing patients to put forward their own views, thoughts and options.
- 4.3 The programme for the events included a presentation from a Senior NHS Commissioning Manager, who outlined the current position and potential options. This was followed by a brief video, featuring the Chair of the Task and Finish Group. The video summarised the position and expanded further on the vision for primary care as detailed in the *General Practice Forward View*. The session then

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moved to a table top facilitated workshop with 10 patients per table, an NHS facilitator and a scribe who took notes of the discussions taking place at that table.

- 4.4 The views of patients were collated and a thematic report was produced – please see Appendix 1. The views of patients at both surgeries were similar: the majority were opposed to dispersal of patients to other GP practices and expressed concerns with the capacity of other surgeries to take patients; they believed older people and those with limited mobility would have difficulty accessing other practices; they stated that the increase in population as a consequence of housing developments would put additional strain on practices.
- 4.5 Patients suggested a number of alternative options such as providing a walk in centre or allocating patients from other practices to increase the list size. These options were considered as part of the options appraisal. These are summarised in Appendix 2.

## 5 Review of the Options

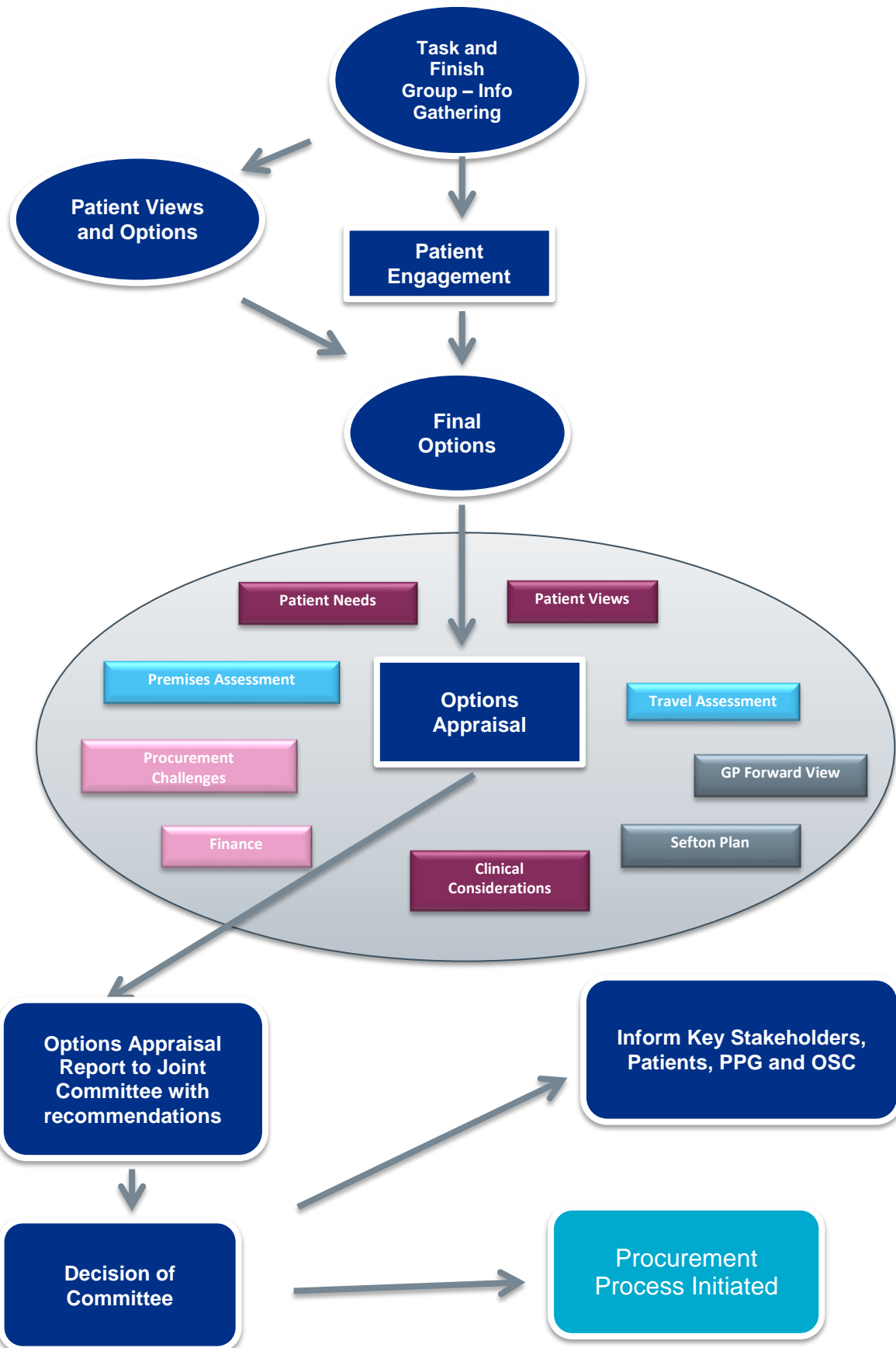
- 5.1 A strengths, weaknesses, opportunities and threats (SWOT) analysis was undertaken, which included an assessment of all available information; four options were determined to be viable (Appendix 3). In terms of the views expressed by those who responded, these are listed below in order of preference:
- 1) Seek to procure a new provider for current service at each of the practices
  - 2) Merge the practices - procure a single provider for full time services at both sites
  - 3) Each practice to become a satellite surgery of a local practice and offer full time clinical services
  - 4) Disperse the patient lists.
- 5.2 Following careful review of all of the information, the independent reports and the results of the patient listening exercise, NHS England (Cheshire and Merseyside) and NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups have taken the decision to undertake a procurement process to identify a provider to offer primary care services at Hightown Village Surgery and Freshfield Surgery, which are sustainable, of high quality, and value for money. NHS commissioners will seek innovative bids from providers, which seek to provide better access to services, better quality of services, better integration with other health services and which demonstrate a willingness to work in close partnership with other local health providers in the interests of patients.
- 5.3 The contract for both Hightown Village Surgery and Freshfield Surgery will be tendered as separate lots but specifying that NHS England (Cheshire and Merseyside) and NHS South Sefton and NHS Southport and Formby CCGs are very receptive to innovative solutions for both practices with the potential for them to be operated by a single provider, as either separate entities, as a merged practice or some other innovative model, provided full time clinical services are available at both sites.
- 5.4 The Joint Commissioning Committees of NHS England and NHS Southport and Formby CCG, and NHS England and NHS South Sefton CCG carefully considered all of the information available and the review of the various options. Both Committees resolved to approve the recommendation to seek a provider for the

practices from 31<sup>st</sup> December 2017 in accordance with the intentions set out in paragraphs 5.2 and 5.3 above.

## 6 Next Steps

- 6.1 The Patient Listening Exercise Analysis Report will be shared with the Public Engagement and Consultation Committee (?) of Sefton Council and with NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Groups' engagement panels.
- 6.2 Patients will be informed of the decision of the Joint Committees by letter.

Figure 1: Overview of Options Review Process



Choose an item.

## 7 Appendices

Appendix 1	Surgery Patient Listening Exercise Analysis Reports
Appendix 2	Options Considered
Appendix 3	Summary of Options Appraisal

## Appendix 2

### **Commissioner and Patient Options/Suggestions for Hightown Village Surgery**

#### **Commissioner's Options**

- 1) Procure a new provider for current service
- 2) Disperse the patient list
- 3) Merge the practice with Freshfield surgery in Formby and procure a single provider- full time services
- 4) Merge the practice with Freshfield surgery in Formby and procure a single provider- part time services
- 5) Establish Hightown Village Surgery as a satellite surgery linked to another existing practice.

#### **Patient Options/Suggestions**

- 6) Establish Hightown Village Surgery as a satellite or overflow surgery
- 7) Establish a walk-in centre alongside the GP Practice at Hightown Village Surgery
- 8) Merge the GP Practice with the local pharmacy
- 9) Allocate patients to Hightown Village Surgery
- 10) Survey ex-patients and residents not registered at the practice
- 11) Patients pay a levy to maintain the subsidy of the practice
- 12) NHS Commissioners to maintain the financial subsidy for dedicated period
- 13) Provider to sub-let some of the rooms within the premises.

### **Commissioner and Patient Options/Suggestions for Freshfield Surgery**

#### **Commissioner's Options**

- 1) Procure a new provider for current service
- 2) Disperse the patient list
- 3) Merge the practice with Hightown Village Practice and procure a single provider- full time services
- 4) Merge the practice with Hightown Village Practice and procure a single provider- part time services
- 5) Establish Freshfield as a satellite surgery linked to another existing practice.

#### **Patient Options/Suggestions**

- 6) Establish Freshfield Surgery as a satellite or overflow surgery
- 7) Establish a walk-in centre alongside the GP Practice at Freshfield Surgery
- 8) Merge the GP Practice with the local pharmacy
- 9) Allocate patients to Freshfield Surgery
- 10) Survey ex-patients and residents not registered at the practice
- 11) NHS Commissioners to maintain the financial subsidy for defined period
- 12) Put GP services in Formby Clinic
- 13) Merge Freshfield Surgery with the current provider's surgery, Chapel Lane in Formby
- 14) Build a modern, purpose-built Health
- 15) Expand and modernise Freshfield Surgery
- 16) Merge Freshfield Surgery with Hightown Village Surgery but put all back-office staff at Hightown only
- 17) Use funding from GP Forward View to maintain Freshfield Surgery



Choose an item.

## Appendix 3

### Summary of Options Appraisal Freshfield

Option	Rational	Viable Option?	Preference
Procure a new provider for current service	<ul style="list-style-type: none"> <li>• Maintains services provision within the village.</li> <li>• Patient satisfaction met.</li> <li>• Patient expectation and convenience met.</li> <li>• Provider may come forward</li> <li>• Potential to develop innovative solutions</li> </ul>	Yes	1
List dispersal	<ul style="list-style-type: none"> <li>• Adds longer term stability for patients – they will know who their G.P. is</li> <li>• There are more suitable, fit for purposes premises currently delivering G.P. services.</li> <li>• Sufficient capacity in nearby surgeries to accept patients</li> <li>• Dispersal can make existing G.P. practices more viable and sustainable by boosting registered list size.</li> <li>• Travel to other surgeries outside Hightown not prohibitive for most but 20% patients will have difficulties</li> <li>• A significant number of patients live outside of Hightown and travel to access the surgery</li> </ul>	Yes	4
Merge Hightown Village Surgery with Freshfield surgery and procure a single provider to full time services at both sites	<ul style="list-style-type: none"> <li>• Patient satisfaction - expectation and convenience met.</li> <li>• Maintains services provision within the villages.</li> <li>• Addresses continued interim arrangements in both G.P. practices.</li> <li>• Some economies of scale</li> <li>• Potential to develop innovative solutions</li> </ul>	Yes	2
Merge Hightown Village Surgery with Freshfield surgery and procure a single provider to provider part time services at both sites	<ul style="list-style-type: none"> <li>• Not clinically supported</li> <li>• Risk of patients (especially Freshfield) leaving the practice to join a "full time" practices elsewhere.</li> </ul>	No	4
Establish Freshfield Village Surgery as a satellite surgery linked to another local existing practice	<ul style="list-style-type: none"> <li>• Patient satisfaction - expectation and convenience met.</li> <li>• Maintains services provision within the village.</li> <li>• Addresses continued interim arrangements in both G.P. practices.</li> <li>• economies of scale</li> <li>• Potential to develop innovative solutions</li> <li>• Risk of patients leaving the practice to join a "full time" practices elsewhere</li> </ul>	Yes	3

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Choose an item.

## Summary of Options Appraisal for Hightown Village Surgery

Option	Rational	Viable Option?	Preference
Procure a new provider for current service	<ul style="list-style-type: none"> <li>• Maintains services provision within the village.</li> <li>• Patient satisfaction met.</li> <li>• Patient expectation and convenience met.</li> <li>• Provider may come forward</li> <li>• Potential to develop innovative solutions</li> </ul>	Yes	1
List dispersal	<ul style="list-style-type: none"> <li>• Adds longer term stability for patients – they will know who their G.P. is</li> <li>• There are more suitable, fit for purposes premises currently delivering G.P. services.</li> <li>• Sufficient capacity in nearby surgeries to accept patients</li> <li>• Dispersal can make existing G.P. practices more viable and sustainable by boosting registered list size.</li> <li>• Travel to other surgeries outside Hightown not prohibitive for most but 20% patients will have difficulties</li> <li>• A significant number of patients live outside of Hightown and travel to access the surgery</li> </ul>	Yes	4
Merge Hightown Village Surgery with Freshfield surgery in Formby and procure a single provider to full time services at both sites	<ul style="list-style-type: none"> <li>• Patient satisfaction - expectation and convenience met.</li> <li>• Maintains services provision within the villages.</li> <li>• Addresses continued interim arrangements in both G.P. practices.</li> <li>• Some economies of scale</li> <li>• Potential to develop innovative solutions</li> </ul>	Yes	2
Merge Hightown Village Surgery with Freshfield surgery in Formby and procure a single provider to provider part time services at both sites	<ul style="list-style-type: none"> <li>• Not clinically supported</li> <li>• Risk of patients (especially Freshfield) leaving the practice to join a "full time" practices elsewhere.</li> </ul>	No	4
Establish Hightown Village Surgery as a satellite surgery linked to another local existing practice	<ul style="list-style-type: none"> <li>• Patient satisfaction - expectation and convenience met.</li> <li>• Maintains services provision within the village.</li> <li>• Addresses continued interim arrangements in both G.P. practices.</li> <li>• economies of scale</li> <li>• Potential to develop innovative solutions</li> <li>• Risk of patients leaving the practice to join a "full time" practices elsewhere</li> </ul>	Yes	3



## NHS ENGLAND (CHESHIRE AND MERSEYSIDE) HIGHTOWN VILLAGE SURGERY

### Patient Listening Exercise Analysis Report



Report Produced on behalf of NHS England Cheshire and Merseyside by:  
H2A Partnership Limited

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## 1. Acknowledgements

This report has been prepared for NHS England (Cheshire and Merseyside) in respect to the future of Hightown Village Surgery ('the practice') in accordance with the terms of our agreement dated October 26, 2016 ('the agreement') and solely for the purpose and terms of the agreement with you. We accept no liability to anyone else in connection to this report.

This report contains information obtained from the patient population of the practice as indicated within the document. We have not sought to establish the reliability of these sources or verified the information that these individuals provided.

We understand that you may wish to disseminate this report to key individuals and stakeholders and, in doing so, we would draw your attention, and that of any other parties who may access and read this document, to the following:

1. The report is provided to NHS England (Cheshire and Merseyside), in accordance with NHS England (Cheshire and Merseyside) instructions, as a summary of the work carried out by H2A Partnership Ltd under the agreement, which was executed exclusively for NHS England (Cheshire and Merseyside) benefit and use.
2. The report may consequently not include all matters pertinent to the reader.
3. The report does not constitute professional advice to any third party.
4. The information contained in this report should not be acted on by any other party without first obtaining professional advice.
5. H2A Partnership Ltd accepts no liability (including for negligence) to any party, other than NHS England (Cheshire and Merseyside), in relation to this document.

In addition, we would like to extend our thanks to all the members of the public, patients and carers who took the time to take part in the listening exercise and attend one of the 8 organised listening events. During the listening exercise (April 3 – May 12, 2017) a total of 230 patients of the practice attended the listening events, 13 patients contacted the Freephone helpline and 35 patients emailed the dedicated email address.

This is our final report.  
Yours faithfully  
H2A Partnership Ltd

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## 2. Executive Summary

### Service Background Information

In April 2013 NHS England (Cheshire and Merseyside) inherited 20 APMS contracts, operated by a single provider, one of which was Hightown Village Surgery. The provider who ran the surgery in 2013, had been awarded a 3-year APMS contract with an option to extend for 2 years. Following inadequacies in the service provision which led to numerous patient complaints, NHS England worked with the provider to resolve these issues. However, when the contract terminated at 3 years, NHS England (Cheshire and Merseyside) chose not to extend the contract for a further 2 years.

Since March 2016 an interim provider of GP services has been in place at Hightown Village Surgery. This contract ends on December 31, 2017.

As of April 2017, NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group are working together as joint commissioners of primary care medical services.

The average size of a GP practice nationally is approximately 7,500 patients. However, patient numbers at Hightown Village Surgery fall significantly short of this figure, as detailed below, with numbers continuing to decrease since April 2014. There has been a slight increase in the past 12 months from 1,965 to 1,974.

Practice List Size	April 14	April 15	April 16	January 17
<b>Hightown Village Surgery</b>	<b>2142</b>	<b>2041</b>	<b>1965</b>	<b>1974</b>

Since the appointment of the current interim provider, NHS England has been financially subsidising the practice at a significantly higher cost than standard General Medical Service (GMS) rates. This arrangement is neither sustainable or equitable in the long-term and across the locality.

In the Autumn of 2016, NHS commissioners carried out a review and options exercise looking at the future of 9 GP practices. Different solutions were sought for each of these practices and a procurement exercise was undertaken for seven of them. At the time, there was limited information available regarding Hightown Village Surgery in respect of deciding the long-term future of the practice.

Due to the small patient list size, NHS (Cheshire and Merseyside) and NHS South Sefton CCG's main concern is the viability of finding a suitable, quality provider for the practice in the future. The main challenge at the practice is delivering sustainable, improved quality and a wider range of primary care services that the NHS is required to provide in relation to the NHS General Practice Forward View.

As insufficient information was known about Hightown Village Surgery, in January 2017, a Task & Finish Group was assembled with representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, the practice's Patient Participation Group representatives, Healthwatch Sefton and H2A. Through the collaborative work of the Task & Finish Group, NHS commissioners chose to undertake a Patient Listening Exercise to seek the views of the patients directly affected by any potential change, and to understand what is important to them. This exercise provided a platform for patients to feedback their views and present further potential options which commissioners may not have considered. The findings of this listening exercise, in addition to an independent travel assessment and premises survey, will be considered, along with other statutory considerations, in order to determine what happens next in respect of Hightown Village Surgery.

## Listening Exercise Options

All attendees at the listening exercise were presented with several potential options for consideration, as listed below:

- 1. Procure a new provider for the surgery with the same level of funding as other practices.**
- 2. When the current contract expires, transfer patients to another local surgery with sufficient capacity.**
- 3. Merge Hightown Village Surgery and Freshfield Surgery to form one practice and procure a single provider to run both practices full-time.**
- 4. Merge Hightown Village Surgery and Freshfield Surgery, operating a full-time service across two sites, with each site operating part-time.**
- 5. Establish Hightown Village Surgery as a branch surgery, which would be linked to another existing practice.**
- 6. Patients' ideas. NHS England hoped patients would offer options which hadn't been considered.**

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## Patient Engagement Prior to Listening Exercise

An interim communication was disseminated by NHS England (Cheshire and Merseyside) on November 18, 2016 to patients of Hightown Village Surgery regarding the future of the practice. This included the H2A Freephone helpline number as a point of contact.

Consequently, on November 26, 2016, a local communication was posted to all residents of Hightown Village. This communication was written by the Hightown Village Surgery Working Group. It was subsequently posted on Hightown Village social media channels, including Facebook and Twitter. The communication asked patients and residents to contact key individuals in the NHS in relation to the future of Hightown Village Surgery, which consequently prompted a surge of emails addressed to NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. These emails were collated, and the findings analysed in a report produced by H2A. This report was submitted to NHS commissioners on January 20, 2017. The full report can be found in Appendix 1.

From November 28, 2016 to January 20, 2017, a total of 187 emails were received and responded to. All emails regarded the potential closure of Hightown Village Surgery and all objected to this outcome.

A total of 93% of emails were written by patients of the practice, 4% by residents of the village, and a further 3% from concerned relatives or carers.

A thematic analysis of the contents and attachments identified the following themes in order of popularity:

- Poor public transport links to neighbouring localities (60%)
- Elderly demographic and increasing number of young families (59%)
- Planned increase in residential housing (52%)
- Excellent service offered by current provider (25%)
- Neighbouring surgeries being at full capacity (24%)
- Impact potential closure would have on local pharmacy (19%)

H2A began to receive telephone queries to the established Freephone helpline number from November 15, 2016. Between then and January 20, 2017, 14 contacts were recorded, which resulted in 11 conversations taking place. The average call time was 13.5 minutes per call. The themes which emerged from the phone calls were comparable with those received in patient and resident emails:

- Anger at potential closure of the surgery
- Concern for the elderly population, and families with young children
- Poor transport infrastructure
- Poor parking facilities at nearest surgeries
- Impact on the local pharmacy
- Increase in residential housing
- Poor service of the previous provider
- Praise for the current service provider



A further interim patient communication was sent by NHS England (Cheshire and Merseyside) on December 21, 2016, updating patients on the current position. It assured patients that no decision had been made, and that the current provider's contract had been extended to December 31, 2017 to provide time to undertake a patient listening exercise. NHS England (Cheshire and Merseyside) informed patients that they would write to them again in early spring 2017 but, in the meantime, signposting them to the Freephone helpline should they have any questions.

From the initial patient feedback summary report until the start of the listening exercise (January 21, 2017 – April 2, 2017), a further 3 emails were sent to NHS commissioners and 2 calls were made to the Freephone helpline.

All emails were sent by patients, including a member of the Hightown Village Surgery Working Group, and the content covered the themes listed above. The 2 calls came from the same patient regarding rumours which were circulating in the village and wanting more information in respect of the start of the listening exercise. In May 2017, the Hightown Village Surgery Working Group also started an online petition against the potential closure of the practice. At the close of the listening exercise this petition had 177 online signatures.

## **Listening Exercise Summary**

At the launch of the listening exercise (April 3, 2017), all patients of the practice aged 13 years and older received a communication from NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. The mailshot included all relevant information to the listening exercise, including details of the listening events and other channels by which patients could put forward their views, including a dedicated email address and the Freephone helpline. A pull-up banner was also placed within the waiting room of the practice which provided all the relevant information, and details of how patients could register to attend the listening events or feedback their views.

In total, 8 listening events were organised at St Stephen's Church Hall within Hightown Village for patients to attend. Each event had a maximum capacity for 60 attendees presenting the opportunity for 480 patients to attend an event throughout the listening exercise. Should the events have become oversubscribed, NHS commissioners planned to organise and facilitate more events. To ensure inclusivity and adherence to the Equality Act, the mailshot signposted patients to the number of ways they could register to attend; this included registering online through Eventbrite or, alternatively, emailing the dedicated email address or calling the Freephone helpline. H2A registered all patients who contacted the email address and Freephone.

The aim of the listening exercise sessions was to provide patients with further detail in relation to the options NHS England (Cheshire and Merseyside) and NHS South Sefton CCG had considered in respect of the potential solution for Hightown Village Surgery. It provided patients with an opportunity to discuss the options which NHS commissioners presented, whilst also allowing patients to put forward their own thoughts and options.

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The listening events took place at St Stephen's Church Hall, Hightown and there were 8 opportunities for patients to attend, as follows:

Date of Event	Session
Monday, April 10, 2017	1:30pm – 3:30pm
Monday, April 10, 2017	4:00pm – 6:00pm
Tuesday, April 18, 2017	1:00pm – 3:00pm
Tuesday, April 18, 2017	3:30pm – 5:30pm
Tuesday, April 18, 2017	6:30pm – 8:30pm
Monday April 24, 2017	11:30am – 1:30pm
Monday April 24, 2017	2:30pm – 4:30pm
Monday April 24, 2017	6:30pm – 8:30pm

The venue was easily accessible and within walking distance of the centre of the village and Hightown Village Surgery. Representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at the events to discuss with patients their concerns and issues. The format of each event was planned to include a presentation from Senior Commissioning Manager for NHS England (Cheshire and Merseyside), Alan Cummings, followed by a video featuring the Chair of the Task and Finish Group, Dr Niall Leonard, and, finally, a table-top workshop exercise with patients and NHS commissioners. Comment cards were also scattered on each table should attendees wish to make any additional comments at the end of the session, or feel that they did not get a question answered. A total of 49 comments cards were left with a variety of statements and questions. Each event had a capacity of 60 attendees, with a total of 480 potential attendees throughout the 8 sessions. A total of 230 patients attended.

Each attendee was given an event pack of papers upon arrival. These included an itinerary of events for the session, a copy of the presentation, the transcript for the video featuring Dr Niall Leonard, and a copy of the Frequently Asked Questions. From April 18, a letter was included in the pack which responded to a communication written by the Hightown Village Surgery Working Group. In addition, copies of these packs were also available from the reception at Hightown Village Surgery, and patients who were unable to attend a session were signposted to them being there.

## Summary table of attendance

Date	Time Slot	Registered	Attended	Non-Attendees	Non-Registered
Monday, April 10	1:30pm - 3:30pm	39	39	3	3
Monday, April 10	4:00pm - 6:00pm	11	13	2	4
Tuesday, April 18	1:00pm - 3:00pm	36	31	9	4
Tuesday, April 18	3:30pm - 5:30pm	14	12	2	0
Tuesday, April 18	6:30pm - 8:30pm	19	19	3	3
Monday, April 24	11:30am - 1:30pm	38	41	2	5
Monday, April 24	2:30pm - 4:30pm	28	25	5	2
Monday, April 24	6:30pm - 8:30pm	58	50	13	5
<b>Totals</b>		<b>243</b>	<b>230</b>	<b>39</b>	<b>26</b>

Of the 1974 patients registered at Hightown Village Surgery some 230 patients attended the events; a total of 11.7% of the surgery's patient population. The main concern articulated throughout the events was the desire to retain their primary care services within Hightown Village, ideally on a full-time basis. However, patients would prefer part-time over no GP provision at all in the village. A qualitative analysis of the comments suggests that patients' main concerns regarding primary care services moving outside the village are the following:

- Capacity at surgeries in Formby and Crosby – currently long waiting times to see a doctor.
- Hightown is isolated and has poor public transport links.
- The elderly demographic of Hightown.
- The decrease in patient list size being due to the previous provider.
- New housing having planning permission in Hightown.
- Belief that patients will return to Hightown Village Surgery should the future be certain.
- Belief that current provider wishes to continue the contract.

During the listening exercise a Twitter account, Freephone helpline and email were established as points of contact for patients. Coverage of Twitter reached 3 tweets, 103 profile visits, 236 impressions and 4 mentions. The Freephone helpline received 13 phone calls from patients and residents regarding queries about the listening exercise and future of Hightown Village Surgery, and to share their views regarding the future of the practice. The established email address received 35 emails from patients; 7 wishing to register to

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attend a listening event, 3 requesting the URL link to register for the listening event online and 25 expressing their views regarding the future of the practice.





Other key organisations and stakeholders were engaged in the listening exercise. Healthwatch Sefton and the practice's Patient Participation Group representatives both sit on the established Task and Finish Group.

## 3. Engagement Process

In April 2017, a listening exercise was undertaken to gather feedback of patient opinions and concerns regarding the future of Hightown Village Surgery. Information was mailed to patients informing them of the listening exercise and inviting them to engage in the process. All patients were encouraged to engage in the process to ensure that their views could be heard. All findings would be collated and analysed before submission to NHS commissioners to enable them to fully understand the patients' views and perspective regarding the future of Hightown Village Surgery. The exercise provided an opportunity for NHS commissioners to expand on their activity relating to the future of Hightown Village Surgery, alongside discussing and sharing the potential options that they had previously given thought to. All options were presented to patients with an emphasis on the potential benefits and possible negatives which commissioners would need to take into consideration.

All patients of the practice aged 13 years and older received a mailshot from NHS England (Cheshire and Merseyside) and NHS South Sefton CCG informing them of the upcoming listening exercise. The mailshot included information relating to the various channels through which they could engage in the listening exercise, including how to register for patient listening events and, if they were unable to attend, the alternate contact points by which they could express their concerns, issues and questions relating to the information about the future of Hightown Village Surgery.

## Here's how you can tell us what you think...

	<b>Online</b>	Please register by copying the URL below into your web browser and selecting the date and time which is most convenient for you: <a href="https://www.eventbrite.co.uk/o/nhs-england-13198312969">https://www.eventbrite.co.uk/o/nhs-england-13198312969</a>
	<b>Freephone help line</b> <b>0800 044 8169</b>	If you do not have access to the internet, please call the Freephone number below and we will secure you place based on availability. You can also feedback your views via the helpline number.  Use the same number if you require information regarding Hightown Village Surgery in large print, audio, Braille or an alternative format or language.  Call <b>0800 044 8169</b> and we will do our best to help.
	<b>Email</b>	Alternatively, you can register via email or send any feedback on your views to: <a href="mailto:hightownpractice@h2a.global">hightownpractice@h2a.global</a>
	<b>Twitter</b>	You can feedback your views via twitter or follow us for more information: <a href="https://twitter.com/HightownGP">@HightownGP</a>

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The exercise concluded with 230 patients attending the listening events, 25 people emailing their feedback, and 13 individuals contacting the Freephone helpline. A total of 13.6% of the patient population engaged in the listening exercise and fed back their views. Further analysis of the feedback received can be found in the following section of this report.

## 4. Listening Events Feedback

A total of 8 listening events were organised to engage with patients of Hightown Village Surgery regarding the future of the practice. The events provided an opportunity for NHS commissioners to expand in greater detail on the current position, the background, possible solutions that they had already considered, and the rationale which had informed their decisions so far. All patients were encouraged to attend to gain further insight but, more importantly, to allow their views, concerns and questions to be heard. This gave NHS commissioners the opportunity to fully understand any issues and concerns, and gain insight in to the impact any potential decision would have on the patient population of the practice.

The events were held in a local venue, St Stephen's Church Hall, which is a popular venue for community events. Representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at the events to discuss with patients their concerns and issues. The events were scheduled over a 3-week period, with a variety of timed sessions to ensure that there was equity of access.

The itinerary of the events included a presentation from Senior Commissioning Manager at NHS England (Cheshire and Merseyside), Alan Cummings, who presented the current position and potential options. The presentation was followed by a brief video, featuring the Chair of the Task and Finish Group, Dr Niall Leonard. The video summarised the position and expanded further on the vision for primary care as detailed in the NHS General Practice Forward View. The session then moved to a table top facilitated workshop with 10 patients per table, an NHS facilitator from either NHS England (Cheshire and Merseyside) or NHS South Sefton CCG, and a scribe who took notes of the discussion.

Comment cards were also made available to patients during the table top workshops. Patients were asked to use these cards should they feel that they had been unable to express their views during the discussion, whether they simply had additional comments to add to the discussion, or if they had a specific question that they wanted to raise with NHS commissioners. Patients requiring a direct response to their questions were asked to leave their contact details on the card. A total of 49 cards were left by patients of Hightown Village Surgery throughout the 8 sessions.

Each event had a capacity for 60 patients/attendees, with a total of 480 patients being able to attend. Prior to the launch of the listening exercise the decision was taken to cap the number of events at 8. However, the Task and Finish Group appreciated that in doing this they were only providing capacity for 24% of the patient population of Hightown Village Surgery.

It was agreed that more events would be organised if demand for places quickly outweighed capacity. Patients could register via different methods including a URL website link, by emailing the dedicated email address, or by calling the Freephone helpline number. A total of 230 patients attended the 8 events hosted over the course

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of 3 weeks, totalling 11.7% of the patient population of Hightown Village Surgery. The attendance of patients and NHS staff can be found in the table overleaf.



Date	Time Slot	Registered	Attended	Non-Attendees	Non-Registered	Facilitators	Floating Facilitator	Scribes	Clinician	Healthwatch
Monday, April 10	1:30pm - 3:30pm	39	39	3	3	5	2	4	0	0
Monday, April 10	4:00pm - 6:00pm	11	13	2	4	2	2	2	0	1
Tuesday, April 18	1:00pm - 3:00pm	36	31	9	4	4	2	4	1	0
Tuesday, April 18	3:30pm - 5:30pm	14	12	2	0	3	2	2	2	0
Tuesday, April 18	6:30pm - 8:30pm	19	19	3	3	2	2	2	1	0
Monday, April 24	11:30am - 1:30pm	38	41	2	5	4	2	4	0	2
Monday, April 24	2:30pm - 4:30pm	28	25	5	2	4	2	3	0	0
Monday, April 24	6:30pm - 8:30pm	58	50	13	5	5	2	5	0	0
<b>Totals</b>		<b>243</b>	<b>230</b>	<b>39</b>	<b>26</b>	<b>29</b>	<b>16</b>	<b>26</b>	<b>4</b>	<b>3</b>

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NHS commissioners and the scribes at each table top workshop were given 3 prompt questions to seek patients' comments on. This was to ensure that there was consistency in the group discussions. The 3 prompt questions were as follows:

1. Do you have any views in terms of the options which have been shared today?
2. Do you have any other options which commissioners have not yet considered?
3. Are there any other factors which you feel commissioners have overlooked or not considered? Do you have any comments?

## Potential Solutions/Options

A key part of the presentation given by NHS England Senior Commissioning Manager, Alan Cummings, focussed upon the options which had already been thought through by commissioners and the Task and Finish group members. The first prompt question aimed to get feedback on these solutions. During each of the 8 listening events in Hightown there was an overwhelming consensus from attendees that **Solution 2**, which was to allow the current provider's contract to expire on December 31, 2017 and disperse the patient population to other local surgeries, was not acceptable and was strongly opposed.

**Solution 1** - was to procure a new provider with the same level of funding as other practices, under GMS rates. This proved to be the most favourable solution by attendees. Patients expressed their need for quality primary care services in Hightown Village, and a wish for future services to be maintained at the current excellent standard, with appointments being easily available on the same day and with continuity of care. Ideally, they wished for the service to be run on a full-time basis with at least a single doctor present during working hours. Patients were less interested in having additional services which are available at larger surgeries. Instead, they conveyed their happiness at having a basic or core level of service available at the practice and travelling occasionally, when necessary, to access additional services. However, they also conveyed that although it wasn't perfect, a part-time service in the village was better than no primary care provision at all.

**Solution 3** - considered a potential merger with Freshfield Surgery which is in a comparable situation, with a single provider running a full-time service at both sites. Most patients believed this to be a feasible solution for the future of the practice as it offers an increase in patient list size which has the potential to be viewed as more financially viable by a bidding provider. Patients agreed that this would cause less problems to arise in the future as it would maintain a general practice in the village.

**Solution 4** - offered a similar option to solution 3, however the practice would be run part-time, with access to Freshfield Surgery when a doctor wasn't present in Hightown. Patients believed this option was better than no primary care services in the village. However, concern was expressed that patients would wait when a doctor wasn't

present, which would lead to further deterioration of health and an increase in hospital admissions. To combat this a suggestion was made that when a GP wasn't present, in these circumstances the practice would run a nurse-led service instead.

**Solution 5** - focused on Hightown Village Surgery being run as a branch of an existing local practice. There are legal restrictions around the creation of branch surgeries, and some patients believed that if they had more information around these restrictions that they would find this solution agreeable. Patients expressed the view that they would prefer the service to be run full-time as it maintains a general practice in the village, and they would be happy to travel to the other surgery should they need to access additional services. However, there was not a consensus amongst patients that they believed this solution to be acceptable.

## Other Factors for Consideration

NHS commissioners sought patients' views in terms of whether there were any other factors that they felt had not been considered in relation to the future of Hightown Village Surgery. There were three main factors which were mentioned repeatedly by more than 50% of patients attending; these were:

- Removing primary care provision in Hightown Village will lead to the elderly demographic waiting to see a doctor which will lead to an increase in emergency cases and demand on A&E.
- The local hospice contract was lost under the previous provider. This would have been a substantial number of patients removed from the patient list size which could be won back under a new quality provider with a certain future.
- The impact that closing the surgery would have on the local pharmacy.

Other factors mentioned were the Altcar training camp; concern regarding the new electronic repeat prescription arrangements; the community benefit of having the surgery in the village; the current situation with lease arrangement; and new residents not buying the new houses in the village without the presence of a surgery.

## Patient Suggested Options/Solutions

The listening events allowed NHS commissioners to share details of the options which had already been thought through, however, they were keen to use the listening exercise to ask patients directly if they had any potential ideas or further solutions which could be explored.

The primary concern articulated was the desire to maintain a primary care service within Hightown Village. Additional services which many other GP surgeries offer were believed to be services that were only accessed occasionally and, for this reason, patients were happy to travel to the clinic in Formby should they need them. Although not ideal, the

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clear majority of patients suggested that they would be happy with a part-time service, or reduced hours at the very minimum, to maintain some GP presence in the village. However, if the surgery were part-time they would wish to be paired with another practice which they could access when Hightown Village Surgery was not open. The patients suggested 8 potential ideas that would ensure that primary care services remain in Hightown Village.

- **Establish Hightown Village Surgery as a satellite or overflow surgery** – The practice could be established as an overflow surgery for a collection of practices, or a single practice, in Crosby and/or Formby. There was an overwhelming suggestion that the surgeries in nearby localities are struggling with capacity, with registered patients waiting several weeks to see a GP. The recommendation was made that these surgeries could use capacity at Hightown Village Surgery to relieve pressures in their own practices, whilst keeping the practice open for current patients.
- **Establish a walk-in centre alongside the GP Practice at Hightown Village Surgery** – By using the additional space at the practice to host a walk-in centre, patients believed that this would make Hightown Village Surgery more viable; it would create a local walk-in centre and, most importantly, ensure that primary care services are available in Hightown.
- **Merge the GP Practice with the local pharmacy** – The idea was suggested to combine the practice with the local pharmacy, by using a consultation room within the pharmacy premises to host a practice. The purpose of this solution was to ensure that primary care services and pharmacy services are maintained within Hightown.
- **Allocate patients to Hightown Village Surgery** – As previously mentioned, patients were under the impression that surgeries in Formby and Crosby were at full capacity, with some having closed lists. Patients suggested that NHS commissioners could allocate patients from those surgeries to Hightown Village Surgery, therefore decreasing GP pressures elsewhere and increasing the patient list size at the practice. The increase in patient list size would make the practice more viable and more attractive to a potential provider.
- **Survey ex-patients and residents not registered at the practice** – The suggestion was made that, should the practice's future be certain under a quality provider, then ex-patients would return, and residents of the village registered at other practices may consider changing their provider. It was suggested that NHS commissioners collaborate with the Patient Participation Group and Parish Council to survey ex-patients and residents of Hightown Village to confirm the number of individual who would return to/register with the practice should it be procured. These numbers could potentially be included in the procurement package to inform providers of the potential patient list size.
- **Patients pay a levy to maintain the subsidy of the practice** – Some patients suggested that a levy payment could be made through the Parish Council to maintain the current subsidy that the practice is currently receiving. This would

continue until the patient list size increased to a viable level that would ensure adequate funding under GMS rates and therefore secure the practice.

- **NHS Commissioners to maintain the financial subsidy for dedicated period** – Patients believe that those patients who had previously left the surgery would return to the surgery should its future be certain under a new quality provider. They suggested that if NHS commissioners maintain the subsidy for a dedicated period, it would create certainty about the future of the practice and encourage patients to return and register. Consequently, the patient list size would increase to a viable level enabling NHS commissioners to then withdraw the extra subsidy at this point.
- **Provider to sub-let some of the rooms within the premises** – The new provider of the service in Hightown could sub-let some of the additional consultation rooms to earn the extra subsidy needed to make the practice viable.

## Salient Themes

A thematic analysis of the discussions which took place during the listening events, and the issues raised on the comment cards, highlighted the main concerns felt by Hightown Village Surgery patients.

