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Sefton Council 

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

DATE: 17th October 2017

TIME: 6.30 pm

VENUE: Committee Room, Town Hall, Bootle

Member

Councillor
Cllr Catie Page (Chair)
Cllr Andy Dams (Vice-Chair)
Cllr June Burns
Cllr Anthony Carr
Cllr Linda Cluskey
Cllr Terry Jones
Cllr Sue McGuire
Cllr Robert Owens
Cllr Lynne Thompson
Cllr Marianne Welsh
Brian Clark, (Co-Optee)
Roger Hutchings, (Co-Optee)

Substitute

Councillor
Cllr Michael O'Brien
Cllr Veronica Webster
Cllr Michael Roche
Cllr Daniel Terence Lewis
Cllr Clare Louise Carragher
Cllr Harry Bliss
Cllr John Dodd
Cllr Gordon Friel
Cllr David Pullin
Cllr Diane Roscoe

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

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

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A G E N D A

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

Members 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 the Previous Meeting** (Pages 5 - 20)

Minutes of the meeting held on 27 June 2017
- 4. Southport and Ormskirk Hospital NHS Trust - Update Report**

Karen Jackson, Interim Chief Executive, Southport and Ormskirk Hospital NHS Trust, to attend.
- 5. Health Checks** (Pages 21 - 26)

Report of the Head of Health and Wellbeing
- 6. Sefton Clinical Commissioning Groups - Update Report** (Pages 27 - 32)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 7. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 33 - 38)

Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 8. Residential and Care Homes Working Group - Final Report** (To Follow)

Report of the Head of Regulation and Compliance
- 9. Call-In Procedure** (To Follow)

Report of the Head of Regulation and Compliance.
- 10. Cabinet Member Reports** (Pages 39 - 50)

Report of the Head of Regulation and Compliance.

11. Work Programme Key Decision Forward Plan

(Pages 51 -
66)

Report of the Head of Regulation and Compliance.

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THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN".

Overview
& Scrutiny



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

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

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

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

6. APOLOGIES FOR ABSENCE

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

7. DECLARATIONS OF INTEREST

No declarations of interest were received.

8. MINUTES OF PREVIOUS MEETINGS

RESOLVED:

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

9. HIGHTOWN VILLAGE SURGERY AND FRESHFIELD SURGERY

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

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

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

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

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

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

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

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

RESOLVED:

That the contents of the report be noted.

10. REVIEW OF SEFTON COMMUNITY EQUIPMENT STORE

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

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

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

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

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

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

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

RESOLVED: That

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

11. DOMICILIARY CARE CONTRACTS - FUTURE TENDER

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

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

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

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

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

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

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

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

RESOLVED:

That the report be noted.

12. PUBLIC HEALTH ANNUAL REPORT

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

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

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

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

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

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

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

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

RESOLVED:

That the content of the report be noted.

13. ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT 2016/17

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

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

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

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

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

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

RESOLVED: That

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

14. CLINICAL COMMISSIONING GROUPS - ESTATES PLAN

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

The presentation outlined the following:-

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

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

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

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

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

RESOLVED:

That the presentation be noted.

15. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT

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

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

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

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

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

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

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

RESOLVED: That

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

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

16. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

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

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

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

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

RESOLVED:

That the information on Health Provider Performance be noted.

17. CABINET MEMBER REPORTS

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: That

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

18. WORK PROGRAMME KEY DECISION FORWARD PLAN

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

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

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

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

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

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

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

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

RESOLVED: That

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

19. TINA WILKINS, HEAD OF ADULT SOCIAL CARE

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

RESOLVED:

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

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

Agenda Item 5

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 17 October 2017
Subject:	Health Checks		
Report of:	Head of Health and Wellbeing	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

To inform the Overview and Scrutiny Committee (Adult Social Care and Health) of progress made in the design and implementation of a new delivery model for the NHS Health Checks programme in Sefton.

Recommendation(s):

(1) Members note the progress made against previously approved action, and the work being undertaken to design and implement a new delivery model for the NHS Health Check programme in Sefton.

Reasons for the Recommendation(s):

Work has been taking place for a number of months on the NHS Health Checks programme including engagement activity with key stakeholders.

Alternative Options Considered and Rejected: (including any Risk Implications)
N/A – Approval received by Cabinet in January 2017 and at full Council in March 2017.

What will it cost and how will it be financed?

(A) Revenue Costs

The current budget for Healthchecks is £300,000. A reduction in the budget to £50,000 from 2018/19 has been agreed by Cabinet.

The new delivery model will remain within existing resources

(B) Capital Costs

None

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Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): Staffing levels will be from within existing resources, additional training will be required and equipment will be required for delivering health checks all to be provided through existing resources.
Legal Implications: Formal notification required to give notice of expiry on current contracts.
Equality Implications: The equality Implications have been identified and mitigated. An equality impact assessment will be undertaken.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: n/a
Facilitate confident and resilient communities: n/a
Commission, broker and provide core services: Ensure that the NHS Health Checks programme is delivered and available to residents via a model that makes better use of existing resources and support other investments in early intervention and prevention.
Place – leadership and influencer: n/a
Drivers of change and reform: n/a
Facilitate sustainable economic prosperity: n/a
Greater income for social investment: n/a
Cleaner Greener n/a

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD 4877/17) and Head of Regulation and Compliance (LD 4161/17) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Engagement with partners has taken place and further activity is planned as detailed within the report.

Implementation Date for the Decision

Immediately following the Committee / Council meeting.

