

# Public Document Pack

**Sefton Council** 

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

DATE: 9th January 2018

TIME: 6.30 pm

VENUE: Birkdale Room, Town Hall, Southport

## Member

Councillor  
Cllr Catie Page (Chair)  
Vacancy (Vice-Chair)  
Cllr June Burns  
Cllr Anthony Carr  
Cllr Linda Cluskey  
Cllr Sue McGuire  
Cllr Robert Owens  
Cllr. Dr. John Pugh  
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 John Dodd  
Cllr Gordon Friel  
Cllr. Jo Barton  
Cllr David Pullin  
Cllr Diane Roscoe

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer  
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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 3 - 24)

Minutes of the Joint Meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) and the Overview and Scrutiny Committee (Children's Services and Safeguarding) held on 12 October 2017.

Minutes of the meeting held on 17 October 2017.

**4. Sefton Clinical Commissioning Groups - Update Report** (Pages 25 - 28)

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

**5. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 29 - 34)

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

**6. Residential and Care Homes Working Group - Final Report** (Pages 35 - 54)

Report of the Head of Regulation and Compliance

**7. Cabinet Member Reports** (Pages 55 - 70)

Report of the Head of Regulation and Compliance.

**8. Work Programme Key Decision Forward Plan** (Pages 71 - 88)

Report of the Head of Regulation and Compliance.

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

Overview  
& Scrutiny



JOINT MEETING OF OVERVIEW AND SCRUTINY COMMITTEE  
(ADULT SOCIAL CARE AND HEALTH) AND  
OVERVIEW AND SCRUTINY COMMITTEE  
(CHILDREN'S SERVICES AND SAFEGUARDING)

MEETING HELD AT THE TOWN HALL, BOOTLE  
ON THURSDAY 12TH OCTOBER, 2017

PRESENT (From the Overview and Scrutiny Committee (Adult Social Care and Health):  
Councillor Page (in the Chair)  
Councillors Carr, Linda Cluskey, Dams, Jones, Owens, Roche (Substitute Member for Councillor Burns) Lynne Thompson and Marianne Welsh  
Mr. Brian Clark, Healthwatch Representative

PRESENT (From the Overview and Scrutiny Committee (Children's Services and Safeguarding):  
Councillor Bennett, Hands, Keith, Murphy, Brenda O'Brien, Pitt, Spencer and Thomas (Substitute Member for Councillor Carragher)  
Mrs. C. Palmer, Parent Governor Representative.

ALSO PRESENT: Councillor Moncur, Cabinet Member – Health and Wellbeing  
Councillor Michael O'Brien  
4 members of the public

## 1. ELECTION OF CHAIR

RESOLVED:

That Councillor Page be elected Chair for the Joint Meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) and the Overview and Scrutiny Committee (Children's Services and Safeguarding).

## 2. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following:-

Councillors Bradshaw, Burns, Carragher, McGuire and her Substitute Dodd, Webster and her Substitute Brennan;

Co-opted Members Father Des Seddon, and Stuart Harrison, Education Added Members; Libby Kitt and Roger Hutchings, Healthwatch Representatives; and

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Cabinet Members Councillor Cummins, Cabinet Member – Adult Social Care and Councillor. John Joseph Kelly, Cabinet Member – Children, Schools and Safeguarding.

## 3. DECLARATIONS OF INTEREST

The following declarations of personal interest were received:-

<u>Member</u>	<u>Minute No.</u>	<u>Reason</u>	<u>Action</u>
Councillor Linda Cluskey	4A – Update on Review of Services Provided by Liverpool Women’s Hospital  and  4B - Review of Services Provided by Liverpool Women's Hospital - Issue of Substantial Reconfiguration	Personal – she is the Council’s representative on the Council of Governors at Liverpool Women’s NHS Foundation Trust	Stayed in the room, took part in the consideration of the item and voted thereon;
Mrs. C. Palmer, Parent Governor Representative	4A – Update on Review of Services Provided by Liverpool Women’s Hospital  and  4B - Review of Services Provided by Liverpool Women's Hospital - Issue of Substantial Reconfiguration	Personal – she is a Fitness to Practice Chair for the Medical Practitioners Tribunal Service	Stayed in the room, took part in the consideration of the item and voted thereon.

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## **4A. Update on Review of Services Provided by Liverpool Women's Hospital**

Further to Minute No. 47 of the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) of 28 February 2017, the Committee considered the report submitted by the Healthy Liverpool Programme on progress in the review of services provided by Liverpool Women's Hospital (LWH), including new clinical evidence that the report considered to support the proposal, and the milestones and timescales for formal public consultation.

The report set out the context of the review of women's and neonatal services provided by LWH; the clinical case; the financial case; next steps in the process; and the public consultation framework.

Key milestones to date of the review of services were set out at Appendix 1 to the report.

A review undertaken by the Northern England Clinical Senate in May – June 2017 on services provided by the Liverpool Women's Hospital was set out at Appendix 2 to the report and this set out the background; methodology; key issues and views expressed during the review; analysis and discussion; together with conclusions and recommendations.