The most prominent concerns expressed by patients at the listening event sessions, centred around the following themes:

- Capacity at other local practices should they have to absorb Hightown Village Surgery patients.
- Hightown has poor public transport links and is geographically isolated.
- The elderly demographic of the village.
- Current situation being due to poor service of previous provider.
- The increase in residential housing planned for the village.
- Wanting the current provider to continue in the future.

Other concerns mentioned included the ability to get an appointment; impact on emergency services; impact on the local pharmacy business; electronic repeat prescription system; ability to get home-visits; and continuity of care.

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## Frequently Asked Questions

As the listening exercise concluded, all questions and patients enquires from both the table discussions and comments cards were collated into a list. This list was shared with NHS commissioners and communication leads. A response was formulated via a new Frequently Asked Questions (FAQs) to be shared with patients via the practice.

Some patients had asked for a direct response to their questions; these will be emailed directly and included in the FAQs. A total of 34 varying questions were asked of NHS commissioners; the full list can be found in Appendix 2.

In total, there were 26 table top workshops throughout the 8 listening events, and the following questions proved to be the most prominent:

- What is the capacity for patients in surgeries in Formby and Crosby? (31%)
- Why can't Ashurst (the current provider) continue? (31%)
- What is the definition of 'urban' and 'rural'? (27%)
- Will NHS England subsidise travel costs or provide a shuttle bus should the practice list disperse? (23%)
- How many patients would make Hightown Village Surgery viable? (19%)

Of the 49 comment cards the most popular questions was, "What effort is being made to encourage patients to register at the practice?" with 10% of the comment cards making this enquiry.

## 5. Contact Points Feedback

A Freephone helpline and dedicated email were established to enable patients to register to attend one of the listening events, or to answer any queries regarding the listening exercise or future of Hightown Village Surgery. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into an alternate language.

During the 6-week listening exercise a total of 13 phone calls were received to the Freephone helpline and 35 emails to the dedicated email address. All patients who contacted any of the channels were encouraged to attend a listening event to have the chance to engage with NHS commissioners face-to-face and raise their concerns and questions.

### Freephone Helpline

The Freephone helpline began to receive telephone queries from the launch of the listening exercise (April 3) and the calls continued until the closing date (May 12). In total, 13 phone calls were recorded during the listening exercise period; this number does not include the calls which were received to register patients for the events. Of the 13 calls, 11 were from patients whilst the other 2 were from non-patients and included a local stakeholder.

The duration of the 13 conversations amounts to 3 hours 2 minutes; an average of 14 minutes per call (the longest lasting 35 minutes and the shortest 5 minutes).

In the main, the themes mirrored those from the listening events, with an overwhelming majority of the calls sharing their disapproval and anger at the potential closure of the surgery. Other themes were as follows:

- Hightown Village is an isolated village with poor public transport links both by rail and bus. Patients would struggle to access a service in another locality (39%).
- The patient list has a significant percentage of elderly patients who do not drive and would find it impossible to access services elsewhere (31%).
- Many patients believed that the listening exercise was a waste of NHS time, money and resources as the decision regarding the future of Hightown Village Surgery had been made, and the exercise was viewed as a 'box-ticking exercise' (31%). A further 15% wished to know the cost of the exercise.
- Several patients wished to discuss the previous provider who had provided a poor service, which lacked continuity of care, and consequently led to patients losing confidence in the service. The overwhelming belief was that the surgery would not be in the current position if this previous provider had not been awarded the contract (31%).

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Other salient themes which arose during the phone conversations included an increase in demand on emergency services and A&E; the increase of residential housing in the locality; misinformation and rumours regarding the size of Hightown Village's population; impact on young families; the impact on the local pharmacy business; and a wish for NHS commissioners to also engage ex-patients and residents.

A single caller, who was a patient of the surgery and was attending a listening event, wished to express her views in an anonymous phone call as she felt she would be stigmatised by her fellow patients if she expressed them in public at an event. The caller expressed the view that patients and residents were very emotive and generally did not understand the economics of the situation. Like many of her peers she wished for GP provision to remain in Hightown Village but enquired why it was in an expensive area of the village, suggesting NHS Property Services purchase cheaper premises. Her suggestion was to operate Hightown Village Surgery as a satellite surgery of a practice in Formby, hosted within a consultation room located in the local pharmacy. This would maintain both the GP and pharmacy in Hightown but, by removing the back-office function to Formby, there would be a reduction in costs. This is a similar solution to one that had been suggested during one of the listening events that had already taken place.

## **Emails**

A total of 35 patient, non-patient and resident emails were received during the 6-week listening exercise. The dedicated email was established to allow patients to either register to attend an event, request the URL link to register themselves to attend an event, or express their comments, views, concerns and questions. Of the enquiries received, 7 wished to be registered to attend a listening event and 3 patients choose to email to request the URL link to register for an event themselves. The remaining 25 emails were from patients and non-patients who wished to express their views and concerns.

The 25 emails which expressed opinions and asked questions were not all sent to the dedicated email address; 36% were received by the dedicated email address and 64% were sent to Anthony Leo, Commissioning Director, NHS England (Cheshire and Merseyside).

Of the emails received, 88% were written by patients of Hightown Village Surgery, 12% were sent by residents of Hightown Village who were not patients at the practice.

A thematic analysis has been applied to the contents of the emails and, in the main, the themes resonated with those in both the listening events and phone calls. The following themes emerged most often:

- 76% of emails expressed concern relating to potentially having to travel to an alternate local surgery as Hightown is an isolated village and there are few and poor public transport links.



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- 68% of patients were concerned about the potential impact a move would have on the largely elderly demographic of patients and residents of the village and those patients who make up young families.
- 60% of emails mentioned that there will be many new residential houses which have received planning permission from the local council. The patients believe that the individuals who move into these new houses will wish to register with the practice and will therefore increase the patient list size.
- 44% commented that the decrease in patient list size, and the reason why the practice is in the current position, was due to the poor service provision which had been provided by the previous provider.
- 36% believed that the other surgeries in the locality, which are in Formby and Crosby, currently are at full capacity, with some having closed lists. They are under the impression that, at these surgeries, patients will struggle to get an appointment to see a GP without waiting more than 2 weeks.
- 28% praised the current interim provider for delivering an excellent service, with exceptional access to appointments, and expressed a wish for this provider to continue in the future.
- 24% of emails specifically referenced the local pharmacist/pharmacy, with a concern that, should the surgery close, then the pharmacy will be negatively impacted and close soon after.

Other topics included the view that the listening exercise was a waste of NHS commissioners' time and money (12%); the impact that the surgery closure would have on the community (12%); a belief that the patients lost under the previous provider will return (8%); complaint that ex-patients and residents aren't being actively included in the listening exercise (8%); there being room for expansion at the surgery premises (4%); the impact on A&E and emergency services (4%); the ability to get home-visits should the patient list be dispersed (4%); and the loss of the hospice contract under the previous provider (4%).

Two of the patient emails referred to the potential solutions which had been discussed at the listening events. The emails discussed the need for a full-time surgery to be situated in Hightown Village, with 1 email suggesting that the solutions for a merger or a branch surgery would be feasible, and the other email proposed an overflow surgery for the surgeries in Formby and Crosby; this being a patient potential solution mentioned often in the discussions at the listening events.

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## Social Media

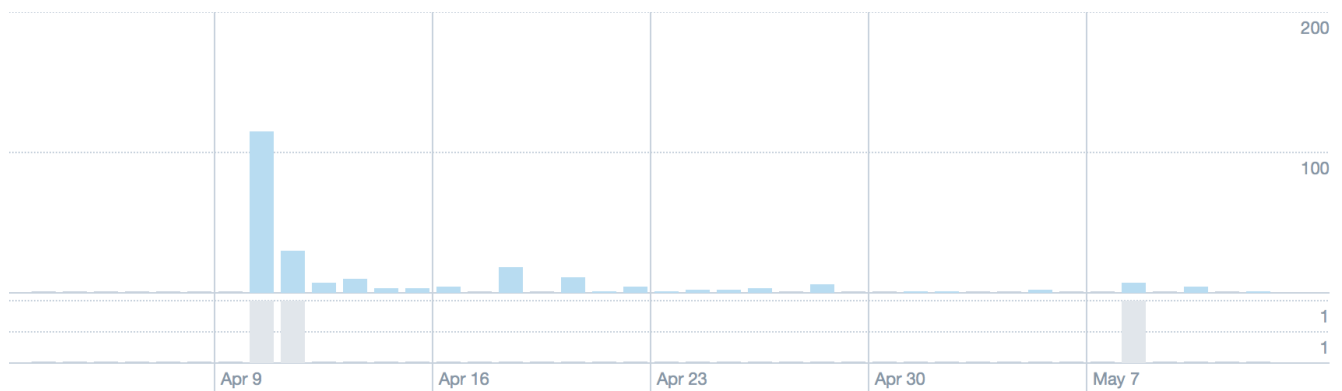
Hightown Village has a very active social media community, including Facebook and Twitter accounts, that regularly posts updates regarding the future of Hightown Village Surgery, and information disseminated from NHS commissioners, the Parish Council and the Hightown Village Surgery Working Group.

A dedicated Twitter account, @HightownGP, was established from which patients could ask questions, express their concerns, or engage during the listening exercise (April 3 – May 12, 2017). The Twitter account was also available to convey immediate information, for example, the availability of the event attendee packs in the practice for those patients unable to attend, and a reminder that the listening exercise was “closing soon”. Twitter analytics over these timescales were:

- 3 tweets
- 103 profile visits
- 5 followers
- 236 impressions
- 4 mentions
- 1 enquiry

The 1 enquiry and 4 mentions received came from the Hightown Village Twitter account. The enquiry related to an issue with misprinting that had occurred with the mailshot and was questioning how this was being handled. A response was tweeted advising that any patient who needed another copy of the mailshot could either call the Freephone helpline, and a further copy would be sent via Royal Mail, or, alternatively, patients could email the dedicated email address to receive a copy electronically. The additional mentions were informing patients about the above information and signposting patients to continue to register to attend a listening event, or engage in the listening exercise using one of the alternate channels.

Your Tweets earned **236 impressions** over this **40 day** period



## 6. Engagement Activity Plan

Audience	Activity
Patients	<ul style="list-style-type: none"> <li>• A mailshot was sent by post to all patients of the practice aged 13 years and older. The mailshot included all information pertaining to the current situation relating to Hightown Village Surgery. It explained the listening exercise that NHS commissioners were about to undertake regarding the future of the practice, and how patients could engage by attending a listening event and/or contacting the dedicated email address or Freephone helpline.</li> <li>• 8 listening events were organised over a 3-week period, with sessions running in the afternoon and evening, at St Stephen's Church Hall, Hightown.</li> <li>• A Freephone helpline was established to answer any queries or concerns patients had; these would feed into the listening exercise. Patients who did not have access to the internet were asked to contact the Freephone helpline should they wish to register to attend a listening event. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into a different language.</li> <li>• A dedicated email address was provided for patients to contact who wished to register to attend a listening event, or to be sent the URL link to register themselves online. Patients who could not attend an event were encouraged to direct any questions, concerns, issues or comments to the email address to feed into the listening exercise.</li> <li>• A dedicated Twitter account, @HightownGP, was established to provide patients with information relating to the listening exercise, answer queries, and convey relevant information when needed.</li> <li>• A pull-up banner was placed in the practice's waiting area containing all relevant information regarding the listening exercise. The banner also provided information signposting patients to the Freephone helpline, dedicated email address and Twitter. Additionally, it</li> </ul>

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	<p>informed them of the times and dates of the listening events and how they could register to attend.</p>
Practice	<ul style="list-style-type: none"> <li>• During the listening exercise, there was regular communication and engagement with Hightown Village Surgery's Practice Manager regarding the listening exercise.</li> <li>• Office staff at the practice were briefed regarding the pull-up banner in the waiting area and the need to signpost patients to the listening events, and various points of contact, should they have queries.</li> </ul>
Third Sector Organisations	<ul style="list-style-type: none"> <li>• Healthwatch Sefton were invited to join the established Task &amp; Finish Group for Hightown Village Surgery. They were engaged throughout the planning and facilitating of the listening exercise and attended 2 of the 8 listening events.</li> </ul>
Patient Participation Group (PPG)	<ul style="list-style-type: none"> <li>• The Patient Participation Group was asked to send a representative to join the established Task &amp; Finish Group on behalf of Hightown Village Surgery. They have therefore been engaged throughout the planning of the listening exercise and, as patients, they were all invited to feed into the exercise through either attending an event, or using the Freephone helpline or dedicated email address.</li> <li>• The PPG have also been engaged throughout the process to disseminate information throughout the patient population and when necessary to counteract rumours.</li> </ul>

## 7. Outcomes and Next Steps

Of the 1974 patients registered at Hightown Village Surgery, 13.6% of the patient population engaged in the listening exercise, either through attending a listening event, or feeding their comments through the Freephone helpline or email address. An overwhelming majority of the patients who engaged did not want to see the contract expire on December 31, 2017 and the patient list be dispersed amongst other surgeries locally in Formby and Crosby. There was a large consensus to keep primary care services within Hightown Village; primarily core GP services remaining in the village, with additional services being accessible elsewhere.

Although other solutions were considered acceptable by patients, their main concern was to keep a full-time GP service provision in the village by whatever means. This might include a merger with Freshfield, a possible branch surgery, or an overflow surgery. All options were acceptable to maintain the practice at Hightown.

The principal concerns regarding a potential closure and move to another local surgery were echoed in all the different channels for patients to feedback and included:

- The capacity at other surgeries in Formby and Crosby to take Hightown Village Surgery patients should they be allocated there and, furthermore, the impact this would have upon the level of service capable of being provided with additional patients.
- The isolation of Hightown Village which leads to poor public transport links both for rail and bus services, consequently making it difficult for any patient who doesn't have access to a car to travel to the GP services in other locations.
- The elderly population of Hightown Village and the practice who may not drive, and would have difficulty accessing the public transport links which makes their travelling to GP services challenging. Included in this concern was the number of young families who require a primary care services to be located locally.
- The belief that should the practice's future be secured with a suitable, quality provider, that those patients lost during the previous provider's contract would return, subsequently increasing the patient list size and making the practice viable.
- There is a planned increase in residential housing for the area and those new residents will need access to primary care services locally, ideally at Hightown Village Surgery which, again, will increase the patient list size and make the practice viable.

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This report, in addition to the Independent Transport Survey, Premises Survey and Equality Impact Assessment will be considered by both NHS England (Cheshire and Merseyside) and NHS South Sefton CCG commissioners in relation to the next steps for the future of Hightown Village Surgery. In addition to these documents, further consideration is required in relation to the 4 NHS reconfiguration tests which commissioners must demonstrate that any decision taken takes account of:

1. Strong patient and public engagement;
2. Consistency with current and future need for patient choice;
3. Clear, clinical evidence base;
4. Support for proposals from NHS commissioners.

Once a decision is reached in terms of next steps, NHS commissioners will present relevant material and evidence base to the Joint Health Overview and Scrutiny Committee, scheduled for June 27, 2017.

Further consideration:

- A copy of the report and next steps to be shared with the relevant NHS internal governance body(s).
- A copy of the report to be shared with NHS South Sefton CCG Engagement and Patient Experience Group.
- A copy of the report and findings to be shared with Sefton Public Consultation Panel.
- A copy of the report to be shared with key stakeholders as recognised by NHS England (Cheshire and Merseyside) and NHS South Sefton CCG.
- A copy of the report to be shared with the Patient Participation Group of Hightown Village Surgery.
- A copy of the report to be shared with Healthwatch.
- During the listening events, patients suggested a local survey to ascertain how many Hightown residents and patients who had previously been registered at the surgery would be willing to register or return to Hightown Village Surgery if a long-term provider was secured. NHS England supported the suggestion but explained that, as a commissioner of services, they could not conduct the survey. It was suggested that an independent survey could be conducted by the Parish Council, Patient Participation Group and local pharmacist. NHS commissioners confirmed that they would be willing to include any findings of

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the survey in a future procurement exercise, if the decision is taken to seek a new provider for the practice following the listening exercise.

- A commitment was made by NHS commissioners at the listening events to undertake a scoping exercise across other GP practices within the vicinity of Hightown. The purpose of the scoping exercise would be to determine which surrounding practices would have the capacity to take additional patients in the event of dispersal.

End of report.

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## 8. Appendix 1

### Hightown and Freshfield Feedback Summary Report

#### Emails

#### Timeframe: 28<sup>th</sup> November 2016 to 20<sup>th</sup> January 2017

On 26<sup>th</sup> November 2016, a communication was posted to residents of Hightown Village, this communication was subsequently posted on Hightown Village social media channels, including Facebook and Twitter. The receipt of this communication prompted a surge of resident emails addressed to NHS England Cheshire and Merseyside, and NHS South Sefton and Southport & Formby Clinical Commissioning Groups.

The communication regarded the future of Hightown Village Surgery, and informed residents and patients that a small working group had been established to challenge the decisions which were believed to have been made by NHS commissioners. The communication stated the following:

- 'Patients will be forced to re-register with surgeries in either Formby, Thornton or Crosby, this will require significant travel to each'.
- 'Surgeries in each of these areas are at capacity and many have closed lists, hence are not taking any new patients'.
- 'The imminent, significant expansion of Hightown village, with the construction of between 150 to 200 new homes, which will potentially mean upwards of 500 new residents'.
- 'Hightown Village Surgery is made up of a significant number of elderly residents, who will struggle to access GP services if our surgery closed'.
- 'The councillors feel that there has been a sheer lack of engagement from NHS England with patients, residents, healthcare professionals and the council.'

Patients and residents in receipt of the communications were asked to contact the following people to convey their thoughts and feeling in respect of what they had read:

- Anthony Leo, Commissioning Director NHSE
- Bill Esterson MP – Sefton Central
- Fiona Taylor – Chief Office South Sefton, Southport and Formby CCG
- John Joseph Kelly – Councillor Manor Ward
- Hightown Pharmacy

NHS commissioners procured the services of H2A to respond to the resident/patient communications on their behalf. A record log was established to ensure transparency and provide a detailed audit trail.



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From 28<sup>th</sup> November 2016 to 20<sup>th</sup> January, 2017, a total of 187 emails have been received and responded to. All emails regarded the potential closure of Hightown Village Surgery and all objected to this outcome.

Of the 187 emails received, 18 were written and submitted by a member of the established working group who has been assisting patients/residents who do not have access to a computer or emails. Consequently, their correspondence is either an attached hand written letter or a typed letter written with the aid of the working group member.

93% of emails were written by patients of Hightown Village Surgery, 4% by residents of Hightown but not patients of the surgery, and a further 3% from concerned relatives or carers of patients of the surgery.

A thematic analysis has been applied to the contents of the emails and attachments and the following themes have emerged:

- 59% of emails mentioned that Hightown is home to a large elderly and ageing population, as well as many young families with children and/or babies. It was a repetitive suggestion that closure of the surgery would lead to patients being dispersed to surgeries in the local villages of Formby, Thornton or Crosby.

60% noted that these nearby villages were not easily accessible from Hightown and that patients in the two categories referenced above, along with patients with mobility issues, would struggle to attend these surgeries.

- 52% of emails noted that there would soon be an increase in residential housing in Hightown village, with numbers of 200 being quoted. It was concluded that with increased housing, there would be an increased number of residents who would wish to register and attend Hightown Village Surgery.
- 25% mentioned that the current provider was providing an excellent quality service, whilst 13% mentioned the poor service which had previously been provided by an alternate provider.
- 24% of enquires stated that the current GP Practices in Formby, Thornton and Crosby were at full patient capacity, and that many had closed their lists. Concern was articulated about patients who were currently registered at these practices, struggling to obtain appointments and putting the surgeries under increasing pressure to meet demand.
- 19% of emails specifically referenced the local pharmacist/pharmacy, the excellent service they provided for the community, their support when the surgery was unable to provide sufficient care and how it would suffer without the presence of the surgery.
- 16% mentioned their dissatisfaction with NHS England. These included both negative remarks about their employees and their lack of consultation and

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engagement with the community members about the future of Hightown Village Surgery.

- Other topics included distress and panic caused to patients of the surgery (9%), the current provider being happy to continue with the primary care contract at Hightown Village Surgery should NHS England chose to re-procure the contract (8%), and some mention of a previous communication earlier in 2016 regarding the future of the surgery (7%).

Of note, most of the reoccurring themes across the 187 emails directly correlated to the content of the resident/patient communication disseminated on 26<sup>th</sup> November, 2016.

Following an interim communication (21<sup>st</sup> December 2016) from NHS commissioners to all registered patients of Hightown Village, a further 11 emails have been received from patients objecting to the potential closure of the surgery.

## Telephone Calls

**Timeframe: 15<sup>th</sup> November, 2016 to 20<sup>th</sup> January, 2017**

H2A began to receive telephone queries to the established Freephone number from 15<sup>th</sup> November, 2016 following receipt of a call by NHS England (Cheshire and Merseyside) on 14<sup>th</sup> November, 2016. A patient had been alerted to the fact that a decision pertaining to Hightown Village Surgery would be made and wanted to know when and how this decision would be communicated. H2A returned this call.

An interim communication was subsequently sent by NHS England (Cheshire and Merseyside) on 18<sup>th</sup> November, 2016 to both Hightown Village and Freshfield Surgeries which included the H2A Freephone number as a point of contact.

A total of 15 contacts have been recorded which have resulted in 11 conversations taking place (including follow-up calls). Of the 15 contacts, 4 went to voicemail of which 3 callers chose not to leave a message, 14 related to Hightown Village Surgery and 1 to Freshfield Surgery.

The total duration of the 11 conversations amounts to 2 hours 30 minutes; an average of 13.5 minutes per call (the longest lasting 24 minutes and the shortest 2 minutes).

With regards to Hightown Village Surgery, in the main, the themes emulated those in the e-mails detailed earlier in the report, as follows:

- Anger at the thought of the closure of the surgery.
- Anger and dissatisfaction at the (deemed) lack of communication from NHS England which included negative remarks about the NHS as an organisation, and their employees.
- The amount of elderly people, and people with young families, living in the locality who would be left vulnerable.

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- Poor transport infrastructure for access to surgeries in the nearest localities of Formby, Thornton and Crosby.
- Poor parking facilities at the nearest surgeries in Formby for those able to drive.
- Impact on the local pharmacy (the service from which is highly regarded by the community).
- The local development plans for the increase in residential housing in Hightown.
- The poor service provided by the previous service provider (seen as the reason for the decline in number of registered patients).
- Considerable praise for the current service provider who, it is believed, are happy to continue which would attract patients to return.

The issue of repeat prescriptions was raised by one patient who has to attend the surgery three times a month to submit the necessary requests due to the combined frequencies of his and his wife's scripts. He expressed both anger and concern at the implications of having to travel outside of Hightown for this purpose.

In the case of the call relating to Freshfield Surgery, the caller had received the interim communication dated 21<sup>st</sup> December 2016, didn't understand the contents and simply requested clarification as to what it was all about. Once an explanation had been provided their only concern was, in the event of the closure of the surgery, whether they would be left to find an alternative provider or whether NHS England would undertake this on their behalf. After receiving confirmation that this would be undertaken by NHS England, the caller was quite happy with the situation.

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## 9. Appendix 2

### HIGHTOWN VILLAGE SURGERY LISTENING EVENTS QUESTIONS

#### Questions Asked During Session

1. How many patients would make Hightown viable?
2. Why can't the subsidy be maintained?
3. Why can't Ashurst continue?
4. Will NHS England subsidise travel costs or provide a shuttle bus?
5. What is a reasonable distance patients can be expected to travel?
6. What is the breakdown of the 68% extra subsidy? And what percentage of this is a consistent additional cost?
7. Why can't we have a single GP provider i.e. Dr Welch?
8. What's the definition of 'urban' and 'rural'?
9. Where is the capacity for patients in surgeries in Formby and Crosby?
10. How much is it costing to keep the surgery open per year?
11. If solution 2 is taken what would be the allocation process to another surgery?
12. Will additional GP's be appointed to the practices we may be allocated to?
13. How long does it take to procure a provider?
14. Why are you not including ex-patients or residents in the Listening Exercise?
15. How can you be sure of a quality provider?
16. Could Ellis bid to be a provider?
17. How much extra per patient is NHS England paying?
18. Number of surgeries nationally that are the same size or smaller and are viable
19. What is the cost of the Listening Exercise?
20. What is the capacity of the premises?
21. Can the GPFV funding be used to subsidise Hightown until it becomes viable?

#### Comment Card Questions

22. Merseyrail is currently threatening to remove guards from trains, if patients who are wheelchair bound need to access services via train how are they meant to do that?
23. If we move surgeries will the GP still be prepared to do home visits?
24. How many residents of Hightown are registered at the surgery?
25. If you sign the lease for another five years and leave it empty how is that equitable or good value?
26. How much does the surgery get charged for walk-in centre attendances?
27. What is the population of Hightown?
28. What effort is being made to encourage more patients to register to the surgery?
29. Urgent Care 24 has taken 5 practices including Thornton and two in Crosby, why can't Hightown be absorbed in to their contract?
30. When is the final decision going to be made on which option is going to be taken?

## **Direct Comment Card Questions**

31. If I get allocated to a practice where the practice nurse or midwife etc won't come out to do a home visit after I have had my baby, what do I do then?
32. Can we appeal against any decision we disagree with?
33. What is the cost of the exercise, the mail shots etc i.e the paper/envelope quality!
34. Has the survey for patients returning been done and if so where are the results?

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**NHS ENGLAND (CHESHIRE AND MERSEYSIDE)  
FRESHFIELD SURGERY**

**Patient Listening Exercise Analysis Report**



Report Produced on behalf of NHS England Cheshire and Merseyside by:  
H2A Partnership Limited

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## 1. Acknowledgements

This report has been prepared for NHS England (Cheshire and Merseyside), in respect of the future of Freshfield Surgery ('the practice') in accordance with the terms of our agreement dated October 26, 2016 ('the agreement') and solely for the purpose and terms of the agreement with you. We accept no liability to anyone else in connection to this report.

This report contains information obtained from the patient population of the practice as indicated within the document. We have not sought to establish the reliability of these sources or verified the information that these individuals provided.

We understand that you may wish to disseminate this report to key individuals and stakeholders and, in doing so, we would draw your attention, and that of any other parties who may access and read this document, to the following:

1. The report is provided to NHS England (Cheshire and Merseyside) in accordance with NHS England (Cheshire and Merseyside) as a summary of the work carried out by H2A Partnership Ltd under the agreement, which was executed exclusively for NHS England (Cheshire and Merseyside) benefit and use.
2. The report may consequently not include all matters pertinent to the reader.
3. The report does not constitute professional advice to any third party.
4. The information contained in this report should not be acted on by any other party without first obtaining professional advice.
5. H2A Partnership Ltd accepts no liability (including for negligence) to any party, other than NHS England (Cheshire and Merseyside) in relation to this document.

In addition, we would like to extend our thanks to all the members of the public, patients and carers who took the time to take part in the listening exercise and attend one of the 8 organised listening events. During the listening exercise (April 3 – May 12, 2017) a total of 157 patients of the practice attended the listening events, 31 emails and 4 letters were received, and 8 phone calls were made to the Freephone helpline.

This is our final report.  
Yours faithfully  
H2A Partnership Ltd

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## 2. Executive Summary

### Service Background Information

In April 2013 NHS England (Cheshire and Merseyside) inherited 20 APMS contracts, operated by a single provider, one of which was Freshfield Surgery. The provider which ran the surgery in 2013, had been awarded a 3-year APMS contract with an option to extend for 2 years. Following inadequacies in the service provision which led to numerous patient complaints, NHS England worked with the provider to resolve these issues. However, when the contract terminated at 3 years, NHS England (Cheshire and Merseyside) chose not to extend the contract for a further 2 years.

Since March 2016 an interim provider of GP services has been in place at Freshfield Surgery. This contract ends on December 31, 2017.

As of April 2017, NHS England (Cheshire and Merseyside) and NHS Southport and Formby Clinical Commissioning Group are working together as joint commissioners of primary care medical services.

The average size of a GP practice nationally is approximately 7,500 patients. However, patient numbers at Freshfield Surgery fall significantly short of this figure, as detailed below, with numbers continuing to decline from April 2016.

Practice List Size	April 14	April 15	April 16	January 17
<b>Freshfield Surgery</b>	<b>3039</b>	<b>2953</b>	<b>2694</b>	<b>2654</b>

Following the appointment of the current interim provider, NHS England has been financially subsidising the practice at a significantly higher cost than standard General Medical Service (GMS) rates. This arrangement is neither sustainable or equitable in the long-term and across the locality.

In the Autumn of 2016, NHS commissioners conducted a review and options exercise looking at the future of 9 GP practices. Different solutions were sought for each of these practices and a procurement exercise was undertaken for seven of them. At the time, there was limited information available regarding Freshfield Surgery in respect of deciding the future of the practice.

Due to the small patient list size, NHS (Cheshire and Merseyside) and NHS Southport and Formby CCG's main concern is the viability of finding a suitable, quality provider for the practice in the future. The main challenge at the practice is delivering sustainable, improved quality and a wider range of primary care services that the NHS is required to provide in relation to the NHS General Practice Forward View.

As insufficient information was known about Freshfield Surgery, in January 2017, a Task & Finish Group was assembled with representatives from NHS England (Cheshire and Merseyside), NHS Southport and Formby CCG, clinical leads, the practice's Patient Participate Group, Healthwatch Sefton and H2A. Through the collaborative work of the Task & Finish Group, NHS commissioners chose to undertake a Patient Listening Exercise to seek the views of the patients directly affected by any potential change, and to understand what is important to them. This exercise provided a platform for patients to feedback their views and present further potential options which commissioners may not have considered. The findings of this listening exercise in addition to the Independent Travel Assessment and Premises Survey will be considered, along with other statutory considerations to determine what happens next in respect of Freshfield surgery.

## Listening Exercise Options

All attendees at the listening exercise were presented with several potential options for consideration, as listed below:

- 1. Procure a new provider for the surgery with the same level of funding as other practices.**
- 2. When the current contract expires, transfer patients to another local surgery with sufficient capacity.**
- 3. Merge Freshfield Surgery and Hightown Village Surgery to form one practice and procure a single provider to run both practices full-time.**
- 4. Merge Freshfield Surgery and Hightown Village Surgery, operating a full-time service across two sites, with each site operating part-time.**
- 5. Establish Freshfield Surgery as a branch surgery, which would be linked to another existing practice.**
- 6. Patients' ideas. NHS England hoped patients would offer options which hadn't been considered.**

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## Patient Engagement Prior to Listening Exercise

An interim communication was disseminated by NHS England (Cheshire and Merseyside) on November 18, 2016 to patients of Freshfield Surgery regarding the future of the practice. This included the H2A Freephone helpline number as a point of contact.

A further interim patient communication was sent by NHS England (Cheshire and Merseyside) on December 21, 2016, updating patients on the current position. It assured patients that no decision had been made, and that the current provider's contract had been extended to December 31, 2017, to provide time to undertake a patient listening exercise. NHS England (Cheshire and Merseyside) informed patients that they would write to them again in early spring 2017, in the meantime, signposting them to the Freephone helpline should they have any questions.

Following this communication, the Freephone helpline received one telephone call. This call was made from a patient who had received the communication and was seeking clarification on some of the content. In total only one call was received from a patient of Freshfield until the beginning of the listening exercise (April 3rd).

From February 24, 2017 to March 27, 2017, 11 emails were received by Anthony Leo, Director of Commissioning, NHS England (Cheshire and Merseyside) regarding the future of Freshfield Surgery. Of the 11 emails, 10 were sent by patients registered with the practice and 1 was sent by a non-patient. A thematic analysis of the contents and attachments identified the following themes, in order of popularity:

- Fight against the potential closure of the surgery (46%)
- Impact on the local pharmacy (46%)
- Excellent service received at the practice (36%)
- Demand on other surgeries in the locality (27%)
- The ideal location of the practice (27%)
- Increase demand on A&E and emergency services (27%)
- Increase in housing locally (18%)
- Capacity at other local surgeries (18%)
- Elderly demographics (9%)
- Problems with the previous provider (9%)

In March 2017, a local stakeholder started an online petition against the potential closure of the practice. At the close of the listening exercise this petition had received 497 online signatures.

## Listening Exercise Summary

At the launch of the listening exercise (April 3, 2017), all patients of the practice aged 13 years and older received a communication from NHS England (Cheshire and Merseyside) and NHS Southport and Formby CCG. The mailshot included all relevant information to the listening exercise, including details of the listening events and other channels by which patients could put forward their views, including a dedicated email address and

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the Freephone helpline. A pull-up banner was also placed within the waiting room of the practice which provided all the relevant information, and details of how patients could register to attend the listening events or feedback their views.

In total, 8 listening events were organised at The Gild Hall in Formby for patients to attend. Each event had a maximum capacity of 60 attendees presenting the opportunity for 480 patients to attend an event throughout the listening exercise. Should the events have become oversubscribed, NHS commissioners planned to organise and facilitate more events. To ensure inclusivity and adherence to the Equality Act, the mailshot signposted patients to the number of ways they could register to attend, this included registering online through Eventbrite, or alternatively, emailing the dedicated email address or calling the Freephone helpline. H2A registered all patients who contacted the email address and Freephone.

The aim of these sessions was to provide patients with further detail in relation to the options NHS England (Cheshire and Merseyside) and NHS Southport and Formby CCG have considered in respect of the potential solution for Freshfield surgery. It provided patients with an opportunity to discuss the options which NHS commissioners presented, whilst also allowing patients to put forward their own thoughts and options.

The listening events took place at The Gild Hall, Formby and there were 8 opportunities for patients to attend:

<b>Date of Event</b>	<b>Session</b>
Tuesday April 11, 2017	1:00pm – 3:00pm
Tuesday April 11, 2017	3:30pm – 5:30pm
Tuesday April 11, 2017	6:30pm – 8:30pm
Thursday April 20, 2017	10:00am – 12:00pm
Thursday April, 20 2017	1:00pm – 3:00pm
Tuesday April 25, 2017	12:00pm - 2:00pm
Tuesday April 25, 2017	3:00pm – 5:00pm
Tuesday April 25, 2017	6:30pm – 8:30pm

The venue was easily accessible, within walking distance of the centre of Formby Village and Freshfield Surgery, and close to regular bus routes. Representatives from NHS England (Cheshire and Merseyside), NHS Southport & Formby CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at events to discuss with patients their concerns and issues.

The format of each event was planned to include a presentation from Senior Commissioning Manager, for NHS England (Cheshire and Merseyside), Alan Cummings, followed by a video featuring the Chair of the Task and Finish Group, Dr Niall Leonard, and, finally, a table-top workshop exercise with patients and NHS commissioners. Comment cards were also scattered on each table should attendees wish to make any additional comments at the end of the session, or feel that they did not get a question answered. A total of 6 comments cards were left with a variety of statements and

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questions. Each event had a capacity of 60 attendees, with a total of 480 potential attendees throughout the 8 sessions. A total of 157 patients attended.

Each attendee was given an event pack of papers upon arrival. These included an itinerary of events for the session, a copy of the presentation, a copy of the Frequently Asked Questions and the transcript for the video featuring Dr Niall Leonard. Copies of these packs were additionally placed within reception at Freshfield Surgery, and patients who were unable to attend a session were signposted to them being there.

A decision was taken to cancel 2 of the planned events due to the very small number of patients who had registered. The events which were cancelled were scheduled for Tuesday, April 25, at 12:00pm-2:00pm and 3:00pm-5:00pm.

Each event had a total of 3 patients registered which was insufficient to justify running an entire session; 4 attendees had registered via email and 2 attendees had registered via the Freephone helpline. All were contacted via their chosen method of registration to inform them of the change of circumstances. Of the 6 patients involved, 2 were able to change their time slot and attend a different session, and the remaining 4 were sent the attendee packs in the post.

During the cancelled session time slots, representatives from H2A were present at the venue in case any unregistered patients choose to attend. During the 12:00pm-2:00pm session, 3 non-registered attendees arrived, and 2 non-registered attendees arrived for the 3:00pm-5:00pm session. In both instances, they were given an attendees pack and the representatives from H2A further explained the content of the presentation. Both groups were in attendances for over 1 hour and left having had any questions answered and having fed back their views.

## Summary table of attendance

Date	Time Slot	Registered	Attended	Non-Attendees	Non-Registered
Tuesday April 11	1:00pm - 3:00pm	25	26	3	4
Tuesday April 11	3:30pm - 5:30pm	21	19	3	1
Tuesday April 11	6:30pm - 8:30pm	27	28	3	4
Thursday April 20	10:00am - 12:00pm	25	25	2	2
Thursday April 20	1:00pm - 3:00pm	20	16	5	1
Tuesday April 25	12:00pm - 2:00pm	CANCELLED	3	/	3
Tuesday April 25	3:00pm - 5:00pm	CANCELLED	2	/	2
Tuesday April 25	6:30pm - 8:30pm	32	38	3	9
<b>Totals</b>		<b>150</b>	<b>157</b>	<b>19</b>	<b>26</b>

Of the 2654 patients registered at Freshfield Surgery some 157 patients attended the events; a total of 5.9% of the surgery's patient population. The main concern articulated throughout the events was the desire to retain a practice within Freshfield, ideally on a full-time basis. However, patients would prefer part-time over no GP provision at all in the village. A qualitative analysis of the comments suggests that patients' main concerns regarding primary care services moving outside the village are the following:

- Capacity at surgeries in Formby and Crosby – currently long waiting times to see a doctor.
- Poor parking in Formby Village and it is expensive.
- Impact on the local pharmacy should the surgery close.
- New housing having planning permission in Freshfield.
- Continuity of care.
- Happy with excellent service being provided by the current provider.
- Concern about getting home-visits.
- Smaller surgeries mean a closer relationship with staff.

During the listening exercise a Twitter account, Freephone helpline and email address were established as points of contact for patients. Coverage of Twitter reached 2 tweets, 59 profile visits, 55 impressions, 3 mentions and 2 comments. The Freephone helpline received 8 calls from patients and residents regarding queries about the listening exercise and future of Freshfield Surgery, and to share their views regarding the future of the practice. The established email address received 34 emails from patients and interested parties; 3 requesting the URL link to register for a listening event online and 31 expressing their views regarding the future of the practice.

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Other key organisations and stakeholders were engaged in the listening exercise. Healthwatch Sefton and the practice's Patient Participation Group representatives both sit on the established Task and Finish Group.







## 3. Engagement Process

In April 2017, a listening exercise was undertaken to gather feedback of patient opinions and concerns regarding the future delivery of primary care services in Freshfield. Information was mailed to patients informing them of the listening exercise and inviting them to engage in the process. All patients were encouraged to engage to ensure that their views could be heard. All findings would be collated and analysed before submission to NHS commissioners to enable them to fully understand and consider the patients views and perspective regarding the future of their local surgery.

The exercise provided an opportunity for NHS commissioners to expand on their activity relating to the future of Freshfield Surgery, alongside discussing and sharing the potential options that they had previously given thought to. All options were presented to patients with an emphasis on the potential benefits and possible negatives which commissioners would need to take into consideration.

All patients of the practice aged 13 years and older received a mailshot from NHS England (Cheshire and Merseyside) and NHS Southport and Formby CCG informing them of the upcoming listening exercise. The mailshot included information relating to the various channels through which they can engage in the listening exercise, including how to register for patient listening events and if they were unable to attend the alternate contact points by which they can express their concerns, issues and questions relating to the information about the future of Freshfield Surgery.