Contact Officer:	Martin Seymour
Telephone Number:	0151 934 3175
Email Address:	Martin.Seymour@sefton.gov.uk

Appendices:

There are no appendices to this report

Background Papers:

[NHS Health Check Best Practice Guidance, March 2016](#)

1. Introduction/Background

1.1 What is an NHS Health Check?

The NHS Health Check programme is a national programme designed to identify early signs of heart disease, stroke, kidney disease, type 2-diabetes or dementia and to help find ways for individuals to lower their risk. Local authorities across England are required to provide local Health Checks for all eligible patients aged 40-74 who are not known to have a long term condition.

1.2 NHS Health Check is made up of three key components: risk assessment, risk awareness and risk management. During the risk assessment, standardised tests are used to measure key risk factors and establish the individual's risk of developing cardiovascular disease. The outcome of the assessment is then used to raise awareness of cardiovascular risk factors, as well as inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.

1.3 Who Provides NHS Health Checks?

Sefton Council Public Health commissions General Practitioners (GPs) to provide the service. The current contract runs until 31 March 2018 and is funded through the Public Health Grant.

1.4 The Service Delivery Model

The current total service value is approximately £300,000 invested across all GP Practices in individual contracts of variable value based on the eligible population cohort in that practice. Payment is attracted for each invitation sent and each Health Check undertaken. Additional payments are made if, for example, the patient requires a blood test. The success of the service depends on patients voluntarily taking up their offer of an appointment and on the practice communicating risk and signposting to appropriate interventions. A reduction in the Health Checks budget to £50,000 from 2018/19 has been agreed by Cabinet.

1.5 Health Checks must be carried out to consistent standards to ensure the quality and effectiveness of the programme. National standards provide a framework to ensure that the NHS Health Check programme operates within parameters that

Agenda Item 5

maximises benefits, reduces potential harms for the population and facilitates cost effectiveness. There is however flexibility within the national programme on who local authorities commission to provide the service and where Health Checks are carried out. Across the Country there are examples of community, pharmacy, GP delivered and combined services with a growth in the number of schemes incorporating community options.

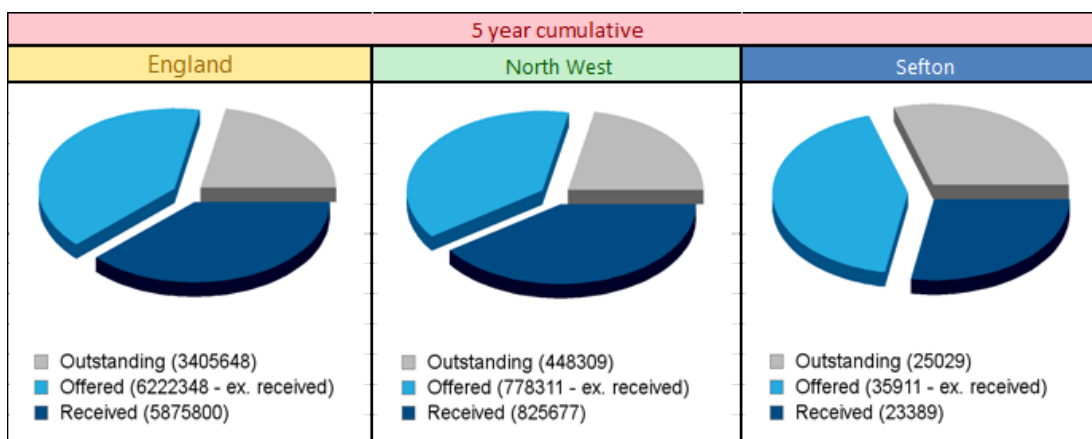
- 1.6 Sefton Council is pursuing a delivery model that moves away from the GP based delivery and incorporates a wider network of providers. This is driven by both concerns over current performance and the current cost of delivering the service, together with the opportunities presented by the Public Health commissioned Living Well Sefton (LWS) service and the Active Sefton programme.

2 Performance

- 2.1 Health Check performance data is monitored by PHE and published on the Public Health Outcomes Framework. Sefton performs worse than the national average in terms of the number of invitations sent out and appointments made. Whereas many parts of the North West are improving in comparison to England, Sefton continues to be below the expected level and lower than Sefton's North West and Statistical Neighbour Group (SNG) neighbours.

- 2.2 There is variation in performance across GP Surgeries in Sefton. In 2015/16 of the 49 surgeries within Sefton only 22 achieved the target of inviting 20% of eligible patients for a Health Check. Figure 1 shows how Sefton compares to the north west and national in terms of performance.

- 2.3 **Figure 1:** Cumulative health check data for the last 5 years



Source:

http://www.healthcheck.nhs.uk/commissioners_and_providers/data/north_of_england/north_west/?la=Sefton&laid=72

- 2.4 Financially, Sefton pays more than its neighbours for each invitation letter sent and each Health Check carried out. Reductions to the Health Checks budget were agreed by Cabinet in January 2017 and at full Council in March 2017.

3 Engagement with GP Surgeries

- 3.1 In consultation with Public Health England we wrote to all GP surgeries in Sefton to highlight performance issues on a surgery by surgery basis. We also requested

feedback from practices to help identify challenges in delivering Health Checks, examples of good practice and also (where applicable) for surgeries to tell us how they intended to improve their performance and the support they may need from Public Health to do this.