At present Liverpool Women's Hospital is one of just two stand-alone specialist Trusts in the country, providing care exclusively to women and babies. The case for change was that LWH was at increasing risk of not being able to provide critical care to women, the transfer of women requiring such care to another hospital being a high risk clinical activity in itself.

Four options had been developed for public consultation, as follows:-

1. Develop and enhance LWH's current Crown Street site;
2. Provide minimal upgrades to LWH's current Crown Street site to enable safer care and minimise emergency transfers;
3. Relocate all services to the Alder Hey Children's Hospital site (new build);
4. Relocate all services to the new Royal Liverpool Hospital site (new build) (the preferred option).

The preferred option from a clinical perspective was option 4, relocation to the new Royal Liverpool Hospital site, as clinicians considered this was the only option that would provide acute obstetrics and gynaecology services with direct access to the full range of acute services and associated facilities required to care for acutely deteriorating and critically ill women.

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

Dr. Grant gave a presentation on the review of Women's and Neonatal Services in Liverpool that outlined the following:-

Purpose:

- For the Sefton OSC to determine whether the proposal represents a substantial variation of service;
- For commissioners to provide an update on new clinical evidence which has informed a single option to be proposed;
- To represent impact of the proposal for the Sefton population; and
- To update on next steps in the process.

The Journey:

- Review objective is to propose a solution to deliver clinically & financially sustainable safe services, maximising patient outcomes and experience; and
- Milestones to date.

Impact for Sefton Residents

- Liverpool Women's hospital treated 83,219 patients in 2016/17 (episodes of care per speciality);
- 80% of activity was delivered for the population of North Mersey (Liverpool, Knowsley and South Sefton);
- South Sefton residents represented 14% of all activity delivered by Liverpool Women's;
- Southport and Formby residents represent 2% of all activity delivered by Liverpool Women's; and
- Remaining 20% of activity outside North Mersey represents mainly tertiary services provided to women and babies from across Merseyside, Cheshire, the North West and in some cases nationally.

Activity for North Mersey Population per Clinical commissioning Group, in terms of the following:

- Ophthalmology;
- Genetics;
- Neonates;
- Well babies;
- Maternity;
- Gynaecology;
- Gynae Oncology;
- Physiotherapy;
- Perinatal Psychiatry;

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- Radiology; and
- Allied Health Professional.

Options Development:

In January 2017, the draft Pre-Consultation Business Case (PCBC) set out four potential solutions:

1. Relocate women's and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital (the preferred option);
2. Relocate women's and neonatal services to a new hospital building on the same site as Alder Hey Children's Hospital;
3. Make major improvements to Liverpool Women's Hospital on the current Crown Street site;
4. Make smaller improvements to the current Crown Street site

NHS regulators were asked for independent clinical view and further work on finance.

Independent Clinical Review

- The Northern England Clinical Senate was asked to take an independent view; and
- The panel concluded that there was a strong clinical case for change, and highlighted:
  - Risks presented by isolated position of both Women's and Neonatal services at Liverpool Women's Hospital (LWH);
  - Recruitment and resilience of anaesthetic services is a risk;
  - Change is needed to ensure safety, quality and clinical sustainability. Aspects that need to be addressed include the provision of CT/MRI facilities, blood bank and intensive care; and
  - Moving alongside the Royal Liverpool Hospital would ensure these critical services are available for women.

Independent Clinical Review (Continued):

- In summary, the panel:
  - Agreed with the validity of the case for change and proposals;
  - Considered the relocation of services to a new hospital on the Royal site to be the most appropriate and sustainable of four options;
  - Considered that preferred option supports the strategic intent and policy direction of women's services nationally and women's and children's services locally; and
  - Did not consider the current "workarounds" and inherent clinical risks to be sustainable.

Finance:

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- NHS England and NHS Improvement requested further work on the financial and economic case;
- This included further details about potential sources of capital and evidence regarding affordability and value for money;
- A number of financing solutions were explored for the preferred way forward;
- LWH's analysis indicates that all available financing options would be affordable to the Trust; and
- The public consultation will set out the potential solutions for capital funding.

## The Proposal:

- Conclusions of the independent Clinical Senate review have informed the view that there is only one clinically viable option to consult on: to propose that services would be delivered from a new hospital on the Royal Liverpool Hospital campus;
- The consultation will present detailed information about the option and the other original shortlisted options, in order for people to have sufficient information to judge whether they support the proposal, to raise issues or concerns and to enable people to suggest alternative options, which will be given genuine consideration; and
- Commissioners consider the proposal to represent a substantial variation of service; option proposes all services are delivered from a new hospital co-located with adult acute services on the Royal Liverpool Hospital campus.

## Next Steps:

- Planning now underway for formal public consultation, subject to final approval from NHS England
- Consultation could start as early as November, but more probably in January 2018; and
- Commissioners would wish to invite OSCs to comment on the consultation plan and materials prior to formal public consultation.

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

- What services do LWH provide currently?  
Services included obstetrics, gynaecology; neonatal care, genetics;
- The preferred option was for a new build, which could be seen as an "add-on" at the Royal Liverpool Hospital site. Would it be the same size as the current site at Crown Street?  
The new Clatterbridge facility was not an "annexe" to the Royal. Concerns from the public were anticipated and there was a need to undertake a good public consultation.