## Here's how you can tell us what you think...

	<b>Online</b>	Please register by copying the URL below into your web browser and selecting the date and time which is most convenient for you: <a href="https://www.eventbrite.co.uk/o/nhs-england-13198312969">https://www.eventbrite.co.uk/o/nhs-england-13198312969</a>
	<b>Freephone help line</b> <b>0800 044 8169</b>	If you do not have access to the internet, please call the Freephone number below and we will secure you place based on availability. You can also feedback your views via the helpline number.  Use the same number if you require information regarding Freshfield Surgery in large print, audio, Braille or an alternative format or language.  Call <b>0800 044 8169</b> and we will do our best to help.
	<b>Email</b>	Alternatively, you can register via email or send any feedback on your views to: <a href="mailto:freshfieldpractice@h2a.global">freshfieldpractice@h2a.global</a>
	<b>Twitter</b>	You can feedback your views via twitter or follow us for more information: <a href="https://twitter.com/FreshfieldGP1">@FreshfieldGP1</a>

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The exercise concluded with 157 patients attending the listening events, 31 people emailing their feedback, 4 people writing letters, 2 individuals tweeting and 8 individuals contacting the Freephone helpline. A total of 7.6% of the patient population engaged in the listening exercise and fed back their views. Further analysis of the feedback received can be found in the following section of this report.

## 4. Listening Events Feedback

A total of 8 listening events were organised to engage with patients of Freshfield Surgery regarding the future of the practice. The events allowed NHS commissioners to expand in greater detail on the current position, the background, possible solution that they had already considered, and the rationale which had informed their decisions so far. All patients were encouraged to attend gain further insight but, more importantly, to allow their views, concerns and questions to be heard. This gave NHS commissioners the opportunity to fully understand any issues and concerns, and gain insight in to the impact their potential decisions will have on the patient population of the practice.

The events were held in a local venue, The Gild Hall, which is centrally located, a short walk from the practice, and on local public transport routes. Representatives from NHS England (Cheshire and Merseyside), NHS Southport and Formby CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at the events to discuss with patients their concerns and issues. The events were scheduled over a 3-week period, with a variety of timed sessions to ensure that there was equity of access.

All attendees were given an event pack of papers at the registration desk upon arrival. These included an itinerary of events for the session, a copy of the presentation, a copy of the Frequently Asked Questions and the transcript for the video featuring Dr Niall Leonard. Larger prints of the presentation were available for patients who required one.

The itinerary of the events included a presentation from Senior Commissioning Manager at NHS England (Cheshire and Merseyside), Alan Cummings, who presented the current position and potential options. The presentation was followed by a brief video, featuring the Chair of the Task and Finish Group, Dr Niall Leonard. The video summarised the position and expanded further on the vision for primary care as detailed in the NHS General Practice Forward View. The session then moved to a table top facilitated workshop with 10 patients per table, an NHS facilitator from either NHS England (Cheshire and Merseyside) or NHS Southport and Formby CCG, and a scribe who took notes of the discussions taking place at that table.

Comment cards were also made available to patients during the table top workshops. Patients were asked to use these cards should they feel that they had been unable to express their views during the discussion, whether they simply had additional comments to add to the discussion or if they had a specific question that they wanted to raise with NHS commissioners. Patients requiring a direct response to their questions were asked to leave their contact details on the card. A total of 6 cards were left by patients of Freshfield Surgery.

Each event had a capacity for 60 patients/attendees, with a total of 480 patients being able to attend. Prior to the launch of the listening exercise the decision was taken to cap the number of events at 8. However, the Task and Finish Group appreciated that in doing this they were only providing capacity for 18% of the patient population of Freshfield Surgery. It was agreed that if it quickly became apparent following the launch of the

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listening exercise that the events were going to reach capacity, NHS commissioners would increase the number of events for more patients to attend.

The uptake from patients to attend the Freshfield events was relatively slow and resulted in two of the sessions being cancelled. Patients could register via different methods including a URL website link, by emailing the dedicated email address, or by calling the Freephone helpline number. A total of 157 patients attended the 6 events hosted over the course of 3 weeks, totalling 5.9% of the patient population of Freshfield Surgery. The attendance of patients and NHS staff can be found in the table below.

<i>Date</i>	<i>Time Slot</i>	<i>Registered</i>	<i>Attended</i>	<i>Non-Attendees</i>	<i>Non-Registered</i>	<i>Facilitators</i>	<i>Floating Facilitator</i>	<i>Scribes</i>	<i>Clinician</i>	<i>Healthwatch</i>
Tuesday, April 11	1:00pm - 3:00pm	25	26	3	4	4	2	3	1	1
Tuesday, April 11	3:30pm - 5:30pm	21	19	3	1	4	2	3	1	0
Tuesday, April 11	6:30pm - 8:30pm	27	28	3	4	4	2	3	1	0
Thursday, April 20	10:00am - 12:00pm	25	25	2	2	4	2	3	2	0
Thursday, April 20	1:00pm - 3:00pm	20	16	5	1	4	2	2	2	0
Tuesday, April 25	12:00pm - 2:00pm	CANCELLED	3	/	3	/	/	/	/	/
Tuesday, April 25	3:00pm - 5:00pm	CANCELLED	2	/	2	/	/	/	/	/
Tuesday, April 25	6:30pm - 8:30pm	32	38	3	9	4	0	4	1	1
Totals		150	157	19	26	24	10	18	8	2

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NHS commissioners and the scribes at each table top workshop were given 3 prompt questions to seek patients' comments on. This was to ensure that there was consistency in the group discussions. The 3 prompt questions were as follows:

1. Do you have any views in terms of the options which have been shared today?
2. Do you have any other options which commissioners have not yet considered?
3. Are there any other factors which you feel commissioners have overlooked or not considered? Do you have any comments?

## Potential Solutions/Options

A key part of the presentation given by NHS England Senior Commissioning Manager, Alan Cummings, focussed upon the options which had already been thought through by commissioners and the Task and Finish Group members. The first prompt question aimed to get feedback on these solutions. During each of the 6 sessions in Freshfield there was an overwhelming consensus from attendees that **Solution 2**, which was to allow the current provider's contract to expire on December 31, 2017 and disperse the patient population to other local surgeries, was not acceptable and was strongly opposed.

**Solution 1** - to procure a new provider with the same level of funding as other practices, under GMS rates. This proved to be the most favourable solution by attendees.

Patients expressed their need for quality primary care services in Freshfield and a wish for future services to be maintained at the current excellent standard, with appointments being easily available on the same day and with continuity of care. Ideally, they wished for the service to be run on a full-time basis with at least a single doctor present during working hours. Patients were less interested in having additional services which are available at some larger surgeries. Instead, they conveyed their happiness at having a basic or core level of service available at the practice and travelling occasionally when needing to access additional services. However, they also conveyed that although it wasn't a perfect solution, a part-time service at the practice was better than no GP provision at all. It was highlighted by some patients that a part-time service may well result in an increase in the demand for home-visits. Patients also discussed the premises at Freshfield as being ideal for expansion and growth and felt that this could easily be future-proofed for primary care services in the Formby locality.

**Solution 3** - offered a potential merger with Hightown Village Surgery which is in a comparable situation, with a single provider running a full-time service at both sites.

**Solution 4** - offered a similar option to solution 3, however the practice would be run part-time, with access to Hightown Village Surgery when a doctor wasn't present in Freshfield. Patients believed this not to be a feasible option for patients in Freshfield as there are surgeries in Formby which are geographically closer than Hightown Village Surgery. They agreed that Hightown Village had poor public transport links and was not easily

accessible via the road systems and for this reason they would prefer to merge with a Formby surgery should that be an option. They wished for Hightown Village Surgery and Freshfield Surgery's future to be considered by NHS commissioners separately. However, there was a suggestion that if the practice were to merge with Hightown Village Surgery, that this would be on an interim basis to allow the patient list to grow and make the practices viable, and to become stand alone as soon as possible if the patient list size increased in sufficient numbers.

**Solution 5** - focused on Freshfield Surgery being run as a branch of an existing local practice. Patients believed that this was agreeable, potentially with the current provider whom they are very happy with. Patients expressed the view that they would prefer the service to be run full-time as it maintains a practice in the village, and they would be happy to travel to the other surgery should they need to access additional services.

## Other Factors for Consideration

NHS commissioners sought patients views in terms of whether there were any other factors that they felt had not been considered? There were 4 main factors which were mentioned repeatedly by more than 50% of patients attending; these were:

- Reference to the planning which had recently been approved for new residential housing. Patients felt that this would increase demand on local GP services.
- The need for a new modern purpose built health centre which would meet the needs of the population of Formby.
- The impact a closure would have on the local pharmacy.
- Future proof primary care services by looking at the potential growth of the population of Formby, by not only looking at the increase in residential housing, but the population and demographics of local schools.

Other factors mentioned were the age demographics of Freshfield; the impact of the loss of the surgery on the community, and loss of relationships which have been formed between practice staff and patients.

Patients also felt that if a quality provider was successfully procured, and the future of Freshfield Surgery was secure, it was highly likely that some patients would return to the service. One patient suggested that the number of registered patients at the practice was not a reliable indication of demand on GP appointments, and asked NHS commissioners to revisit the number of appointments taken by patients.

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## Patient Suggested Options/Solutions

The listening events allowed NHS commissioners to share details of the options which had already been thought through, however, they were also keen to use the listening exercise to ask patients directly if they had any potential ideas or further solutions which could be explored.

Patients were clear that their desired outcome from the process would be for primary care services to be maintained at Freshfield Surgery. Additional services, which many GP surgeries offer, were believed to be services which were only accessed occasionally and, for this reason, patients were happy to travel to the clinic in Formby should they need them. Some patients suggested that they would be happy with a part-time service or reduced hours at the very minimum to maintain some GP presence at the current location. However, if the surgery were part-time they were concerned there would be an increase in home visits. The patients suggested 11 potential solutions which are listed below:

- **Build a modern, purpose-built Health Centre** – This new build will not necessarily be built upon the site of Freshfield Surgery, but will future proof services for the population of Formby. It would have several clinical professionals under one roof, ensuring that all patients who require medical care will be seen by the appropriate professional. This will relieve the pressures on other local surgeries or provide premises for all practices in Formby to merge into. It would also provide several free parking spaces.
- **Establish Freshfield Surgery as a satellite or overflow surgery** – The practice could be established as an overflow surgery for a collection of practices, or single practice, in Crosby and/or Formby. There was an overwhelming suggestion that the surgeries in nearby localities are struggling with capacity, with registered patients waiting several weeks to see a GP. Patients suggested these surgeries could use capacity at Freshfield Surgery to relieve pressures in their own practices, whilst keeping the practice open for current patients.
- **Expand and modernise Freshfield Surgery** – Patients felt the current site is ideal and open for expansion and modernisation. The patients are very satisfied and happy with the current service at the practice and, by expanding the premises, there would be the opportunity for more patients to register. With many new residential houses being granted planning permission, the expanded modern Freshfield surgery would be more attractive to those new residents as it doesn't have long waiting times to see a doctor and isn't struggling with capacity. This would lead to an increase in patient list size making Freshfield viable and maintain primary care services in the current location.
- **Put GP services in Formby Clinic** – Formby Clinic is a new purpose built clinic which, in the view of patients, is currently being underutilised. As it is an NHS Property Services owned building, patients wondered whether Freshfield Surgery could relocate into these premises. This would prevent NHS commissioners having to find capacity for patients in other Formby practices and having any impact on their



services. It would also ensure GP services and additional services would be in the same building.

- **Merge Freshfield Surgery with the current provider's surgery, Chapel Lane in Formby** – Chapel Lane Surgery in Formby currently has the same provider as Freshfield Surgery, and patients are exceptionally happy with the excellent service that they are receiving. Instead of merging with Hightown Village Surgery, which had been suggested by NHS commissioners, patients wondered whether they could merge with Chapel Lane as it is closer, and they have confidence in the provider. As many surgeries in Formby are believed to be struggling with patient capacity, this suggestion would relieve some pressure at Chapel Lane Surgery. Having confidence in the provider's quality and future of the surgery could potentially entice some patients who have previously left the practice to return; subsequently increasing the patient list size and viability of the practice. It would also maintain primary care services in their current location.
- **Offer a wider range of GP appointment times** – offering GP appointments later in the evening and at weekends would be more appealing to patients. Young, working families are believed to be moving into the new residential housing in the area and these types of appointments would be more suitable and therefore attractive to them. This would interest those patients to register at the practice, therefore increasing the patient list size, increase viability and maintain GP services in their current location.
- **Merge Freshfield Surgery with Hightown Village Surgery but put all back-office staff at Hightown only** – This would keep both sites open, although there wouldn't be a GP present at the Hightown Village Surgery premises. Instead it would be a point of contact for patients of Hightown Village Surgery in emergencies, and they can contact the clinicians to either place a call, arrange a home-visit or organise a transfer to Freshfield Surgery. The rationale behind this solution was the ability to expand Freshfield Surgery, especially if the back-office function is elsewhere, and Hightown Village Surgery patients would have to travel anyway should their practice close and Freshfield is more accessible than the surgeries in Formby.
- **Use funding from GP Forward View to maintain Freshfield Surgery** – Freshfield Surgery is currently receiving a monthly financial subsidy. Although patients understood that this subsidy would not be available in the future, it was suggested that funding for the implementation of the GP Forward View could potentially maintain this subsidy. If this option were possible, patients believed that patients who had left under the previous provider would return, together with the new residents, which would increase the patient list size making the practice viable.
- **Merge the GP Practice with the local pharmacy** – there was a suggestion to combine the practice with the local pharmacy, by expanding across to the pharmacy. This would create bigger premises, expand the offer and create a partnership between the GP and pharmacy, which may relieve pressure of the clinician's time. The purpose of this solution was to ensure that primary care services and pharmacy services are maintained at the current location.

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- **Allocate patients to Freshfield Surgery** – Patients were under the impression that surgeries in Formby and Crosby were at full capacity, with some having closed lists. Their idea suggested that NHS commissioners could allocate patients from those surgeries to Freshfield Surgery, therefore decreasing GP pressures elsewhere and increasing the patient list size at the practice. The increase in patient list size would make the practice more viable and more attractive to a potential provider.
- **Establish a walk-in centre alongside the GP Practice at Freshfield Surgery** – By using the additional space at the practice to expand and host a walk-in centre, patients believed that this would make Freshfield Surgery more viable; it would create a local walk-in centre and, most importantly, ensure that primary care services are available in the current location.

## Salient Themes

A thematic analysis highlighted the following:

- The increase in residential housing planned for the village.
- Capacity at other local practices should they have to absorb Freshfield Surgery patients.
- The impact of a potential closure on the local pharmacy business.
- Parking to access other local practices is both poor and expensive.
- Continuity of care.
- Happy with excellent service from current provider.
- Impact on access to home visits.
- Personal relationships made with staff at a smaller practice.

Other concerns mentioned included the poor public transport links; patients experience of the previous provider; concern regarding patients with chronic conditions; elderly demographic; Freshfield Surgery is in an ideal location; the impact on other local practices if they had to absorb Freshfield patients; and the potential increased demand on A&E and emergency services.

## Frequently Asked Questions

After the listening events, a list of all questions and patient enquiries was compiled. Patients were informed that they could leave comments or ask additional questions if they wished by using the comment cards. At Freshfield no additional questions or comments were left on the comment cards.

There were 18 table top discussions throughout the 6 listening events, and the following questions were the most popularly asked during these sessions:

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- How will other practices manage the increase in capacity if patients are dispersed? (39%)
- Can patients be transferred from other practices in Formby to make Freshfield viable? (28%)
- Why can't Chapel Lane (the current provider) continue? (22%)
- What are the list sizes at the other Formby and Crosby surgeries, and which lists are closed? (17%)

NHS commissioners made the decision to answer all questions and disseminate these as a list of Frequently Asked Questions (FAQ's) to be shared with patients via the practice. A total of 18 different questions were asked of NHS commissioners, the full list can be found in Appendix 2.

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## 5. Contact Point Feedback

A Freephone helpline and dedicated email address were established to enable patients to register to attend one of the listening events, or to answer any queries they may have regarding the listening exercise and future of Freshfield Surgery. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into an alternate language.

During the 6-week listening exercise a total of 8 phone calls were received to the Freephone helpline, 34 emails to the dedicated email address, and 4 direct letters. All patients who contacted any of the channels were encouraged to attend a listening event and use the opportunity to engage with NHS commissioners face-to-face and raise their concerns and questions in that arena.

### Freephone Helpline

The Freephone helpline began to receive telephone queries from April 6 through to May 1. A total of 8 phone calls were recorded during the listening exercise period; 3 of those conversations were with patients and 5 with non-patients.

The total duration of the 8 conversations amounted to 2 hours 8 minutes; an average of 18 minutes and 35 seconds per call (the longest lasting 35 minutes and the shortest 4 minutes).

Regarding the future of Freshfield Surgery, the themes raised in the calls mirrored those which were expressed at the listening events. An overwhelming majority of the calls stated their disagreement and anger at the potential closure of the surgery. Other themes were as follows:

- If Freshfield Surgery were to close and patients were transferred to alternative surgeries in Formby, the potential impact of having to accommodate the additional patients at those surgeries (50%).
- There is new residential housing planned for the locality and therefore an expected increase in the population size. Patients were concerned how this increase in population will be accommodated by other surgeries in Formby if Freshfield were to close (38%).
- Patients stated that there were poor public transport links in the area and patients would struggle to access primary care services elsewhere. They also commented that individuals who drive would also struggle as the traffic systems are poor and often congested (25%).

- There is a belief amongst members of the community, including patients, that there is a struggle with capacity at other Formby surgeries, with patients at these practices waiting many weeks to see a GP. If the Freshfield Surgery patients were to be allocated to these practices there is concern regarding further exacerbation in terms of capacity. (25%).

Other salient themes which arose during the telephone conversations included the excellent service which is currently received at the practice; conversely another patient mentioned a problem with locum doctors at Freshfield Surgery; and a concern about the new electronic repeat prescription system.

## Emails

A total of 34 patient, non-patient and resident emails were received during the 6-week listening exercise. The dedicated email address was established to allow patients to either register to attend an event, request the URL link to register to attend an event, or express their comments, views, concerns and questions. A total of 3 patients choose to email to request the URL link to register for an event online themselves and no Freshfield patients emailed to ask to be registered for a listening event. The remaining 31 emails were from patients and non-patients who wished to express their views and concerns.

Of the remaining 31 emails received, 49% were sent direct to the dedicated email address, 51% were sent to Anthony Leo, Commissioning Director, NHS England (Cheshire and Merseyside).

Some 90% of emails received were written by patients of Freshfield Surgery and 10% were sent by individuals who were not patients at the practice.

A thematic analysis highlighted the following:

- An overall majority of patients wished for a full-time service to continue at Freshfield with the current provider.
- 45% of emails were concerned what impact a potential closure would have on the neighbouring pharmacy business. Patients were extremely pleased with the service provided to them by this business and were concerned that if the surgery were to close then the pharmacy would suffer and close soon after.
- 39% of patients expressed their happiness at the current excellent services they are receiving under the current service provider. With a further wish for this provider to continue in the future.
- 39% of patients were concerned about the potential impact a move would have on the largely elderly demographic of patients and residents of Freshfield and those patients who make up young families.
- 39% mentioned that accessing different surgeries in Formby was difficult when travelling by car. The road traffic systems are believed to be poor and especially

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difficult during rush hour periods. The other main concern related to parking when accessing the other surgeries, as there is either poor parking available or the parking available is considered expensive.

- 36% of emails mentioned that there are many new residential houses which have received planning permission from the local council. The patients believe that the individuals who move into these new houses will wish to register with Freshfield Surgery over other practices in Formby and will therefore increase the patient list size.
- 36% believed that the other surgeries in the locality, which are located in Formby and Crosby, currently are at full capacity, with some having closed lists. They are under the impression that at these surgeries patients will struggle to get an appointment to see a GP without waiting in excess of 2 weeks.
- 23% commented that the decrease in patient list size, and the reason why the practice is in the current position, was due to the poor service provision which had been provided by the previous provider.
- 16% of emails expressed concern relating to potentially having to travel to an alternate local surgery, as there are few and poor public transport links.
- 16% were concerned what impact would be felt by other Formby surgeries should they have to absorb the patient list from the Freshfield Surgery. Patients expressed their apprehension that other local practices would be required to increase their capacity when patients felt these practices are already struggling and there would be a direct impact on patients who were already registered at these practices.

Other topics raised included the petition which had been established by the local pharmacist (10%); the listening exercise being a waste of NHS time and money as the decision had already been made (7%); increased demand on emergency services and A&E (7%); and the belief that patients 'lost' under the previous provider would return (7%).

A total of 3 patient emails referred to a possible merger with Hightown Surgery, although a further patient email deemed this suggestion as unacceptable and unsuitable due to the poor transport links in and out of Hightown Village either by public transport or car. Another patient suggested that Freshfield Surgery be established as a satellite surgery of the other practices in Formby.

Finally, a solution which had been suggested at a listening event was further recommended in a patient email; this was to expand and modernise the practice at Freshfield Surgery.

A further 2 emails have been received following the close of the listening exercise at 5pm, May 12. The contents of these emails have not been considered in this report.

## Social Media

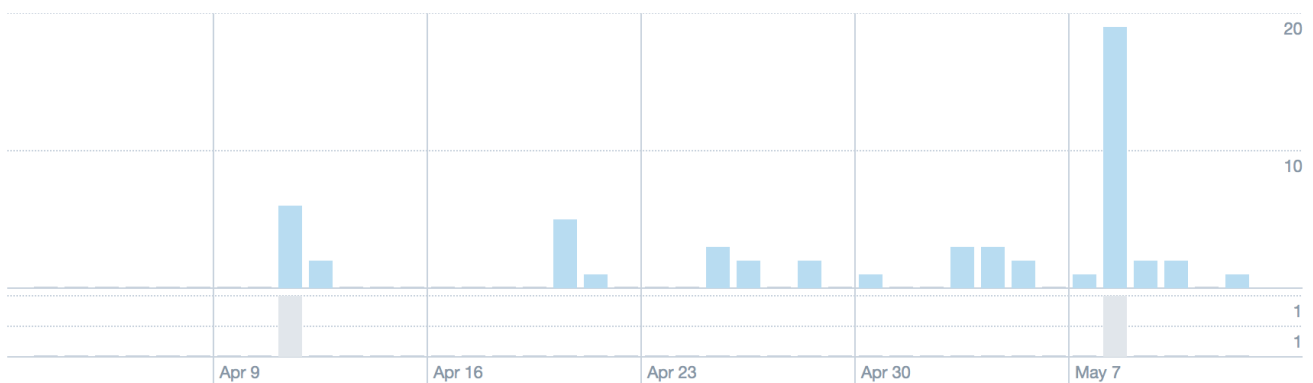
Formby has a very active social media community including a Facebook and Twitter account under the name Formby Bubble. There is also a website that regularly posts updates regarding the future of Freshfield Surgery.

A dedicated Twitter account, @FreshfieldGP1, was established, from which patients could ask questions, express their concerns or engage during the listening exercise (April 3 – May 12, 2017). The Twitter account was also available to convey immediate information, for example the availability of the event attendee packs in the practice for those patients unable to attend, and a reminder that the listening exercise was “closing soon”. Twitter analytics over these timescales were:

- 2 tweets
- 59 profile visits
- 55 impressions
- 7 followers
- 3 mentions
- 2 comments

Two patients choose to comment and leave their feedback regarding the future of Freshfield Surgery. Their comments mirrored those made via the other communication channels. The comments included the convenient location of the practice, additional car parking spaces, and a concern about the increase in pressure a dispersal of the patient list would have on other practices in the locality. Another comment from a patient reinforced that closing the surgery would be a loss to the community and highlighted the importance of having a general practice in that community.

Your Tweets earned **55 impressions** over this **40 day** period



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## Patient Letters

Although not an advertised method for patients to feedback comments or queries, 4 letters were received from patients during the 6-week listening exercise. Two letters were handed in during the listening events, 1 was sent via post to Alan Cummings and another was posted to H2A's offices. All letters were written and sent by patients of the practice, and each discussed their views and concerns regarding the future of Freshfield Surgery.

The themes in the 4 letters mirrored those which have been expressed by patients during the listening exercise and were as follows:

- There are poor and expensive parking facilities in Formby village.
- The patient population has a high elderly demographic.
- Other surgeries in the locality are struggling with capacity.
- There is planning permission for new residential housing in the area.
- Car parking facilities are good at the current location of Freshfield Surgery.
- The premises at the practice are excellent and could be expanded.
- There would be a significant negative impact to Formby surgeries if Freshfield Surgery patients were allocated to these practices.
- The impact a closure would have on the local neighbouring pharmacy business.
- The practice currently provides an excellent GP service.



## 6. Engagement Activity Plan

Audience	Activity
Patients	<ul style="list-style-type: none"> <li>• A mailshot was sent by post to all patients of the practice aged 13 years and older. The mailshot included all information pertaining to the current situation relating to Freshfield Surgery. It explained the listening exercise that NHS commissioners were about to undertake regarding the future of the practice, and how patients could engage by attending a listening event and/or contacting the dedicated email address or Freephone helpline.</li> <li>• 8 listening events were organised over a 3-week period with sessions running in the morning, afternoon and evening, at The Gild Hall, Formby. Two sessions were cancelled so a total of 6 listening events took place.</li> <li>• A Freephone helpline was established to answer any queries or concerns patients may have and these would feed into the listening exercise. Patients who did not have access to the internet were asked to contact the Freephone helpline should they wish to register to attend a listening event. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into a different language.</li> <li>• A dedicated email address was provided for patients to contact who wish to register to attend a listening event, or to be sent the URL link to register themselves online. Patients who could not attend an event were encouraged to direct any questions, concerns, issues or comments to the email address to feed into the listening exercise.</li> <li>• A dedicated Twitter account, @FreshfieldGP1, was established to provide patients with information relating to the listening exercise, answer queries and convey relevant information when needed.</li> <li>• A pull-up banner was placed in the practice's waiting area containing all relevant information regarding the listening exercise. The banner also provided information signposting patients to the Freephone helpline, dedicated email address and Twitter. Additionally, it</li> </ul>

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	<p>informed them of the times and dates of the listening events and how they could register to attend.</p>
Practice	<ul style="list-style-type: none"> <li>• During the listening exercise, there was regular communication and engagement with Freshfield Surgery's Practice Manager regarding the listening exercise.</li> <li>• Office staff at the practice were briefed regarding the pull-up banner in the waiting area and the need to signpost patients to the listening events, and various points of contact, should they have queries.</li> </ul>
Third Sector Organisations	<ul style="list-style-type: none"> <li>• Healthwatch Sefton were invited to join the established Task &amp; Finish Group for Freshfield Surgery. They were engaged throughout the planning and facilitating of the listening exercise and attended 2 of the 6 listening events.</li> </ul>
Patient Participation Group (PPG)	<ul style="list-style-type: none"> <li>• The Patient Participation Group was asked to send a representative to join the established Task &amp; Finish Group for Freshfield Surgery. They have therefore been engaged throughout the planning of the listening exercise and, as a patient, they were invited to feed into the exercise through either attending an event or using the dedicated Freephone helpline or email address.</li> <li>• The PPG have also been engaged throughout the process in order to disseminate information throughout the patient population and, when necessary, to counteract rumours.</li> <li>• Freshfield Surgery's PPG at the beginning of the listening exercise had 1 member. Throughout the listening events the PPG was advertised to patients who attended in the hope of increasing awareness of the group and aiming to grow its membership.</li> </ul>

## 7. Outcomes and Next Steps

Of the 2654 patients registered at Hightown Village Surgery, 7.6% of the patient population engaged in the listening exercise, either through attending a listening event, or feeding back their comments through the Freephone helpline, by letter, via Twitter or the email address. An overwhelming majority of the patients who engaged did not want to see the contract expire on December 31, 2017 and the patient list be dispersed amongst other surgeries locally in Formby and Crosby. There was overwhelming consensus to keep primary care services at Freshfield Surgery with additional services being accessed elsewhere when required.

Although other solutions were considered acceptable by patients, their main concern was to keep a full-time primary care service provision at Freshfield Surgery. Patients weren't concerned which solution NHS commissioners agreed upon to achieve this, and believed that either a branch surgery or an overflow surgery were feasible and acceptable to maintain the primary care service at Freshfield, if the current arrangement could not continue.

The principal concerns regarding a potential closure and move to another local surgery were echoed in all the different channels for patients to feedback and included:

- The capacity at other surgeries in Formby and Crosby to take Freshfield Surgery patients should they be allocated there and, furthermore, the impact this would have upon the level of service capable of being provided with additional patients.
- The poor public transport links both for rail and bus services, and the poor road networks which make it difficult to access services in Formby centre. In addition, the poor and expensive parking facilities that would need to be used to attend a surgery in Formby.
- The elderly population of the practice, who may not drive and would have difficulty accessing the public transport links which makes their travelling to GP services challenging. In addition, concern was raised regarding the number of young families who require a GP to be located locally.
- The belief that should the practice's future be secured with a suitable, quality provider, that those patients lost during the previous provider's contract would return subsequently, increasing the patient list size and making the practice viable.
- There is approved planning permission for new residential housing and new residents will need access to GP services locally, ideally at Freshfield Surgery, which again will increase the patient list size and make the practice viable.
- Other reoccurring themes worth noting are the excellent service delivered at both the practice and the neighbouring pharmacy that would be greatly missed if they were to be closed.

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This report, in addition to the independent Transport Survey, Premises Survey and Equality Impact Assessment will be considered by both NHS England (Cheshire and Merseyside) and NHS Southport and Formby CCG commissioners in relation to the next steps for the future of Freshfield Surgery. In addition to these documents, further consideration is required in relation to the 4 NHS reconfiguration tests, which commissioners must demonstrate that any decision taken takes account of:

1. Strong patient and public engagement;
2. Consistency with current and future need for patient choice;
3. Clear, clinical evidence base;
4. Support for proposals from NHS commissioners.

Once a decision is reached in terms of next steps, NHS commissioners will present relevant materials and evidence base to the Joint Health Overview and Scrutiny Committee, scheduled for June 27, 2017.

Further consideration:

- A copy of the report and next steps to be shared with the relevant NHS internal governance body(s).
- A copy of the report to be shared with the NHS Southport and Formby CCG Engagement and Patient Experience Group.
- A copy of the report and findings to be shared with Sefton Public Consultation Panel.
- A copy of the report to be shared with key stakeholders as recognised by NHS England (Cheshire and Merseyside) and NHS Southport and Formby CCG.
- A copy of the report to be shared with the Patient Participation Group of Freshfield Surgery.
- A copy of the report to be shared with Healthwatch.
- During the listening events, patients suggested a local survey to ascertain how many Freshfield residents and patients who had previously been registered at the surgery would be willing to register or return to Freshfield Surgery if a long-term provider was secured. NHS England supported the suggestion but explained that, as a commissioner of services, it could not conduct the survey. It was suggested that an independent survey could be conducted by the Parish Council, Patient Participation Group and local pharmacist. NHS commissioners confirmed that they would be willing to include any findings of the survey in a future procurement exercise, if the decision is taken to seek a new provider for the practice following the listening exercise.

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- A commitment was made by NHS commissioners at the listening events to undertake a scoping exercise across other GP practices within the vicinity of Freshfield. The purpose of the scoping exercise would be to determine which surrounding practices would have the capacity to take additional patients in the event of dispersal.

End of report.

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## 8. Appendix 1

### FRESHFIELD SURGERY LISTENING EVENTS QUESTIONS

#### Questions Asked During Session

1. What were the previous patient numbers between 2013-2017? When did they begin falling?
2. What makes a GP service viable?
3. What are the list sizes at the other Formby/Crosby surgeries, and which are closed?
4. Are the Freshfield Surgery premises suitable?
5. How are the patients who are unable to attend the listening events having their views captured?
6. Why can't the funding be maintained?
7. What is the maximum distance patients can be expected to travel?
8. Can patients be transferred from other practices in Formby to make Freshfield viable?
9. Why can't Chapel Lane continue?
10. How did SSP get the contract?
11. What is the cost for the listening exercise ie, hire of venues, transport survey, premises survey, mailshot?
12. What budget is currently being used to subsidise the practice?
13. How many more patients would make the practice viable?
14. Can we use funding from the GP Forward View to help subsidise the practice until the list size grows?
15. Do practices get more money for elderly patients?
16. What is the average waiting time nationally to see a GP?
17. How will practices increase their capacity if we are allocated there?
18. How many practices nationally have similar or smaller list sizes to Freshfield and remain open?

# Agenda Item 5

<b>Report to:</b>	Overview and Scrutiny Committee (Adult Social Care and Health)	<b>Date of Meeting:</b>	Tuesday 27 June 2017
<b>Subject:</b>	Review of Sefton Community Equipment Store		
<b>Report of:</b>	Director of Social Care and Health	<b>Wards Affected:</b>	All
<b>Portfolio:</b>	Cllr Paul Cummins Cabinet Member – Adult Social Care		
<b>Is this a Key Decision:</b>	Yes	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>	No		

## Summary:

In April 2017, the Council approved the recommendation to extend the Section 75 Partnership Agreement between Sefton Council and Liverpool Community Health Trust for the operation of the Sefton Community Equipment Store which was due to end on 31 March 2017, to enable the review on the operation of the equipment store to be concluded and the findings and recommendations to be reported to a future Cabinet meeting.

## Recommendation(s):

- 1) Note and comment on the content of the report.

## Reasons for the Recommendation(s):

Community Equipment is used by almost every person responsible for providing care and in a range of settings.

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

None

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

### (A) Revenue Costs

There are no financial implications resulting directly from this report. As the review progresses any potential financial impact will be identified and included in future reports

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**(B) Capital Costs**  
Not applicable

## Implications of the Proposals:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>
<b>Legal Implications:</b>
<b>Equality Implications:</b>  There are no equality implications.  <b>(Please delete as appropriate and remove this text)</b>

## Contribution to the Council's Core Purpose:

Protect the most vulnerable: yes
Facilitate confident and resilient communities: yes
Commission, broker and provide core services: yes
Place – leadership and influencer: yes
Drivers of change and reform: yes
Facilitate sustainable economic prosperity: yes
Greater income for social investment: yes
Cleaner Greener yes

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

### **(A) Internal Consultations**

The Head of Corporate Resources has been consulted and any comments have been included in the report. (FD.4706/17)

The Head of Regulation & Compliance has been consulted and has no comments on the report. (LD 3990/17)



## **(B) External Consultations**

Informal small scale consultations have been undertaken with external partners and Health Watch on the approach set out in the report. Further work will be done in the months to come.

### **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting.

**(Please delete as appropriate and remove this text)**

<b>Contact Officer:</b>	Sharon Lomax
<b>Telephone Number:</b>	Tel: 0151 934 4900
<b>Email Address:</b>	sharon.lomax@sefton.gov.uk

### **Appendices:**

There are no appendices to this report

### **Background Papers:**

There are no background papers available for inspection.

## **1. Introduction**

Community Equipment is vitally important in supporting care at home. In recent years the increased focus on prevention, rehabilitation and care closer to home, together with an ageing population and better survival rates for long term conditions has seen increasing demand for community equipment services. Community Equipment is used by almost every person responsible for providing care and in a range of settings.

## **2. Background**

In April 2017, the Council approved the recommendation to extend the Section 75 Partnership Agreement between Sefton Council and Liverpool Community Health Trust for the operation of the Sefton Community Equipment Store which was due to end on 31 March 2017, to enable the review on the operation of the equipment store to be concluded and the findings and recommendations to be reported to a future Cabinet meeting. The current Agreement ceased on 31 March 2017 and a maximum extension of one year was agreed to enable the review to conclude and to ensure that the “incoming Partner” is proportionately consulted. The incoming Partner is North West Boroughs Healthcare NHS Foundation Trust and the current agreement will be novated from Liverpool Community Trust. Meetings have taken place to brief across the Partnership the content of the review and seek to engage on the emerging recommendations.

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## **3. National Policy Context**

There has been limited policy specifically focusing on Community Equipment. In June 2006 the Department of Health launched an initiative “Transforming Community Equipment” to transform the way Community Equipment and Wheel Chair services were provided. The corner stone of the Community Equipment Services model was by the use of accredited retailers as distributors for community equipment.

## **4. Local Policy Context**

The changes to funding and the policy agenda for Local Government continue to change significantly. This means that the Council must take a transformational approach to the delivery of our and partner services and as a result the role of the Council will inevitably change. This will include creating new revenue streams, new models of service delivery, new demand management methods and new operating models.

Our Citizens continue to expect public services to be delivered in a way that they recognise. This means new approaches are required in order for all councils to meet this agenda. In order to achieve the ambitions that are articulated through Imagine Sefton 2030, the Council, its partners and communities must work together. The impetus that the Vision brings will be a key factor in enabling the Community Equipment Service Review outcomes to be realised.

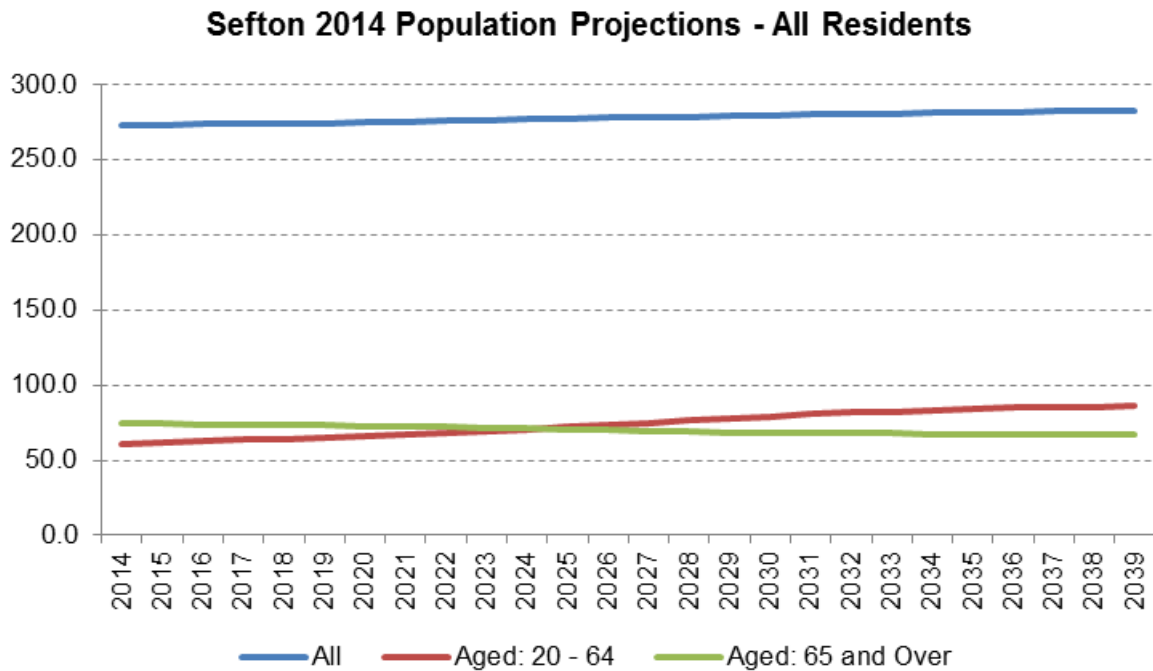
## **5. The Legal Framework for Equipment Provision**

In terms of the Community Equipment Store there are a number of Acts and regulations to be mindful of. These Acts and Regulations cover the span of duties across Health and Social Care. Others are more universal in application. Some of the Acts are more relevant to the assessment process. The assessment process and the interpretation of the legal framework influence the operation of the Store. The interpretation of the Legal Framework and the assessment processes need to be carefully considered when determining any recommendations.