- 3.1 At the end of this period we had received responses from just over a quarter of surgeries (15/49). Feedback has provided an insight into common themes summarised below:

Examples of what was working well

- Some practices reported good systems for searching records to identify eligible patients with support from the CCG.
- Call /recall systems, including the use of text messages
- Trained admin staff
- Opportunistic health checks e.g. with new patients at first appointment

Challenges

- Lack of staff (practice nurses, health care assistants and administration support)
- Turnover of staff (nurses and administration support)
- Lack of facilities (consulting rooms)
- Time required to make and chase appointments
- Numbers of did not attend (DNA)
- Hints at patient apathy towards Health Checks and its benefits (lower uptake for second health checks)
- Patient contact details being incorrect/changed

Actions to address poor performance

- Dedicated staff to chase DNAs
- Changes to invite letters
- Chats with patients by staff about having a health check
- Text messages to patients to remind about the offer and /or an appointment.

- 3.2 Further follow up meetings have been held with a number of GP practices to gain further insight into the ways health checks are being delivered and the issues faced. This will also provide opportunities to explore changes to the current delivery model.

4 Wider engagement

- 4.1 Wider engagement with key stakeholders has been carried out throughout September and October to date, with further meetings in place. To date this has included PHE, CCGs, Clinical Leads for CVD and Diabetes, Sefton CVS, Active Sefton and Healthwatch and other local authorities.

- 4.2 Public engagement on the current Health Checks programme will be undertaken by Healthwatch Sefton in October and November via Patient Participation Groups, Health Champions Network and a public internet survey. At the time of writing a meeting with the Local Medical Committee (LMC) has also been arranged.

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- 4.3 Briefing papers have been taken to the Cabinet Member for Health and Wellbeing on 4th September and 2nd October 2017. Those we have engaged with so far are broadly supportive of the proposals for providing community based Health Checks.

5 Going forward

- 5.1 There are opportunities to work flexibly with existing partners to develop and deliver a Health Check service to meet performance requirements and provide greater opportunities for integration with other lifestyle and health promoting services. Our proposal is to utilise flexibilities within the existing Active Sefton and Living Well Sefton services to deliver Health Checks in a community setting and within General Practices, whilst maintaining appropriate links to, and providing support for, GP practices.
- 5.2 The proposals will enhance the service provided by Active Sefton and Living Well Sefton and will provide patients with a broader range of lifestyle interventions and seamless transition from risk assessment and awareness raising to risk management.
- 5.3 Consideration has been given to how we address concerns over information governance with support from the Councils Information Management and Governance Lead, and to the practicalities of implementing the new model within the timeframe available.
- 5.4 A steering group is being established and potential membership has been identified. The function of the steering group will be to support the transition to a new model.
- 5.5 Formal notice to existing service providers will be given in November in line with the current contract requirement for four months' notice.
- 5.6 A Health Equity Audit will be undertaken prior to implementation and findings acted upon.

6 Recommendation:

- 6.1 The action required are that the Overview and Scrutiny Committee:
- Note the progress made against previously approved action, and the work being undertaken to design and implement a new delivery model for the NHS Health Check programme in Sefton.

Matthew Ashton
Director of Public Health

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

Date of Meeting: 17 October 2017

Subject: Update 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

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 and Health) 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) October 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.

Annual assurance ratings announced

Progress made by both healthcare commissioners in Sefton has been highlighted in NHS England's annual CCG assurance results for 2016-17. NHS South Sefton CCG scored an overall 'requires improvement' for the second year in a row. NHS Southport and Formby CCG was also rated 'requires improvement', acknowledging the progress made by the organisation since being assessed as 'inadequate' in the 2015-2016 process. Both CCGs are pleased their good work has been recognised during what has been an increasingly challenging year. They also recognise the areas for improvement noted in the results as they continue to operate in an increasingly tighter financial environment. Full details of the annual results can be found on the NHS England website by clicking on the following link <https://www.england.nhs.uk/publication/ccg-annual-assessment-201617/>.

High ratings for Sefton GPs in latest patient survey

The latest GP patient survey carried out by Ipsos MORI shows some extremely positive results for Sefton. The survey is sent to over a million people across the UK annually and the results give a good indication of how people feel about the services offered at their GP practice. It assesses patients' experience of healthcare services provided by GP surgeries, including their access to practices, making appointments, the quality of care received from doctors and practice nurses, satisfaction with opening hours, in addition to NHS out-of-hours and dental services. A practice in Litherland was ranked the 5th best in Merseyside and most other south Sefton surgeries were found to be performing as well as others across the country in the latest independent patient experience survey. In Southport and Formby, most GP practices scored above the national average in many categories.

Joint action plan for SEND services

NHS South Sefton CCG and NHS Southport and Formby CCG have been working with Sefton Council to submit a written statement of action in July 2017 following an earlier inspection of special educational needs and disability services (SEND). The action plan within the statement has been agreed by OfSTED and the CQC and can be found on each CCG website using the links at the bottom of this update.

New provider for children's community audiology service in Southport

Alder Hey Children's Hospital NHS Foundation Trust has been confirmed the new provider of paediatric community audiology services in Southport. The trust is expected to fully mobilise the service based at Southport Centre for Health and Wellbeing in January 2018. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave NHS Southport and Formby CCG notice to cease. Since then, the CCG has been working hard to put an interim solution in place with Southport & Ormskirk Hospital NHS Trust, whilst it carried out discussions to secure a longer term provider. This short term solution with Southport & Ormskirk is helping to ensure the young patients who have been waiting for an appointment can be appropriately reviewed and treated without further delay. The agreement with Alder Hey is expected to offer improvements in patient care, as community audiology will be integrated into wider specialist paediatric services such as speech and language, physiotherapy and occupational therapy, which transferred to the children's hospital as part of the recent transaction process in line with the CCG's Shaping Sefton vision for more joined up and responsive care.