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- The report referred to “the isolated position” of LWH and the preferred option being “a compromise for neonatal services”. Co-location was the direction of travel within the NHS and Birmingham Women’s Hospital was to merge with children’s facilities. It was necessary to consider service improvements for both women and neonatal provision.
- Is there a move to promote more home births?  
The review was about the future of services and securing those services. People should be allowed to make informed choices and home birth, as an option, would be promoted, if appropriate.
- Why had “external views/opinions” been taken into account?  
A pre-consultation had been carried out in order to obtain a range of opinions, as all views and opinions were valid.
- Reference had been made to standards not being suitable for the future. How could standards be breached in the future and how could such breaches be avoided?  
The NHS had to strive for the best possible standards. Certain techniques, such as blood transfusions, could be fragile, and there was a need for all clinical teams and facilities to be all on one site.
- Reference was made within the report to “national data supports poorer outcomes in neonates that undergo transfer”. Issues for babies who potentially required transfer to Alder Hey Hospital also had to be considered.  
Co-location would reduce the number of transfers required as the same infrastructure would be available at the Royal Liverpool Hospital. Requests would also be made for some facilities currently at Alder Hey to move to any new facility. If the co-location proposal went ahead, certain challenges would still remain.
- Co-location had been carried out for some time and buildings did not necessarily make people better. What revenue would be raised from the Crown street site?  
The Crown Street site could not be sold to raise money for a new facility and was only worth £5m. That facility should be retained for community use.
- Would staffing levels be maintained?  
Some non-patient-facing areas may decrease.
- Parking at the Royal Liverpool Hospital site was a problem.  
Parking was an important national issue and provided income across the NHS. Work would be undertaken with public transport networks.

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- As clinicians had said that safety was the most important aspect of the matter, was there a choice?  
Clinicians felt there was not another viable choice as every part of the system had to strive to achieve the gold standard in care. However, it would be necessary to convince the public.
- The report referred to very good neonatal services at LWH “in spite of cramped conditions”. Concerns were held that a new facility would be an “add-on” and compromise. Would any changes represent an improvement for women, as the loss of any beds would be concerning.  
If the decision was made to move to a new build it would be of the highest specification and would accommodate single rooms. Any decision would not be based on smaller bed space.
- The finance to be spent on a new build at the Royal Liverpool Hospital could be spent improving the current LWH and Alder Hey Hospital sites.  
If services were moved it was because clinicians wished to improve them as this was about seeking the best clinical outcome to improve services. Currently, LWH did not have respiratory services and other high level clinical teams on site.
- Parking presented particular difficulties for women in labour. Drop-off zones, etc. would be available.
- How often did problems requiring specialists occur?  
Unexpected occurrences were common place and presented risks every day that were unacceptable. Anaesthetists, etc. were not always on site.
- The report contradicted itself as it referred to the fact that it was “against national directive that neonates should be co-located with surgery and other paediatric specialities. Where was the cost analysis, the drawings for plans, etc.?  
The question being posed was “does this represent the potential for change?” Structural change at the current Crown Street site would not produce sufficient improvement and there was a need to justify services and improvements with regulators. The proposals were financially viable and if drawings, etc. were developed, accusations would be made of pre-empting decisions.
- The additional specialists required would have to be found from somewhere.  
Specialists were already in place at the Royal Liverpool Hospital site. When a woman at LWH had a problem she would be seen, eventually, which was almost denying her the care she required.

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The next generation of doctors were saying that women should not be disadvantaged because of location.

- Not so long ago experts were promoting LWH. What had changed? Sometimes it was necessary to travel further in order to access the best possible care, as over time, clinical practices advanced with greater understanding. For example, patients suffering major trauma from across Cheshire and Merseyside were now taken to the major trauma unit at Aintree Hospital which was the second best in the country in terms of outcomes.
- Reference was made within the report to two wards closing. How could the Joint Committee be convinced that changes were not due to services being phased out?  
The proposals for change were not about reducing services, although office based work on gynaecology was moving out of LWH which was creating additional space.
- Were services safe now?  
Services were safe now but they had not been “future proofed” when LWH was originally built, and it was difficult to state with certainty that services would be safe in 5 or 10 years’ time.
- Reference had been made to the clinical transfer of women due to complications. In 20 years’ time would we be considering the transfers of neonatal cases too?  
Until adult and children’ care was on the same site, additional transfers for neonatal cases within Cheshire and Merseyside would continue to be a challenge.
- Reference was made to Birmingham Women’s Hospital, the other stand-alone specialist Trust that was also considering change, together with reference within the report indicating that there were more and more complex cases. Surely LWH had a duty to implement change before something went seriously wrong.  
Current standards were very good and clinicians were managing the risks every day but the Trust had a duty to improve continuously.
- Front line staff were not supportive of the preferred option and would rather see investment in the current site.  
The preferred option was not just preferred by the management team but also by clinicians.