## **6. Sefton Population Needs**

According to the 2015 mid-year population estimates the Sefton population currently stands at 273,700. 23% of residents are aged 65 and over, compared to England, the North West Liverpool City Region (LCR) and Merseyside where the 65 and over residents make up 18% of the total populations. The population of residents in Sefton aged 65 and over is projected to increase by 39% by 2039. This means that it is predicted that 65 and over residents will make up 30% of the Sefton population, which again is higher than the forecast for England (which is estimated to increase to 24% of all residents), the North West, the Liverpool City Region (LCR) and Merseyside (which are all estimated to increase to 25% of the total population).

**Chart 1 Sefton 2014 Population Projections – All Residents**

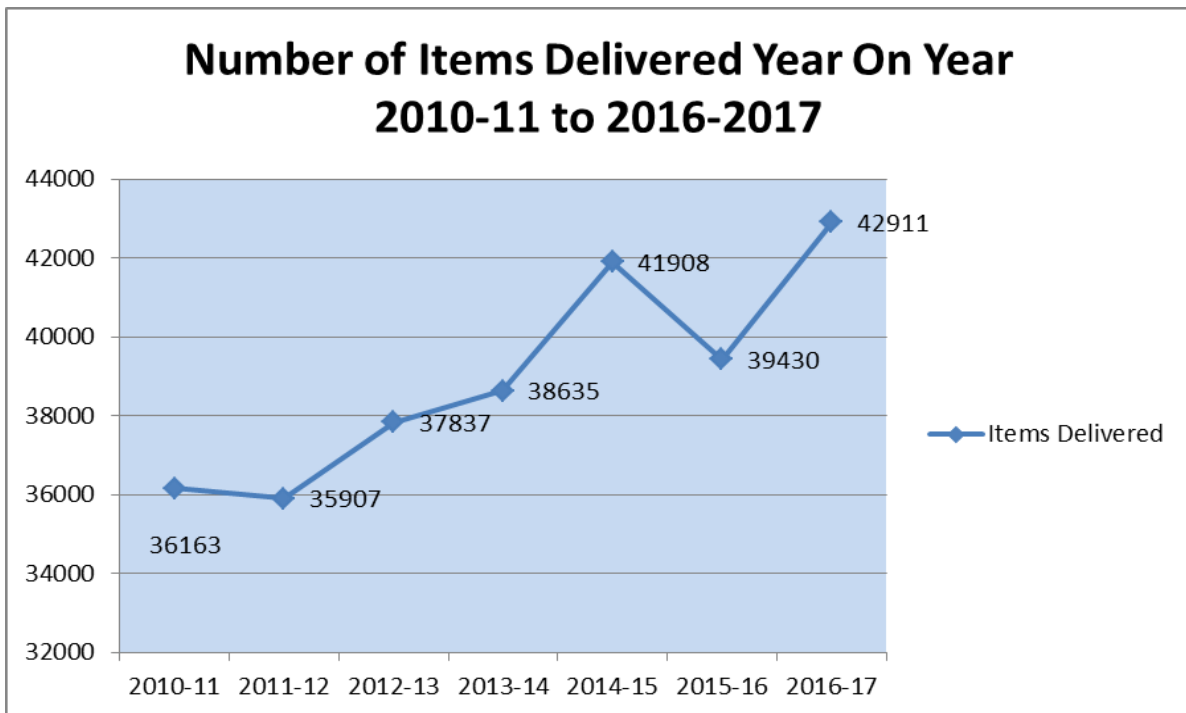


**7. The Demand for Community Equipment (both Health and Social Care)**

**Number of Deliveries**

The chart below shows the increased demand for the number of deliveries from 2010 to 2016-17 demonstrating a 19% increase over the period. In 2010/11 the number of core stock items was reduced as small aids were removed from stock, which accounts for a drop in the number of items delivered at that time. The peak in 2014-15 is attributed by an increase in the number of requests followed by a number of interventions to control spend. One of which was to escalate the activity of collections.

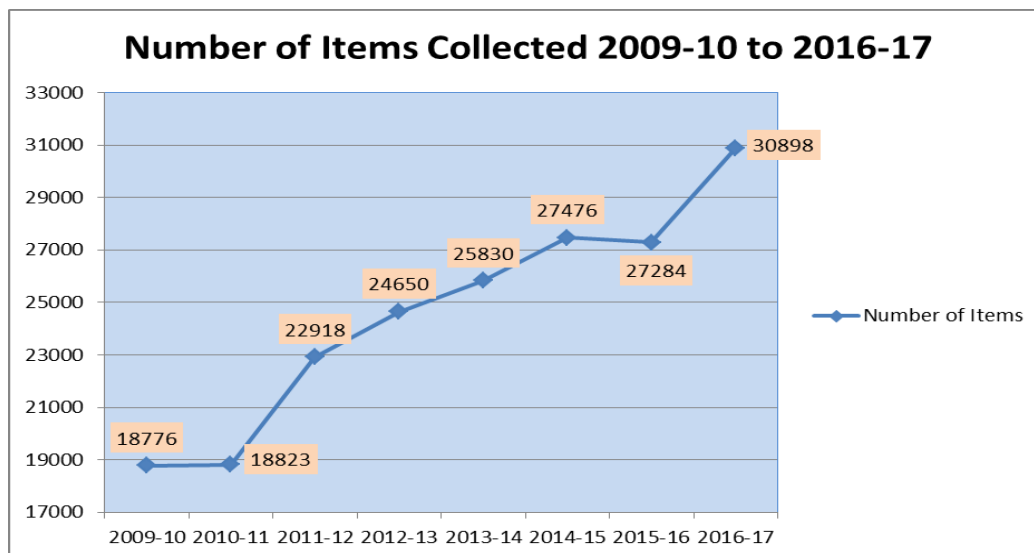
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### Collections by number of items

This chart shows the increased number of items collected over the period 2009-2016/17, a rise of 65% over the eight years.

N.B Figures in the Chart are slightly different as Table is year-end figure and chart is a mid point figure.



\*Collections were unaffected by the withdrawal of small aids from stock as they were single-issue items (not recyclable) and were never collected.

Table 1 Number of items ordered and delivered 2011-2016

Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
<b>Total</b>	<b>35,907</b>	<b>37,839</b>	<b>38,635</b>	<b>41,908</b>	<b>39,432</b>	<b>42,781</b>

Deliveries are either by two persons for the larger items and one person where equipment is smaller.

### Two Person Deliveries/Collections

#### 2015-16

There were 1804 2 person deliveries during the day time delivery period.

There were a further 843 2 person deliveries during the on-call session

**Total 2647**

#### 2016-17

There were 2039 2 man deliveries during the day time delivery period

There were a further 700 2 person deliveries during the on-call session.

**Total 2739**

This equates to a 3.5% increase in 2 person deliveries from one year to the next.

## 8. Monitoring and Service Performance Targets

The Community Equipment Service produces a monthly report. Key reporting areas include performance against KPIs, along with updates on a shared risk register, compliments, complaints, any MHRA issues and clinical audit updates.

Service performance targets are set at 85% for Priority 1 and Priority 2 deliveries. There are no performance targets for “non-core” stock and collections; these are carried out as swiftly as possible following customer contact to assist in maintaining adequate stock levels, and to provide an efficient collection service.

Table 2 Community Equipment Store Performance 2015-16

% delivered within timeframe	Q1 %	Q2 %	Q3 %	Q4 %
Adult Priority 1	85	90	90	80
Adult Priority 2	90	96	95	92
Children Priority 1	88	100	71	92
Children Priority 2	79	95	94	83

Number of Deliveries “out of hours”	Q1	Q2	Q3	Q4
not “end of life”	132	95	130	87
“end of life”	98	67	91	81

Running total of all	Q1	Q2	Q3	Q4
Deliveries	11,231	22,067	32,489	<b>43,102</b>
Collections	6,262	15,023	19,342	<b>26,006</b>

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Table 3 Community Equipment Store Performance 2016-17

<b>% delivered within timeframe</b>	<b>Q1 %</b>	<b>Q2 %</b>	<b>Q3 %</b>	<b>Q4 %</b>
Adult Priority 1	86	92	91	90
Adult Priority 2	91	98	98	97
Children Priority 1	88	100	100	83
Children Priority 2	82	87	93	87

<b>Number of deliveries “out of hours”</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>not “end of life”</b>	114	122	117	129
<b>“end of life”</b>	118	164	173	136

<b>Running total of all</b>	<b>Q1 %</b>	<b>Q2 %</b>	<b>Q3 %</b>	<b>Q4 %</b>
Deliveries	10,764	21,552	32,102	<b>43,761</b>
Collections	7,516	14,862	21,749	<b>29,582</b>

## 9. The Budget Arrangements for the Provision of Equipment

The Section 75 Agreement does not include the budget for Equipment. The Equipment Budget is held as three separate budgets reflecting the current budget holders.

- Adult Social Care, Equipment, Adaptations, Servicing and Maintenance Budget
- Children’s Social Care and Education Budget
- Health Budget

Over a number of years the demand for equipment has been in excess of the Allocated Budget and has required virements from other areas to enable the provision of Equipment for health and social care needs including to enable children to access education.

## 10. What Equipment we provide

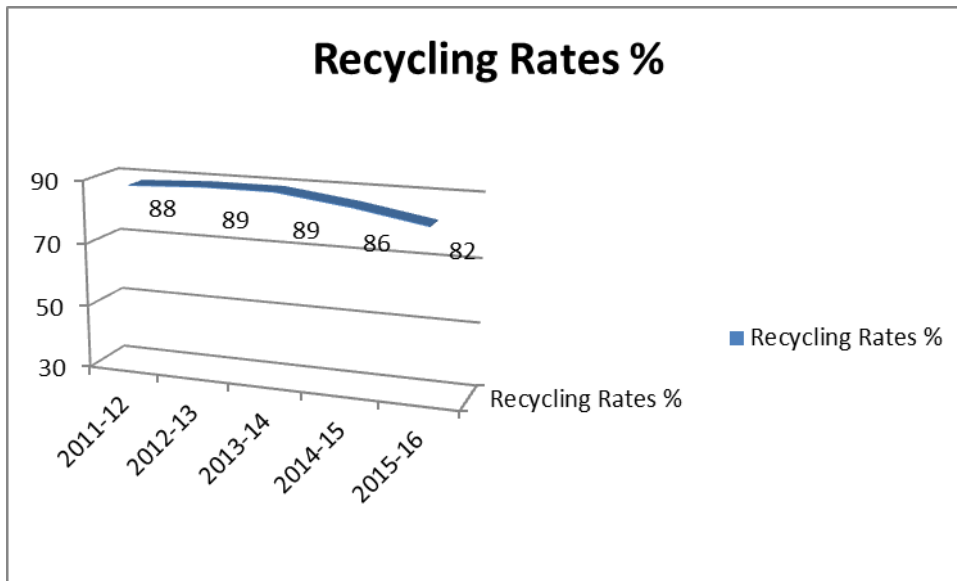
Over a number of years the types of equipment that has been provided has been shaped by the referrers experience of what meets client need, what is available by suppliers and what is found to be cost effective and fit for purpose. The price that equipment can be purchased for is determined by the volume of orders expected at year beginning. Predicting spend is hugely important along with sound procurement processes and decisions.

Appendix A shows the items each partner funds, who can order and a comparison of another Community Equipment Store as a benchmark.

## 11. “Core Stock” and Recycling

Core Stock is mostly equipment funded by Social Care. Statistics show that Core Stock in some circumstances are issued less than twice in their useful life before return and decommission. With some items it is a question of length of time they are in use and the purpose for which they are designed.

The least expensive Stock item is £1.10 and the most costly Stock item is £900. On the whole the equipment supplied by social care is less expensive, needs no maintenance and when returned has been out a long period.



## 12. The Store Workforce

There are 27 permanent staff all employed by Sefton Council. All Staff work to the policies of Sefton Council.

## 13. Some of the Issues and Opportunities

The review approach has been to engage with the workforce, our referrers and Citizens via Healthwatch and other key stakeholders at the very early stages. This has helped us to focus on the issues, work beyond what works ok and understand better about what good would look like from a citizen perspective. However further work is required to triangulate this data before we undertake consultation. This then would assist the review to inform commissioners, other key Stakeholders and provide the necessary assurance and feedback to Cabinet when decisions of such level are required.

Some of the areas we are exploring are;

### a) The Legislation, Policy Context and Vision

The legislation and Sefton's Vision provides us with the opportunities to expand our offer in terms of choice and control, access to advice information, pooled budget for equipment and personal budgets and work within our neighbourhoods and with our communities (third and voluntary sector as well as citizens themselves).

### b) The increase in our older population and the increased demand for Equipment

Although our performance is excellent in terms of the delivery timescales against the performance expected. We do think that our citizens expectation is different e.g. to wait for a shower aid for potentially a week is a long time if you are that person. This gives us the reason to work through how we can continue to serve people well, help people live at home/be independent and when required support

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people by the provision of equipment in their own home at end of life. But we can't do this without citizens taking an active part when it is possible. The store needs to help by exploring how it can offer more people access equipment quickly. Few people collect their own equipment as a preference. We will work with our citizens and representative groups in the next few months to explore and offer this to more people and will report the findings to Cabinet in due course.

## c) Same Day requests for Equipment

Nearly all of the requests we receive for equipment to be delivered on the same day are calls that are made around 12-3 pm. However with the high demand and no change to staffing it is a problem to deliver the equipment at a "reasonable" hour. (Some end of life beds are delivered after 8pm). We are now working through with the Commissioners and the staff and will be seeking views and possibly undertaking formal consultation should we conclude that we need to extend the normal working day to enable the vital equipment to be delivered at a "reasonable" hour. To do this will require us to consult, engage and formulate recommendations subject to the nature of the feedback.

## d) Some of the Improvement are operationally possible now

The Service has put in place an operational level improvement plan. This will help progress some on the changes that can be done by working with partners better and using the combined resources and facilities better. The entire workforce is involved and we will join with Citizens to seek their views in due course as the work we do on the bigger issues are progressed.

## 14. Next Steps

- To continue to make progress with the operational improvement plan.
- To seek comments from this Committee along with other key stakeholders and the Health and Wellbeing Board. (presentation on 14 June)
- Engage with Healthwatch and other participation groups to ascertain views on review findings and a potential extension of the opportunities to collect and a extension of the "normal working day" for deliveries.
- Work with Commissioners and if required, consult formally with the workforce.

## Appendix A

Table 4 Core Stock

ITEM	Who funded by	Who can order	Sefton Store	"Another place" as a comparison to Sefton
<b>Bathing</b>		H=Health S=Social care		
Bath Board	Council	H/SC	Yes	Yes
Shower Stool	Council	H/SC	Yes	Yes
Corner Shower Stool	Council	H/SC	Yes	Yes
Static Shower Chair	Council	H/SC	Yes	Yes
Swivel Bather	Council	H/SC	Yes	Yes
Bath Step	Council	H/SC	Yes	Yes
Bath Lift	Council	H/SC	Yes	Yes



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<b>Household</b>				
Perching Stool	Council	H/SC	Yes	Yes
Kitchen Trolley	Council	H/SC	Yes	Yes
Trolley With Brakes	Council	H/SC	Yes	Yes
Chair Raiser	Council	H/SC	Yes	Yes
Furniture Raisers	Council	H/SC	Yes	Yes
Clip on Bases MPR	Council	H/SC	Yes	Yes
Long Spreader Bar	Council	H/SC	Yes	Yes
Short Spreader Bar	Council	H/SC	Yes	Yes
Bed Raisers	Council	H/SC	Yes	Yes
High Back Chair	Council		Yes	No
Bed Lever	Council	H/SC	Yes	No
2 in 1 Bed Lever	Council	H/SC	Yes	Yes
Mattress Elevator		H/SC		
<b>Beds &amp; Pressure Care</b>				
Back rests	Health	H	Yes	Yes
Feet protectors	Health	H	Yes	Yes
Flexi gel pads	Health	H	Yes	Yes
Beds	Health	H	Yes	Yes
Grab handles	Health	H	Yes	Yes
Lifting poles	Health	H	Yes	Yes
Static Mattress	Health	H	Yes	Yes
Double Mattress	Health	H	Yes	Yes
Air Mattress	Health	H	Yes	Yes
Pressure Cushion	Health	H	Yes	Yes
Active Cushion	Health	H	Yes	Yes
Cot Sides	Health	H	Yes	Yes
Cot Bumpers	Health	H	Yes	Yes
<b>Suction/Respiratory</b>				
Suction Machines	Health		Yes	Yes
Oximeter	Health		Yes	Yes
Nebulisers (AC2000)	Health		Yes	Yes
<b>Walking Aids</b>				
Zimmer Frames	Council	H/SC	Yes	Yes
Zimmer Wheels	Council	H/SC	Yes	Yes
Delta Walker	Council	H/SC	Yes	Yes
Lightweight Walker	Council	H/SC	Yes	Yes
Walking Stick	Council	H/SC	Yes	Yes
<b>Wheelchairs Loans &amp; Cushions</b>				
Cushions	Health		Yes	Yes
Wheelchair loan	Health	H/SC	Yes	Yes
Wheelchair loan	Health	H/SC	Yes	Yes
<b>Transfer M&amp;H Aids</b>				
Glide/slide sheets	Joint	H/SC	Yes	Yes
Stand Aids	Joint	H/SC	Yes	Yes
Turners	Joint	H/SC	Yes	Yes
Transfer Board	Joint	H/SC	Yes	Yes
<b>Hoists Stand Aids &amp; Slings</b>				

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Hoist	Joint	H/SC	Yes	Yes
Hoist Slings	Joint	H/SC	Yes	Yes
Stand Aid	Joint	H/SC	Yes	Yes
Stand Aid Slings	Joint	H/SC	Yes	Yes
<b>Toileting and Commodes</b>				
Raised Toilet Seat	Council	H/SC	Yes	Yes
Toilet Frame	Council	H/SC	Yes	Yes
Combi with sleeve	Council	H/SC	Yes	Yes
Glide Commode/ footrest	Health	H/SC	Yes	Yes
Commode	Health	H/SC	Yes	Yes
Male Urinal	Health	H/SC	Yes	Yes
Bed Pan	Health	H/SC	Yes	Yes
Female Urinal	Health	H/SC	Yes	Yes
<b>Bariatric</b>				
Shower Chair/Stool	Council	H/SC	Yes	Yes
Perching Stool	Council	H/SC	Yes	Yes
Glide Commode	Health	H/SC	Yes	Yes
Bariatric Commode	Health	H/SC	Yes	Yes

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<b>Report to:</b>	Overview and Scrutiny Committee (Adult Social Care and Health)	<b>Date of Meeting:</b>	27 June 2017
<b>Subject:</b>	Domiciliary Care Contracts - Future Tender	<b>Wards Affected:</b>	All Wards
<b>Report of:</b>	Head of Commissioning Support & Business Intelligence		
<b>Is this a Key Decision?</b>	Yes	<b>Is it included in the Forward Plan?</b>	Yes
<b>Exempt/Confidential</b>	No		

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## Purpose/Summary

The purpose of this report is to seek approval to commence a procurement exercise for the provision of Domiciliary Care services.

The report also includes 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.

## Recommendation(s)

Cabinet to approve the following;

1. Extension of existing contracts for an additional one month period (1<sup>st</sup> April 2018 to 30<sup>th</sup> April 2018) in order to implement joint commissioning with Knowsley MBC under Liverpool City Region / Tripartite joint working arrangements;
2. Commencement of a procurement exercise for Domiciliary Care services from 1<sup>st</sup> May 2018 onwards, in cooperation with Knowsley MBC and Liverpool CC under Liverpool City Region / Tripartite joint working arrangements;
3. Delegation of decisions regarding the configuration of service delivery areas, contractual terms, tender evaluation criteria and the outcome based service specification to the *Director Social Care and Health* in consultation with the Cabinet Member Adult Social Care. Such decisions will be made in advance of the procurement exercise commencing.
4. Delegation of the decision to award contracts, following the procurement exercise, to the *Cabinet Member – Adult Social Care*;

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

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

### Reasons for the Recommendation:

Following the Cabinet decision made on 3<sup>rd</sup> November 2016, existing Domiciliary Care contracts were extended for an additional twelve month period (1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018).

The Council has explored a joint commissioning arrangement for the replacement service with Knowsley Council and approval for a further one month extension of the Sefton contracts is now requested in order to align the end dates of the Sefton and Knowsley contracts and facilitate this joint commissioning.

Approval is also being sought to commence a procurement exercise for the provision of Domiciliary Care services from 1<sup>st</sup> May 2018, in order to ensure continuity of service and implementation of a revised model of service.

### Alternative Options Considered and Rejected:

The following options were considered and rejected;

1. **Further extending existing contracts up to 31<sup>st</sup> March 2019** – this option was rejected as an increased extension (to 31<sup>st</sup> March 2019 – which is the maximum extension period under the existing contractual terms) would significantly delay the implementation of a new model of service thus delaying the benefits of such a model being realised.

2. **New Directions as a Council owned provider being awarded a Domiciliary Care contract for the whole borough of Sefton from 1<sup>st</sup> May 2018** – this option was considered but is not recommended as it is felt that at this present time New Directions would be unable to deliver a borough wide service and awarding a contract for all services to one Provider would be a risk, based on having a limited market, and could impact on delivery of the Personalisation agenda by limiting choice for Service Users and people funding their own care as other non-contracted Providers may withdraw from the Sefton market . Furthermore awarding a contract to a sole Provider would not support partnership Tripartite commissioning or work across the wider Liverpool City Region aiming to achieve benefits through joint procurement and contracting.

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

**(A) Revenue Costs**

Revenue costs with respect to the new contracts will need to be met from existing Domiciliary Care budgets. The current cost of Domiciliary Care is £10m per annum. .

**(B) Capital Costs**

There are no capital costs associated with the implementation of the recommendations within this report.

**Implications:**

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

<b>Financial</b>		
<b>Legal</b>		
Care Act 2014 Care and Support Statutory Guidance		
<b>Human Resources</b>		
None		
<b>Equality</b>		
1.	No Equality Implication	<input type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input checked="" type="checkbox"/>

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

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Should the recommendations be approved, the service delivery would be amended with the implementation of a more outcome based service model which will aim to have a more positive impact on Service Users as it will seek to provide a more flexible and responsive service. In addition new contractual arrangements will seek to ensure that service delivery issues (such as those concerning continuity of care), which have been highlighted by the Overview & Scrutiny Committee (Adult Social Care) – *Care Services (Domiciliary) Working Group* are more robustly performance managed.

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

The Head of Corporate Resources (FD 4674/17) and the Head of Regulation and Compliance (LD.3958/17) have been consulted and any comments have been incorporated into the report.

The approach to consultation and engagement was presented to the Public Consultation and Engagement Panel on 19<sup>th</sup> May 2017, which encompasses consultation / engagement during the service model formulation, tendering and contract implementation stages. Advice and guidance from the panel has been used to inform the plan. Consultation also continues to take place with Providers both by Sefton individually and as part of Liverpool City Region work programmes.

## **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting.

**Contact Officer: Neil Watson**  
**Tel: Tel: 0151 934 3744**  
**Email: [neil.watson@sefton.gov.uk](mailto:neil.watson@sefton.gov.uk)**

## **Background Papers:**

There are no background papers available for inspection

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

- 1.1 Existing Domiciliary Care contracts were awarded from 1<sup>st</sup> April 2012 following a competitive tendering exercise. Contracts were awarded across six areas of the borough to a total of four Providers. Two Providers currently deliver services in one contracted area each and two Providers deliver in two areas each.
- 1.2 The contracts had an initial term of five years and included the option to extend for an additional period up to two years. Since the initial awarding of the contracts in 2012, one Provider has withdrawn from the Sefton contract and one Provider is currently in the process of withdrawing from one of their two contracted areas, with an alternative Provider in the process of being secured.

- 1.3 On 3<sup>rd</sup> November 2016 Cabinet approved the recommendation to extend the current contracts for a further twelve month period (1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018).
- 1.4 When approving the extension Cabinet were informed that during the period of extension work would be taking place to develop, review and test new ways of working with a view to implement a revised model of service within new contracts from 1<sup>st</sup> April 2018, which would be more outcome focussed and a move away from commissioning services on a prescriptive basis.
- 1.5 Since the Cabinet approval to extend existing contracts work has, and continues to take place, developing the new model of service and this includes a *Trusted Assessor* pilot, which is detailed further in 3.2 of this report. This work will inform the revised service specification, contractual arrangements and tender documentation.
- 1.6 Currently Sefton, as with other Domiciliary Care markets in the North West Region, is being affected by capacity problems and Providers are highlighting issues such as recruiting and retaining sufficient numbers of care staff. Providers have stated that this is due to existing fee rates being insufficient and factors such as the *National Living Wage*. An external organisation (RedQuadrant) have been commissioned by Sefton to look at the Domiciliary Care sector, particularly with respect to proposals for future fee rates and supporting the Council aim of further implementing all of the stages of the *Ethical Care Charter*, by having a fee rate which sustains the market.

## **2. Liverpool City Region & Public Sector Reform Working**

- 1.1 As part of Liverpool City Region joint working it has been identified that there is scope for Tripartite joint commissioning for Domiciliary Care services with Knowsley M.B.C initially and potentially Liverpool City Council in the future, in order to benefit both Local Authorities and Providers by having shared services and standardised service delivery and contractual arrangements. It is therefore proposed (detailed further in section 4 of this report) that the tender exercise will be conducted jointly with Knowsley MBC and the tender and contractual arrangements will be formulated in a way as to allow other Liverpool City Region Local Authorities to join the arrangements in the future, as at this stage their existing contractual arrangements may not allow them to join and/or they may not wish to join at present as such changes may destabilise their own Provider market.
- 1.2 However, at present Knowsley MBC's existing contractual arrangements, together with their own Cabinet approval timeframes mean that approval to commence a joint commissioning exercise with Sefton and subsequent awarding of contracts cannot be authorised in time for new contracts to commence on 1<sup>st</sup> April 2018. It is therefore recommended to further extend existing Sefton contracts to 30<sup>th</sup> April 2018. This one month extension will allow for joint commissioning to occur and supports the key aims of the Liverpool City Region work programmes.
- 1.3 In addition, the proposed approach will also benefit Sefton as such joint commissioning falls within the remit of, and delivers the aims of *Public Sector Reform Workstream 10 – Commissioning and Shared Services* and also

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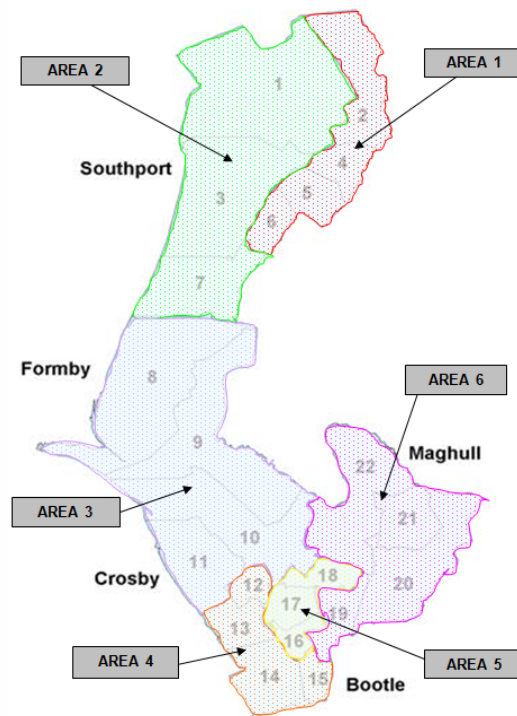
Workstream 2, with respect to supporting the Personalisation agenda, via commissioning services which focus on meeting Service Users desired outcomes.

## 3. The New Model of Service

- 1.4 A revised service specification is being developed, based on an existing specification being used by a Liverpool City Region Local Authority. This specification has;
- A greater focus on achieving outcomes and will ensure Providers work to an enabling approach, thus supporting the move to greater independence;
  - Ensuring Providers signpost Service Users to community / voluntary sector services in order to further increase their independence;
  - A greater focus on staffing and supervisory issues – to ensure services are delivered more effectively; and
  - Targets relating to continuity of care – as issues regarding Service Users receiving care from numerous different staff have been identified as a concern for Service Users and their families. This issue was also highlighted by the *Care Services (Domiciliary) Working Group*.
- 1.5 In addition, one of the main changes will be to give Providers a *Trusted Assessor* role whereby they have greater flexibility to increase and decrease care packages (in agreement with the Service User) in order to respond to changes in need more rapidly, as opposed to them currently identifying potential changes to packages and such changes only occurring once a full Social Work review has been conducted. Such an approach will also assist with meeting Service User outcomes and ensuring that capacity in the market is 'released'. The Trusted Assessor role is in the process of being piloted with existing Providers.
- 1.6 Whilst the new service model will have a greater outcomes focus, it will not be the case that a full outcome based model will be implemented at the start of the contract. Such a model would encompass a full move away from Time & Task commissioning (i.e. agreeing visit times and required care tasks) and it is felt that such a model represents a significant change to existing ways of working which is untested and the market is not fully prepared for. However, the new contract will stipulate that it is a future aim to implement such a model and that its development will be conducted in partnership and co-production with Service Users and Providers.
- 1.7 It is also proposed that a contractual requirement will be for Providers to have *Electronic Call Monitoring (ECM)* in place. This is essentially a system for recording information such as when visits have taken place and their duration but some systems can also capture the activity undertaken during the visit. This requirement will support better contract performance monitoring, in terms of volume and quality of service provided, and to identify and rectify issues such as missed visits. It is also important to state that ECM will not be used to pay Providers based on minute-by-minute service delivery.
- 1.8 Work is taking place reviewing existing Sefton arrangements with respect to the configuration of service delivery areas in the borough, with a view to re-aligning the



areas and combining them with other Local Authority areas. The map below details the current six contracted areas;



- 1.9 As part of joint arrangements with Knowsley M.B.C. it is envisaged that Area 6 could be combined with the neighbouring part of Knowsley (Kirkby) as both areas have experienced capacity issues and combining them would prove to be a more economically viable option for any future Provider. However, it is recommended that final decisions regarding the configuration of contracted areas be designated to the *Director of Social Care and Health* to ensure that decisions made meet Adult Social Care operational and service delivery requirements.

#### 4. The Future Procurement of Domiciliary Care Services

- 1.10 The following timetable has been produced for the tender exercise;

Soft Market Testing / Supplier Event / Finalisation of Invitation to Tender (I.T.T)	June/July/August 2017
Tender Advertised on CHEST	4 <sup>th</sup> September 2017
Tender Return Date	6 <sup>th</sup> October 2017
Evaluation of Responses - including Clarification, Moderation and Interviews	9 <sup>th</sup> October 2017 - 17 <sup>th</sup> November 2017
<b>Submit Report to Cabinet Member – Award of Contracts</b>	January 2018
<b>Call-in &amp; Standstill Period</b>	January 2018
Award of Contracts	January/February 2018
Implementation Period – including engagement with Service Users, establishing finance systems,	February 2018 – April 2018

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contracts formulation etc.	
Contracts Start Date	1 <sup>st</sup> May 2018

- 1.11 The timetable has been formulated in order to both allow a sufficient implementation period (February – April 2018) and so that the tender is not advertised during the summer holiday period where all potential bidders may not view the tender opportunity or have sufficient time to submit their tender. The timelines has also been formulated as any new contracts typically involve a change of Provider for Service Users and such a change needs to be managed with Service Users being regularly informed and supported during the change. However, it is important to highlight that TUPE arrangements could apply meaning that actual staff delivering care to Service Users may not necessarily change.
- 1.12 As mentioned in Section 2.1 it is proposed that the tender exercise will be conducted jointly with Knowsley M.B.C in the first instance with a framework type arrangement being established so that other Liverpool City Region authorities are afforded the opportunity to join the framework in the future at a time that best suits their own commissioning cycles.
- 1.13 Collaboration with other authorities can have great benefit but also introduces additional complexity, particularly in relation to agreeing detail around methodologies, specifications, cost and coordinating decision making. In order to maximise flexibility to develop an agreed approach along the lines set out in this report, whilst ensuring the best arrangements for Sefton, it recommended that decisions regarding the specific configuration of service delivery areas, contractual terms, tender evaluation criteria and the outcome based service specification are delegated to the Director of Social Care and Health in consultation with the Cabinet Member Adult Social Care. Such decisions will be made in advance of the procurement exercise commencing
- 1.14 The tender will encompass evaluating bids based on the most economically advantageous tender and it is proposed that the evaluation will be based on an assessment of Quality and Social Value (for example 95% Quality and 5% Social Value), with price not being a contributory factor in evaluations as the price (typically the hourly rate paid) will be set by Sefton and Knowsley. Therefore contracts will be awarded to the bidder/s who demonstrate the highest quality/social value submission for the budget that the Local Authorities intend to commit. This will benefit Sefton and Knowsley by ensuring that there is a primary focus on commissioning the highest quality services which in turn will benefit Service Users. It is recommended that decisions on the evaluation criteria be designated to the *Director of Social Care and Health* to also ensure that the quality criteria and questions tenderers are asked to respond to, are based on ensuring that future services meet Adult Social Care requirements.
- 1.15 In addition, the above approach to the evaluation of tenders is recommended as Sefton has commissioned an external organisation (RedQuadrant) to conduct a Market Oversight exercise of the Domiciliary Care sector and this has included an assessment of rates required which will support the Domiciliary Care sector and the desire of Sefton Council to further meet the aims of the Ethical Care Charter. The aim of this exercise will be to establish a fee rate, based on a thorough understanding of the market, and therefore this fee rate will be set by the Council thereby not requiring tenderers to submit rates for evaluation.

1.16 The proposed term of the contract is yet to be agreed but it is presently anticipated that contracts would be awarded for a period of between 3-6 years, structured around an initial core contract period and one or more optional extension period(s) (e.g. 3 year initial core contract period with provision to extend for 1-3 further twelve month periods). The purpose of building contracts around core and extension periods is to ensure that the quality of the contract is maintained throughout the life of the contract and to ensure that the Council, particularly at times of financial uncertainty has flexibility to bring contracts to a conclusion and/or is able to refine services and or goods received under the contract.

1.17 Following the evaluation of tenders it is recommended that decisions regarding the awarding of contracts be designated to the *Cabinet Member – Adult Social Care*.

## 5. Consultation & Engagement

1.18 The following Consultation and Engagement approach has been presented to the Public Consultation and Engagement Panel on 19<sup>th</sup> May 2017;

Stage	Overall Aim / Details	Timeframes
Trusted Assessor Pilot	<p>Pilot to assess the benefits of, and to inform the development of the proposed new model of service.</p> <p>The pilot will encompass a contracted Provider initially identifying Service Users whose care package could be amended.</p> <p>A Customer Experience Form will also be developed with the Provider prior to the pilot commencing for use with Service Users who have had changes to their care package implemented during the pilot to assess how the changes have impacted on the service they receive.</p> <p>It is also proposed that a focus group will also be held with Service Users to review the outcomes of the pilot and to gain feedback on it.</p>	May – July 2017
Review of Existing Surveys	Surveys (such as the Adult Social Care survey) will be reviewed to use feedback to inform the development of the new model of service.	May – July 2017
‘Supplier’ events	Events to be held with both existing and potential new Providers in order to outline to them the procurement process and timeline, the new model of service and the desired outcomes	July/August 2017
Public Engagement & Consultation Panel	Feedback to the panel on the outcome of the pilot and the impending tender exercise.	September 2017
Contract Mobilisation	<p>Engagement will be required with Service Users / families / advocates regarding the new contractual arrangements as this could include a change of Provider for Service Users.</p> <p>However, it is important to state that due to TUPE regulations any changes may not include a change to Service Users care</p>	February 2018 – April 2018

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- 1.19 The plan has been formulated to ensure that the new model of service is informed by, and reflects, concerns and issues highlighted and reported together with engaging with the Provider market to outline to them the tender process and timescales. The plan also takes into account ensuring that following the awarding of new contracts, Service Users are regularly engaged with to ensure that they are supported through any changes.

**Report to:** Cabinet  
Health and Wellbeing Board  
Overview and Scrutiny Committee (Children's Services and Safeguarding)  
Overview and Scrutiny Committee (Adult Social Care and Health)  
Council

**Date of Meeting:** 25 May 2017  
14<sup>th</sup> June 2017  
21<sup>st</sup> June 2017  
27<sup>th</sup> June 2017  
13 July 2017

**Subject:** Public Health Annual Report 2016

**Wards Affected:** (All Wards);

**Report of:** Head of Health and Wellbeing

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

**Exempt/Confidential**                      No

**Purpose/Summary**

To present the Annual Report of the Director of Public Health 2016.

**Recommendation(s)**

The Cabinet is requested to receive the report and recommend it to Council for publication.

The Health and Wellbeing Board and the Overview and Scrutiny Committees are requested to note the content of the report

The Council is requested to:

1. receive the annual report of the Director of Public Health; and
2. note that the report will be published

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

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	x		
2	Jobs and Prosperity	x		
3	Environmental Sustainability	x		

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4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities	x		
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy	x		

## Reasons for the Recommendation:

The report is a statutory independent report of the Director of Public Health and identifies key issues affecting health in 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>Financial</b>	
<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 the Director of Public Health must produce an annual report and the local authority must publish the report	
<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 of the Proposals on Service Delivery:

This report should be taken into account in all service areas.

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

The Head of Corporate Resources has been consulted and has no comment on the report as there are no direct financial implications for the Council arising from the content of the report. (FD 464317) and the Head of Regulation and Compliance (LD3929/17) has been consulted and any comments have been incorporated into the report.

## **Implementation Date for the Decision**

Immediately following the Council meeting.

**Contact Officer:** Charlotte Smith

**Tel:** 0151 934 3901

**Email:** [charlotte.smith@sefton.gov.uk](mailto:charlotte.smith@sefton.gov.uk)

## **Background Papers:**

None.

# Agenda Item 7

## 1. Introduction/Background

The Director of Public Health (DPH) is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues.

It is an important vehicle by which the DPH can identify key issues, celebrate success, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.

The 2016 annual report is centred on the wider determinants of health. This report considers the root causes of health inequalities across Sefton, what actions are already being undertaken locally to address these issues, as well as recommendations for future actions.

This report has been developed through collaborative working with a range of Council and external partners, and the topic and content have been agreed with the portfolio holder for Health and Wellbeing.

## 2. Aims of the Report

- Contribute to improving the health and wellbeing of local populations.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.
- Be relevant to the health of local populations with information analysed at the most appropriate population level.
- Must be integral to planning across all sectors and needs to promote action.
- Should include a clear set of recommendations that are targeted, realistic and achievable (SMART).

## 3. Structure of the Report

It is proposed that the PHAR will be structured around the 'nine key areas that improve public health and reduce inequalities' identified in the 2013 Kings Fund Report - Improving the public's health: a resource for local authorities (2013)

[https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf)

These nine areas are:

- 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
- Health and spatial planning



## **4. Recommendations**

The following recommendations will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

### **1. The best start in life**

- Continue to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensure that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Provide support for pregnant women on a range of health issues, including stop smoking services and breastfeeding support through development of a peer support model.