Contracts extended with providers at Freshfield and Hightown Village surgeries

NHS England and the two CCGs in Sefton are seeking new providers to deliver primary care services at Freshfield Surgery and Hightown Village Surgery. Following extensive preparatory work to ensure the best possible chance of securing a new provider, the formal procurement process is due to start in October 2017. To ensure the optimum amount of time for this process - and, subject to a quality provider being found, make sure there is a reasonable handover and mobilisation period - the contract with the current providers of services at Freshfield Surgery and Hightown Village Surgery have been extended from 31 December 2017 to 31 March 2018. This ensures that patients can continue receiving services at both practices as normal whilst longer term arrangements are made.

Make Sefton voices count in two national consultations

Sefton residents are encouraged to take part in two national consultations being carried out by NHS England. The first asks for views about proposed commissioning guidance to end primary care from routinely prescribing a number of specific medicines. The exercise focuses on 18 medicines or products which are relatively ineffective, unnecessary, inappropriate or unsafe for prescription on the NHS. The consultation finishes on 21 October. You can feedback by going online to <https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/>

The second consultation is seeking discussion and feedback from patients and the public on two proposed service specifications for adult gender identity services. The service specifications are based on engagement with the trans community and clinical experts and describe new proposals for gender dysphoria patients who are looking for support and / or treatment. As well as providing feedback through an online survey, there are a number of other opportunities for people to get involved in the discussions throughout the 90 day consultation, which closes on 16 October. To take part visit <https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults/>

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Commissioning policy review

Over the summer the CCGs' asked Sefton residents to give their views about a range of local health policies that are being updated to reflect the latest medical evidence. The CCGs have been working with counterparts in Halton, Knowsley, Liverpool, St Helens and Warrington on the project, which is reviewing more than 100 policies for during the year long exercise. These policies are part of a wider commissioning policy for 'procedures of lower clinical priority'. The aim of the review is to ensure that patients receive the most effective and appropriate treatments and procedures based on the latest medical evidence. This will also help ensure the local NHS makes the best use of resources. People had until 18 September to give their views on the first batch of policies being reviewed, which includes removal of piles, cataract surgery, laser tattoo removal and treatments for hairloss. More information can be found from the following links:

- NHS Southport and Formby CCG - <http://www.southportandformbyccg.nhs.uk/get-involved/current-exercises/reviewing-local-health-policies/>
- NHS South Sefton CCG - <http://www.southseftonccg.nhs.uk/get-involved/current-exercises/reviewing-local-health-policies/>

Consultation on orthopaedics and ENT services in Liverpool

A public consultation on proposals for a single orthopaedics service for hospitals in Liverpool ended on 15 September 2017. Under proposals, orthopaedics specialists at Aintree University Hospital NHS Foundation Trust and the Royal Liverpool & Broadgreen University Hospitals NHS Trust would join together to become a single team, working across all three hospital sites. This would involve separating most planned and unplanned orthopaedics care onto separate hospital sites, which would mean some operations taking place in a different place to where they do currently. Several events took place in Sefton to engage with residents who might be affected by the service change, including a session hosted by Healthwatch in early September. More information can be found on the Healthy Liverpool website www.liverpooltalkshealth.info/orthopaedics-ent

Annual review meets Big Chat 9

Both CCGs held their public annual review meetings in September, with around 80 people attending across the two events. As well as the regular updates people would expect to hear at an annual general meeting, these Big Chat 9 events combined interactive sessions. Attendees were invited to participate in 'workshop style' discussions to inform how the CCGs develop some of their latest work programmes. The theme was self-care and people were invited to give their views on a number of different topics and developments. You will find photos from the sessions on each CCG's website by looking in the get involved section - www.southportandformbyccg.nhs.uk and www.southseftonccg.nhs.uk

Preparing for winter

Sefton's CCGs are working with partners across health and social care to ensure systems are in place to meet the surge in demand for services typically experienced during the colder winter months. The CCGs come together to align plans with trusts, other providers and Sefton Council through the A&E delivery board. Their system wide plans to manage demand have been submitted to NHS England for approval.

Sefton residents urged to get their flu jab

The CCGs are working with Sefton Council to urge residents eligible for the flu jab to make sure they get protected. Free flu vaccinations are available to all pregnant women, all children aged 2 to 4, children in years 1-3 at school and residents of all ages with a long term health condition and everyone aged 65 and over. Most people who are eligible can get vaccinated at their local GP practice and parents with children in years 1-3 will be asked for permission for them to receive the nasal spray vaccination at school. While most people can recover from flu in about a week, each winter, tens of thousands of people in England end up in hospital because of flu with hundreds dying from a complication of seasonal flu. This is because some people are at a much greater risk from the serious effects of flu, including pregnant women, the very young, people of any age with health conditions, such as asthma, heart disease, diabetes, weakened immune systems, and older people. The flu vaccination is one of the most effective ways to reduce harm from flu and drastically reduces serious illness, hospitalisation and even death among those who are most at risk. For more information visit www.nhs.uk and if you're not sure if you are eligible simply ask at your GP practice.

Sefton in Mind

The CCGs in Sefton have been supporting Sefton Council's public health team to promote a month long focus on mental health and wellbeing. '30 Days of Sefton in Mind' involves a range of partners from across the borough to raise awareness of the importance of good mental health and wellbeing, along with the support that is available locally. The campaign has focused on social media to share case studies and contacts. It started on World Suicide Prevention Day on 10 September and will end on World Mental Health Day on 10 October.