The Chair expressed concerns regarding the pre-consultation that had taken place, particularly regarding the lack of events held within the Sefton area, until Healthwatch Sefton had become involved and initiated events.

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Discussion took place on the proposal(s) for change that would be taken forward for public consultation. Members expressed concerns regarding the lack of clarity surrounding the nature of the public consultation that was to take place and whether consultation would take place on all four options or on the preferred option only, in the event that they agreed a substantial variation of service.

RESOLVED:

That the Committee:-

- (1) notes the new clinical evidence to support the proposal; and
- (2) notes the next steps and milestones towards a formal public consultation.
- (3) determines whether the proposals for change represent a substantial variation of service, as set out under Minute No. 4B below.

#### **4B. Review of Services Provided by Liverpool Women's Hospital – Issue of Substantial Reconfiguration**

Further to Minute No. 4A above, the Joint Committee considered the report of the Head of Regulation and Compliance regarding the review of services provided by Liverpool Women's Hospital and requesting the Committee to formally determine whether the proposals submitted by the Healthy Liverpool Programme constituted a substantial variation in services or not.

The report indicated that there was a statutory requirement on providers of health services to consult local authority health overview and scrutiny committees on any proposals for significant development or substantial variation/reconfiguration in health services. Further to Minute No. 20 of 3 June 2014, the Council had approved the Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside and a copy of the Protocol was attached to the report at Appendix A. Guidance issued by the Department of Health on the consideration of substantial variations was outlined and further to Minute No. 42 (2) of 25 September 2014, the Council had agreed that any final decision on substantial variations would be taken by the full Council.

Discussion took place on the proposals for change that would be taken forward for public consultation. Members expressed concerns regarding the lack of clarity surrounding the nature of the public consultation that was to take place and whether consultation would take place on all four options or on the preferred option only, in the event that they agreed a substantial variation of service.

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A show of hands indicated there was agreement by those Members present that the proposals submitted by the Healthy Liverpool Programme, as outlined under Minute No. 4A above, did constitute a substantial variation in terms of the services provided by Liverpool Women's Hospital, by 11 votes to 1 with 5 abstentions.

RESOLVED: That

- (1) this Joint Committee considers that the proposals submitted by the Healthy Liverpool Programme constitute a substantial variation in terms of the services provided by Liverpool Women's Hospital, and the Council be requested to endorse this decision and confirm membership on the Joint Health Scrutiny Committee to be established to review the matter; and
- (2) in accordance with Rule 95 of the Council and Committee Procedure Rules of the Constitution, Councillor Spencer requested her abstention to be recorded, on the grounds that she was not clear on the proposals for change that she was being requested to vote on.

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

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

MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY 17TH OCTOBER, 2017

**PRESENT:** Councillor Page (in the Chair)  
Councillors Burns, Carr, Linda Cluskey, Lynne  
Thompson and Marianne Welsh

**ALSO PRESENT:** Mr. B. Brian Clark, Healthwatch  
Mr. Roger Hutchings, Healthwatch  
Councillor Cummins, Cabinet Member – Adult Social  
Care  
Councillor Moncur, Cabinet Member – Health and  
Wellbeing  
Councillor Maher

### **20. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Jones, McGuire and Owens.

### **21. DECLARATIONS OF INTEREST**

No declarations of interest were made.

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

**RESOLVED:**

That the Minutes of the meeting held on 27 June 2017, be confirmed as a correct record.

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

Further to Minute No. 15 (2) of 27 June 2017, Karen Jackson, Interim Chief Executive, Southport and Ormskirk Hospital NHS Trust, attended the meeting to update the Committee on recent developments at the Trust.

A sheet illustrating "Care for You" and outlining the bodies set up to consider and monitor care, based on local population needs, produced in

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conjunction between the Trust, NHS West Lancashire Clinical Commissioning Group and NHS Southport and Formby Clinical commissioning Group, was circulated for the attention of the Committee.

Ms. Jackson indicated that she had been in post since April 2017 and had set the following priorities with staff:-

- Internal governance within the Trust – a full review was being conducted;
- Organisational development and engagement with staff – a Strategy was being developed, underpinned by a new communication strategy and work undertaken around behaviours; and
- Organisation – work was underway on greater collaborative working with commissioners and a clinically-based focus.

In addition to the above, Ms. Jackson indicated that she also wanted to carry out work on the following:-

- Financial position – driving efficiencies;
- Activity – links to performance and looking at patient flow; and
- Performance, e.g. stroke services.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, indicated that Mersey Care would also be involved with the bodies set up to consider and monitor care, based on local population needs, and that consideration was being given to services that should only be delivered within a hospital setting.

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

- Following a visit by Committee Members to the stroke unit during October 2015, concerns had been raised regarding rehabilitation facilities, in particular.  
Reconfiguration of the site above A&E was to take place prior to Christmas 2017 for the relocation of the stroke ward, providing more single bays and direct access that would permit the Trust to better meet required standards, as the organisation was now recognising the external challenges to be faced. Plans could be shared with Committee Members.
- How had communications improved within the Trust, particularly with regard to the staff?  
Ms. Jackson toured the hospital on a daily basis and was attempting to engender a learning culture within the Trust, making senior management more visible and approachable. Listening events took place and both formal and informal processes took place, including monthly meetings and an open door policy.