### **2. Healthy schools and pupils**

- Develop and implement a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote more physical activity within schools and other settings.
- Develop and promote resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

### **3. Helping people find good jobs and stay in work**

- Develop the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.
- Develop a plan to promote and protect the health of the workforce across the Council and wider organisations in both the public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.

### **4. Active and safe travel**

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.

### **5. Warmer and safer homes**

- Continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- Consider how best to support local action to reduce levels of childhood injury in Sefton.

### **6. Access to greenspace and the role of leisure services**

- Use the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and

# Agenda Item 7

participation in the management of the natural resources within the borough, particularly by those groups who currently access it least.

- Work with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximise opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.

## **7. Strong communities, wellbeing and resilience**

- Support positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensure that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensure that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the 'CLAHRC – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

## **8. Protecting the health of the public**

- Continue to work at a Cheshire and Merseyside level on a programme of work designed to ensure full use of alcohol licensing powers available.
- Explore opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establish an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.

## **9. Health and spatial planning**

- Provide training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Work together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

# Public Health Sefton 2016 Annual Report



Protecting the health  
of the public

The best start in life

Helping people  
find good jobs and  
stay in work

Active  
and safe  
travel

Strong  
communities,  
wellbeing and  
resilience

Access to  
greenspace  
and the role of  
leisure services

Health  
and spatial planning

Warmer and safer  
homes

Healthy schools  
and pupils

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## Matthew Ashton Director of Public Health



Public Health Team. For this reason, this report covers the work of a wide range of services and partners, to demonstrate the breadth of work that is underway across Sefton.

We would like to extend our thanks to colleagues across the Council and within our partner organisations for contributing to this report, and supporting our view that improving health and wellbeing really is everyone's business.

I also want to provide an update on last year's annual report. Last year the annual report 'Good Health in Tough Times' focused on what we can do together in Sefton to help people stay healthy, at a time of public sector funding cuts. The report captured the findings of the 'Good Health in Tough Times' workshop which brought together people from across Sefton. The workshop included representatives from the Council, health and social care and the voluntary, community and faith sector. It was motivating to see how we can work together to support our population despite the challenging financial climate.

Last year the annual report made a series of recommendations and challenges to the Council and partners. These recommendations and updates are contained at the back of this report in the appendix.

**Matthew Ashton**  
Director of Public Health  
Sefton Council

Welcome to this year's Public Health Annual Report for Sefton, and my first as Director of Public Health in Sefton.

I started in Sefton in February 2016. Since then I have been impressed with the passion and commitment of council officers, elected members and partner organisations, in working together to improve health and wellbeing for people who live, work and play in Sefton.

It is for this reason that I have decided to focus my annual report on the 'wider determinants of health'.

We know that the causes of good health and indeed poor health are often rooted within the social, economic and physical environments where we are born, work and live. In the first chapter, we will introduce this idea in more detail, before going on to look at what we are doing in Sefton in relation to wider determinants of health.

The nature of wider determinants of health is very broad and often outside the control of the

## Councillor Ian Moncur, Cabinet Member for Health and Wellbeing



remains committed to protect the wellbeing of the most vulnerable, and tackling the root causes of health inequalities in the borough.

As portfolio holder for Public Health I endorse this report and hope you enjoy reading it. Please do get in touch with any feedback or suggestions for topics to cover in future reports.

Welcome to the 2016 Public Health Annual Report for Sefton Council.

The Public Health Annual Report is an opportunity to take stock of the health of people in Sefton and to look at what the Council and our partners in Sefton can do to maximise wellbeing.

This year the report will focus on the wide range of factors in our everyday lives that shape our health. These are called 'the wider determinants of health' and include housing, education, jobs and training, transport, the environment and our local communities.

The Council, and many partner organisations across Sefton are working hard to ensure people living in Sefton can grow up, work, and live in communities which help them to be healthy. This report provides an opportunity to share some of this good work.

It also provides an opportunity to think about how we can work together more effectively in the future, at a time of continued cuts to public funding. Despite these challenges the Council

**Councillor Ian Moncur**  
Cabinet Member for Health and Wellbeing  
Sefton Council

# Introduction

## What are the wider determinants of health?

The places where we live and work are influenced by a wide range of social, economic and environmental factors which in turn have a big impact on our health and wellbeing. These factors are sometimes called the wider determinants of health or 'the causes of the causes' of health. Some of the main wider determinants of health are illustrated in Figure 1.

These factors influence how we live our lives and how healthy we are. For example, our experience in early life and level of education has a huge impact on our job opportunities, income and wellbeing in later life. Positive relationships with family and friends mean we have social networks that can support us and reduce the chances of us becoming socially isolated.

Ideally we would live in a world which allows healthy choices to be easy; for example, good jobs are plentiful and housing is affordable for everyone. However, in some areas of the UK, and some areas within Sefton, there is an unequal distribution of income, resources and opportunities.

For some this makes healthier choices harder, resulting in more ill health in some areas of the borough. For example, we know that people do less physical activity when they live in areas which have little or no greenspace. Equally, areas with high amounts of outlets selling unhealthy food tend to have higher levels of obesity. Instead of working to reduce inequalities in health, this can have the opposite effect, making the gap between those with the best and worst health in the borough much wider.

Tackling the wider determinants of health is increasingly considered to be a key focus for public health activity. Work to improve the



Source: Adapted from Dahlgren and Whitehead, 1991

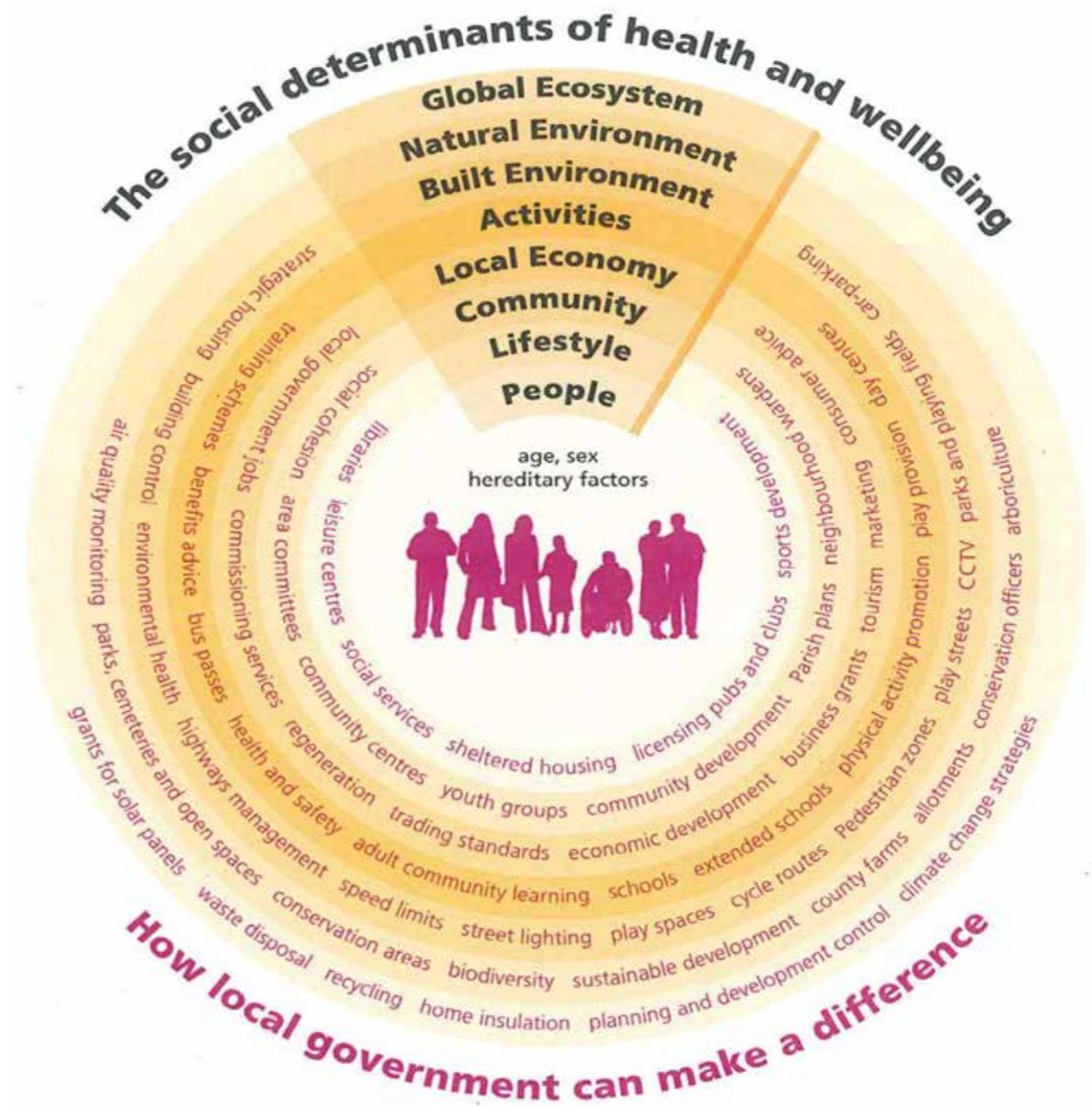
'causes of the causes', increases the opportunity for everyone to be as healthy as possible and ill health can be prevented before it occurs.

Responsibility for Public Health moved to the Local Authority in April 2013. This has been important in identifying opportunities to improve the wider determinants of health, by aligning policy and the everyday work of council officers responsible for shaping local environments.

The range of this work is illustrated in Figure 2.

Equally, there are many other local organisations including Clinical Commissioning Groups and those working within the community, voluntary and faith sector, whose everyday work aims to achieve the best possible health and wellbeing for Sefton residents.

Figure 2: How council activities influence health and wellbeing



Source: IDeA, 2010

## National context

There have been a number of key documents produced in recent years which suggests how local areas can work in order to influence the wider determinants of health. These include:

- Institute of Health Equity (Feb 2010) 'Fair Society, Healthy Lives' (Marmot Review)
- Improvement and Development Agency (March 2010) 'The Social Determinants of

### Health and the Role of Local Government'

- Kings Fund (2013) 'Improving the public's health - A resource for local authorities'
- Public Health England and Institute of Health Equity (September 2014) 'Local action on health inequalities - A series of evidence papers'
- University of Liverpool and CLES (September 2014) 'Due North - Report of the Inquiry on Health Equity for the North'

## Local context

Tackling the wider determinants of health is at the root of how Sefton Council and partners will operate in the future, and this is illustrated through the Sefton 2030 vision.



## Sefton's 2030 Vision

- Sefton residents are prepared for change and will look out for each other. People will take responsibility for their own health and well-being. Communities and individuals will benefit from volunteering opportunities. People will rely less on public sector services.
- We are supportive of communities where everyone has the opportunity to live an independent and proactive life.
- People enjoy being part of energetic local communities with their own unique identities and sense of pride.
- Sefton will develop strong public sector partnerships, an entrepreneurial culture and a strong workforce. Communities will benefit from integrated educational, learning and skills development links with business.
- Communities and businesses benefit from new digital technologies that keep people informed and connected.
- The community plays a key role in the regeneration of their area.
- Sefton's coastline and greenspaces are preserved and celebrated for the enjoyment of future generations. Everybody works together to keep Sefton clean and green.

## How have we developed this report?

The wider determinants of health are a broad topic area and a wealth of activity related to this is underway in Sefton on a daily basis. This report provides just a snapshot of this activity. It also focuses largely on work that can be directly influenced by the Council or by working with local partner organisations.

The format of this report is largely based on the Kings Fund document mentioned on page 6. It draws on available best practice and recommendations for activities that local areas can undertake to improve the wider determinants of health. For the best results, the Kings Fund recommend work on nine topic areas and these form the structure for the rest of this report.

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs, 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
- Health and spatial planning

Each chapter within the report will consider;

- Why is this issue important?
- What could we do about this?
- Did you know? – Key facts about this issue in Sefton
- What are we doing in Sefton?
- What more should we do in Sefton?

The central pages within the report provide a snapshot of health within Sefton during 2016, and relevant local statistics are given at the end of the report.

In developing this report we have spoken to a range of colleagues from throughout the Council and other local organisations, who are responsible for work in relation to the different chapters. We have also discussed the report with local community organisations including Healthwatch Community Champions, who have provided us with case studies.

## Next steps

Each chapter contains recommendations which will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health Team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

At the time of writing, a further audit of wider determinants of health activity was underway by the Public Health Team. This will provide a more detailed assessment of related work against existing evidence and will produce further recommendations.



# 1 The best start in life

## Why is this issue important?

The foundations for a healthy and fulfilling life are built in the first few years of a child's life. Even before birth, a mother's health before and during pregnancy can impact on the future health of her child. This is why it is important to focus on the health and wellbeing of pregnant women, and families with young children; making sure children have the best possible start in life.

When we are born, our early life experiences help to shape our future habits, behaviours and attitudes to the world around us. This means that positive early experiences, both with our family and in early years education settings, can provide us with better life chances and more chance of being healthy.

## What can we do about this?

Local authorities can ensure that the most vulnerable children and families are supported through targeted initiatives offering more intensive support to families with young children, as and when it is needed. This should be offered alongside universal services for all families with young children.

Provision of support for any vulnerable families during pregnancy and during early years (0-2) can improve a wide range of aspects of child and maternal wellbeing, including school readiness and maternal employment outcomes.

## Did you know?

- In 2015, 7 in 100 babies born in Sefton had a low birthweight and 1 in 100 had a very low birthweight, which is similar to the national average.
- Babies with a low birth weight are five times more likely to die in the first year of life than babies born with a birth weight in the normal range.
- Childhood immunisation rates for primary vaccinations (given in the first year of life) in Sefton are above 90%; this is significantly higher than England as a whole.

## What are we doing in Sefton?

In 2014, the Sefton Public Health Annual Report: Nurturing the hearts and minds of children, focused on children aged under 5 years. This report provided a detailed assessment of the health and wellbeing of children aged under-five in Sefton. Many of the issues highlighted in that report remain relevant today. This includes; protecting mothers and babies, and ensuring school readiness. A copy of this report can be found on Sefton Council's [website](#).

## Healthy Child Programme

Giving every child the best start in life remains the foundation of Sefton's Health and Wellbeing strategy. Sefton's continued commitment to this can be seen through development of the new 0-19 Healthy Child Programme, which will mean that health visitors and school nurses will be part

of a new integrated nursing team supporting children and families.

This new service will be provided in Sefton from April 2017 by Northwest Boroughs Healthcare NHS Foundation Trust (formerly 5 Boroughs Partnership). Alongside the universal services, which deliver a schedule of health and development reviews, screening tests, immunisations, health promotion and support in parenting to all families, the new service will support the most disadvantaged and vulnerable children and families through an intensive

support programme based on individual need. The mix of universal and more intensive support services will help us to reduce health inequalities among Sefton families.

Sefton Council is grateful to the help provided by NHS and voluntary sector organisations in shaping the new service, and especially thankful to those young people, parents and staff who responded to our consultation on services. Members of Sefton's Youth Cabinet also helped the council choose who would deliver the new service.

## Consultation on the new 0-19 Healthy Child Programme Service in Sefton

The development of the new 0-19 Healthy Child Programme Service has utilised the latest evidence and best practice, and the voice of parents and professionals working with young children and their families, to develop an offer which is appropriate for the needs of Sefton residents.

In developing the new service we needed to speak with families, young people and front line staff. The views of parents and young people highlighted changing needs and health priorities, suggesting ways services could be improved; including how the future service works with parents, children and young people. This has allowed the new service to be shaped around the people the service is intended to support.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to give Sefton children the best start in life. We will do this by:

- Continuing to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensuring that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Providing support for pregnant women on a range of health issues including stop smoking services and breastfeeding support through development of a peer support model.





# 2 Healthy schools and pupils

## Why is this issue important?

Helping each child and young person reach their full potential at school provides them with better life chances. It can also help them to live a longer and healthier life. Positive experiences we have at school can help us to develop interests and learn about the world around us in a way that can enrich our lives, and therefore the lives of others in our community.

recognising the features of exploitative friendships and tackling attitudes which can lead to bullying.

- Reduce the prevalence and impact of conduct disorders, through programmes aimed at improving social and emotional skills, attitudes and behaviours, and attainment.

Schools can be supported to provide healthier environments by:

- Encouraging more physical activity into the curriculum, and promote healthy eating.
- Developing a wide range of life skills for their pupils, including building emotional wellbeing and resilience to peer pressure, coping with social media use and media pressure.

## Did you know?

During the 2015/16 school year in Sefton:

- Seven out of 10 pupils gained a good level of development in the Early Years Foundation Stage. This is higher than the rates seen in the North West and England.
- Six out of 10 pupils achieved or exceeded the expected standard for reading, writing and maths in Key Stage 1. This is lower than the rates seen across the North West and nationally.
- One in 10 Sefton pupils in reception was obese, rising to 1 in 5 for pupils in Year 6.

high-quality education will ensure that children and young people, gain knowledge and develop a wide range of life-skills preparing them for future employment and social opportunities. Schools are also settings in which healthy behaviours can be influenced and developed, for example through supporting healthy diets. Conversely, we know that bullying within schools can have a negative impact on the emotional and mental wellbeing of pupils in both the short and longer term.

## What can we do about this?

In order to help schools ensure each child reaches their full potential, local authorities and partners can support schools, in order to:

- Reduce bullying through implementing evidence-based programmes and seek outside support when required. PSHE lessons provide an opportunity to talk to pupils about bullying and healthy/unhealthy relationships, including

## What are we doing in Sefton?

There are a range of initiatives aimed at children and young people underway in Sefton, designed to improve physical, mental and emotional wellbeing.

## Emotional wellbeing in schools

This service is delivered as a component of the School Nursing Service in Sefton, and is a targeted confidential service for children, young people and their families, providing support with emotional and mental health difficulties that fall below the threshold of other specialist services.

The service helps to support children and young people with anxiety, anger issues, low mood, low self-esteem, bullying or friendship difficulties, behavioural problems at home or school, self-harming behaviours, school difficulties. It recognises the importance of early identification, early assessment and early intervention, to improve the outcomes for children and young people across the borough.

*“ Within this role, I am able to provide accessible and timely access to evidence-based interventions for children and young people. I work jointly with families and young people to assess problems and develop interventions which support positive change.*

*I also work in partnership with School Nurses to develop capacity and capability around emotional health and wellbeing, as well as linking in with other professionals to ensure that children and young people achieve the best outcomes.*

**Cath Brindle**, Specialist School Nurse for Emotional Mental Health and Wellbeing

## Bully Busters



Sefton Council commission Bully Busters to work with schools. A team of specially trained staff operate the confidential telephone helpline and take calls from victims, parents or from people with information about the bullying of children. As well as acting as a listening ear service, the team provides practical advice and can act as a mediator between the organisation where the bullying is taking place and the parent/carer of the child involved. They also operate a full anti bullying initiative providing training and awareness sessions for young people, children, professionals, Governors and parents or carer's.

## Young Carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. The average age of a Young Carer is 12 years old with 1 in 3 young carers spending 11-20 hours per week caring. Evidence suggests that more than half (53%) of young carers have problems coping with school work and nearly 60% struggled to meet deadlines. Sefton Carers Centre has been working with schools in Sefton to help to support Young Carers and their families, and has recently hosted a Young Carers Awareness Day event in partnership with Greenbank High School in Birkdale.

At the event local schools and organisations were invited to hear about work being undertaken to identify young carers in the school setting and provide support on a holistic family approach using the Carers Trust Young Carers in Schools toolkit. Over 35 young carers have now been identified and the school is working towards

“ The support has helped me to achieve my goals and helped me to feel happy and secure. I just want other people to get the support I've had for them to have an easier, happier life and for people to know that there's always someone they can speak to. ”

**Olivia Rushton,**  
a young carer  
and pupil at  
Greenbank  
High School



## Active Sefton

Sefton's Sport & Recreation Service provides a range of programmes for children and young people in schools, with the aim of providing education around healthy eating, physical activity and healthy lifestyles. This includes Move It, Active Kids, Sportivate, Active Academies and many more. More information about the service can be found in Chapter 6 and here - [www.sefton.gov.uk/sport-leisure](http://www.sefton.gov.uk/sport-leisure).

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure we have healthy schools and pupils in Sefton. We will do this by;

Developing and implementing a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote physical activity within schools and other settings.

Developing and promoting resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

Page 146  
The bronze level of the Young Carers in Schools programme which they hope to achieve prominently.

A free step by step guide to Supporting Young Carers in Schools is available to be used locally, for more information please contact John Hill, Sefton Carers Centre, **0151 288-6060** / [john.hill@carers.sefton.gov.uk](mailto:john.hill@carers.sefton.gov.uk)



# 3 Helping people find good jobs and stay in work

## Why is this issue important?

Finding a good job can ensure we are financially better off and gives us a sense of purpose in life. These factors generally have a positive effect on our physical and mental wellbeing, which can also be felt by our immediate family.

On the other hand, for people who experience unemployment, or insecure employment, there may be a negative impact on health and wellbeing. People with a long-term health condition or disability can face barriers to finding and staying in work, with around half of people with a long-term health problem experiencing difficulties within the workplace.

Whilst working is generally good for our health, the type of work we do is also important. Stress at work, job insecurity and a lack of control over work are associated with long-term physical and mental health problems. Most illnesses caused by work are musculoskeletal or related to stress, depression or anxiety.

## What can we do about this?

Councils and partner organisations can encourage uptake of supported employment schemes, such as apprenticeships. This is particularly important for groups such as those with a disability and disadvantaged in the job market; including long-term unemployed, older workers and young people aged 16-19 not in education, employment or training (NEET).

Councils can promote inclusive growth, this means that local investments and developments are used to create opportunities for all segments of the population and the benefits of this are distributed fairly across society.

Local authorities can play a role in supporting and challenging local businesses to do more to promote workforce health, and support employers in helping employees with health conditions.

## Did you know?

- Between January and December 2015 there were approximately 15,000 workless households – almost 1 in 5 of all households within Sefton.
- Following a decline in recent years Sefton's rate of 16 to 18-year-olds who are not in education, employment or training (NEET) has shown an increase in 2016. The rate in Sefton remains significantly higher than the England average.
- When surveyed 2.3% of Sefton employees had at least one day off due to sickness absence in the previous week, similar to the national average.

## What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to support people into good quality employment.

## Sefton@Work

Sefton@Work is a free service which provides employment information, advice and guidance to Sefton residents aged 16 and over. Sefton@Work offers a range of programmes including 'Ways to Work'. This initiative combines employment advice, guidance, job preparation skills and paid work placements for Sefton residents who have little or no work history. This programme aims to improve long term economic resilience by helping residents into the job market and through providing a working role model for children within the family.

Ways to Work is one of the first projects of its kind to be run through the Liverpool City Region Combined Authority and we are working closely with all the other local authorities to deliver a consistent offer. Part of the grant offer includes funding from a European fund called Youth Employment Initiative (YEI) which specifically targets people under 29 years old who have no work experience or little work history.

## Nature 4 Health

Sefton@Work has also been working with Mersey Forest as part of the Nature for Health programme, to improve mental wellbeing in those furthest from the job market and encourage skills development through participation in voluntary activity. The project



also aimed to increase the number of hours participants spent outdoors interacting with nature and participating in activities outside of their comfort zone.

Twelve participants were involved in the project; all were registered with Sefton@Work. The project was undertaken at SAFE Regeneration in Bootle and involved a 6 week course with 2 sessions per week, including horticulture, vegetable growing and art based activity.

Since the course seven participants have continued to attend SAFE Regeneration on a regular basis. Two have since gained employment; including one who has started an apprenticeship at SAFE Regeneration. Informal feedback found that some participants who were previously socially isolated had seen a noticeable improvement in attitude towards work.

**“** I was stuck in a bit of a rut and wasn't really doing anything; I heard about the Nature for Health Project through Sefton at work and thought I would visit SAFE to check it out. I was made to feel comfortable and instantly felt I wanted to get involved in the gardening and make a difference. I'm now really enjoying life and getting involved at SAFE, I have a job gardening and maintaining the grounds and things couldn't be better! **”**

Nature 4 Health participant

Some were now also engaging with Living Well Sefton – Sefton's integrated health and wellbeing service. A full evaluation of the project is currently underway by Liverpool John Moores University.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to help people find good jobs and stay in work in Sefton. We will do this by:

- Developing the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.

- Developing a plan to promote and protect the health of the workforce across the Council and wider organisations in both public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.





# 4 Active and safe travel

## Why is this issue important?

Whether we are commuting to work, completing the school run, or on a more leisurely outing, how we get from A to B can have a major impact on our health and wellbeing.

Using active forms of transport like walking and cycling provides many health benefits. This includes helping us to achieve and maintain a healthy body weight, reducing our risk of heart disease and stroke, and reducing our chances of developing diabetes. Building active travel into

our daily routines can also improve our mental wellbeing.

Active travel can reduce the number of short car journeys we take, which in turn can reduce congestion and improve air pollution. This also helps to make roads safer, especially for cyclists and pedestrians; and can make our communities more appealing and attractive.

## What can we do about this?

Both public and private sector organisations can promote cycling to work, which can lead to a healthier workforce and fewer days lost through ill-health. One way to achieve this is through the cycle to work scheme, which reduces the up-front cost of buying a bicycle. Councils can support cycle safety through cycle training and guided cycle routes to build the skills required to cycle safely.

In order to ensure safe travel Councils and partner organisations could consider:

- Developing safer routes to schools, colleges, and common destinations, in more densely populated areas, with high levels of road casualties.
- Create safe and attractive local environments which promote cycling and walking over car use.

*I knew I had to do more exercise, but the walking groups grabbed my attention as I knew I would meet people and just the fact you can walk and talk comfortably and you're doing it within a group is ideal for me. The walking groups have been a lifesaver for me as they have got me into a weekly routine again, I have dates and times in my diary each week and I know people are going to be at the walks rain or shine.*

**Doreen** has been walking with the Active Walks Programme for over 6 months to meet new people and improve her mood.

*I used to be a keen cyclist but I was knocked off my bike a couple of times. After the second accident, I lost my confidence riding on the road. This led to my fitness and mood dropping, and I suffered from depression. I attended a Dr Bike session, where Sefton's Cycling Development Officer not only fixed my bike but also explained what he was doing so I could fix it myself the next time. I went on to assist with the Dr Bike sessions as a volunteer and now have completed a City and Guilds level 2 in bike maintenance.*

*My confidence and self-esteem have improved and I am currently seeking employment as a bike mechanic.*

**Ken**

## Did you know?

- The Sefton rate of people killed and seriously injured on the roads is similar to the England average.
- Just over half of Adults in Sefton (56%) achieve the recommended 150 minutes of physical activity per week.
- Around 1 in 10 adults in Sefton cycle at least once a week. This means around 20,000 residents.

## What are we doing in Sefton?

The Local Transport Plan sets out the approach to travel within a local area, including the promotion of active and safe travel. For Sefton, this document is produced by Mersey Travel for the Liverpool City Region Combined Authority and is called '**A Transport Plan for Growth**'.

Sefton Council also provides a number of programmes which support people to walk and cycle more and to reduce the number of car journeys people make. 20 mph zones have been introduced in residential areas across Sefton to encourage people to drive more carefully and slowly and make neighbourhoods safer.

## Active Travel Sefton

Sefton's Active Travel Team provide a wide range of services to help get people who live, work and visit Sefton involved with cycling, walking and using sustainable transport. Active Travel Sefton provides a wide range of one-off events and week to week activities to join in with.

The Active Travel Sefton **website** brings together information on what is going on across the borough and includes a weekly timetable of activities as well as links to the Sefton Travel App and information for local businesses and employees.

A wide range of initiatives are delivered across the borough including:

## Schools and Colleges

Each year around 5000 school pupils take part in cycle skills sessions provided by the active travel team. The team also support initiatives such as walking buses, providing an active, safe, and car-free journey to school for hundreds of primary school children across Sefton.

## Community

Over 2600 people take part in 'Health Walks' and around 1200 people take part in led cycle rides each year in Sefton. Local health walks are offered across the whole of the borough and cater for all ages and abilities, and include Nordic Walk training. These provide a number of benefits to both physical and mental health.

Practical cycle maintenance training is also offered to residents, along with bike servicing at Dr Bike sessions and learn to ride sessions for complete non-cyclists or on-road cycle training for occasional riders.

On a weekly basis around 90 residents take part in Wheels for All cycling sessions which enable children and adults with disabilities and differing needs to engage in a quality cycling activity. Sefton's centres are equipped with a range of specially adapted cycles and welcome individuals, groups and families to be involved.

### Visitors and Local Business

The active travel team can offer businesses in Sefton support in developing travel plans and can also assist in the promotion of sustainable travel and provide practical and informative work based sessions to employers and their employees.

For visitors to Sefton, detailed information on how they can use walking and cycling is available from a range of sources including the **Active Travel Sefton** and the **VISIT Sefton and West Lancashire** websites. To encourage visitors to cycle whilst visiting the local area, bike hire is available from a number of popular locations across Sefton. Each year over 1500 people use these hire bikes to get around.

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to help people to engage in safer and more active travel in Sefton. We will do this by:

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.



# 5 Warmer and safer homes

## Why is this issue important?

Living in a home that is warm, safe and in a good state of repair is fundamental to keeping ourselves well, whatever our age or circumstances. When our housing meets our needs we are better able to access services and build relationships with people living in our local community.

## What can we do about this?

Local authorities have statutory responsibilities for housing; including providing accommodation for people who are homeless, tackling homes that are of a poor standard and ensuring that enough affordable housing is available. Registered providers (housing associations) own and manage local supplies of socially rented housing, whilst other organisations such as Fire and Rescue Services work hard to ensure safety within homes.

Suggested actions that local organisations should take to ensure good quality housing include:

- Making homes warmer - Each year over 20,000 deaths in the winter months, in people aged over 65 are related to under-heated homes. These 'excess winter deaths' are caused by cold homes increasing the risk of cardiovascular disease, stroke and respiratory illness.
- Preventing accidents in the home - Each year in the UK over 1 million children attend A&E following an accident in the home.

## Did you know?

- Over 1 in 10 of households in Sefton is estimated to be living in fuel poverty. This is higher than the England average.
- In Sefton there are, on average, 20% more deaths in winter compared to non-winter months.
- Sefton's A&E attendance rate for children age 0-4 is significantly higher than the England rate.

## What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to ensure good quality housing within the borough.

### Affordable Warmth

In 2013, the Public Health Annual Report focused on affordable warmth activity in Sefton and a version of that report can be found [here](#).

### Hillary Drive Affordable Housing

Hillary Drive in Waterloo is an example of an affordable housing development, completed in April 2016. The mix of properties was developed in discussion with Sefton's Housing Team based on an identified need for local affordable housing, particularly smaller family homes and those that require ground floor accommodation.

The scheme has achieved Secure by Design accreditation, meaning that the properties are designed to ensure a safe and secure environment. The properties contain high levels of insulation, so they are more affordable to heat. Some units also meet Lifetime Homes criteria and include level access to front and rear of properties, level access showers in some ground floor flats and provisions for stair lifts in the houses. This means that the scheme will more easily adapt to ever-changing needs of our residents.

### Safe and Well Visits

Over the past year, Merseyside Fire and Rescue Service (MFRS) have been working with local Public Health Teams to broaden their current Home Fire Safety Check to tackle local health priorities. Under the banner of 'Safe and Well' the new visits will incorporate information on five key health issues, in addition to fire prevention and safety.

MFRS will start their visits in April 2017 and hope to visit over 7000 homes across Merseyside. In Sefton, their team of prevention advocates will refer those requiring further support into local health and wellbeing services such as Living Well Sefton.

#### Five key health areas for Safe and Well visits:

- Falls assessments
- Alcohol advice
- Smoking cessation
- Bowel cancer screening (over 60's)
- Blood pressure checks

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure warmer and safer homes in Sefton. In Sefton:

- We know that conditions in the private rented sector in particular areas of the borough are poor, so we will continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- We will consider how best to support local action to reduce levels of childhood injury in Sefton.



## 6 Access to greenspace and the role of leisure services

### Why is this issue important?

Good quality and well-managed greenspaces provide a range of physical and mental health benefits for a local area. They also provide opportunities for biodiversity and can support better local air quality.

Time spent outdoors, either by the coast, woodland or in a park can increase our levels of wellbeing. Engaging in leisure activities can also help us to relax and unwind, and provides opportunities to meet new friends, and develop new skills and confidence.

Being able to access greenspace and leisure services means we are more likely to be physically active, helping to reduce the risk of a wide range of long-term health conditions including heart disease, musculoskeletal problems - such as arthritis and cancer.

### What can we do about this?

To increase access to open and greenspace, the local organisations should consider:

- Good maintenance of parks and greenspaces and in particular, ensuring that anti-social behaviour does not act as a barrier to the enjoyment of these areas.
- Working in new ways to ensure the financial viability of parks and greenspaces in the long term. This could include links with local third sector organisations and local businesses.

- Engaging with community groups and volunteers including 'friends of' groups in the ownership, management and maintenance of greenspaces. This encourages people to improve their local environment and provides health benefits for the volunteers.
- Planning the use of leisure facilities to maximise the health of local residents, with a particular focus on vulnerable groups.

### Did you know?

- Sefton has 8 leisure centres, and over 30 sport, exercise and health activities which operate under the banner of 'Active Sefton'.
- Sefton has 22 miles of coast, including beaches, sand dunes and coastal woodlands.
- Sefton has over 27 parks across the borough, as well as 61 play areas and 183 open spaces.
- 16% of Sefton residents are estimated to have visited outdoor spaces for exercise/health reasons in the last seven days, compared to 18% nationally.

### What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to ensure access to greenspace and leisure opportunities.

## Sefton's Sport & Recreation Service

Sefton's Sport and Recreation Service is directly responsible for six leisure facilities. This includes Dunes Splash World, Meadows Leisure Centre, Netherton Activity Centre, Litherland Sports Park, Crosby Lakeside Adventure Centre, and Bootle Leisure Centre.

The service is also responsible for the management of two major leisure management contracts at Formby Pool and Crosby Leisure Centre. Active Aquatics, Active Sports and Active Lifestyles programmes are also delivered by this service, which offer a vast range of local leisure activities including to those in need of additional support.

Sefton's leisure offer forms a major part of the cultural landscape of the borough. In addition to fulfilling the traditional leisure function of enabling people to be healthy and happy, the service is also highly valuable to the wider

economy by helping to make Sefton an attractive place to live, work and visit.

## Consultation on greenspaces

At the time of writing, Sefton Council was undertaking a public consultation to look at new ways of approaching access to and maintenance

of local greenspace, at a time of financial restraint and cuts to public spending. The consultation considers how the natural greenspaces within Sefton can be protected so that future generations can enjoy them.

**active  
sefton**

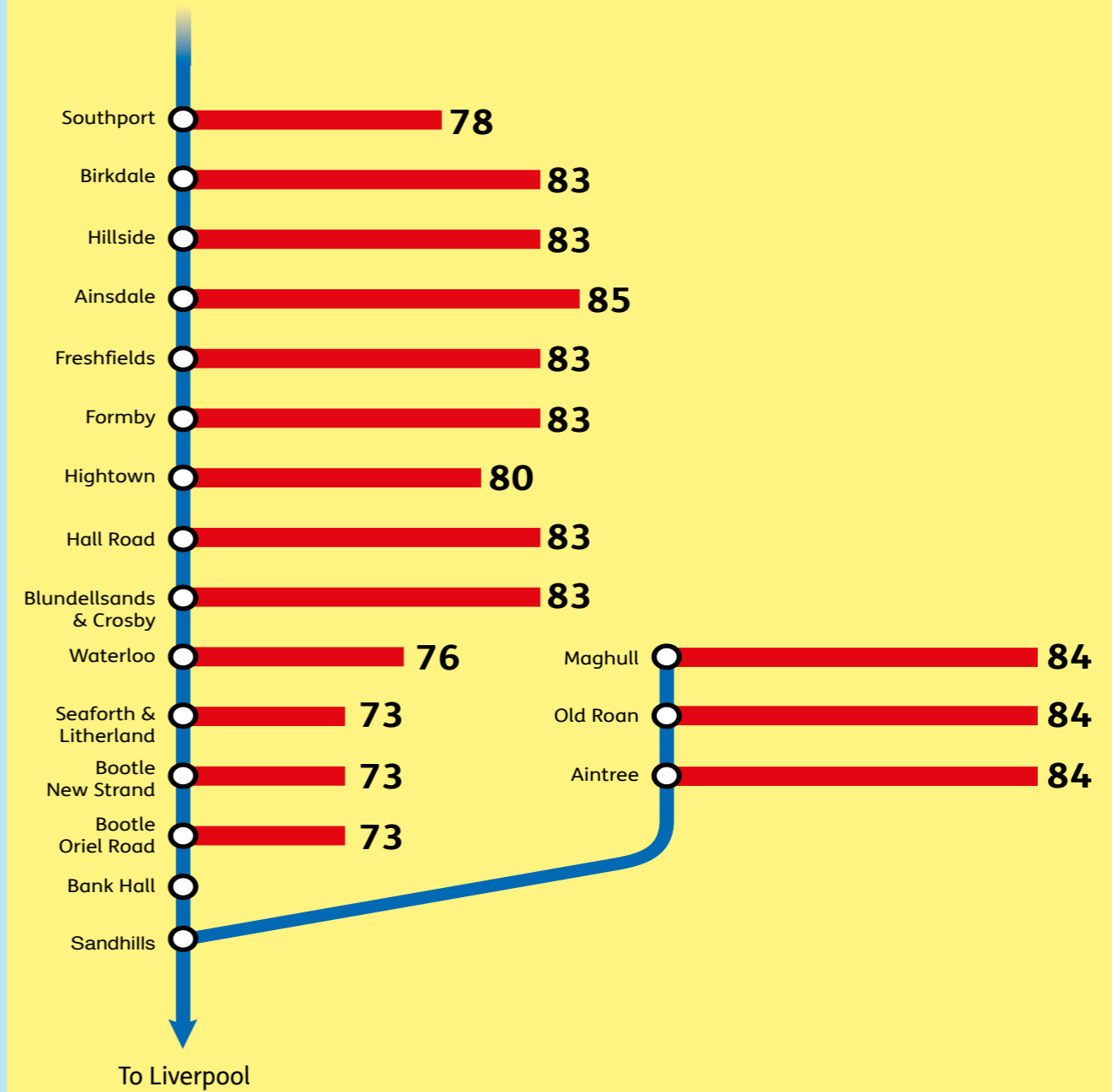
## Rimrose Valley, Forest School

A 12 week forest school was run from April 2016, for children from Hatton Hill Primary School After-School Club. It was funded by the Big Lottery Reaching Communities fund, in partnership with the Mersey Forest Nature4Health Project and Sefton Council Coast Rangers. The project aimed to increase use of nearby Rimrose Valley by both

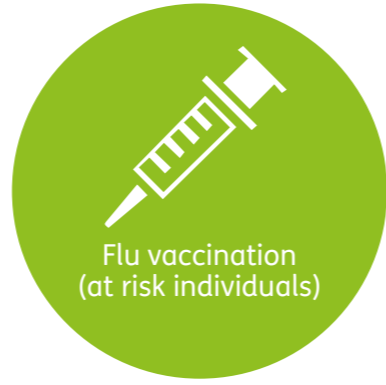


# Life Expectancy in Sefton

River  
Mersey



# Health & Wellbeing Indicators in Sefton 2016



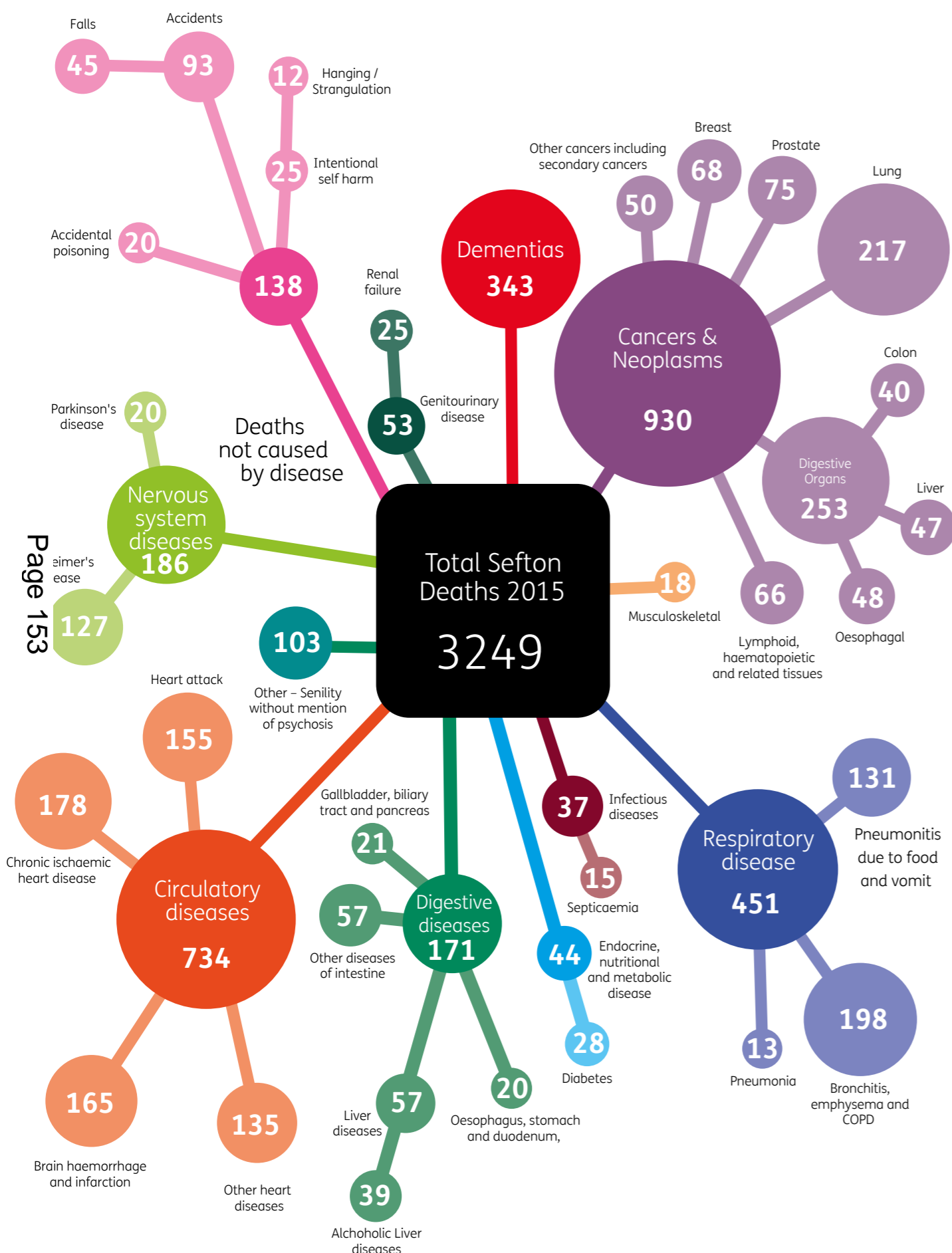
## Key

Statistical significance compared to England average:





# Main causes of death in Sefton



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the children and their families, increasing their time outdoors doing a physical activity. Activities included learning practical skills such as coppicing trees, whittling, den building, tying knots, lighting fires safely and eating food cooked over the fire. As part of the final celebration, the children invited their families down to see what they had been doing and take part in some of the activities.