Report highlights the impact of the CCGs investment to the VCF sector

The achievements of community groups within Sefton have come under the spotlight with the launch of a new report. The 'Working Together for a Healthier Community' report showcases the work of organisations and groups in the voluntary, community and faith sector after receiving grants from the CCG VCF Fund. Over more than three years, the two CCGs in Sefton invested £2.5million into projects designed to improve the health and wellbeing of local communities. You can view the report [here](#).

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. Both following meetings begin at 1pm:

- NHS Southport and Formby CCG – Wednesday 1 November 2017, Family Life Centre, Ash St, Southport, Merseyside, PR8 6JH
- NHS South Sefton CCG - Thursday 2 November 2017, 3rd floor boardroom, Merton House, Stanley Rd, Bootle, L20 3DL

Visit the CCGs' websites for more about their work www.southseftonccg.nhs.uk or 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 – October 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



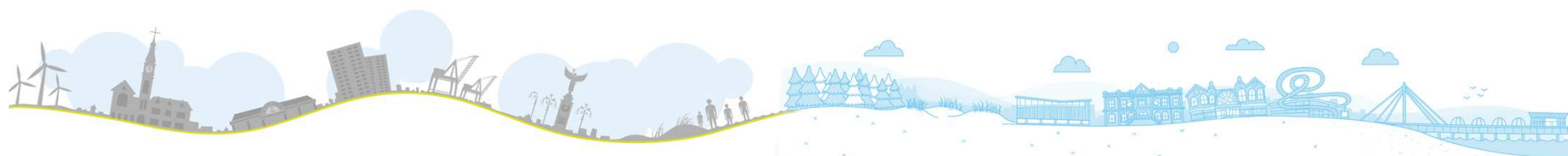
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk, cumulative YTD)	Jul-17	89.8%	90.7% (STP trajectory)	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Jul-17	94.6%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Jul-17	100.0%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Jul-17	99.2%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snaphot position)	Jul-17	94.0%	94%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Jul-17	2	36 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Jul-17	0	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Jul-17	48.7%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Jul-17	0.0%	60%	
Ambulance Category A (Red 1) 8 minute response time (CCG LEVEL, cumulative YTD)	Jul-17	59.0%	75%	
Mental Health: Care Programme Approach (Quarterly)	Jun-17	97.3%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Jul-17	1.19%	1.4% per month (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jul-17	55.1%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Jun-17	100.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Jun-17	100.0%	90%	



Southport & Ormskirk Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Jul-17	18.5%	25.0%	
Inpatient Recommended	Jul-17	90.0%	96.0%	
Inpatient Not Recommended	Jul-17	6.0%	2.0%	
A&E – response	Jul-17	1.8%	15.0%	
A&E Recommended	Jul-17	80.0%	86.0%	
A&E Not Recommended	Jul-17	11.0%	8.0%	

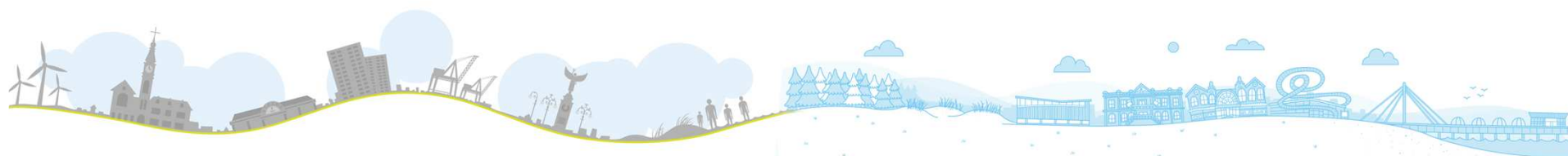


Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Aintree)	Jul-17	81.1%	90% (STP trajectory)	
Cancer 2 Week Waits (Aintree)	Jul-17	94.4%	93%	
Cancer 62 Day - Screening (Aintree)	Jul-17	86.4%	90%	
Cancer 31 Day (Aintree)	Jul-17	98.3%	96%	
RTT -18 Weeks Incomplete (Aintree)	Jul-17	92.4%	92%	
C.Difficile (Aintree)	Jul-17	23 (18 following appeal)	46 (year end)	
MRSA (Aintree)	Jul-17	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Aintree)	Jul-17	57.1%	80%	
% TIA assessed and treated within 24 hours (Aintree)	Jul-17	100%	60%	
Ambulance Category A (Red 1) 8 minute response time (CCG LEVEL)	Jul-17	74.5%	75%	
Mental Health: Care Programme Approach (Quarterly)	Jun-17	97.5%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Jul-17	1.30%	1.4% per month (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Jul-17	47.0%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Jun-17	97.9%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Jun-17	99.5%	90%	



Aintree University Friends & Family

Measure	Time Period	Aintree	England Average	Trend
Inpatient – response	Jul-17	18.3%	25.0%	
Inpatient Recommended	Jul-17	96.0%	96.0%	
Inpatient Not Recommended	Jul-17	2.0%	2.0%	
A&E – response	Jul-17	16.5%	15.0%	
A&E Recommended	Jul-17	78.0%	86.0%	
A&E Not Recommended	Jul-17	14.0%	8.0%	



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Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	17 October 2017
Subject:	Cabinet Member Reports – June - September 2017		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Regulatory, Compliance and Corporate Services		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To submit the Cabinet Members – Adult Social Care and Health & Wellbeing reports relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Members - Adult Social Care and Health & 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

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(B) **Capital Costs** – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
Legal Implications:
Equality Implications: 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 three 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.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:-

Cabinet Member - Adult Social Care update report
Cabinet Member – Health and Wellbeing – update report

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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Cabinet Member Update Report		
Overview and Scrutiny Committee (Adult Social Care) - 17th October 2017		
Councillor	Portfolio	Period of Report
Paul Cummins	Cabinet Member Adult Social Care	June/July 2017

1. FINANCIAL UPDATE

The Adult Social Care revenue budget is £88.4m in 17/18 representing 43% of the overall Council budget. The budget remains under extreme pressure in this financial year with continued rising demand and cost of services.