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- Are staffing levels acceptable and how are good staff retained?  
The Trust was attempting to drive quality improvements and staff had good ideas on possible progress. All staff wanted to deliver good patient care. Staffing levels had generally improved, although there were specific problems in speciality areas, such as paediatrics, dermatology and anaesthetics. A number of staff had been employed by the Trust for some years and were very loyal to it. In those areas where there were national shortages of staff, the Trust was attempting to work with other providers.
- What was the future of the Trust, as part of the bigger picture?  
Southport and Formby definitely needed hospital provision, particularly given the aging population in the north of the Borough. Certain services, such as stroke provision, might need to be considered in terms of where best provision could be met, particularly given the critical nature of the first 72 hours, and transparent conversations might be required in moving forward with provision. It was not always possible to provide all services at every locality.
- How could the image of the Hospital be improved?  
It was acknowledged that press reporting tended to be negative in nature and it was necessary to engage the local community and staff in changing perceptions and celebrate the innovative work undertaken by staff. The key was in improving performance at the Trust.
- Reference was made to the exclusion of the Executive Medical Director, pending investigation, during August 2017, and whether that process had been completed.  
There was an on-going process and investigation and Ms. Jackson was unable to comment further.
- Did the Trust communicate and collaborate with Aintree University Hospital NHS Foundation Trust regarding stroke services?  
Communications with external partners was improving and a pathway was being developed with Aintree for addressing the critical first few hours. Stroke services was a good example of services where the use of technology and planning were changing and conversations could be held as to the future provision of services, North West Ambulance Services to be included in such conversations.

Ms. Jackson extended an invitation for Committee Members to visit hospital premises, to provide challenge and to meet staff and this invitation could be taken up in the near future.

Ms. Jackson asked how she could present information to Committee Members in the future and a number of different options were mooted, including the use of presentations and informal meetings, were necessary.

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The Chair also emphasised the need for the Committee to be kept informed regarding any major changes and developments in the future.

RESOLVED:

That the verbal update provided by Karen Jackson, Interim Chief Executive, Southport and Ormskirk Hospital NHS Trust, be noted and Ms. Jackson be thanked for her attendance.

## **24. HEALTH CHECKS**

The Committee considered the report of the Head of Health and Wellbeing informing the Committee of progress made in the design and implementation of a new delivery model for the NHS Health Checks programme on Sefton.

The report set out the background to the matter, indicating that the NHS Health check programme was a national programme designed to identify early signs of heart disease, stroke, kidney disease, type 2-diabetes or dementia and aimed to help find ways of for individuals to lower their risk. Public Health within the Council commissioned GPs to provide the service and the Council was currently pursuing a delivery model that moved away from GP based delivery to incorporate a wider network of providers. This was driven by both concerns over the current performance and the current cost of delivering the service. The current contract would run until 31 March 2018 and was funded through the Public Health Grant.

The report set out information on Health Check performance data; engagement with GP surgeries; wider engagement; and proposals to progress the new delivery model for the new NHS Health Check programme in Sefton by enhancing the services provided by Active Sefton and Living Well Sefton

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

- How was it possible to get patients to attend health checks, particularly when there was a fear factor involved?  
Health checks could possibly be combined with consultations and could possibly be delivered in different settings.
- Were the quality aspects of health checks consistent?  
There was a need to be absolutely sure of the quality of health checks and for conversations with Public Health England to be held regarding this aspect.
- Patients could not always get time off work, etc. to attend health checks.

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## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 17TH OCTOBER, 2017

There were opportunities to explore innovative approaches to the current delivery model, such as the use of on-line appointments, etc.

RESOLVED:

That 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, be noted.

### **25. 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:-

- Annual assurance ratings announced;
- High ratings for Sefton GPs in latest patient survey;
- Joint action plan for Special Educational Needs and Disability Services (SEND);
- New provider for children's community audiology service in Southport;
- Contracts extended with providers at Freshfield and Hightown Village surgeries;
- Make Sefton voices count in two national consultations;
- Commissioning policy review;
- Consultation on orthopaedics and Ear Nose and Throat (ENT) services in Liverpool;
- Annual review meets Big Chat 9;
- Preparing for winter;
- Sefton residents urged to get their flu jab;
- Sefton in Mind;
- Report highlights the impact of the CCGs investment to the Voluntary, Community and Faith (VCF) sector; and
- 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.

RESOLVED:

That the joint update report by the Sefton Clinical Commissioning Groups be received.

# Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 17TH OCTOBER, 2017

## **26. 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.

With regard to the Ambulance Category A (Red 1) 8 minute response time, Mrs. Taylor indicated that the targets had changed and that she would provide additional information at a future meeting.

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

- There had been anecdotal evidence during the summer of 2017 that issues had arisen in the operating theatres at Aintree Hospital, possible relating to the roofing, which had caused illness in staff and operations to be halted.  
Mrs. Taylor had not been informed of any particular concerns and was only advised of major incidents at hospitals, rather than any day to day issues.