An evaluation of the project carried out by Liverpool John Moores University showed that:

- 6 out of 14 children reported increased physical activity levels from week 1 to week 12.
- 7 out of 14 also reported feeling more relaxed when asked questions about their mental wellbeing.

Most importantly, 95% of the children said that they wanted to visit the woodlands again with their family.

Children taking part in the Forest School said.....

- "[I] enjoyed making fires and making dens".
- "I really enjoyed using the tools to chop wood"
- "I liked making dens and finding bugs"

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure access to greenspace and leisure opportunities in Sefton. We will do this by:

- Using the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and participation in the management

of the natural resources within the borough, particularly by those groups who currently access it least.

- Working with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximising opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.





# 7 Strong communities, wellbeing and resilience

## Why is this issue important?

Communities have a unique role to play when it comes to our environment, safety, happiness and welfare. Supporting strong local communities is hugely important in ensuring people are healthy and able to support one another.

Having support from family, friends and others can improve your wellbeing, and it can also help you recover from illness. However, in communities where people don't have social support, levels of good health and wellbeing are more likely to be lower. For example, loneliness has been shown to be as bad for our health as moderate smoking, obesity or high blood pressure.

Most communities have both strengths and challenges. Strengths can be as simple as neighbours who look out for one another or residents who pick up litter on their street. Formal support networks such as luncheon clubs, knitting or gardening groups can also help to create strong communities. Recent changes to the welfare system and reduced public funding are challenges which have affected many local communities. This can be seen nationally through rising levels of personal debt and use of foodbanks. This issue was explored through the Public Health Annual Report 2015 called '**Good Health in Tough Times**'.

## What can we do about this?

In order to support local communities, Councils and partner organisations can:

- Use local knowledge to understand community strengths and challenges, and to plan local services better.
- Support community groups to provide services within communities, where appropriate and where they are best placed.

*“The Leadership Collaborative was an eye opening experience and a wonderful opportunity to meet people from a number of different sectors and share common stories of the challenges of leadership. I gained new insights in particular as to how the NHS operates and the differing perspectives on how to improve health and wellbeing. I look forward to continuing to collaboratively work with Well North as we seek to bring hope and regeneration to Bootle.”*

**Claire Morgans**, Chief Executive of the Bootle-based young person's charity Ykids and first became involved in Well Sefton through the Sefton Leadership Collaborative.

## Drop in activities at Strand by Me:

- **People First** – promotion of wellbeing for those with learning difficulties
- **British Lung Foundation** - monthly meetings of the Sefton Breathe Easy Group
- **Mersey Care** - Drug and alcohol clinic and mental health drop in service
- **May Logan Centre** – Weekly health check services
- **The Alzheimer's Society** - monthly drop in service and help to develop plans for a Dementia friendly shopping centre.
- **Galloway's Society for the Blind** - regular monthly drop in service
- **Strand House** – Residents meeting and drop-in surgery two mornings a week
- **Chiropody service** – monthly 'treat your feet' service
- **Veterans in Sefton** – weekly clinic for those with Post Traumatic Stress Disorder



- Support residents to volunteer and take part in good neighbour activities, including befriending.
- Provide support for those most affected by recent changes to the welfare system, for example, through debt advice.

### Did you know?

- Sefton is the happiest place in Merseyside (Government's wellbeing survey).
- Sefton has over 1300 active local charity and community groups, as listed on the Sefton VCF Direct [website](#).
- 7% of people in Sefton are estimated to have low life satisfaction (compared to 5% for England as a whole).
- 21% of people in Sefton are estimated to have high anxiety, similar to the England average.

### What are we doing in Sefton?

There are a range of initiatives underway in Sefton by the Council and partner organisations to support strong local communities.

#### Areas of statutory responsibility for the Council:

- Food safety, including hot food takeaways
- Alcohol and gambling licencing
- Control of illicit tobacco and fire safety
- Sunbed shops
- Tattoo shops
- Air quality and pollution control.

### Well Sefton

Sefton is one of nine Well North pilot areas. The programme is designed to improve health and wellbeing areas through the development of enterprising and resilient communities.

In developing the programme Sefton Council Public Health Team have been working with Sefton Council for Voluntary Services, Sefton's Clinical Commissioning Groups, local GPs and representatives from several local community groups and social enterprises.

Well Sefton's mission statement is Building a Brighter Bootle, and focuses on four topic areas:

- Developing Community Leaders
- Encouraging investment in Bootle
- Connecting partners to enable more access to community-based services
- Using food as a platform to build community resilience

### Strand by Me – Community Asset Workers

In 2015, Sefton Council and South Sefton Clinical Commissioning Group invested in a team of Community Asset Workers. The role of the team was to:

- Identify community skills, assets, issues and needs; ensuring that local people have their say in community activities.
- Develop support networks between individuals and community groups.
- Empower local people to develop their own potential and to improve their communities.

Since then the team have undertaken a wide range of activities to support local community groups and have also taken over the day to day management of the Strand by Me shop

in Bootle Strand Shopping Arcade, which has provided a base from which to work directly with communities. On average, around 20 people a day visit the Strand By Me shop; some with a particular purpose, for example, to have a health check, to find out how to volunteer or stop smoking (or both)! But increasingly it is just to 'find out what's going on'.

Informality is important to the work of the Asset Officers. Although 'a friendly face, a cup of tea and a chat' may be all that's required as a starting point, the team are always looking for opportunities to identify people's skills and talents and help people to develop.

Some case studies illustrating the work of the team are given below.

#### Case Study: Mrs Smith

A diagnosis of Chronic Obstructive Pulmonary Disease and changes in family demographics had left Mrs Smith, from Bootle, isolated in her flat. She has lost confidence in her ability to connect with other people; "I did not go out unless I really had to for nearly two years".

Following her first meeting with the asset team, Mrs Smith has since been linked to the Breathe Easy Group that now runs out of Strand By Me once a month. She is also now using Netherton Feelgood Factory healthy living courses and accessing a chair based exercise class, and has become the secretary of a local resident group.

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to support resilience in local communities, by working closely with local third sector organisations. We will do this by:

- Supporting positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensuring that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensuring that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the Collaboration for Leadership in Applied Health Research and Care – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

#### Case Study: Clive's Story

Clive wanted to find an organisation that could support him as a dad and recognised that there are lots of other dads who would like to get support from people who have similar experience with regard to child access and child support. Clive is currently being supported to apply for funding through the new Living Well Sefton Fund.

# 8 Protecting the health of the public

## Why is this issue important?

The Council has responsibility for ensuring the health and safety of local residents. It does this by regulating some of the activities that are carried out in the borough, to make sure that relevant policies and laws are complied with.

The Council will inspect all food premises to ensure any food served has been prepared hygienically and in a way that will not make anyone ill. In addition, licences to sell alcohol from off-licences or pubs and bars are issued when the applicant can demonstrate that no public nuisance or increase in crime will happen as a result.

In ensuring compliance with all relevant laws, the Council can make sure that activities in the borough reach a minimum acceptable standard. This helps to protect local communities from any harm such as noise or other nuisance.

Where possible, good practice suggests that the Council should also undertake work alongside these processes to ensure that the health of local residents is not only protected but is also improved.

## What can we do about this?

The potential impact of the above areas of regulation on local communities is significant. A few examples of the impact of these activities on health are given below.

**Alcohol:** Alcohol-related harm costs the UK economy an estimated £20 billion a year and the health service £1.7 billion/yr.

**Hot Food Takeaways:** Hot food takeaways often selling food which is high in saturated fat, salt and sugar. In the UK there is a direct link between communities with high numbers of takeaways and high levels of obesity.

**Betting shops:** Problem gambling can have a negatively impact on family life, relationships, employment, finance, sleep, anxiety and depression. The highest rates of problem gambling are among lower income groups and the youngest age groups. Recent evidence suggested that problem gambling costs the UK between £260m and £570m a year across health, welfare and employment, housing, and criminal justice (IPPR, 2016).

**Sunbed shops:** The NHS spends approximately £70m on skin cancer each year, with the main causes being UV radiation from the sun and sun beds. The risk of malignant melanoma is increased by 59% in those who being to use sunbeds under age 35 (for other skin cancers risk also raised around 29-67%).

**Air quality:** Each year in the UK around 40,000 deaths are attributable to outdoor air pollution. The resulting costs to the NHS and business total more than £20 billion. The impact of air pollution has been linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia (RCPCH and RCP, February 2016).

## Did you know?

- There are 822 establishments in Sefton which hold a licence to sell alcohol and 107 that hold a gambling licence.
- There are currently 4 air quality management areas within Sefton.
- In Sefton 4% of adult deaths are estimated to be due to particulate air pollution (fine particulate matter, PM2.5).

## What are we doing in Sefton?

Sefton Council is undertaking a range of activity to ensure the health of local residents above the minimum legislation.

## Air Quality

Sefton produces an Air Quality Annual Statement (AQAS) in line with statutory guidance. This report for the borough is based on comprehensive air quality monitoring data. The most recent document was produced in August 2016 and found that air quality within Sefton was largely within national standards. However, there are pockets of the borough that have been adversely affected and this has mainly been caused by

HGV vehicles and general traffic on local roads. This has led to the designation of four air quality management areas within Sefton, and actions have been undertaken to improve levels of air quality within these areas.

There are a number of ongoing and planned developments in the borough, which are aimed at growing the local economy, providing employment for local people and attracting further inward investment. This includes the expansion of the port. Whilst providing many benefits to the borough, these plans are also likely to increase traffic movement. It is, therefore, important to work jointly across departments within the Council and with other local partner organisations to mitigate against any impact on air quality of these developments.

Public Health is committed to closer working with Sefton's Air Quality Team, and in 2016 the Director of Public Health provided the foreword for the AQAS Report. Another example of this joint working is the Ecostars project.

## Ecostars:

Emissions from freight traffic, particularly HGVs have been shown to be a significant contributor to pollution levels in some parts of Sefton. To improve air quality in these areas, an ECO Stars fleet recognition scheme has been introduced. The scheme provides free advice to operators on how to operate their vehicle fleets more efficiently to reduce fuel consumption, CO2 emissions and air pollution. Through the scheme, operators are assessed on their individual vehicles and overall approach to fleet management, and awarded a star rating.

A first phase of the scheme was run between 2013-2015, during which a total of 40 operators had joined the scheme, with around 80% receiving star ratings of 4 or 5 (out of 5).

The scheme has also just received additional funding until 2019 and it is expected that at least a further 15 operators will join the scheme during this time.

## Alcohol Licensing

Alcohol misuse across Cheshire and Merseyside (C&M) costs around £994 million each year (£412 per head of population). Of these costs, only £218 million are direct costs to the NHS.

Sefton Council are working with CHAMPS, the public health collaborative led by the Cheshire & Merseyside Directors of Public Health, in developing a broad approach to tackling harm from alcohol, through the use of current licencing legislation.

This will involve a range of work including:

- Campaigns which aim for greater enforcement of the law prohibiting the sale of alcohol to people who are already drunk.
- Engaging with off-licences and encouraging them to voluntarily restrict the sale of high-strength products.
- Development of best practice in relation to local licencing strategies.

## What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure public protection activities contribute as much as possible to improving the health of local communities. For example, equipment to monitor fine particulate matter (PM2.5) has been purchased and will be installed in one of the air quality monitoring stations in Bootle shortly.

Further work in 2017 will include:

- Continuing to work at a Cheshire and Merseyside level to ensure full use of alcohol licensing powers available.
- Exploring opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establishing an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.



# 9 Health and spatial planning

## Why is this issue important?

The places and spaces in which we live have the potential to make a huge impact on our lives, whether it is our house, our local park or our local high streets.

The planning system sets out the requirements for new development and therefore governs many of the physical changes that could happen in our local environment. It is really important that in making these decisions, there is careful consideration of the impact on the health of local communities.

Good planning decisions can improve the quality and layout of new housing and garden space. It can also improve road safety, community safety and support the 'viability' of neighbourhoods through the provision of facilities like shops and schools. There are also mechanisms available within the planning process to ensure developers provide infrastructure to support new developments such as greenspace, foot and cycle paths.

## What can we do about this?

Evidence suggests that the Councils should undertake some of the following actions to ensure planning decisions support the health of local communities.

- The Local Plan governs how planning decisions are made within a local area.

Each Local Plan and its supporting documents should include health and wellbeing as a core objective and address local health needs throughout.

- Officers making planning decisions should have knowledge of the health of the local population and how planning decisions may impact on health.
- Health Impact Assessments should be encouraged in relation to large developments to ensure the health impact on local communities is fully considered.
- Local planning policy should be used to limit groupings of fast food outlets, betting shops and other uses which may be detrimental to health.

## Did you know?

- Sefton's Local Plan has just been adopted which sets out the borough's approach to planning within the area over the next 15 years.
- Dukes ward has the highest concentration of hot food takeaways followed by Church ward with 39 and 25 outlets respectively.

## What are we doing in Sefton?

Sefton's Draft Local Plan includes several policies to make sure that new development in the borough contributes to the health and wellbeing of local communities, by maximising opportunities for people to lead a healthy and

active lifestyle. Policies include encouraging provision of a range of amenities which will benefit health and wellbeing including:

- A choice of homes to meet current and future need
- Jobs
- Safe waste storage or recycling opportunities
- Safe and attractive public areas which minimise opportunity for crime and reduce the fear of crime, and which promote social cohesion
- Opportunities for people to take physical exercise through walking, cycling, outdoor recreation and sport
- Appropriately located food and drink shops, hot food takeaways and drinking establishments
- Accessible homes, education, jobs, public transport services, health and other services
- Measures to ensure homes are warm and affordable to heat

### What more can we do in Sefton?

In 2017 and beyond we hope to do more work to ensure planning decisions contribute to the health of local communities. We will do this in the following ways:

- Providing training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Working together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

Sefton's draft Local Plan also contains a policy which aims to ensure that food and drink outlets which have the potential to negatively impact on local communities are appropriately located. This will include restricting groupings of hot food takeaways where they may harm public health or the amenity of neighbourhoods through noise or odours. There are further restrictions where the proposed outlet is near to residential areas and schools.

At the time of writing a Supplementary Planning Document is also currently undergoing consultation with the public which will set out more detail about the new policy for food and drink outlets. This document will also cover a similar approach to betting shops, as part of measures to prevent harm from problem gambling within local communities.

## Key Recommendations

The following recommendations will guide the work of Sefton Public Health Team in addressing the wider determinants of health over the coming year and beyond. Some recommendations relate to activity which the Public Health Team will undertake itself, whilst others refer to work which we will progress in partnership with others within the Council and wider organisations. We will report on progress made against these recommendations in the 2017 Public Health Annual Report.

### 1. The best start in life

- Continue to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensure that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Provide support for pregnant women on a range of health issues, including stop smoking services and breastfeeding support through development of a peer support model.

### 2. Healthy schools and pupils

- Develop and implement a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote more physical activity within schools and other settings.
- Develop and promote resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.

### 3. Helping people find good jobs and stay in work

- Develop the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.
- Develop a plan to promote and protect the health of the workforce across the Council and wider organisations in both the public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.

### 4. Active and safe travel

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.

### 5. Warmer and safer homes

- Continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- Consider the most appropriate support required to reduce levels of childhood injuries within Sefton, and ensure this is reflected in current service provision.

## 6. Access to greenspace and the role of leisure services

- Use the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and participation in the management of the natural resources within the borough, particularly by those groups who currently access it least.
- Work with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximise opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.

## Strong communities, wellbeing and resilience

- Support positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensure that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensure that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the 'CLAHRC – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.

## 8. Protecting the health of the public

- Continue to work at a Cheshire and Merseyside level on a programme of work designed to ensure full use of alcohol licensing powers available.
- Explore opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establish an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.

## 9. Health and spatial planning

- Provide training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Work together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

# Data Table

### Key:

Statistical comparison to England average

■ Worse
 ■ Similar
 ■ Better

Indicator	Measure	Time period	Sefton	North West	England
Infant Mortality	Rate per 1,000 births	2013-15	4.6	4.2	3.9
Low birth weight babies	Percentage	2015	2.5	2.8	2.8
Breastfeeding Initiation	Percentage	2014/15	56.0	64.6	74.3
Hospital admissions for deliberate and unintentional injuries to children (0-4 yrs)	Rate per 10,000 population	2015/16	93.6	182.0	104.2
5 Year Old Children Free from Dental Decay	Percentage	2014/15	77.3	66.6	75.2
Child Excess Weight in 4-5 year olds	Percentage	2015/16	24.7	23.2	22.1
Child Excess Weight in 10-11 year olds	Percentage	2015/16	35.2	35.2	34.2
Under 18 conception rate	Rate per 1,000 females aged 15-17	2015	21.0	24.7	20.8
First Time Entrants to the Youth Justice System	Rate per 100,000 population aged 10-17	2015	269.9	336.1	368.6
Fuel Poverty	Percentage	2014	11.2	11.2	10.6
Households in Temporary Accommodation	Rate per 1,000 households	2015/16	0.1	0.5	3.1
Excess Weight in Adults	Percentage	2013-15	69.7	66.6	64.8
Eating '5 a day' on a 'usual day'	Percentage	2015	45.3	48.1	52.3
Achieving at least 150 minutes physical activity per week	Percentage	2015	56.4	53.7	57.0
Smoking Prevalence	Percentage	2015	14.3	18.6	16.9
Injuries due to falls in people aged 65 and over	Directly standardised rate per 100,000 population	2014/15	2,398.0	2,465.0	2,125.0
Hospital Admissions for alcohol related conditions	Directly standardised rate per 100,000 population	2014/15	766.0	741.0	641.0
HIV late diagnosis	Percentage	2013-15	48.3	46.3	40.0

## Data Table (continued)

### Key:

Statistical comparison to England average

■ Worse   
 ■ Similar   
 ■ Better

Indicator	Measure	Time period	Sefton	North West	England
Chlamydia detection rate (15-24 year olds)	Rate per 100,000 people aged 15 to 24	2015	2,217.0	2,328.0	1,887.0
Flu Vaccination Coverage (65+)	Percentage	2015/16	73.7	73.7	71.0
Flu Vaccination Coverage (At risk individuals)	Percentage	2015/16	46.5	49.0	45.1
Emergency readmissions within 30 days of discharge from hospital	Percentage	2011/12	11.9	12.4	11.8
Male Life Expectancy at Birth	Years	2013-15	78.3	78.1	79.5
Female Life Expectancy at Birth	Years	2013-15	82.2	81.8	83.1
Male Healthy Life Expectancy at Birth	Years	2013-15	61.2	61.1	63.4
Female Healthy Life Expectancy at Birth	Years	2013-15	63.0	62.0	64.1
Mortality from causes considered preventable	Directly standardised rate per 100,000 population	2013-15	219.8	224.9	184.5
Under 75 mortality from all cardiovascular diseases	Directly standardised rate per 100,000 population	2013-15	77.5	88.5	74.6
Under 75 mortality from cancer	Directly standardised rate per 100,000 population	2013-15	155.9	153.9	138.8
Under 75 mortality from liver disease	Directly standardised rate per 100,000 population	2013-15	26.1	25.9	18.0
Under 75 mortality from respiratory diseases	Directly standardised rate per 100,000 population	2013-15	38.1	44.3	33.1
Excess Winter Deaths	Percentage	Aug 14- July 15	32.4	27.3	27.7
Suicide rate	Directly standardised rate per 100,000 population	2013-15	12.6	11.3	10.1

## Appendix A:

An update on recommendations from the 2015 Public Health Annual Report

- We need to agree the best way to measure the impact of austerity on people living in Sefton. This will help us decide what to do to help people where it matters most**

In 2016, the Welfare Reform and Anti-Poverty Action Plan has been refreshed and sets out the ambition to address the pressures felt by low-income households in Sefton. It sets out a multi-agency approach to address the impact of changes contained in the Government's Welfare Reform programme, alongside Sefton's commitment to addressing poverty. As part of this action plan, data is regularly collated and reviewed to monitor the impact of reduced incomes and benefits locally.

- The Council and the NHS should always work together to provide the best possible social, health and wellbeing services**

The Council and the two local Clinical Commissioning Groups have a joint commissioning group that reports to the Sefton Health and Well-being Board Executive Group. There are a number of joint projects which have been developed through this collaboration including a healthy weight project and work on emotional wellbeing and resilience.

- Services should be designed through working together. The people of Sefton's voice needs to be heard and valued along with those who deliver services**

Over the past 12 months, we have commissioned a number of services including the new 0-19

service and substance misuse service. Both have sought the views of local residents in order to shape how the service should be delivered in Sefton.

In developing the 0-19 service we sought the views of:

- Staff who currently work in with children and young people across Sefton
- Members of the public including young people

These views not only shaped the design of the new service (more details of this can be found in Chapter 1: The best start in life), but also development of the Council's Children's and Young People's Emotional and Wellbeing Strategy.

- Services should work together to reduce duplication and service competition, and this way of working should be at the forefront of all partnership working**

We have been working with our partners across Sefton to reduce any duplication. An example of this is through Living Well Sefton, which is a new service with a focus on supporting people with issues that may be affecting their health and wellbeing. In this service, multiple providers work together, share resources, develop consistent approaches and have a single referral pathway for local residents.

- All partners should commit to developing "communities of practice" – this is a forum for services to share good practice, exchange ideas and solve problems together**

Within Sefton, and across the region, there is a range of ways partners have been working



together to share ideas and examples of good practice. Examples of this include both the domestic violence prevention strategy and alcohol licencing work which have involved collaboration across the Cheshire and Merseyside area.

### 6. Promote and reward new ideas amongst service providers

The Living Well Sefton community resilience grants are an example of how innovation can be rewarded within local third sector organisations. Projects receiving funding include:

- Sefton OPERA – Funding for swimming lessons for older people at Bootle and Formby.
- Seaforth Information Network Group – Kids Kitchen – summer holiday meals for families.
- Company of Men - Men On Track – establishment of a buddy network to decrease social isolation and increase physical activity.
- Eden Tots Healthy Cooking Classes – development of healthy cook and eat sessions with families attending the play group.
- Art for Art's Sake – therapeutic art and photography classes funding equipment and materials.

### 7. All services working with the public should be prepared to make every contact count. For example, Making Every Contact Count (MECC) is a simple approach that helps improve health. It is a method that supports & encourages conversations that help people consider ways to improve their own health

Delivery of Making Every Contact Count (MECC) training for workers in Sefton commenced in

January 2017. Over ten training sessions have been delivered and over 200 individuals have been trained.

### 8. Involve communities, and encourage self-support and support from others in the community

The CLAHRC programme 'Improving resilience to debt in Central Southport' is actively engaging local residents and stakeholders in identifying and making changes to improve the delivery of local debt advice services. The project involves finding and training local resident advisors, who are given the skills to support with local consultation and research.

Support has also been provided to Sefton Council for Voluntary Service to promote 'Pay it Forward' day and related activities which encourage small-scale community action and acts of kindness in order to support local community wellbeing.

### 9. We should all focus on what works well, not what is wrong, and share this

This recommendation is part of a wider organisational cultural change within Sefton Council and partner organisations, which is illustrated by the new Sefton 2030 Vision set out in the introduction to this report.

Part of the function of this Annual Report is to share examples of what is working well from within the team and across local organisations. Public Health remains committed to this and will continue to look for opportunities to learn from and share best practice from within Sefton and further afield.

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Public Health Team  
T: 0151 934 3151  
E: [public.health@sefton.gov.uk](mailto:public.health@sefton.gov.uk)

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## Sefton's Corporate Parenting Strategy



### Sefton Borough Council.

Inspection of services for children in need of help and protection, children looked after and care leavers.

Report Published 27th June 2016

### Inspection findings

#### Sefton Corporate Parenting Board

"The corporate parenting board has appropriate oversight of important issues and the work of the board contributes to the improvement of outcomes for children looked after in Sefton. Chaired by the lead member and with membership from across the council and wider partnerships, including care leavers, it has been instrumental in setting up effective systems for monitoring children and young people looked after placed in Sefton and those from other areas, ensuring that they are safe and receiving appropriate services. Strong challenge from board members and especially the MAD group is evident. The annual survey in relation to the pledge for children who are looked after is an example of good practice because it is clear that children and young people are listened to and that action is taken as a result. An example is the development of an action plan to promote advocacy to children and young people after increasing numbers reported that they did not know about the service."

#### MAD Group, Participation and Involvement

"Participation and involvement of young people is a strength in Sefton and this is creating meaningful opportunities for young people to engage in strategic thinking and planning. The MAD group has strongly influenced actions in important areas and the group provides a range of training to foster carers and elected members. It exerts influence in most important strategic groups and planning forums. Moreover, its contribution is highly valued by senior leaders, staff and elected members"

<b>Report to:</b>	Overview and Scrutiny Committee	<b>Date of Meeting:</b>	27 June 2017
<b>Subject:</b>	Adult Social Care Complaints Annual Report 2016 - 17	<b>Wards Affected:</b>	All Wards
<b>Report of:</b>	Tina Wilkins Head of Adult Social Care		
<b>Is this a Key Decision?</b>	No	<b>Is it included in the Forward Plan?</b>	No
<b>Exempt/Confidential</b>	No		

### Purpose/Summary

To inform Overview and Scrutiny Committee of the performance of Adult Social Care Services in responding to complaints

### Recommendation(s)

Overview and Scrutiny Committee is asked to note the report and its findings.

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

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

# Agenda Item 8

## Reasons for the Recommendation:

Statutory Duty under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and under The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

## Alternative Options Considered and Rejected:

n/a

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

(A) Revenue Costs  
Not applicable

(B) Capital Costs  
Not applicable

## Implications:

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

<b>Financial – n/a</b>	
<b>Legal</b>	
<b>Human Resources – n/a</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 of the Proposals on Service Delivery:

n/a

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

The Head of Corporate Resources has been consulted and has no comment as there are no direct financial implications arising from the content of the report (FD 4668/17)

The Head of Regulation and Compliance has been consulted and has no comments on the report (LD 3952/17)

**Implementation Date for the Decision**

n/a

**Background Papers:**

There are no background papers available for inspection

**Contact Officer:**

Rachel Richardson

Health and Social Care Complaints Officer

[Rachel.richardson@sefton.gov.uk](mailto:Rachel.richardson@sefton.gov.uk)

0151 934 3166

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# Adult Social Care Complaints

**1 April 2016 – 31 March 2017**

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## Executive summary

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This year, the Customer Response Team received the following contacts:

Type of Contact	Number of contacts received 2015/16	Number of contacts received 2016/17
ASC Complaint	211	136
Contact	66	82
MP/Councillor Correspondence	69	64
Corporate Complaint	13	21
Compliment	89	104
Public Health	7	9
<b>TOTAL</b>	<b>455</b>	<b>415</b>

### **Adult Social Care Complaints**

	2011-2012	2012-2013	2013-2014	2014-2015	2015-16	2016-17
<b>Total</b>	<b>45</b>	<b>62</b>	<b>109</b>	<b>121</b>	<b>211</b>	<b>136</b>

Last year we received **211** complaints with **28%** being upheld either in full or in part. This year there was a decrease of **36%** in the number of ASC complaints received. We upheld **35%** of these complaints.

Key areas of complaint this year were as follows:

- Attitude of staff
- Casework decisions
- Delay in allocation
- Finance Funding
- Quality of service

We received **16** contacts from the Local Government Ombudsman concerning ASC Complaints and, to date, **6** of these identified faults with the Council which had caused injustice to the complainant, service user or both.

### **Learning from Complaints**

There have been several areas of learning and areas for improvement which have been identified through the complaints received and these can be summarised as follows:

- The importance of accurate recording keeping and documentation
- Explaining clearly why casework decisions have been made
- Reviewing the process of allocating social workers to cases
- The importance of good, clear communication with service users and their families

## Current Legislation and Overview of Adult Social Care Complaints Procedure

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Complaints are handled according to The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and accompanying guidance (Listening, Responding, Improving). This legislation operates across Health and Adult Social Care and places significant emphasis on a personalised approach to complaints and 'learning from complaints'.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 can be viewed at

[http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi\\_20090309\\_en.pdf](http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf)

The Listening, Responding, Improving guidance is available at

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_095408](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_095408)

### **ASC Complaints Procedure**

The Adult Social Care Procedure has two stages:

1. Local Resolution
2. Local Government Ombudsman

The current legislation regarding adult social care complaints places a duty on a local authority to deal with any complaints relating to the services it provides in addition to any services that it commissions. The legislation provides local authorities with flexibility in terms of timescale for a response to the complaint (this is to be negotiated with the complainant) and this also allows the local authority scope to consider the best way to manage and respond to each individual complaint. If a resolution cannot be achieved at local level, the complainant has the right to request an independent review of the complaint by the Local Government Ombudsman.

The ASC Complaints Procedure is available for any individual who is accessing, or has accessed, adult social care services. An individual who has been affected by an action, omission or decision made by the local authority may also have the right to complain. A complaint may also be made by a suitable representative.

The complaints team is responsible for managing the complaints process and will consider a number of factors at the time of the initial contact

- Does the individual have the right to complain?
- Does the nature of the complaint falls within the scope of the current legislation?
- Is the complaint's procedure the most appropriate way to progress the matter (ongoing safeguarding / legal enquiries need to be considered and may take precedence).
- Is the complaint within timescale?

If the complaints team is satisfied with all the above, a timescale will be agreed with the complainant for a response and the matter will be progressed as per the current legislation.

## Adult Social Care Complaints

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The current legislation regarding adult social care complaints places a duty on a local authority to deal with any complaints relating to the services it provides in addition to any services that it commissions. There have been a number of LGO publications which emphasise that the local authority retains responsibility even if a complaint focuses on a commissioned service.

### ASC Services

Category of Complaint	Number of Complaints received	Number of Complaints Upheld (in full or part)
Adaptations	1	0
Attitude / behaviour of staff	13	4
Availability of Service	6	2
Casework decisions	15	2
Delay in allocation	12	6
Finance / Funding	18	6
Hospital Discharge arrangements	2	1
Independent Living Fund	1	0
Quality / Reliability of service	39	15 (1 o/s at time of report)
Respite	5	3
Transport	4	0
<b>TOTAL</b>	<b>116</b>	<b>39</b>

### **Attitude / behaviour of Staff**

It is often difficult to make a definitive finding about a staff member's attitude or behaviour unless there is a witness to the alleged conversation / visit during which the complainant was unhappy with this. However, on the balance of probability, we upheld four complaints in this category.

One of these complaints was upheld due to a staff member making a comment which was perceived as derogatory towards the families of service users. We believe that the staff member should have handled the matter in a much more sensitive manner and he should have listened to the relative and tried to be more proactive in assisting with the query. We offered sincere apologies to the complainant and confirmed that this would be dealt with via formal supervision sessions with the staff member.

One complaint was upheld due to a staff member not following up on actions agreed with a service user's relative. We agreed to deal with this via formal supervision sessions between the staff member and the line manager.

One complaint was upheld as a social worker attended an appointment with incorrect information about the service user which was unhelpful. Sincere apologies were offered to the family. We were unable to make a definitive finding with regard to the staff member's attitude in this case.

## Delay in allocation

15% of the complaints we upheld concerned a delay in allocating cases to social workers. We do not have specific guidance or targets stipulating the timeframe for allocating a social worker to a case following receipt of a referral. However, we upheld these complaints if we believed that an unreasonable length of time had passed or if we had confirmed that a worker would be allocated within a timeframe and this had not happened.

We acknowledge that there is a high demand for adult social care assessments and we must prioritise referrals according to the perceived level of risk to the service users. This is a professional judgement.

We subsequently agreed to review the allocation process and a reduction in the number of complaints in this area suggested that this has been working effectively.

## Finance / Funding

One complaint was raised due to incorrect advice being offered to a family concerning the funding for a placement. After investigating the complaint, we believed that the financial implications of the placement had not been adequately explained to the family.

The complaint above demonstrated the importance of accurate recording, especially in relation to the financial arrangements for a placement, and this was raised with all adult social care staff and discussed during the Standards Training.

One complaint was upheld as the service user had received numerous invoices for the same period showing different amounts outstanding. We acknowledged that this was confusing and explained why this had happened and clarified the amount outstanding on the account.

A complaint investigation highlighted that there had been a breakdown in communication between teams and subsequent human error which resulted in a provider not being paid the fees due. We understood that this was an individual error rather than being indicative of a systemic problem.

Another complaint was upheld due to a direct payment being suspended without explanation. This was due to human error and sincere apologies were offered to the complainant.

Finally a complaint in this category highlighted that we did not act upon receipt of a letter as we would expect and accepted that this caused a delay in addressing the service user's concerns about the length of the care calls. In view of this identified fault, we apologised to the complainant and amended the outstanding invoices accordingly.

## Quality of Service

34% of the total number of complaints related directly to the services provided by adult social care. These complaints included issues such as:

- Not informed of the outcome of the assessment
- Communication – no returned calls / lack of response
  - Poor communication between organisations following a hospital discharge leading to confusion over the care package
  - Correspondence not responded to
- Difficulty to get a social worker allocated

- Delay in social care assessment progressing
- Support plans not shared with service user / carer as appropriate
- Quality / robustness of a safeguarding enquiry
- Service provision different from discussions held during professionals meeting.

Of these complaints, we upheld **38%**, either in full or in part.

## Respite

We have received three LGO decisions, following investigations into complaints about the reduction in respite care, which found fault with the Council due to:

- A lack of consideration given to the sustainability of the placement when considering an appropriate level of respite
- Failing to properly assess the provision to meet the unchanged needs of a disabled man;
- Failing to explain how the new provision meets those needs;
- Failing to properly assess the family's needs for respite.

Financial remedies were agreed in all three cases. The LGO commented that the issues uncovered in these particular cases could potentially impact on other service users and their family members who had not complained. Therefore the LGO recommended that Sefton Council should arrange for its social care staff to have suitable training to explain to a service user and family if there is a proposed reduction in care and the rationale for this decision. The Recording Skills Training has subsequently been offered to all Adult Social Care staff.

## Benchmarking

We contacted comparable local authorities to determine how the number of complaints we received and upheld compared. The results were as follows:

Local Authority	Number of Complaints received	Number of Complaints Upheld (in full or part)
Sefton Council	136	47
Local Authority 1	135	59
Local Authority 2	86	29

## ASC Commissioned Services

Complaints about our commissioned services accounted for **15%** of the total number of complaints received.

Category of Complaint	Number of Complaints received	Number of Complaints Upheld (in full or part)
Casework Decision	1	0/s
Finance / Funding	3	0
Quality / Reliability of Service	16	8
<b>TOTAL</b>	<b>20</b>	<b>8 (1 o/s at time of report)</b>

We received one complaint about a decision for a care home to serve notice to a service user. The family complained that there was no warning that this action was to be taken and no clear reason was provided as to how this decision was made. This complaint was outstanding at the time of reporting.

The three complaints concerning finance / funding related to direct payment accounts. Issues in the complaints included the Council trying to recover surplus funds from the account and the Council challenging unauthorised expenditure. Two of these complaints were referred to the LGO and both investigations concluded that there was no fault on the part of the Council.

80% of the complaints about our commissioned services related to the quality of the service provided. As the table above demonstrates, half of these complaints were upheld. Issues raised in these complaints included:

- Poor communication
- Information not shared with family
- Daily log book not completed appropriately
- Standard of care / tasks not completed appropriately
- Missed calls
- Carers not staying for allocated time
- Continuity of care
- The administration of carers vouchers
- Day centre did not inform next of kin when a service user did not arrive at day centre – transport did not turn up and as a result the service user had no food, drinks or medication throughout the day.