Additional funding of £6.9m has been received by the Council in 17/18 by means of a direct central government grant. This sum must be pooled into the local Better Care Fund and utilised to provide stability and extra capacity in the local care system with the intention of reducing delayed discharges from hospitals. It is anticipated that £4.9m of this grant will be required in 17/18 to support the existing level of expenditure on care packages and to contribute towards the anticipated cost of the 17/18 provider fee increases. This additional funding decreases to £4.3m and £2.1m in the next two financial years and does not therefore provide a sustainable long term solution to alleviate pressure on the Adult Social Care budget and to ensure the local social care provider market is supported.

At the end of June, assuming the additional resources received are utilised as outlined above in 2017/18, a broadly balanced revenue budget position is forecast but within this forecast there is no allowance for any increased demand that may be experienced during the remainder of the year. Careful monitoring of the volatile budget will be required throughout the year.

2. INTEGRATION

Since the last update April/May June's Health and Wellbeing Board has taken place and the Executive Group (Health and Wellbeing Board), Integrated Commissioning Group and the Pooled Budget task group have met. This Board and groups are in place to ensure the Strategic and operational business of the Health and Wellbeing Strategy and associated plans are progressed. The items around Home First and the Integrated Reablement and Assessment Service for example are products of the integration work plan.

The focus in this period has been to complete the Quarter 1 return for the Better Care Fund. This required both Health and Social Care to report on:-

- the use of the "Improved Better Care Fund" iBCF, the additional Grant for Social Care. The detail and recommendations will be reported to Cabinet on 7th September 2017.

- the Delayed Transfer of Care (DTOC) targets set by NHS England. This required Social Care to identify actions likely to address the reasons for delay that are “attributable to social care”.

This required evidence of the logic applied to the use of the grant against the outcomes expected and determined in the grant conditions. This will be conveyed to Overview and Scrutiny in the report due in early September.

Our CCGs reported that they were supportive of the approach being taken in respect of the Grant and noted the governance required in a Council context was in hand.

3. COMMUNITY EQUIPMENT STORE

The Overview and Scrutiny Committee have received a presentation on the Review and noted the work done so far. In the period since the last meeting we have made plans via the engagement and consultation panel to commence formal consultation to seek people’s views on different aspects of the service and their thoughts upon the options for changes to enable people to collect equipment in the future and of the issue in respect of collections. There is a date set to report to Cabinet in January so that any future recommendations are informed by the consultation outcomes

4. SENSORY SERVICES

Cabinet approved a joint approach to Re- Commissioning Sensory Services across the Liverpool City Region (LCR) in April 2016, and work had been taking place with predominantly Liverpool and Wirral regarding how this approach could be progressed.

It has not, however, been possible, at this point of time to reconcile a joint approach across the LCR due to differences in the way in which commissioning of sensory services is undertaken. Further work will be required to consider this approach in the future, however at this juncture it has been agreed to put a hold on any further joint work.

Sefton’s position is that the services are commissioned via a mixture of internal provision and spot purchasing and so the impact is not significant in terms of the potential for savings, our impact was around the improvements any new arrangement could offer to service users. The main criticism regarding current provision in Sefton, as expressed by service users via the consultation undertaken was a lack of a consistent approach to support across the Borough. To resolve this, work is underway to adapt the current commissioning arrangements and ensure provision of services is undertaken in both the north and south of the Borough. In addition it is anticipated that this approach will enhance a partnership arrangement and encourage joint working by the two main voluntary providers involved in providing services and will also seek to include other voluntary sector providers to enhance a community approach. A further report will be provided to me when more information is available and to update on progress.

ICRAS UPDATE

ICRAS has been developed in response to the need for integrated and aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up

(admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

The provider of this service will be responsible for the holistic care of patients throughout the duration of their care episode.

The Integrated Community Reablement and Assessment Team (ICRAS) is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- An intermediate care/assessment bed base(s) delivered via locality hubs;
- Multi-disciplinary care in a person's usual place of residence; or
- Reablement support

We are currently asking for Social Work volunteers to start to work around discharge and admission avoidance in this new model. This will mean that some staff currently based in community and hospital settings will move into different bases. Home-First will be extended to Southport District General Hospital and New Directions will play an important role within ICRAS.

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Cabinet Member Update		
Councillor	Portfolio	Period of Report
Ian Moncur	Health & Wellbeing	August - September

Swim Pilot

The pilot is split into 3 key areas:

A) Community Visibility

A press launch was held in June with positive comments received from members of the public. Further soft launches and public open days are planned following the refurbishment of the changing rooms at Bootle Leisure Centre & Dunes.

A full marketing plan is in place for each centre, including the promotion of swimming within local communities. A number of branding and marketing concepts have been designed and will be rolled out from July 2017.

B) Swimming Environment

The refurbishment of Dunes changing rooms have been completed on schedule and within budget. There was no disruption to existing swimming provision with Splashworld changing rooms being available whilst the refurbishment took place.

The refurbishment of the changing rooms at Bootle have gone out to tender and work is planned to commence in September, to be completed October. There will be some disruption to the existing swimming timetables, due to the provision of temporary, small, group changing rooms. All school and public lessons will go ahead as usual as will daytime timetables. Unfortunately the temporary changing provision will not accommodate mass public swimming sessions (e.g. weekends). A communications plan is in place to ensure customers will be made aware.