RESOLVED:

That the information on Health Provider Performance be noted.

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

The Senior Democratic Services Officer reported that the report of the Head of Regulation and Compliance had not yet been finalised and requested the item to be deferred to the next meeting of the Committee, to be held on 9 January 2018.

RESOLVED:

That the item be deferred to the next meeting of the Committee, to be held on 9 January 2018.

## **28. CALL-IN PROCEDURE**

Further to Minute No. 6 of the meeting of the Overview and Scrutiny Management Board on 26 September 2017, the Committee considered the report of the Head of Regulation and Compliance on the proposed procedure to be adopted by the relevant Overview and Scrutiny Committee when considering a decision that has been “called-in”. The report indicated that the Overview and Scrutiny Committee (Regeneration and Skills) had referred the Procedure Note for “call-in” to the Overview and Scrutiny Management Board for it to consider. Appendix 1 to the report set out the current “Call-In Procedure Note”. The Overview and Scrutiny Management Board had suggested some changes to the Procedure Note and referred it to all four Overview and Scrutiny Committees for approval. Appendix 2 set out the proposed “Call-In” Procedure Note, as amended by the Overview and Scrutiny Management Board.

RESOLVED:

That the “Call-In” Procedure Note, as detailed at Appendix 2 to the report, be adopted as the procedure to be followed by the relevant Overview and Scrutiny Committee, when considering a decision that has been “called-in”.

## **29. CABINET MEMBER REPORTS**

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

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

- Financial update;
- Integration;
- Community Equipment store;
- Sensory services
- Integrated Community Re-ablement and Assessment Team (ICRAS)

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

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

# Agenda Item 3

## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 17TH OCTOBER, 2017

- Swim Pilot:
  - Community visibility;
  - Swimming environment;
  - Session relevance and timetabling
- Minimum Unit Pricing (MUP) – reduction in alcohol harm;
- Mental resilience in school aged children;
- Health checks;

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

### RESOLVED:

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

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

The Committee considered the report of the Head of Regulation and Compliance seeking the views of the Committee on its Work Programme for the remainder of 2017/18; noting the progress to date by the Working Group established; noting the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services); 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 at Appendix A to the report, to be considered, along with any additional items to be included and agreed.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, suggested briefings could be invited from the North West Ambulance Service and new community providers, for Committee Members.

Further to Minute No. 27 above, the report of the Head of Regulation and Compliance, on behalf of the Working Group established to consider Residential and Care Homes, had not yet been finalised and a request had been made for the item to be deferred to the next meeting of the Committee, to be held on 9 January 2018.

It was reported that the issue of dentistry had been raised as a possible topic to be reviewed, once the Residential and Care Homes Working Group Final Report had been completed and considered by the Committee.

The first meeting of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) had taken place and site visits at both Broadgreen and Aintree Hospitals had been held. Members of the

# Agenda Item 3

## OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 17TH OCTOBER, 2017

Committee reported on the site visits undertaken, together with progress made by the Joint Health Scrutiny Committee.

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

RESOLVED: That

- (1) the Work Programme for 2017/18, as set out in Appendix A to the report, be agreed;
- (2) the Senior Democratic Services Officer be authorised to liaise with the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, with a view to possibly obtaining briefings from the North West Ambulance Service and new community providers, for Committee Members;
- (3) the progress to date by the Residential and Care Homes Working Group be noted;
- (4) consideration be given at the next meeting on 9 January 2018 on the issue of dentistry as a possible topic to be reviewed, once the Residential and Care Homes Working Group Final Report has been completed and considered by the Committee;
- (5) progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) be noted; and
- (6) the contents of the Key Decision Forward Plan for the period 1 November 2017 to 28 February 2018 be noted.

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

**Date of Meeting:** 9 January 2018

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

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## **Purpose/Summary**

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

## **Recommendation(s)**

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

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South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## **Update for Overview and Scrutiny Committee (Adult Social Care) January 2018**

*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.*

### **Encouraging Sefton residents to Examine their Options**

Ahead of the Christmas and New Year holidays both CCGs worked with partners across health and social care to remind people to examine their options and choose health services wisely when they are unwell. This is particularly important over the festive period when some services are closed or operate reduced hours. The Examine your Options campaign uses a range of different channels – including online and social media, local newspapers and more traditional leaflets and posters - to make Sefton residents aware of the health service options available to them. Examine your Options is also a reminder that accident and emergency departments are only for life threatening conditions, and the campaign encourages people with minor illnesses and injuries to consider if options such as self care, or expert advice from high street pharmacies are appropriate for them.

### **Take control and self care for life**

In November both CCGs highlighted the services and schemes available to support Sefton residents to take control of their health and wellbeing. The campaign during self care week promoted a series of video stories focusing on the ways people can look after their health. Embracing self care is all about the little things people can do every day to live well and be healthy. Being active, eating healthily and learning when to treat common ailments without the need for a doctor's appointment are all ways to embrace self care. The video stories featured on the CCGs' websites and social media during self care week included highlighting the support for older residents to help them prevent injuring themselves due to falls at Active Lifestyle's Active Ageing group and the range of help and advice available at local pharmacies in Sefton. As well as the regular support people can access from their local pharmacy, 17 across Sefton also offer Care at the Chemist, which ensures more vulnerable residents who do not normally pay for their prescriptions have quick, easy and free access to medicines for range of minor illnesses and ailments without the need for a doctor's appointment. All the videos and advice are still available to see on the CCGs' websites.