If the LGO determines that a provider is at fault, she views the provider's actions as an extension of those of the Council and as such the Council will be accountable for any failings, including any remedies. With regard to our commissioned services, we have identified the following actions to support providers when managing complaints as follows:

1. Issue pro-formas to providers when we request they complete a complaint investigation (this will include a request for confirmation of documents reviewed)
2. Signpost providers to <http://www.lgo.org.uk/adult-social-care/resources-for-care-providers> to assist them with managing complaints
3. Review our contract to clarify actions the Council will take should fault with the provider be identified by the LGO and an asso



## Local Government Ombudsman

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All complainants are advised of their right to approach the Local Government Ombudsman (LGO) for an independent review of their complaint. The Local Government Act 1974 (Parts III and IIIA) empowers the LGO to investigate any allegation of maladministration against a local authority in connection to exercising its administrative functions or failure to provide a service. The LGO is not empowered by 1974 Act to award compensation. However, she has guidance on remedies if she identifies a fault which has resulted in an injustice to an individual. This year we had a significant increase in referrals to the LGO and had **16** contacts from the LGO as follows:

- **3** of these did not progress to an investigation.
- **6** cases identified fault causing injustice
- **1** case identified fault causing no injustice
- **2** cases did not have any fault found
- **4** awaiting Draft Decision

The 6 cases which identified fault with the Council’s actions have been summarised as follows:

Complaint Summary	LGO’s Findings	Remedy
Mrs X complains the Council cut the amount of care for her son although his needs have not changed including a reduction in respite from four to two weeks. She also complains the Council delayed in completing her carer’s assessment.	The Council reduced the amount of respite without providing evidence of the change in need. The reassessment was not based on current needs as it happened nine months before the reduction took place. It also delayed in completing a carer’s assessment without any explanation for the delay.	To complete the carer’s assessment for Mrs X including the amount of respite that is required based on Mr Z’s current circumstances. If minded to reduce the amount of respite, it should provide a proper explanation of the changes in circumstances that warrant a reduction. Apologise to Mrs X for the fault and pay her £250 to recognise her distress.
Mr X complains the Council: <ul style="list-style-type: none"> <li>• reduced the number of days at the day care centre for his son, Mr A, from five days to four;</li> <li>• did not reduce the contribution Mr A paid for this care; and</li> <li>• did not provide them with information about activities Mr A could access on the day he was not at the day care centre.</li> </ul>	There was fault when the Council reduced Mr A’s care package and his parents’ respite provision without explaining the reasons why it did this. The Council should carry out a reassessment of Mr A and his parents, make a financial payment and review the training it provides to its assessors. There was no fault when the	To ensure Mr A and his parents receive an annual review of their joint care plan. The Council should carry out a joint reassessment of Mr A and his parents’ joint care plan. If the Council decides to reduce the support it provides from that provided up to March 2016, it should give a clear explanation of how any reduced support will still meet their eligible needs; The Council should provide Mr and Mrs X with information about free activities Mr A can access on the day he does not go to the day care centre; and pay Mr and Mrs X £200 for the distress and

<p>• reduced the number of respite days he and his wife received from 28 days to 14.</p>	<p>Council did not reduce Mr A's financial contribution to his care.</p>	<p>faults.  The LGO stated that this is the third complaint where the Ombudsman has found fault in how the Council has explained its decisions to reduce support to service users and their Carers. The Council should ensure all its assessors are trained to provide clear explanations for reductions in care and to show how the reduced support will meet eligible needs. Evidence of this training should be provided to the Ombudsman within three months of the final decision.</p>
<p>Mr A complains about a delay in completing a carer's assessment. He also complains he was promised £300 but only received £180. As a result of the delay, he lost out on a carer's respite payment for 25 hours (for the year 2015/6). He also did not receive a care/support plan.</p>	<p>The Council delayed in assessing Mr A's needs as a carer, completing a support plan and approving a personal budget. It also failed to send him a support plan. This caused avoidable distress. To put matters right, it should apologise, make a payment and send people their support plans in future. It should also review 11 other cases to see if those people are similarly affected.</p>	<p>The Council should apologise to Mr A for the faults identified. The Council should ensure all carers receive copies of their support plans. The Council should pay Mr A £250 to reflect his avoidable distress.  The Council should review another 11 cases identified in the course of the LGO investigation to see whether there have been any similar failings and if so, takes action to remedy any injustice. The Council should report back to the Ombudsman within three months of the final decision on Mr A's complaint with a summary of its findings on the 11 cases and any actions taken.</p>
<p>Mrs X complains on behalf of her son, Mr Y, that the Council delayed providing Mr Y with a suitable alternative placement when his care home closed.</p>	<p>The Council delayed providing a suitable alternative placement for Mr Y when his care home closed.</p>	<p>The Council agreed to pay £250 to Mr Y to acknowledge the disruption and any anxiety caused to him by the Council's delay; and £600 to Mr and Mrs X to acknowledge the worry and carer strain caused to them by the Council's delay.</p>
<p>The complainants, whom I shall call Mr and Mrs X, complain about the Council's decision to charge their disabled adult son (Mr Y) for transport to and from a day centre.</p>	<p>There was no fault in the Council's decision to charge Mr Y for transport to a day centre. The Council was at fault when it failed to charge Mr Y for eleven months of transport but this did not cause any injustice.</p>	<p>No remedy required.</p>
<p>Mrs H complains about the care provided to her mother, Mrs D, by a GP surgery and St Nicholas Care Home between</p>	<p>The Ombudsmen found a GP surgery provided appropriate care and pain management to an elderly patient</p>	<p>Within two months of the date of the Ombudsmen's final decision, the Council and the Home should: apologise to Mrs H for the distress caused by the faults identified with the Home's pain</p>

<p>January and February 2015. The particular complaints concerning the care provider were that staff at the Home did not act on Mrs D's weight loss or pain; the Home failed to recognise Mrs D was gravely ill on 24 February; there was a lack of communication and collaboration between the Surgery and the Home.</p>	<p>nursing home. However, there were failings with the nursing home's pain management and weight monitoring. The Home has taken appropriate action to improve these areas. The working relationship between the GP surgery and the nursing home was satisfactory. The Ombudsmen recommended the Council and the Home apologise for the distress caused by the failings identified.</p>	<p>management and record keeping.</p>
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**Key Summary**

**£1550** paid to complainants and service users in recognition of the impact on them as a result of the Council's faults (anxiety, distress and carer strain).

Last year, 75% of the ASC complaints referred to the LGO identified fault with the local authority. We have seen a significant increase in the number of referrals to the LGO (50%) with 38% of complaints being upheld.

**Learning from LGO complaints**

- Carer's Centre to ensure that support plans are sent to all carers following assessment.
- Improved joint working between Commissioning Support Team and Adult Social Care Team to ensure that cases are managed well if a supported tenancy / alternative accommodation needs to be identified.
- Training for staff completing social care assessments to ensure that clear explanations are provided for any changes to the model of care.
- In two of these cases, we could have managed the expectations of the families better and from an earlier stage which could have improved the families' experiences of our services. This has been highlighted with adult social care staff to demonstrate the impact and the importance of managing expectations effectively.
- The importance of accurate recording and documentation was highlighted and we have developed a "Recording Skills" training package for adult social care staff. We have also highlighted this during team meetings as appropriate.

## Compliments

Celebrating the positive work completed by staff is becoming increasingly important to raise awareness among staff of how their work and approach impacts on families and service users. Many of these compliments referenced improvement in the service user's quality of life and the subsequent relief that family members had now that a particular issue had been resolved. We have worked with our Communications Team to promote this positive feedback and have posters displayed in the social work team offices.

We received 104 compliments this year, compared to 89 last year, with families and service users expressing their gratitude to staff involved with their cases. The table below shows the teams which received this feedback:

The attention, care and dignity you showed us was second to none. The attention you gave us was lovely and the patience you showed us was outstanding, under the circumstances you made us relax.

I found it very helpful and I talked at length on a few occasions and he could not have been more attentive and helpful. He listened to all my concerns and how I felt and what I thought I needed to improve my quality of life and did everything and more to help.

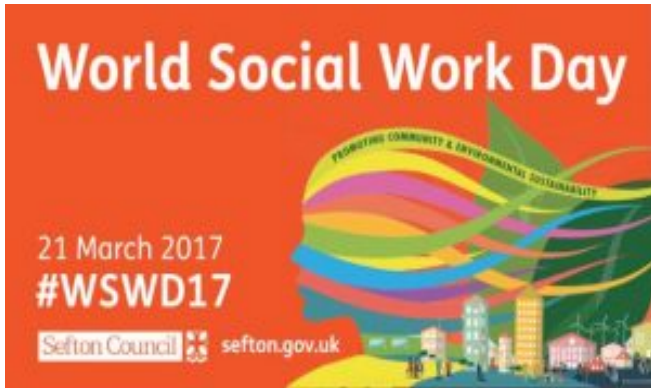
Thank you again for finding a nice place for my relative. You once again did a great job under tremendous pressure. We are all very happy with the placement.

Thank you to the department and particularly to our social worker for the excellent support over an extremely difficult time. Our relative's sudden life change was met by the social worker with understanding, positivity and diligence. We as a family were fortunate to have him in our corner at an extremely difficult time.

Team	Number of Compliments
Community Equipment Stores	7
Community Mental Health Team (North)	3
Community Mental Health Team (South)	1
Customer Access Team	1
DoLS	8
Lobby	18 (1 joint compliment with OT team)
North Hub	9
OT and Sensory	35 (1 joint compliment with Lobby)
Reviewing and Assessment Team	2
South Hub	17
Supported Living Team	3
Welfare Rights Team	1
<b>TOTAL</b>	<b>104</b>

On behalf of my family we are so grateful to the social work team and the professional way they dealt with the closure of our relative's nursing home. The team was professional, very helpful, caring and considerate. They dealt with all aspects of the move calmly and efficiently even though it must have been a stressful time for them as well. My relative has suffered no adverse effects from the move and it is all down to your excellent team who took care of everything. No one will ever criticize adult care again in our presence!!

The positive work undertaken by adult social care staff was celebrated on World Social Work day (21 March 2017) and this internationally recognised event provided an occasion to celebrate and to publicise the work of our organisation and the activities of our social work staff. This year, our theme was “Promoting Community and Environmental Sustainability.” Each social care team was encouraged to mark this event and many teams had team lunches.



Just a note to say thank you for the warmth and friendliness shown to my relative on your recent visit. Your calls to me were also much appreciated.

Thank you for your assistance – I really appreciated the information provided.

We are so grateful to you for battling on in our relative's best interest. Please convey the heartfelt thanks of all the family to your team, who gave us so much support throughout the negotiations. I felt that each one was a part of our extended family.

The staff member was very nice and helpful when completing an assessment

Thanks again for all your help. Our experience of the support from Sefton Social Services has been excellent through what has been a rather emotionally difficult time

Thank you to the drivers who delivered equipment to my relative's home - staff were very polite, helpful and understanding.

Thank you team, I couldn't have done it without you



Complaints provide a valuable indication of areas where services may need to be reviewed or improved. Whilst some complaints can be resolved via an individual remedy, some identify actions that can be taken in a wider context to improve our services. Quarterly Reports are presented to the Adult Social Care Leadership Team to identify any trends and consider how learning points can be used to inform service planning.

## **Key issues identified via Complaints received 2016-2017:**

- We need to be mindful of how we are perceived, especially when having difficult or challenging conversations.
- We need to ensure that we clearly evidence, record and explain our casework decisions.
- Financial implications of care provision should be adequately explained and documented
- Quality of our assessments, support plans, documentation and case notes could be improved.
- Communication could be improved.
- Quality of our commissioned services could be improved
- Timescales for responding to complaints is still an issue
- We need to improve how learning from complaints is shared across the adult social care teams

## **What actions has Sefton Council taken to address the above?**

**Standards Training** was developed for ASC staff to achieve consistency around the quality of adult social care assessments, support plans and budgetary authorisations. The impact of good recording and documentation on complaints was discussed as part of these training sessions to increase staff awareness

**Complaints Training** was delivered to managers and senior social care staff and the learning objectives for the sessions were:

- To understand the complaints procedure
- To understand responsibilities around complaint handling / investigations
- To consider how we use learning from complaints to improve services

This training was well received and also provided a good opportunity for complaints staff and social care staff to reflect on how the organisation promotes a positive culture for complaints and how we can improve the way in which we learn from our complaints.

**“Recording Skills” training** session has been developed and is to be delivered to ASC staff.

We have reviewed the way in which we allocate cases to social workers to prevent unnecessary delays.

Senior managers have issued guidance to social care staff about respite provision

We have improved information for commissioned services to clarify their responsibilities around complaints handling to support them. We also hope that this will mitigate against financial penalties for the Local authority.

The importance of accurate recording has been highlighted with particular teams during team meetings to reinforce the significance of this and the impact of the Council not having accurate and contemporaneous documentation.

## **How can we evidence learning from complaints?**

Overall the number of complaints received this year has decreased by a significant percentage which suggests that staff have resolved issues as they arose and to the individual's satisfaction without the individual making a complaint. This suggests that staff are demonstrating commitment to resolving issues promptly and efficiently to prevent matters escalating.

Last year, 8 complainants referred their complaints to the LGO with 6 of these (75%) identifying fault. This year, twice as many complaints were referred to the LGO and to date 44% did not progress to an investigation or did not identify any fault with the Council. In two of these cases, the LGO determined that the information provided to the complainant by the Council was sufficient and robust.

We have not received any complaints about respite since Quarter 2 which demonstrates that the way in which we communicate and evidence our decisions about this service provision has improved.

A provider developed a procedure to be followed should a service user not attend the day centre when expected. This followed a complaint made by a relative as the service user had not attended the day centre (not through choice) and had been left without food, drink and medication all day. The relative was concerned that there was no communication in place between the day centre and family. Had this been in place, the family could have been alerted earlier. Since the provider introduced the new procedure, we have not received any similar complaints.

We received a complaint concerning the Carers' Centre and this complaint was referred to the LGO. One of the identified actions was that we ensured that all carers, following a carer's needs assessment, received a copy of the support plan. This action was completed and we have not received any similar complaints.

We review of how requests for assessments are progressed to prevent unnecessary delays. We have since noted a reduction in the number of complaints received relating to this.

## Conclusions and Recommendations

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Complaints concerning Adult Social Care provide us with vital information to enable us to reflect on the effectiveness of the services we provide and commission. A poorly handled complaint is a missed opportunity to improve the services we provide, to identify any systemic problems and to reinforce the confidence and trust of the complainant and general public in the Local Authority.

To ensure that we create a positive culture around complaints, we need to continue with the programme of proactive engagement between social care staff and the complaints team. Complaints staff will meet with individual teams on a regular basis to highlight feedback received and reflect on learning from the complaints.

The quarterly complaints report for ASC will continue to be produced and shared with service managers to identify key themes and areas for improvement. This will allow the opportunity for staff to reflect on trends identified and to agree action plans as appropriate.

A recommendation from last year's ASC Complaints report was that the Health and Social Care Complaints Officer would attend the Quality Improvement Forum and Business Planning Meetings to ensure continued engagement and awareness of the Complaints Procedure with Adult Social Care Staff. This has taken place and feedback from complaints was used in part to inform the Standards Training which was developed for ASC staff to achieve consistency around the quality of adult social care assessments, support plans and budgetary authorisations.

Furthermore, the Health and Social Care Complaints Officer will support the Case Review Forum which will review and challenge complex Adult Social Care cases from across the service. The intention is that the Forum will:

- Support ongoing Quality Improvement across Adult Social Care
- Facilitate improved consistency in decision making within Adult Social Care
- Learn from past experience and specific cases examined
- Highlight areas of good practice

We agreed that specific complaints training would be provided to Adult Social Care staff, particularly those staff members involved in the investigation of complaints. This has been completed and we will facilitate refresher courses as required. The quality of the local authority responses is an area for continuous improvement which will benefit both complainants and the local authority.

Embedding learning from complaints into our practice is essential to improve our standards and demonstrate our commitment to listening to and acting upon feedback we receive. We need to improve how we capture this learning to ensure that it is analysed and acted upon. This can then be monitored to check the effectiveness of our process.

We will continue to focus on learning from complaints and compliments and for an action plan to be agreed by service managers in view of areas of concern highlighted. We will continue to monitor and reflect on complaints and feedback we receive to determine the impact of the identified actions below.



## **Recommendations:**

1. To ensure that we create a positive culture around complaints, we need to continue engagement between social care staff and the complaints team. Complaints staff will meet with individual teams on a regular basis to highlight feedback received and reflect on learning from the complaints.
2. To produce a version of this report for Adult Social Care teams to highlight key messages and actions.
3. To complete a self-assessment of the Complaints process to ensure that it is person centred and accessible to all who may need to access this.
4. We discussed our response timescale and the low percentage of these which are responded to within the initial timeframe. We agreed to continue to aim to respond to complaints within **25 working days** (legislation does not stipulate a specific timescale) and will aim for **70%** of complaints for the year 2017/18 to be responded to within this timeframe.
5. The quality of the local authority responses is an area for continuous improvement which will benefit both complainants and the local authority. Complaints Training has been provided for adult social care staff as detailed above. Refresher sessions will be facilitated as required.
6. Embedding learning from complaints into our practice is essential to improve our standards and demonstrate our commitment to listening to and acting upon feedback we receive. We need to improve how we capture this learning to ensure that it is analysed and acted upon. This can then be monitored to check the effectiveness of our process. Each complaint investigation undertaken will have to include comments from the investigator about the learning that can be taken from that particular complaint.
7. To share case study challenges for teams to engage / reflect on complaints which identify how a situation could have been managed differently with a better outcome.

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

**Date of Meeting:** June 2017

**Subject:** Report of Fiona Taylor, 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 (Adult Social Care) are requested to receive this report.



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## **Update for Overview and Scrutiny Committee (Adult Social Care) June 2017**

*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.*

### **Sefton and Liverpool CCGs agree to pause merger**

Clinical commissioning groups in Sefton and Liverpool are pausing their plan to merge the three organisations. NHS South Sefton CCG, NHS Southport and Formby CCG and NHS Liverpool CCG have made the decision so they can spend more time considering the implications of a merger for their patients, staff and partners. Governing body members agreed the pause at a joint meeting on 6 June 2017 and their decision will now be formally approved at their next governing body meetings. The three CCGs were required by NHS England to submit their formal merger application by July 2017, ahead of any agreed organisational change from April 2018. Governing body members have instead agreed to delay submitting their application and revisit their proposal in a year's time. Importantly, this step takes account of the increasing challenges and demands placed on the NHS as a whole and, in particular at this time, by the three local health commissioners. At the tri-governing body meeting, members agreed that the original July 2017 application deadline would divert the CCGs' efforts away from their priority work over the coming year – a crucial period for each CCG. So, this additional time created by a pause will allow the CCGs to concentrate their efforts in two areas. Firstly, in ensuring the CCGs continued focus is on improving financial and health service performance for the distinct populations they serve in line with their individual statutory duties, whilst secondly, developing a more considered and robust business case that clearly demonstrates the benefits of merging to their GP practice members, local residents and other key partners. Membership of the North Mersey Local Delivery System (LDS) means the CCGs will continue to work together on system wide programmes that benefit and affect the populations they serve. Good progress and pace has already been made, without the upheaval that organisational or structural change would bring to the CCGs at this present time.

### **Election results for Southport and Formby**

Whilst the nation prepared to go to the polls to elect a government, GP practices were voting to secure two new governing body members for NHS Southport and Formby CCG. Results for the CCG elections were announced at the end of May, with no need for recounts. Dr Tim Quinlan from Chapel Lane Surgery in Formby and practice manager Colette Riley from The Hollies in Formby were duly elected after gaining the greatest share of votes from their colleagues. It is Tim's first term of office, whilst Colette joined the governing body in 2014 and the election result endorses the continuation of her role as one of two practice manager leads.

## **New providers in place for community services**

These services commissioned by each Sefton CCG are now being run by new providers following separate processes to determine their management into the future. Lancashire Care NHS Foundation Trust took over the management of community services in Southport and Formby on 1 May 2017 following a re-procurement process. The new provider worked with Southport & Ormskirk Hospital Trust and the CCG to ensure the seamless transfer of these services. In a different transaction process led by NHS Improvement, MerseyCare NHS Foundation Trust took over the running of community services in south Sefton on 1 June 2017 from Liverpool Community Health. In addition, a number of specialist children's community services are now being provided by Alder Hey.

## **Reported financial position 2016-2017**

After a challenging financial year in 2016-2017, during which both CCGs made significant savings of around £13m across Sefton, the final reported financial positions were as follows:

- NHS South Sefton - £0.100m surplus - met statutory duty
- NHS Southport and Formby £6.695m deficit - failed to comply with legal directions

Both CCGs' accounts and annual reports have been audited and an unqualified opinion issued in terms of the financial statements and accounts. NHS South Sefton CCG also received an unqualified opinion for its value for money arrangements, whilst NHS Southport and Formby CCG was found to have delivered value for money, except for its financial performance and sustainability in 2016-2017. Both CCGs have set their savings targets for the current financial year towards them meeting their financial duties. Whilst both CCGs have agreed plans with NHS England to deliver in year break even positions, their plans also highlight risks that may affect their delivery. NHS Southport and Formby CCG is working to save £10.1m, whilst the target for NHS South Sefton CCG is £8.5m. It comes as the NHS faces ever tightening financial constraints through reductions in real terms budget allocations, whilst at the same time experiencing increasing demand for services from patients. The CCGs are working through their plans on how they will achieve these savings, which will see the CCGs considering some difficult choices over the coming months, and which will be shared with the public if they are to be progressed.

## **All practices now part of medicines management scheme**

All GP practices in the borough will be part of the joint CCG repeat prescription ordering scheme by the end of July 2017. The scheme was initially introduced as a pilot in September 2016, when 19 practices volunteered to take part. It has proved successful in saving valuable NHS money by reducing the cost of wasted medicines, which totalled more than £220,000 in the scheme's first three months of operation. Additionally the scheme offers a number of important patient safety improvements. A further 17 practices have signed up to launch the scheme from the 11 July, achieving complete coverage of surgeries in the borough. More information can be found on the CCGs' websites, including links to their You Tube channels and short films explaining how the scheme works. Visit [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk) and [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

# Agenda Item 10

## **Community cardiology pilot**

A new community based cardiology service aims to improve the quality of care Southport and Formby patients with heart conditions receive. The service launched in April 2017 and is being piloted for 12 months. It provides specialist triage for routine GP referrals, timely access to ECGs and echocardiograms without the need for patients to visit hospital. In addition, it strives to achieve better personalisation and coordination of people's ongoing care to support their recovery. The pilot is being run by local doctors, working together with consultants from Liverpool Heart and Chest Hospital to ensure anyone who needs specialist care is identified early and referred on appropriately as soon as possible. There will be thorough, ongoing monitoring of the scheme throughout its term of operation to ensure patients are benefiting from improved care, provided much closer to home in line with our Shaping Sefton vision. The pilot is being run by Southport and Formby Health Limited, made up of 13 GP practices in the area. If it proves successful at the end of 12 month period, the CCG will consider a formal procurement process to put the service in place for a longer term of operation.

## **Commissioning policy review**

Both Sefton CCGs have come together with some of their counterparts in the region to review a number of policies for Procedures of Lower Clinical Priority (PLCP). PLCPs form part of the CCGs' commissioning policies and they are routine procedures that have some medical benefit but only in very specific situations, or for a small group of people. Over 100 policies for PLCPs are being reviewed to ensure they reflect the latest clinical evidence, so the local NHS can be sure it is targeting its resources as effectively as possible on procedures that have the best outcomes. PLCPs are reviewed regularly to reflect the greater understanding of ongoing medical advancements. This latest review and any associated engagement or consultation with stakeholders and the public is being carried out in phases. The first phase of engagement will begin over the summer and is being carried out by Midlands and Lancashire Commissioning Support Unit (CSU) on behalf of the participating CCGs. It focuses on 18 out of 36 initial policies that have been updated in line with the latest medical evidence and that involve a degree of change for patients. Groups and individuals who may be particularly affected by the changes will be invited to give their views, in addition to the general public and other stakeholders. Full information about the process is available from each CCG website and members of the Overview and Scrutiny Committee will be updated with more details as this work progresses.

## **Residents invited to Big Chat 8**

Residents were invited to come along to NHS Southport and Formby CCG's latest Big Chat on 21 June. The event was held at Holy Trinity Church in Formby, and gave attendees a chance to hear an update about the CCG's latest work and to tell healthcare commissioners what they think of the plans. NHS South Sefton CCG is holding its Big Chat 8 event on Tuesday 11 July from 5.30pm-7.30pm at Bootle Cricket Club on Wadham Road. Anyone who would like to attend should call 0151 247 7000 to book their place. Details of previous Big Chats can be found on the CCGs' websites [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk) and [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

## Next governing body meetings

Governing body meetings for both CCGs are being held in public next month and anyone with an interest in local health services is welcome to attend. Prior to the start of the formal meetings, there is time for attendees to put their questions directly to commissioners who make up the committee. Meetings begin at 1pm and people are asked to call 0151 247 7000 to confirm attendance at either of the following:

- NHS Southport and Formby CCG – Wednesday 5 July 2017, Family Life Centre, Ash St, Southport, Merseyside, PR8 6JH
- NHS South Sefton CCG - Thursday 6 July 2017, 3rd floor boardroom, Merton House, Stanley Rd, Bootle, L20 3DL

Visit the CCGs' websites for more about their work [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk) or [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk), follow them on Twitter [@NHSSSCCG](https://twitter.com/NHSSSCCG) or [@NHSSFCCG](https://twitter.com/NHSSFCCG) or see a range of short films on You Tube for [NHSSSCCG](https://www.youtube.com/channel/UC...) or [NHS SFCCG](https://www.youtube.com/channel/UC...)

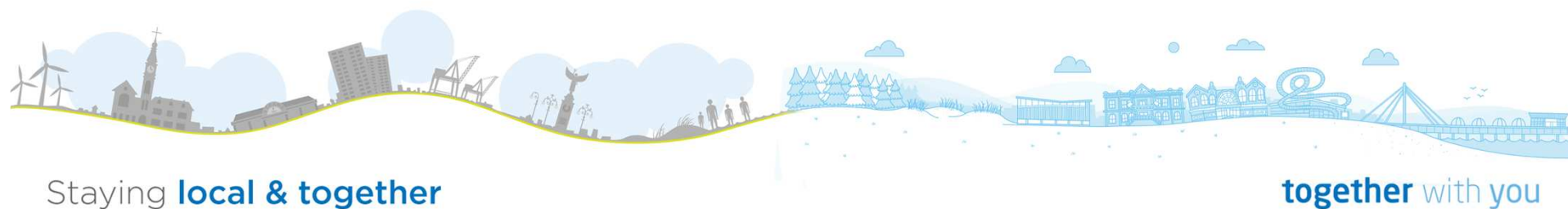
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# Main Provider Performance – June 2017

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

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



# Southport & Formby CCG



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk)	Mar-17	90.3%	95%	
Cancer 2 Week Waits (Southport & Ormskirk)	Mar-17	91.5%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk)	Mar-17	95.2%	90%	
Cancer 31 Day (Southport & Ormskirk)	Mar-17	98.5%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk)	Mar-17	94.1%	92%	
C.Difficile (Southport & Ormskirk)	Mar-17	13	36 (year end)	
MRSA (Southport & Ormskirk)	Mar-17	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Southport & Ormskirk)	Mar-17	51.3%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk)	Mar-17	36.4%	60%	
Ambulance Category A (Red 1) 8 minute response time (CCG LEVEL)	Mar-17	69.1%	75%	
Mental Health: Care Programme Approach (Quarterly)	Mar-17	90.6%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Mar-17	1.27%	1.25% per month (15% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Mar-17	53.3%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Mar-17	98.9%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Mar-17	99.4%	90%	



# Southport & Ormskirk Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Mar-17	<b>13.1%</b>	<b>25.0%</b>	
Inpatient Recommended	Mar-17	<b>92.0%</b>	<b>96.0%</b>	
Inpatient Not Recommended	Mar-17	<b>2.0%</b>	<b>1.0%</b>	
A&E – response	Mar-17	<b>0.7%</b>	<b>15.0%</b>	
A&E Recommended	Mar-17	<b>64.0%</b>	<b>87.0%</b>	
A&E Not Recommended	Mar-17	<b>26.0%</b>	<b>7.0%</b>	

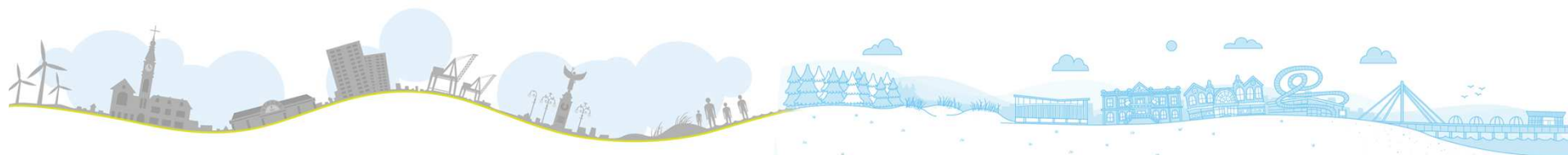


Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Aintree)	Mar-17	84.9%	85% (STP trajectory)	
Cancer 2 Week Waits (Aintree)	Mar-17	94.5%	93%	
Cancer 62 Day - Screening (Aintree)	Mar-17	90.2%	90%	
Cancer 31 Day (Aintree)	Mar-17	98.7%	96%	
RTT -18 Weeks Incomplete (Aintree)	Mar-17	92.5%	92%	
C.Difficile (Aintree)	Mar-17	20	46 (year end)	
MRSA (Aintree)	Mar-17	2	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Aintree)	Mar-17	56.1%	80%	
% TIA assessed and treated within 24 hours (Aintree)	Mar-17	100%	60%	
Ambulance Category A (Red 1) 8 minute response time (CCG LEVEL)	Mar-17	68.9%	75%	
Mental Health: Care Programme Approach (Quarterly)	Mar-17	95.0%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Mar-17	1.30%	1.25% per month (15% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Mar-17	52.3%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Mar-17	99.5%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Mar-17	100.0%	90%	



# Aintree University Friends & Family

Measure	Time Period	Aintree	England Average	Trend
Inpatient – response	Mar-17	21.8%	25.0%	
Inpatient Recommended	Mar-17	95.0%	96.0%	
Inpatient Not Recommended	Mar-17	2.0%	1.0%	
A&E – response	Mar-17	17.9%	15.0%	
A&E Recommended	Mar-17	89.0%	87.0%	
A&E Not Recommended	Mar-17	7.0%	7.0%	



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<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	27 June 2017
<b>Subject:</b>	Cabinet Member Report – 1 February 2017 to May 2017		
<b>Report of:</b>	Head of Regulation and Compliance	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Regulatory, Compliance and Corporate Services		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

**Summary:**

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

**Recommendation:**

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

**Reasons for the Recommendation:**

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

**Alternative Options Considered and Rejected:**

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

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

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

**(A) Revenue Costs – see above**

# Agenda Item 12

**(B) Capital Costs – see above**

## **Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>
<b>Legal Implications:</b>
<b>Equality Implications:</b> There are no equality implications.

## **Contribution to the Council's Core Purpose:**

Protect the most vulnerable: None directly applicable to this report. The Cabinet Member update provides information on activity within Councillor Cummins' and Councillor Moncur's portfolios during the previous two month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council's Core Purpose.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener: As above

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

### **(A) Internal Consultations**

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate

### **(B) External Consultations**

Not applicable



## Implementation Date for the Decision

Immediately following the Committee meeting.

<b>Contact Officer:</b>	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

## Appendices:

The following appendices are attached to this report:

Cabinet Member - Adult Social Care update report - Appendix A  
Cabinet Member – Health and Wellbeing – update report – Appendix B

## Background Papers:

There are no background papers available for inspection.

### 1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Adult Social Care and Health and Wellbeing portfolios.

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<b>CABINET MEMBER UPDATE REPORT</b>		
<b>Overview and Scrutiny Committee(Adult Social Care) - 27<sup>th</sup> June 2017</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
<b>Paul Cummins</b>	<b>Adult Social Care</b>	<b>April/May 2017</b>

### **Market Oversight Exercise**

As part of the Cabinet Member decision made in July 2016 it was agreed that Sefton Council together with the Sefton CCGs would commission an external body to conduct an independent review of the local care market, including gaining a better understanding of care costs for care homes, domiciliary care and supported living services, inform future decisions regarding fees and to assist the Council in maintaining a continuing viable local care market. This work is currently underway and will be reported upon once completed.

### **Domiciliary Care - Future Tender/Contracts**

Work is underway to develop the new approach and model for domiciliary care. During the 1 year extension period of the existing contract a trusted assessor role will be implemented to support the development of an outcome focussed model of care. A report will be submitted to Cabinet on 22<sup>nd</sup> June to approve the process for re-procurement.

This work falls under the Liverpool City Region programme and Sefton are working with Liverpool and Knowsley Councils to jointly commission Domiciliary Care Services. The benefit of a joint approach is that there will be greater consistency of staffing across the borough boundaries, particularly in areas where it has been historically difficult to recruit care staff. The current focus of the work is the alignment of processes across the 3 councils, developing the new service specification and formulating the information required for the tender.

### **Pre-Paid Card Cards**

Pre-Paid Card (PPC) roll out has been ongoing since 1<sup>st</sup> October 2016 when Sefton's Direct Payments (DP) scheme transferred to the PPC system. There are now 60% of DP recipients on the new scheme. This equates to 475 cards in operation with a further 35 in the process of transferring on to the scheme. The DP team is aiming to have the remaining 284 recipients transferred by the end of March 2018, with the exception of cases that are managed by Court of Protection (CoP) solicitors. Promotion of the PPC to the remaining recipients is continuing through various mechanisms including; providing key messages to Social Work staff, PPC offered by Social Workers when conducting reviews and re-assessments, through direct contact by the DP team, and at promotional events and training sessions.

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## Appendix A

Significant benefits are being provided to recipients and the DP team including ease of use, reduced paperwork, and easier reconciliation of accounts. The following case studies from DP recipients transferred onto the PPC scheme illustrate the benefits from a Service User and their Carer's perspective

### **Case study 1**

A young man now managing the prepaid card independently, where he was previously supported by his parents.

*“Our son always found the monitoring paperwork very difficult to complete and hence very stressful. He was never able to complete the task on his own. For someone with limited organisational skills, completing these tasks at the end of a quarter was both stressful and time consuming. We took part in the PPC pilot scheme as we saw it as a way of reducing the amount of paperwork to complete. By doing this we anticipated that: Once familiar with the system, our son would be able to do more of the tasks himself. It would be less stressful for him and us. Both the above were proved to be the case.”*

### **Case study 2**

A parent who manages the prepaid card on behalf of her daughter.

*“I find this new system great to use. I can log into the account at any time, as can the Direct Payments Team if they need to monitor it, and see the balance at a glance. I can look at the transaction history to check which payments I have made. Any documents such as payslips, Inland Revenue paperwork are uploaded onto the account, after I have photographed them on my phone. A great system to use!!”*

### **Supported Living Review**

Work has continued on the Supported Living review including predominantly the social work reassessments, which will inform recommissioning and procurement. The pace of these reassessments is slower than standard reassessments due to the need to focus on the whole service, reconcile a range of elements including different funding streams and introduce where feasible new models of care. Additionally there has been a delay in anticipated progress due to the need to accommodate Court of Protection applications.

The Council is working across the Liverpool City Region to consider joint approaches to developing a new model of care, agree service specifications and a process to re-commission Supported Living services. Further consultation and engagement will take place with providers and Service Users to develop the specification based upon a co-produced model of care. Locally work is underway between Commissioning Support, Adult Social Care and Housing colleagues to ensure that the right accommodation is available to meet the needs of the new model.

### **Day Care Modernisation**

The Modernisation of Day Care Services project is nearing completion and remains largely on schedule. All works have been completed at Morningson Road Resource Centre and the centre is open and operating well.

Completion of refurbishment at Dunningsbridge Road Resource Centre was delayed due to additional unforeseen structural works that were required. New Directions is currently working with the Council to finalise the model of care.

### **The Assessed and Supported Year in Employment for Newly Qualified Social Workers**

The Sefton Assessed and Supported Year in Employment (ASYE) programme for Newly Qualified Social Workers (NQSW) is now embedded within ASC and we are currently supporting eight colleagues in their first year of practice. Our commitment to the ASYE programme is evidenced within our refreshed Service Operating Procedures following our recent refresh of team structures.

Within available supervisory capacity we ensure the ASYE experience for each post is planned and established at the earliest point prior to an employment offer being made. The NQSW requires a great deal of input from their assessor and must also be protected from the rigor of a full caseload and also have a series of observed interventions whilst functioning as a NQSW and not a student. Both the NQSW and their assessor must produce lengthy academic but evidence based written submissions.

Sefton Principal Social Worker chairs our internal moderation panel and also attends the external moderation panel. Thus far feedback on our ASYE programme is positive from our NQSW who are enthusiastic about the scheme, acknowledging the improvement it is making to their practise. Our assessors are also seeing an improvement in the practise of NQSW and report that they welcome the practise challenge and reflection upon their own professional practise. The volume of new legislation lends itself to a learning environment for all ASC staff alongside the ASYE learning, which generates an environment for mutual support and learning. This is of significant benefit to the service.

### **Home First**

Home First (supported discharge from hospital) continues to deliver good outcomes for Sefton patients on discharge from Aintree Hospital and work is ongoing to fully establish the service in Southport. Our provider, New Directions have been asked to provide training input into Liverpool's Home First service to support a consistent delivery across the two areas. We are currently reviewing the pathway and considering how to best target resource to ensure that people can move out of the Home First service without delay.

### **Integrated Community Re-ablement and Assessment Service**

An Integrated Community Re-ablement and Assessment Service (ICRAS) is being developed in response to a need for aligned community services in Sefton, Liverpool and Knowsley. ICRAS will deliver a step-up (admission avoidance), and step-down care (transition from hospital or other urgent care setting), for those people with support needs.

# Agenda Item 12

## **Appendix A**

The Collaborative Implementation Group held its first meeting on 20 April with good attendance from all commissioners and providers across North Mersey. The intent is to mobilise Discharge to Assess by October 2017, however, it was recognised that a phased approach to this will be required and will form part of the project planning process.

This is also aligned to a development by Health Partners of a Discharge to Assess unit with a minimum capacity 60 beds on the Aintree Hospital site which will also be operational by November 2017.

### **Refresh Update**

The refresh of ASC teams that took place at the beginning of February 2017 is now established and the new structure appears to be functioning well overall, with some ongoing work to be continued across the areas of Triage and Review/reassessment.

Triage and Safeguarding Adults have been amalgamated and the new team are now working to further develop and refine the process that will contribute to reducing risk and improving timely interventions and consequently provide a smoother journey for Sefton people at times of most need. Triage will also provide a greater opportunity to signpost and prevent an escalation of need that might have resulted in people falling into crisis. This method of working appears to be achieving the intended benefit of improving stakeholders, staff and Service Users understanding of roles and responsibilities. It also helps provide greater clarity of pathways and subsequently a better management of concerns.

The Review/re-assessment team are currently facing a number of challenges establishing their processes and achieving the required productivity as since the refresh there have been several home closures requiring their intervention. Consequently this has reduced their capacity to address their core functions. Additionally a percentage of staff remain engaged with prior commitments to our Day Care Review, however this work is due to conclude over the coming weeks.