C) Session relevance and timetabling

Consultation identified the need to abolish 'casual swim' from timetables and to replace with branded sessions. The first to be launched is 'Swim and Splash' aimed at children and families. 'Swim and Splash' has been promoted as part of the Be Active programme and will include new fun equipment during all sessions and in the future coloured pool dye and pool parties will be added.

Branding for 'Health' and 'Fitness' based sessions are currently being developed and will feature in new timetables. These will include the introduction of Swim Tag and promotion of swimming to targeted groups.

Following a tender process poolside music and lighting systems have just been purchased for all three pools with installation planned for September. This will enable the poolside environment to be changed to suit different groups, ranging from pool parties to dementia friendly swim sessions.

The success of the pilot will be monitored by Swim England who will carry out research every six months to be compared to baseline research that was collated in September 2016.

In addition, Officers will evaluate the success of the project by monitoring;

- Levels of customer satisfaction
- Participation rates
- Levels of Income

Minimum Unit Pricing

Minimum Unit Pricing (MUP) is a tool to address the issue of cheap alcohol. It directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold to consumers. Additional revenue from sales is retained by retailers (predominantly supermarkets and off-licenses).

Margaret Carney has been leading work in the North West in collaboration with colleagues in the North East to look at various ways that could support the reduction of alcohol harm. This includes examining a Minimum Unit Pricing policy in anticipation of any future national policy on this matter, or possible local action if that were possible.

A partnership has been established with the University of Sheffield, who are undertaking nationally funded research into the impact of alcohol pricing on death rates and hospitalisations, as well as economic outcomes for consumers, retailers, government tax revenues and NHS healthcare costs. Evidence will be provided at the local level to inform our Sefton approach to reducing harm from alcohol.

Mental Resilience in School Aged Children

Local consultation and national evidence has raised the need for improvements in the mental resilience of school aged 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 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) in March 2017. The PID was approved by the CICG and work began on consulting with key partners and stakeholders regarding the best approaches.

The CICG is clear that this project should support and enhance (and not replace) other existing activity, particularly planned commission activity by the Clinical Commissioning Group (CCG) and Children's Social Care. 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.

- 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. This should help to embed good practice resulting from 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 time to be adopted and integrated into schools.
- The most consistent view point was that one approach will not work and that a 'suite of options' is required from which schools can choose one or two options that best fit.

Health Checks

In consultation with Public Health England we wrote to all GP surgeries to highlight performance on a surgery by surgery basis. Also included was a feedback form to be completed and returned to the Public Health team to help identify challenges in delivering Health Checks, examples of good practice and also (where applicable) for surgeries to tell us how they intended to improve their performance.

Feedback has provided an insight into common themes summarised as:

Examples of what was working well

- Some practices reported good systems for searching records to identify eligible patients with support from the CCG
- Call /recall systems, including the use of text messages
- Trained admin staff
- Opportunistic health checks e.g. with new patients at first appointment

Challenges

- Lack of staff (practice nurses, health care assistants and administration support)
- Turnover of staff (nurses and administration support)
- Lack of facilities (consulting rooms)
- Time required to make and chase appointments
- Numbers of did not attend (DNA)
- Hints at patient apathy towards Health Checks and its benefits (lower uptake for second health checks)
- Patient contact details being incorrect/changed

Actions to address poor performance

- Dedicated staff to chase DNAs
- Changes to invite letters
- Chats with patients by staff about having a health check
- Text messages to patients to remind about the offer and /or an appointment

Reductions to the Health Checks budget have already been agreed by Cabinet in January 2017 and at full Council in March 2017, and the need to engage with partners to refresh the delivery model is becoming increasingly apparent. Mainly for the reasons of addressing poor performance, but because of this feedback from GPs, many of whom report difficulties in finding the resources to deliver Health Checks. Support and changes to the delivery model, while maintaining compliance with national standards, could offer help to primary care and an improved health checks offer, more closely linked to the more substantial investments made by the Council in the Living Well Sefton and Active Sefton services.

We will engage with all key stakeholders (PHE, CCG, HealthWatch, Local Medical Committee, GP's, Sefton CVS, other Council Departments) within the next three months to establish the best delivery model to improve performance, remove variations in service offer and to revitalise the NHS Health Checks.

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	17 October 2017
Subject:	Work Programme 2017/18, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care and Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To seek the views of the Committee on its Work Programme for the remainder of the Municipal Year 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 A to the report, be considered, along with any additional items to be included and thereon be agreed;
- (2) the Committee is requested to note the progress to date by the Working Group established;
- (3) the Committee is requested to note the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services);
- (4) the Committee considers items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B 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 update on work that falls under the remit of the Committee.

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The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

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:

Resource Implications (Financial, IT, Staffing and Assets): None
Legal Implications: None
Equality Implications: 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 relating to this Purpose 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 but reference in the Work Programme to the approval of and monitoring of recommendations relating to this Purpose will help to drive change and reform
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.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:-

- Overview and Scrutiny Committee Work Programme for 2017/18; and
- 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 Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2017/18 is attached at **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.

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- 1.3 **The Committee is requested to comment on the Work Programme for the remainder of 2017/18, as appropriate, and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPIC 2016/17 – 2017/18

2.1 Residential and Care Homes Working Group

- 2.2 The Committee established a Working Group to consider Residential and Care Homes during 2016/17, comprised of Councillor Linda Cluskey (Lead Member), Councillor Lynne Thompson and Mr. Roger Hutchings, co-opted member from Healthwatch Sefton;”

- 2.2 It is anticipated that the final report of the Working Group will be submitted to this meeting of the Committee and that a report will appear elsewhere on this agenda.