## **Community services update**

Both community services have transferred successfully and are currently being reviewed by their new providers – Mersey Care NHS Foundation Trust for NHS South Sefton CCG and Lancashire Care NHS Foundation Trust for NHS Southport and Formby CCG. A series of transformation projects are being identified, which we expect to improve patient quality and service efficiency. These include for example reviews of district nursing, matrons, emergency response and the continence teams to identify how their roles might best wrap around our GP practice localities to meet demographic need. Our CCG teams are working closely with providers to navigate the development of services through to where we want them to be in the next 2 years, so they better align with the vision we have set out in Shaping Sefton for community centred health and care.

## **Update on Southport and Formby's children's community audiology service**

Alder Hey Children's Hospital NHS Foundation Trust is on course to take over the running of the paediatric community audiology service for young Southport and Formby residents by the end of March 2018. We were pleased to confirm Alder Hey as the new provider of this relatively small and specialist service in October 2017. Since then the trust has been working hard to ensure the service will be ready to return to full operation at Southport Centre for Health and Wellbeing as soon as possible. Alder Hey is recruiting staff and working with the existing team to ensure the continued suitability of the equipment and facilities. We expect Alder Hey's management of this service to lead to improvements for our patients. The trust will be able to integrate community audiology with the other specialist paediatric services it operates, such as speech and language, physiotherapy and occupational therapy, with the aim of improving the care and experience of our young patients. This approach is in line with Shaping Sefton programme, to create more joined up and responsive care.

## **Date change for New Year governing body meetings**

The first governing body meetings of 2018 for both CCGs are being moved from January to February due to the proximity of the original dates to the holiday period. Venues and the start time of 1pm remain the same but please note the new dates as follows:

- NHS South Sefton CCG - Thursday 1 February 2018, 3rd floor boardroom, Merton House, Stanley Rd, Bootle, L20 3DL
- NHS Southport and Formby CCG – Wednesday 7 February 2018, Family Life Centre, Ash St, Southport, Merseyside, PR8 6JH

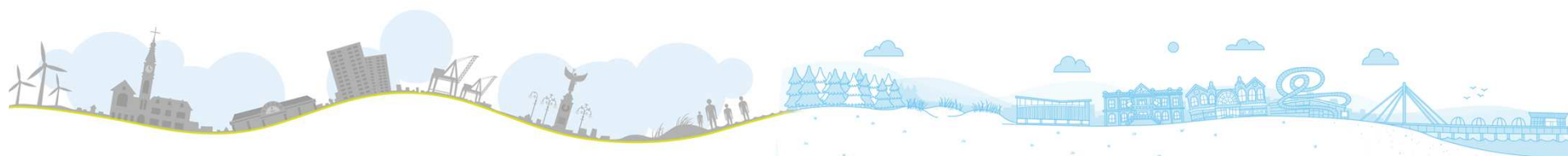
Visit the CCGs' websites for more about their work [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk) or [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk), follow them on Twitter [@NHSSSCCG](https://twitter.com/NHSSSCCG) or [@NHSSFCCG](https://twitter.com/NHSSFCCG) or see a range of short films on You Tube for [NHSSSCCG](https://www.youtube.com/channel/UC...) or [NHS SFCCG](https://www.youtube.com/channel/UC...)

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# Main Provider Performance – December 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



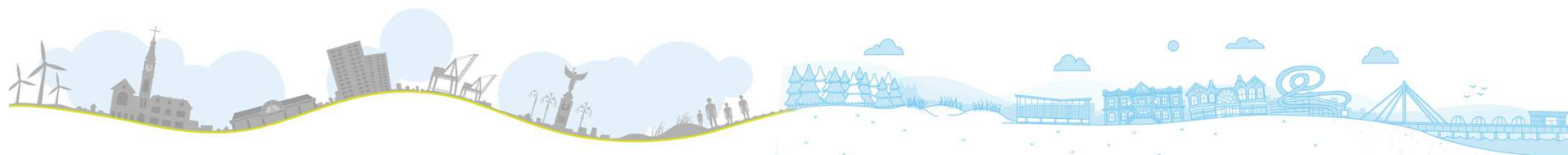
South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk, cumulative YTD)	Sep-17	88.9%	92% (STP trajectory)	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Sep-17	95.1%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Sep-17	100.0%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Sep-17	98.8%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Sep-17	94.2%	94%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Sep-17	4	36 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Sep-17	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Sep-17	48.3%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Sep-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)	Sep-17	82.6%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Sep-17	1.08%	1.4% per month (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Sep-17	49.2%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Sep-17	98.9%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Sep-17	99.6%	90%	