Cabinet Member Update		
Councillor	Portfolio	Period of Report
Ian Moncur	Health & Wellbeing	June 2017

**Problem Gambling – Awareness Raising**

Gambling for most people is a normal and enjoyable activity; however, for some it can be problematic. In 2010, about 0.9 per cent of adults (just over 450,000 adults) were thought to engage in ‘problem gambling’, which can be defined as “gambling to a degree that disrupts or damages personal, family or recreational pursuits”.

A number of recent reports have provided additional evidence around problem gambling, particular in young people. A Gambling Commission report (2017) found that the rate of gambling amongst 11-15 year olds in the last week is around 16%, compared with those smoking (5%) and drinking alcohol (8%). The Institute for Public Policy Research (2016) estimated total cost to society from problem gambling in England (including health, crime and other costs) is between £200m and £570m a year.

In response Public Health has identified some funding to raise the profile of this issue. This will include undertaking a series of awareness raising sessions with both professionals and those most likely to be affected by problem gambling, with a focus on young people. They will be delivered to around 300 professionals and 500-750 individuals who may be affected by problem gambling.

Sessions will be delivered in partnership with Beacon Counselling Trust, the lead provider of problem gambling support locally who is commissioned by national charity GamCare to provide free counselling to those affected throughout the North West. Anyone identified as a problem gambler as a result of the sessions will be referred straight into their service for one to one counselling. The Sefton initiative will dovetail into a new GamCare 2-year harm minimisation pilot programme for young people starting in 17/18 in three areas of the country (one of which is the North West). Sefton will become one of the first areas within the country to benefit from this proactive approach, through use of newly developed training resources and a bespoke evaluation. A launch event in relation to this work will be held on the 26<sup>th</sup> June 2017 (venue to be confirmed)

Other opportunities exist to provide further support to those at risk within Sefton and these opportunities are currently being explored. This includes supporting Beacon

Counselling Trust to provide their counselling services within the borough, through identification of suitable, low/no cost premises.

### **Well Sefton**

There is an agreed Well Sefton Business Plan which was presented to the Well North Board in January 2017. The Business Plan describes nine areas of investment, covering four programmes:

- branding Bootle (SAFE);
- social prescribing (YKIDS and Dr Gina Halstead in primary care);
- community food / community shop (YKids / Regenerus / Sefton Council)
- leadership development – focus on Brian Dawe / Claire Morgans and a business advisor / development function (latter to be developed)

The Council as the lead organisation has now received a “Well North Collaboration Agreement” from Well North to sign up to. £200,000 will be released straight away to the Council as a first instalment to pump prime the nine investment areas. The allocation of this first instalment has already been agreed by the Well Sefton Core Group and the Council will distribute the funds accordingly to partners. We will need to establish a governance system around this – e.g. MoU.

A further £400,000 of funding will be released at a time to be determined by the group (so it doesn't need to be bound by financial years) as described in the Well North Collaboration Agreement. Future instalments are subject to “significant achievement against the business plan which will be assessed by a review panel made up of the Well North Executive”.

A report seeking authority to enter into the Agreement will be taken to Cabinet in July 2017, which will allow the first round of funding to be distributed to partners.

The Well North Collaboration Agreement makes reference to each of the Pathfinders providing match funding of £1,000,000 – to comprise £400,000 in cash and £600,000 in kind. A significant portion of this will have already been incurred over the past 18 months of partnership activity. The match funding relates to the activities of all the partners and not just Sefton Council, but we need to have a system in place to collect and record the information.

Well North will be publishing their first Annual Report with a page on each of the Pathfinder areas, including Well Sefton.

Lord Andrew Mawson is coming back to Bootle for two “immersion days” on 9<sup>th</sup> and 10<sup>th</sup> October 2017 – a chance to meet again with current partners to see how they are moving forward and to meet new partners.



### **Mental Resilience in School Age Children**

This project will begin the process of raising the profile of emotional and mental resilience within schools as well as providing new activities, action and resources for schools. This investment and the learning taken from it will facilitate and empower schools to carry forward a sustained adoption across Sefton.

The project will create a cross-cutting partnership to improve mental resilience within school aged children. The £100k cost of the project will be from non-recurrent funding within the 2016/17 Public Health budget. There will be a need for this funding to be carried over to the 17/18 financial year. Distribution of the funding will then be dependent on the activities and actions resulting from the project.

The project is being co-produced with young people and other key partners, including schools, local voluntary sector and NHS commissioners. Accordingly, a Project Initiation Document (PID) was presented to the Emotional Health and Wellbeing Children's Integrated Commissioning Group (CICG) on the 8<sup>th</sup> March. The PID was approved by the CICG and work began on consulting with key partners and stakeholders regarding the best approaches and most effective way of spending the funding.

The CICG was clear that this project should support and enhance (and not replace) other existing activity, particularly planned to commission activity due to being carried out by the CCG. It was also to focus on prevention and early intervention, and not add to the variety of treatment options available within schools or the community.

During late March and April Public Health attended a number of consultation events to speak to children and young people and gather their views regarding the best approaches and solutions. Similar questions were also presented at the Emotional Health and Wellbeing event held at Bootle Town Hall, Sefton Youth Making Better Opportunities with Leaders (SYMBOL) and the Youth Parliament.

In April Public Health carried out a rapid review of the current evidence base and best practice guidance regarding the building of mental resilience in school aged children. Various approaches were discovered as part of this review. To assess the viability and potential of some of these approaches a Collaboration Meeting was held on 24<sup>th</sup> April. It included members of Alder Hey Hospital, both Clinical Commissioning Groups, Sefton CVS, Sefton Education Team and local third sector organisations including Venus and members of the SEAS consortium.

The key findings of the meeting are summarised below:

- The transition from Primary to Secondary Schools was identified as a pivotal time for young people, meaning a focus on Year 6 & 7 could support young people during this difficult time.

- A 'Whole Schools Approach' was needed, meaning not just focusing on pupils, but parents, teacher and the wider community as well. This should help to embed any investment.
- Identification of key links within schools was **essential** to embed invest and ensure it was sustainable and could create 'a legacy'.
- Peer Mentoring was an essential component, as was some web based content.
- A change of culture would be needed to ensure schools took up and actively used the investment beyond the funded period.
- Acceptance that this is a complex and long-term piece of work, which would require some time to be adopted and integrated by schools.

Public Health gave a presentation to all Primary School Headteachers on the 25<sup>th</sup> April; the aims were to prompt discussion, present options for schools to adopt and also to encourage them to highlight any locally developed approaches within Sefton. Particularly approaches that could be forward for enhancement and or further investment and potentially be adopted by other schools as local best practice.

Almost half of the 70 Headteachers present expressed an interest in working as part of this project and several made approaches regarding activities within their schools. A similar presentation was given to Deputy Heads of Secondary Schools in the north and centre of Sefton, again two-thirds present expressed an interest in working with us as part of the project.

During May meetings have taken place with almost ten Sefton schools regarding their views and ideas. Various suggestions have been made to enhance or expand existing activity. The most consistent view point from all conversations was that one overarching approach will not work, and that a 'suite of options' is required from which schools can choose one or two options that fit with their circumstances.

Further meetings have been arranged to decide on the best options, given the various merits of the fourteen different activities identified. Proposals will be made to the CICG in June regarding the preferred options; work will then commence to secure the resources needed and with schools to begin implementation from September.

### **Suicide Prevention**

In late April 4 x trainers from Sefton CVS, Living Well Sefton and Sefton Veterans completed a suicide prevention course. The free course was provided by the CHAMPS network and was aimed at training people to be able to deliver low level suicide prevention to members of the public and the community. Encouraging conversations about mental health and wellbeing, and supporting local people to resolve issues.

Following the successful and innovative work with taxi firms in Sefton about Child Sexual Exploitation (CSE) we will be adopting an identical approach in relation to mental wellbeing and suicide prevention. We are aiming to work with large firms such as Delta (who have over 3600 drivers across Merseyside) to implement training and awareness raising sessions, to try and guide people to support services. If we are successful the training would become a mandatory requirement of the annual training all drivers undergo - this has already been established as part of the CSE work. Meetings have been arranged and work will progress over the summer.

Given this merits of this approach with taxi drivers currently taking place in Kilkenny and Brighton and the work Sefton drivers have done with us around Child Sexual Exploitation, we are going to approach other taxi firms within Sefton to see if they do wish to take up this offer.

### **Street Drinking**

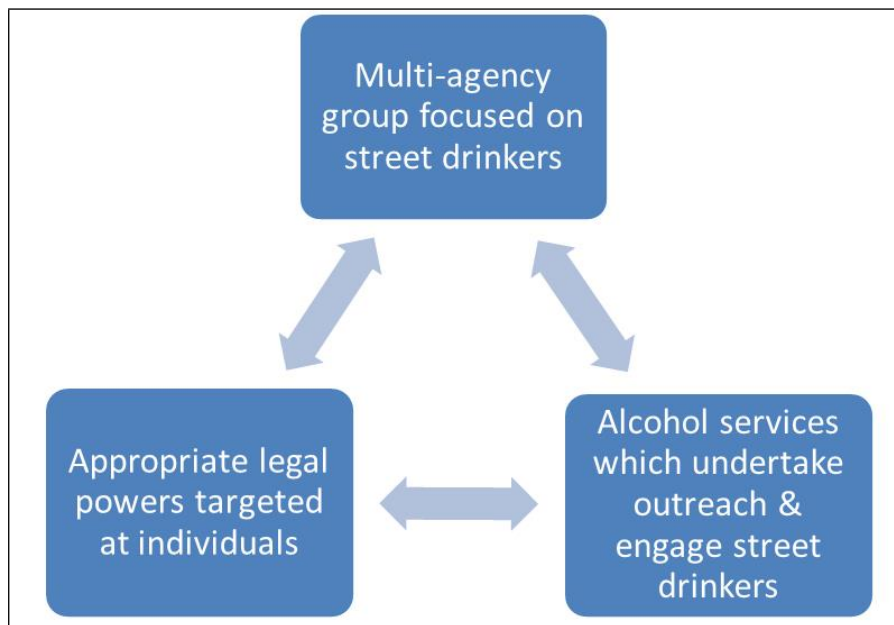
Street drinking has been an issue of concern in Sefton for some years and has been discussed at the Sefton Safer Communities Partnership in the light of information presented in the Strategic Intelligence Assessment. It should be noted that sometimes street drinking, problem drinking, change resistant drinkers and binge drinkers associated with the night time economy are terms used interchangeably. However, they are distinct issues and refer to different populations.

In November 2016 the National Consortium of Police and Crime Commissioners published *Tackling Street Drinking: Police and Crime Commissioner Guidance on Best Practice*. The document contains a series of 'points for local consideration'. The Public Health team have taken this opportunity to undertake an audit against these questions. We have worked with partners within the Council and externally to collate a local response; although the audit is still a work in progress for some specific questions.

### Results from audit against PCC Guidance on Best Practice

Exact numbers of street drinkers in Sefton is not known, but it has previously been noted that there are a maximum of 10 in Southport and 5 in Bootle that fit the description above. Although this is a small number, they are a particularly vulnerable group for whom a partnership approach is required to support them to address issues and ensure the environment does not contribute to the perception of higher levels of street drinking.

A multi-component approach to street drinking is required containing the three elements in the picture below. Sefton has such a multi-component approach and can evidence that action is being taken across all elements.



### Next steps

The following are potential areas for next steps:

- To revisit assessing the scale of street drinking in Sefton. This would require a multi-agency approach with input from police, community safety and third sector organisations.
- To receive a report from the complex needs panel summarising the cases discussed and impact of the actions taken as part of individuals' risk management plan.
- To implement the licensing associated interventions proposed by the Cheshire and Merseyside group, where appropriate to Sefton and where resources can be allocated, such as the 'Drink Less Enjoy More' and 'Reducing the Strength' programmes.
- To follow up with Ambition Sefton that the proposed model for change resistant drinkers is implemented as part of the transformation plan.
- To work with partners delivering the wide range of existing actions to capture the impacts on street drinking levels and individuals' progress to recovery.
- To consider the feasibility of a wet facility or other more flexible approach, dependent on the outcomes of assessing the scale of street drinking.

### **Public Health Performance**

The Public Health team have introduced a performance framework that is integrated with the service plan. The performance areas are taken from the Public Health Outcomes Framework (PHOF) and focus on those over which the team has some control. The dashboard is updated quarterly and the performance framework process includes reporting to Cabinet Member on a six monthly basis, updating on

previous reports and actions, and highlighting new areas of concern. The briefing to Cabinet Member on 8<sup>th</sup> May 2017 was the first to be produced.

As at February 2017 there were eight indicators with a red direction of travel:

- Healthy life expectancy at birth for females
- Obesity in Year 6
- Physical activity in adults
- Successful completion of drug treatment (non-opiates), and didn't re-present within six months
- Self-reported wellbeing (low satisfaction score)
- Under 75 liver disease mortality
- Under 75 respiratory disease mortality
- Suicide and undetermined injury mortality

Actions for addressing these indicators were identified; both actions that have taken place since the reporting period of the indicator and future actions.

### **Service Plan 2017**

This Service Plan detailing the priority activities for Public Health and Wellbeing for 2017/18 is complete. We have considered the priorities of Sefton Council and the vision for 2030, building on the wider vision for system change. The plan is structured around four key functions within this service:

- Health Improvement
- Health Care Public Health
- Health Protection
- Wider determinants and reducing health inequalities

Each service area contained within the plan, highlights how linkages will be developed across all of the work plans to strengthen health and wellbeing outcomes, add value and ensure a consistent approach. The plan specifically outlines the priorities for Public Health for the next 12 months. It includes statutory requirements to support partners such as the CCG, as well as tangible actions to develop work with the VCF, building on assets in local communities. The plan is designed to be flexible and adaptable to the changing landscape, and will be continually updated as work is prioritised and reprioritised over the coming months. Our focus and approach will be one of co-production and co-collaboration within the context of wider Council commissioning priorities, as well as the emerging programmes of Public Sector Reform.

### **CLAHRC**

The Collaboration for Leadership in Applied Health Research and Care for the North West Coast (CLAHRC NWC) is part of the National Institute of Health Research, which oversees research for the NHS. The programme brings together

universities, local authorities, NHS organisations and the public, to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

The CLAHRC NWC is a five year programme, which began in January 2014 and will run until the end of 2018. The programme aims to reduce health inequalities in an identified 'Neighbourhood for Learning' (NfL) in 10 North west local authority areas – Sefton's NfL is central Southport, Local interested partners and residents will work together to identify social, economic and environmental issues which are contributing to levels of poor health, and agree on a focus around which local changes can be researched and implemented in order to improve the situation. These changes will then be evaluated for their impact.

Activity to date in the programme has included a Household Health Survey, stakeholder and resident engagement sessions which identified a range of issues within central Southport:

- Poor condition of housing
- Debt within the local community
- Development of community hubs/co-location of services
- Clearer communication/referral pathways between services

Each of these issues was considered, including current local activity ongoing or planned, the scale and timing of this and how it relates to CLAHRC objectives. This work concluded that the most feasible area of focus for the research was debt.

Since identifying a programme focus, work has continued to identify residents and stakeholders interested in playing a long term role in the programme, as follows:

- A requirement of the project is to involve local residents in designing and undertaking any research activity or changes to interventions. A series of events were held in November 2016, to introduce residents to the issue of debt and collect ideas of how research could be undertaken. At these sessions residents were concerned that debt advice services were not 'visible' enough for those who really need them and that there was not enough financial education ongoing within local schools.
- In February and March 2017, four training sessions for residents in relation to skills for participation in projects, were run for the CLAHRC by Sefton CVS. These were well attended by approximately 8 residents.
- A resident led audit of debt advice and related services within Central Southport has also been undertaken. Six residents attended this session, with those attending the audit activity being offered a nominal payment from the CLAHRC programme (as will also be the case for future resident activity).

On 30<sup>th</sup> March 2017, the first meeting of the overarching steering group for the CLAHRC was held, bringing together all interested parties who will identify and oversee local changes. Representatives from the following teams/organisations attended; the CLAHRC team, Public Health, Communities, Sefton CVS, CAB, Christians Against Poverty, Southport Migrant Workers Association and two residents representatives.

At the meeting the residents were able to feedback their findings from the audit activity, to which local stakeholders were receptive and positive. The group also identified a list of proposed projects which they would like to progress, including provision of training for frontline staff, better ways to signpost residents, and applying for funding from the Stop Loan Sharks Community Fund and other sources.

The group has since met in May and the next meeting is planned for mid-June, where the group will progress their project ideas further.

### **Merseyside Fire & Rescue Service – Safe & Well Visits**

During the past two years, Merseyside Fire and Rescue Service (MFRS) along with Cheshire Fire and Rescue Service has held extensive dialogue with health partners across the region at a number of levels to further understand and explore opportunities to work together more collaboratively.

As part of this work MFRS sought to assist NHS England, Public Health England, Local Government Association and the Chief Fire Officers Association to develop a framework/set of principles that could be used to broaden the current Home Fire Safety Check to incorporate/tackle local health priorities.

Consequently, the following principles were proposed as a basis for discussion for adoption or implementation locally:

- That each FRS should consider extending its current approach to safety in the home to include risk factors that impact on health and wellbeing and which lead to an increase in demand for health and local authority services.
- The content of a 'safe and well' visit in each FRS area should be co-designed through discussions with local health and local authority colleagues and should be based on information regarding local risks and demand.
- When considering risk factors other than fire, the process should not be confined to merely signposting to other agencies, but also to how these can be mitigated during the initial visit.

Wherever possible the approach adopted should:

- Reflect local need
- Provide a light touch health check of vulnerable individuals
- Identification of risk while in the home;
- Provision of brief advice;
- Provision of appropriate risk reduction equipment

Since the Consensus Statement was signed MFRS has worked closely with colleagues in health and public health to explore how they might work to support us in improving health and quality of life outcomes for those most at risk in their communities whilst embedding a robust and accountable approach through which the FRS can be held accountable.

This engagement with health partners compliments the Chief Fire Officers Association (CFOA) Health Strategy Document for 2015-2019 entitled 'Fire and Rescue Services as a Health Asset' that encourages fire and rescue services to implement a strategy that supports a greater collaboration between the fire service, health and other partners to produce better outcomes for the communities we serve.

Clearly one of the key aspirations is the introduction of the "Safe and Well" visit as an extension to the current Home Fire Safety Check, an intervention which has been carried out by Merseyside Fire and Rescue Service staff since 1999.

There is now a referral pathway in place for each Local Authority area and as such MFRS feel they are now in a position to pilot the "Safe and Well" visit and have made reference to its introduction in the Integrated Risk Management Plan 2017 – 2020.

Through consultation with health partners it has been agreed that MFRS give focus to 5 key areas, these are:

- Falls Assessment (FRAT)
- Alcohol Reduction
- Smoking Cessation
- Bowel Cancer Screening (over 60's)
- Hypertension Check

They estimate that from April 2017 to March 2018, their 'Prevention Advocates' will visit in excess of 7000 homes across Merseyside, MFRS feel that this number of direct engagements will provide them with the opportunity to evaluate the effectiveness of the Safe and Well Visit and consider if they should mainstream it across the organisation (including operational firefighters) in 2018/19 subject to academic rigour and evaluation.

MFRS intend through existing governance arrangements to report back outcomes with you via the Health and Wellbeing Board.



### **PARKS AND GREENSPACES**

#### **Community Resilience**

##### **Community self-management/Market testing of empty buildings**

The service continues to explore new opportunities to facilitate community, sports and other groups taking on self-management of their facilities and features. In addition to existing arrangements, developing discussions are ongoing with a combination of groups and a market test exercise is to be undertaken to hopefully find suitable users for empty buildings (which may include commercial lettings).

##### **ASB Initiatives**

In response to issues of antisocial behaviour related to bicycles in and around the areas of Victoria and Coronation Parks, the Community Parks Team are working with Neighbourhoods and Active Travel/Cycling UK Development Officer to put together an initiative to address these issues that are of particular concern to the community as they are also leading to theft of bicycles (sometimes by force).

##### **Creating and Building Partnerships**

In addition to the ongoing partnership that has been established with Santander since 2014, Parks and Greenspaces are building relationships further with several external partners such as; Access Point and McDonalds. Initially, Access Point came on board to complete a 100 volunteering hour's target with its staff, but have since decided to continue volunteering in Hesketh Park; and McDonalds are due to get involved in quarterly litter-picks in North Sefton.

To expand the partnership element of the Service even further a focused and proactive marketing initiative will take place in 2017.

##### **Community Hubs**

Botanic Gardens Community Hub: The Hub has now entered its operational phase with most of its partners now established on-site. As the partners become more established they will seek to channel their efforts into providing positive projects and activities in Botanic Gardens. Current partners include The Community Parks Officers, the Botanic Gardens Community Association, Sefton New Directions, Macmillan Cancer Care, Arden College and The Botanic Gardens Café.

Further works are being developed for new Community Hub concepts throughout the borough including Orrell Mount Park, Hesketh Park, and others.

### **Capital schemes**

#### **Hesketh Park Observatory**

Refurbishment works have been completed on site to the dome and mechanism of the Observatory. A celebration and commemorative event is being planned in conjunction with the community groups involved.

#### **King's Gardens**

The last of the capital works is almost complete; this sees a new balustrade wall on the lower promenade from the play area to the end of the mini golf and will see the last of the lighting installed. All seventeen sets of steps repaired and made more accessible to those with disabilities, and a hand rail added to the Venetian bridge.

An innovative art project has been completed with Southport College under the Venetian bridge in Kings Gardens. This has seen an area previously suffering from graffiti now decorated by young people. This has been taken as good practice and a further project is now planned for under the Marine Way Bridge.

### **Benchmarking/ Awards**

#### **Green Flag Award**

In 2017/18 in addition to the 8 existing Green flag Award applications (Botanic Gardens, Hesketh Park, Lord Street Gardens, King's Gardens, Coronation Park, Hatton Hill Park, Derby Park and North Park) two further applications were judged in May for Killen Green Park, Netherton and Duke Street Park, Formby.

#### **Green Flag Community Award**

In 2017 we are also assisting community groups in retaining the Green Flag Community Award i.e. Rotten Row, Southport, St Luke's Church Grounds, North Park Community Garden, involving the Gateway Collective and Ykids; and Bridge Inn Community Farm, Formby. We are assisting the Friends of Ainsdale Village Park with a new application for 2017/18; EDDA are also submitting a 2017/18 application for the first time.

#### **In Bloom and It's Your Neighbourhood Awards**

The 2017 NWiB Entries are underway and Groups are being encouraged to submit entries it is anticipated that the same number of entries will be made as last year.

#### **The Open Golf 2017**

Preparations continue for the Open Golf which takes place 16th-23rd July. Bedford Park, Waterloo Road Rec, Carr Lane and (possibly) Sandbrook Road Rec will all be used for visitor park and ride.

<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	27 June 2017
<b>Subject:</b>	Work Programme 2017/18, Scrutiny Review Topics and Key Decision Forward Plan		
<b>Report of:</b>	Head of Regulation and Compliance	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Adult Social Care and Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

**Summary:**

To seek the views of the Committee on the draft Work Programme for 2017/18, identify potential topics for scrutiny reviews to be undertaken by a Working Group(s) appointed by the Committee and identify any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

**Recommendation:**

That:-

- (1) the Work Programme for 2017/18, as set out in Appendix 1 to the report, be considered, along with any additional items to be included and thereon be agreed;
- (2) the appointment of any new Working Group(s) during 2017/18 deferred until such time as the Residential and Care Homes Working Group has completed its final report; and
- (3) the Committee considers items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix 4 to the report, which fall under the remit of the Committee and any agreed items be included in the work programme referred to in (1) above.

**Reasons for the Recommendation(s):**

To determine the Work Programme of items to be considered during the Municipal Year 2017/18 and identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny 'adds value' to the Council.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

# Agenda Item 13

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

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme and identify scrutiny review topics.

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

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

**(A) Revenue Costs** – see above

**(B) Capital Costs** – see above

## **Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> None
<b>Legal Implications:</b> None
<b>Equality Implications:</b> There are no equality implications.

## **Contribution to the Council's Core Purpose:**

Protect the most vulnerable: None directly applicable to this report but reference in the Work Programme to the approval of, and monitoring of recommendations contained in the Residential and Care Homes Working Group Final Report will help to protect vulnerable members of Sefton's communities.
Facilitate confident and resilient communities: None directly applicable to this report
Commission, broker and provide core services: None directly applicable to this report
Place – leadership and influencer: None directly applicable to this report.
Drivers of change and reform: None directly applicable to this report
Facilitate sustainable economic prosperity: None directly applicable to this report
Greater income for social investment: None directly applicable to this report
Cleaner Greener: None directly applicable to this report

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

**(A) Internal Consultations**

The Work Programme and Key Decision Forward Plan Report is not subject to FD/LD consultation. Any specific financial and legal implications arising from the consideration of a key decision will be subsequently reported to Members in an appropriate manner.

The Head of Adult Social Care has been consulted in the preparation of this report.

## **(B) External Consultations**

Not applicable

## **Implementation Date for the Decision**

Immediately following the Committee meeting.

<b>Contact Officer:</b>	Debbie Campbell
<b>Telephone Number:</b>	0151 934 2254
<b>Email Address:</b>	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

## **Appendices:**

The following appendices are attached to this report:

- Overview and Scrutiny Committee Work Programme for 2017/18
- Overview And Scrutiny – Potential Scrutiny Review Topics 2017/18
- Criteria Checklist For Selecting Topics For Review
- Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee

## **Background Papers:**

There are no background papers available for inspection.

## **Introduction/Background**

### **1. WORK PROGRAMME 2017/18**

- 1.1 The proposed Work Programme of items to be submitted to the Committee for consideration during the Municipal Year 2017/18 is set out in **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2017/18 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2017/18 and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

# Agenda Item 13

## 2. SCRUTINY REVIEW TOPICS 2017/18

- 2.1 It is usual practise for the Committee to appoint a Working Group(s) to undertake a scrutiny review of services during the Municipal Year and details of potential scrutiny review topics which have been identified by the Strategic Leadership Board are set out in **Appendix B** to the report.
- 2.2 Discussions between the Senior Democratic Services Officer and the Head of Adult Social Care have revealed that with regard to the proposed topic “Early Intervention and Prevention - Locality Teams - Work Package (2b) Personalisation”, it may be more appropriate to consider this piece of work during 2018/19.
- 2.3 With regard to the proposed topic “Adult Social Care Market”, the Head of Adult Social Care considered that this piece of work has largely been covered by the Residential and Care Homes Working Group.
- 2.4 The Head of Adult Social Care has suggested that the Committee may wish to consider establishing a working group on the voluntary, community and faith sector, to determine whether it is ready to start delivery on the personalisation agenda.
- 2.5 A criteria checklist for selecting and rejecting potential topics to review is attached at **Appendix C**, to assist the Committee in selecting topics and appointing Working Group(s) for the Municipal Year.
- 2.6 Work on the Residential and Care Homes Working Group, commenced during 2016/17, remains on-going and it may be preferable to delay the appointment of any new Working Group(s) during 2017/18 until such time as the existing Working Group has completed its final report.
- 2.7 **The Committee is requested to defer the appointment of any new Working Group(s) during 2017/18 until such time as the Residential and Care Homes Working Group has completed its final report.**

## 3. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

- 3.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four month period.
- 3.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 3.3 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.

- 3.4 The latest Forward Plan is attached at **Appendix D** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 3.5 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.
- 3.6 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix 4 to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

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

## WORK PROGRAMME 2017/18

	27 JUNE 17	05 SEPTEMBER 17	17 OCTOBER 17	09 JANUARY 18	27 FEBRUARY 18
<b>Regular Reports</b>					
Cabinet Member Update Report	X	X	X	X	X
Work Programme Update	X	X	X	X	X
CCGs' Update Report	X	X	X	X	X
Health Provider Performance Dashboard	X	X	X	X	X
<b>Service Operational Reports:</b>					
Community Equipment Store Review	X				
Domiciliary Care - Future Tender	X				
Public Health Annual Report	X				
Adult Social Care and Public Health Complaints Annual Report 2015/16				X	
Draft Quality Accounts - Process to be Undertaken				X	

<b>Scrutiny Review Progress Report:</b>					
Residential & Care Homes Working Group				X	
<b>CCG Updates</b>					
Estates Plan	X				
<b>NHS Updates</b>					
NHS England - Hightown and Freshfield Surgeries GP Surgeries	X				
Liverpool Women's NHS Foundation Trust (T.B.C.)					
<b>Site Visits</b>					
To be confirmed					

## APPENDIX B

### OVERVIEW AND SCRUTINY – POTENTIAL SCRUTINY REVIEW TOPICS 2017/18

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

<b>Overview and Scrutiny Committee</b>	<b>Scrutiny Review Topic</b>
Adult Social Care and Health	Early Intervention and Prevention - Locality Teams - Work Package (2b) Personalisation  Adult Social Care Market
Children's Services and Safeguarding	Topic to be identified
Regeneration and Skills	Economic Growth
Regulatory, Compliance and Corporate Services	Digital Inclusion
Joint Review – Across all 4 O&S Committees	Early Intervention and Prevention – A New Deal with Citizens

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### CRITERIA CHECKLIST FOR SELECTING TOPICS FOR REVIEW

<b>Criteria for Selecting Items</b>
▪ Issue identified by members as key issue for public (through member surgeries, other contact with constituents or volume of complaints)
▪ Poor performing service (evidence from performance indicators/benchmarking)
▪ Service ranked as important by the community (e.g. through market surveys/citizens panels)
▪ High level of user/general public dissatisfaction with service (e.g. through market surveys/citizens panels/complaints)
▪ Public interest issue covered in local media
▪ High level of budgetary commitment to the service/policy area (as percentage of total expenditure)
▪ Pattern of budgetary overspends
▪ Council corporate priority area
▪ Central government priority area
▪ Issues raised by External Audit Management Letter/External audit reports
▪ New government guidance or legislation
▪ Reports or new evidence provided by external organisations on key issue
▪ Others

### CRITERIA FOR REJECTION

<b>Potential Criteria for Rejecting Items</b>
▪ Issue being examined by the Cabinet
▪ Issue being examined by an Officer Group : changes imminent
▪ Issue being examined by another internal body
▪ Issue will be addressed as part of a Service Review within the next year
▪ New legislation or guidance expected within the next year
▪ Other reasons specific to the particular issues.

### SCRUTINY CHECKLIST DO'S AND DON'TS

<b>DO</b>
◆ Remember that Scrutiny <ul style="list-style-type: none"> <li>◆ Is about learning and being a "critical friend"; it should be a positive process</li> <li>◆ Is not opposition</li> </ul>
◆ Remember that Scrutiny should result in improved value, enhanced performance or greater public satisfaction
◆ Take an overview and keep an eye on the wider picture
◆ Check performance against local standards and targets and national standards, and compare results with other authorities
◆ Benchmark performance against local and national performance indicators, using the results to ask more informed questions
◆ Use Working Groups to get underneath performance information
◆ Take account of local needs, priorities and policies
◆ Be persistent and inquisitive
◆ Ask effective questions - be constructive not judgmental
◆ Be open-minded and self aware - encourage openness and self criticism in services
◆ Listen to users and the public, seek the voices that are often not heard, seek the views of others - and balance all of these
◆ Praise good practice and best value - and seek to spread this throughout the authority
◆ Provide feedback to those who have been involved in the review and to stakeholders
◆ Anticipate difficulties in Members challenging colleagues from their own party
◆ Take time to review your own performance

◆ <b>DON'T</b>
◆ Witch-hunt or use performance review as punishment
◆ Be party political/partisan
◆ Blame valid risk taking or stifle initiative or creativity
◆ Treat scrutiny as an add-on
◆ Get bogged down in detail
◆ Be frightened of asking basic questions
◆ Undertake too many issues in insufficient depth
◆ Start without a clear brief and remit
◆ Underestimate the task
◆ Lose track of the main purpose of scrutiny
◆ Lack sensitivity to other stakeholders
◆ Succumb to organisational inertia
◆ Duck facing failure - learn from it and support change and development
◆ Be driven by data or be paralysed by analysis - keep strategic overview,

and expect officers to provide high level information and analysis to help.

### KEY QUESTIONS

**Overview and Scrutiny Committees should keep in mind some of the fundamental questions:-**

Are we doing what users/non users/local residents want?
Are users' needs central to the service?
Why are we doing this?
What are we trying to achieve?
How well are we doing?
How do we compare with others?
Are we delivering value for money?
How do we know?
What can we improve?

### INVESTIGATIONS:-

To what extent are service users' expectations and needs being met?
To what extent is the service achieving what the policy intended?
To what extent is the service meeting any statutory obligations or national standards and targets?
Are there any unexpected results/side effects of the policy?
Is the performance improving, steady or deteriorating?
Is the service able to be honest and open about its current performance and the reasons behind it?
Are areas of achievement and weakness fairly and accurately identified?
How has performance been assessed? What is the evidence?
How does performance compare with that of others? Are there learning points from others' experiences?
Is the service capable of meeting planned targets/standards? What change to capability is needed.
Are local performance indicators relevant, helpful, meaningful to Members, staff and service users?

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## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

**FOR THE FOUR MONTH PERIOD 1 JULY 2017 - 31 OCTOBER 2017**

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

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
Well North Legal Agreement	Catherine Taylor catherine.taylor@sefton.gov.uk	4
Healthy Weight Declaration	Chris McBrien chris.mcbrien@sefton.gov.uk Tel: 934 3155	7
Sefton Integrated Sexual Health Service	Charlotte Smith charlotte.smith@sefton.gov.uk	8
Residential and Care Homes Working Group - Final Report	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254	9
South Sefton College - Proposed Merger with Hugh Baird College - Determination of the Statutory Proposal	Mike McSorley mike.mcsorley@sefton.gov.uk Tel: 0151 934 3428	10
Approval of Legal Documentation for Academy Conversion - Stanley High School	Marie Stevenson marie.stevenson@sefton.gov.uk	11
Children and Adolescent Mental Health Services Working Group	Ruth Harrison ruth.harrison@sefton.gov.uk Tel: 0151 934 2042	12
Procurement of Fleet, Machinery and Equipment for Integrated Land Management Merged Services (PSR7)	Mark Shaw mark.shaw@sefton.gov.uk	13
Adoption of Supplementary Planning Documents	Ingrid Berry ingrid.berry@sefton.gov.uk Tel: 0151 934 3556	14
Procurement Proposals for Winter Service Contract	Gary Jordan gary.jordan@sefton.gov.uk	15
Commercial Acquisition – Update Report	Sarah Kemp sarah.kemp@sefton.gov.uk Tel: 0151 934 4770	16
Article 4 Direction - Houses in Multiple Occupation	Ian Loughlin ian.loughlin@sefton.gov.uk Tel: 0151 934 3558	17
Adoption of the Sefton Coast Plan	Graham Lymbery graham.lymbery@sefton.gov.uk Tel: 0151 934 4175	18
Peer Review Working Group - Final Report	Ruth Harrison ruth.harrison@sefton.gov.uk Tel: 0151 934 2042	19
Parks and Greenspaces Working Group	Ruth Harrison ruth.harrison@sefton.gov.uk Tel: 0151 934 2042	20

# Agenda Item 13

## Appendix D

Community Infrastructure Levy - Publication Draft Charging Schedule	Ian Loughlin ian.loughlin@sefton.gov.uk Tel: 0151 934 3558	21
Housing Selective and Additional (HMO) Licensing Scheme Proposals	Neil Davies neil.davies@sefton.gov.uk Tel: 0151 934 4837	23
Commercial Acquisition – Update Report	Sarah Kemp sarah.kemp@sefton.gov.uk Tel: 0151 934 4770	25
Sefton Council Housing Development Company	Neil Davies neil.davies@sefton.gov.uk Tel: 0151 934 4837	26
Disposal of Vine House	Neil Davies neil.davies@sefton.gov.uk Tel: 0151 934 4837	27
Insurance Provision	Laura Williams laura.williams@sefton.gov.uk	28
Area Committees Working Group	Paul Fraser paul.fraser@sefton.gov.uk Tel: 0151 934 2068	29
Revenue and Capital Budget Plan 2016/17 - 2019/20	Jeff Kenah jeff.kenah@sefton.gov.uk Tel: 0151 934 4104	30
Discretionary Relief for Business Rates following the Revaluation of 2017	Angela Ellis angela.ellis@sefton.gov.uk	31
Revenue and Capital Budget Plan 2017/18 - 2019/20	Jeff Kenah jeff.kenah@sefton.gov.uk Tel: 0151 934 4104	33
Revenue and Capital Budget Plan 2017/18 - 2019/20	Jeff Kenah jeff.kenah@sefton.gov.uk Tel: 0151 934 4104	34

### SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<p><b>Well North Legal Agreement</b>                  The report will seek Cabinet approval to enter into the Well North Legal Agreement, in order to deliver a local Well Sefton programme. Well North is a Strategic Collaboration between Public Health England (PHE), the University of Manchester and up to nine lead accountable bodies for areas across the North of England. Sefton has been selected as one of the nine areas, with a spotlight on the Bootle area. The overall programme aims to empower local people to create local solutions to address inequalities and improve the health and wellbeing of the poorest members of their community the fastest.</p>			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017			
Key Decision Criteria	Financial	Yes	Community Impact	No
Exempt Report	Open			
Wards Affected	Linacre			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Heads of Service; Local businesses; Community Organisations; Well Sefton Steering Group and Core Group			
Method(s) of Consultation	Series of workshops; Meetings			
List of Background Documents to be Considered by Decision-maker	Well North Legal Agreement			
Contact Officer(s) details	Catherine Taylor catherine.taylor@sefton.gov.uk			

## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<b>Healthy Weight Declaration</b> To provide an overview of the Local Authority Declaration on healthy weight and seek approval for the Council to adopt it as the basis of a cross cutting approach to tackle obesity in Sefton.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	The healthy weight steering group includes officers from Public Health, Environmental Health, Planning, Active Sefton, School Health, Living Well Sefton and Sefton CCG.			
Method(s) of Consultation	Healthy Weight Declaration pledges and action plan has been discussed and developed with the healthy weight steering group			
List of Background Documents to be Considered by Decision-maker	Healthy Weight Declaration			
Contact Officer(s) details	Chris McBrien <a href="mailto:chris.mcbrien@sefton.gov.uk">chris.mcbrien@sefton.gov.uk</a> Tel: 934 3155			

### SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<b>Sefton Integrated Sexual Health Service</b> To consider an option for commissioning an Integrated Sexual Health Service.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017			
Key Decision Criteria	Financial	Yes	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Service provider; Health and Social Care partners; Cabinet Member – Health and Wellbeing			
Method(s) of Consultation	Meetings; Emails			
List of Background Documents to be Considered by Decision-maker	Sefton Integrated Sexual Health Service			
Contact Officer(s) details	Charlotte Smith charlotte.smith@sefton.gov.uk			

## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<b>Residential and Care Homes Working Group - Final Report</b> To submit the findings of the Residential and Care Homes Working Group.			
Decision Maker	Cabinet			
Decision Expected	27 Jul 2017 Decision due date for Cabinet changed from 06/04/2017 to 27/07/2017. Reason: The Working Group is still deliberating on its Final Report			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Elected Members and Stakeholders			
Method(s) of Consultation	Meetings and Correspondence			
List of Background Documents to be Considered by Decision-maker	Residential and Care Homes Working Group - Final Report			
Contact Officer(s) details	Debbie Campbell <a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a> Tel: 0151 934 2254			