- 2.3 **The Committee is requested to note the progress to date by the Working Group established.**

3. JOINT HEALTH SCRUTINY COMMITTEE FOR CHESHIRE AND MERSEYSIDE (ORTHOPAEDIC SERVICES)

- 3.1 Following decisions taken by Knowsley, Liverpool and Sefton Councils that proposals concerning Orthopaedic Services constitute a substantial variation in services, a Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) has been established to scrutinise proposals by the Healthy Liverpool Programme regarding future provision of Orthopaedic Services.

- 3.2 The first meeting of the Joint Health Scrutiny Committee took place on 21 June 2017.

- 3.3 Site visits to view facilities at both Broadgreen Hospital and Aintree Hospital have also taken place.

- 3.4 A link to agendas and Minutes of the meetings is below, for information:-

<http://councillors.liverpool.gov.uk/ieListMeetings.aspx?CId=1522&Year=0>

- 3.5 **The Committee is requested to note the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services)**

4. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

- 4.1 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.

- 4.2 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.
- 4.3 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.
- 4.4 The latest Forward Plan is attached at **Appendix B** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 4.5 There are 4 items within the current Plan that fall under the remit of the Committee on this occasion, namely:-
- Early Intervention and Prevention Strategy Working Group - Final Report;
 - Residential and Care Homes Working Group - Final Report;
 - Liverpool City Region (LCR) Extra Care Framework; and
 - Community Equipment Store.
- 4.6 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.
- 4.7 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan attached at Appendix B 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
Regular Reports					
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
Service Operational Reports:-					
Review of Community Equipment Store	X				
Domiciliary Care Contracts - Future Tender	X				
Public Health Annual Report	X				
Adult Social Care Complaints Annual Report 2015/16	X				
Draft Quality Accounts - Process to be Undertaken				X	
Use of the Social Care Grant		X			

	27 JUNE 17	05 SEPTEMBER 17	17 OCTOBER 17	09 JANUARY 18	27 FEBRUARY 18
Service Operational Reports (Continued):-					
Health checks			X		
Call-In Procedure			X		
Scrutiny Review Progress Report:					
Residential & Care Homes Working Group			X		
CCGs' Updates					
Estates Plan	X				
NHS Updates					
NHS England - Hightown and Freshfield Surgeries GP Surgeries	X				
Southport and Ormskirk Hospital NHS Trust			X		
Liverpool Women's NHS Foundation Trust – Special Meeting – October 2017					



SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 NOVEMBER 2017 - 28 FEBRUARY 2018

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

- 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

Agenda Item 11

APPENDIX B

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 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
Early Intervention and Prevention Strategy Working Group - Final Report	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254
Residential and Care Homes Working Group - Final Report	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254
Liverpool City Region (LCR) Extra Care Framework	Alison Taylor alison.taylor@sefton.gov.uk Tel: 0151 934 3936
Community Equipment Store	Sharon Lomax sharon.lomax@sefton.gov.uk Tel: 0151 934 4900

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Early Intervention and Prevention Strategy Working Group - Final Report To submit the findings of the Early Intervention and Prevention Strategy Working Group			
Decision Maker	Cabinet			
Decision Expected	2 Nov 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	Elected Members and Stakeholders			
Method(s) of Consultation	Meetings and Correspondence			
List of Background Documents to be Considered by Decision-maker	Early Intervention and Prevention Strategy Working Group - Final Report			
Contact Officer(s) details	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Residential and Care Homes Working Group - Final Report To submit the findings of the Residential and Care Homes Working Group.
Decision Maker	Cabinet
Decision Expected	2 Nov 2017 Decision due date for Cabinet changed from 17/10/2017 to

	02/11/2017. Reason: The Working Group is still deliberating on its Final report and recommendations			
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 debbie.campbell@sefton.gov.uk Tel: 0151 934 2254			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<p>Liverpool City Region (LCR) Extra Care Framework The LCR Adult Social Care (ASC) Case for Change Delivery Plan seeks to align some services on a sub-regional footprint to improve cost and performance. The purpose of this report is to seek approval to move to a framework agreement hosted by Liverpool City Council for procuring care within Extra Care Housing. This will reduce duplication and waste and consolidate knowledge and expertise</p>
Decision Maker	Cabinet
Decision Expected	<p>7 Dec 2017 Decision due date for Cabinet changed from 05/10/2017 to 07/12/2017. Reason: Negotiations are continuing with LCR on the details of the Extra Care Framework proposal and business case</p>

Agenda Item 11

APPENDIX B

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	Liverpool City Region (Knowsley, Sefton, Liverpool Tripartite): Head of Regulation and Compliance			
Method(s) of Consultation	Liverpool City Region P6 Business and Quality Improvement Sub-Group meetings			
List of Background Documents to be Considered by Decision-maker	Liverpool City Region (LCR) Extra Care Framework			
Contact Officer(s) details	Alison Taylor alison.taylor@sefton.gov.uk Tel: 0151 934 3936			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Community Equipment Store To report the findings of the Community Equipment Store review and to seek approval of the arrangements going forward.			
Decision Maker	Cabinet			
Decision Expected	11 Jan 2018			
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 users; Trades Unions; Health and Wellbeing Board; and Overview and Scrutiny Committee (Adult Social Care and Health)			

Method(s) of Consultation	Meetings, presentations and reports
List of Background Documents to be Considered by Decision-maker	Community Equipment Store
Contact Officer(s) details	Sharon Lomax sharon.lomax@sefton.gov.uk Tel: 0151 934 4900

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