# Southport & Ormskirk Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Sep-17	<b>18.8%</b>	<b>25.0%</b>	
Inpatient Recommended	Sep-17	<b>91.0%</b>	<b>96.0%</b>	
Inpatient Not Recommended	Sep-17	<b>4.0%</b>	<b>2.0%</b>	
A&E – response	Sep-17	<b>1.2%</b>	<b>15.0%</b>	
A&E Recommended	Sep-17	<b>55.0%</b>	<b>87.0%</b>	
A&E Not Recommended	Sep-17	<b>31.0%</b>	<b>7.0%</b>	



# South Sefton 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 (Aintree)	Sep-17	81.8%	90% (STP trajectory)	
Cancer 2 Week Waits (Aintree)	Sep-17	94.5%	93%	
Cancer 62 Day - Screening (Aintree)	Sep-17	87.7%	90%	
Cancer 31 Day (Aintree)	Sep-17	98.2%	96%	
RTT -18 Weeks Incomplete (Aintree)	Sep-17	92.0%	92%	
C.Difficile (Aintree)	Sep-17	28	46 (year end)	
MRSA (Aintree)	Sep-17	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Aintree)	Sep-17	80.0%	80%	
% TIA assessed and treated within 24 hours (Aintree)	Sep-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)	Sep-17	90.3%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Sep-17	1.19%	1.4% per month (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Sep-17	49.5%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Sep-17	99.3%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Sep-17	100.0%	90%	





# Aintree University Friends & Family

Measure	Time Period	Aintree	England Average	Trend
Inpatient – response		<b>16.2%</b>	<b>25.0%</b>	
Inpatient Recommended		<b>95.0%</b>	<b>96.0%</b>	
Inpatient Not Recommended		<b>2.0%</b>	<b>2.0%</b>	
A&E – response		<b>14.0%</b>	<b>15.0%</b>	
A&E Recommended		<b>82.0%</b>	<b>87.0%</b>	
A&E Not Recommended		<b>11.0%</b>	<b>7.0%</b>	



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# Agenda Item 6

<b>Report to:</b>	Overview and Scrutiny Committee (Adult Social Care and Health)  Cabinet	<b>Date of Meeting:</b>	Tuesday 9 January 2018  Thursday 11 January 2018
<b>Subject:</b>	Residential and Care Homes Working Group – Final Report		
<b>Report of:</b>	Head of Regulation and Compliance	<b>Wards Affected:</b>	All Wards
<b>Cabinet Portfolio:</b>	Cabinet Member – Adult Social Care		
<b>Is this a Key Decision:</b>	Yes	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>	No		

## Summary:

To formally present the final report of the Residential and Care Homes Working Group.

## Recommendations:

### Overview and Scrutiny Committee (Adult Social Care and Health)

That the following recommendations be supported and commended to the Cabinet for approval:-

### Cabinet

That the following recommendations be approved:-

1. That the Head of Commissioning Support and Business Intelligence be requested to:-
  - (a) Consider proposals for fee levels, both in the current and next two financial years, in order to provide more stability for Providers with the proviso that such proposals are made within available resources and in line with previously agreed delegations in relation to the setting of Adult Social Care fees.
  - (b) Give further consideration to paying Providers gross, as opposed to net of Service User financial contributions, for care placements.
  - (c) Establish a strategic group consisting of Adult Social Care and Commissioning officers, Providers and interest groups to:

# Agenda Item 6

- (i) Assess future demands and needs, including those relating to other service areas such as Extra Care housing;
  - (ii) Ensure co-operative and collaborative working takes place;
  - (iii) Share good practice; and
  - (iv) Ensure that “working in silos” does not occur.
- (d) Ensure joint working is continued between Commissioning, Adult Social Care and the Sefton Clinical Commissioning Groups, particularly with respect to joint quality, safeguarding and monitoring of services.
- (e) Explore the potential to implement revised methods of monitoring care home services, including the use of Information Technology to record quality, performance and market capacity information.
- (f) Continue to work as part of the Liverpool City Region to standardise approaches to information sharing, monitoring and contractual approaches.
- (g) Continue to seek information from Providers, such as details of costs and charges, in order for the Council to better understand the care home market.
- (h) Implement the decision to commission an external organisation to deliver the Quality Improvement Team service, as approved by the Cabinet at its meeting on 7 September 2017.
- (i) Continue to monitor and revise procedures, as necessary, relating to issues such as home closures, in order to improve working practices and implement any lessons learnt.
- (j) Review documentation given to Service Users, Families, Carers and Advocates on topics such as paying, charging for services and needs assessment processes.
2. That the Senior Democratic Services Officer be requested to liaise with relevant officers in order to ensure that the Overview and Scrutiny Committee (Adult Social Care and Health) receives a six-monthly monitoring report, setting out progress made against each of the recommendations outlined above.

## **Reasons for the Recommendation(s):**

The Working Group has made a number of recommendations that require approval by both the Overview and Scrutiny Committee (Adult Social Care and Health) and the Cabinet.

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

No alternative options were considered. The Overview and Scrutiny Committee (Adult Social Care and Health) established the Working Group to review residential and care homes and the Working Group has performed this task.

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

### (A) Revenue Costs

There are no financial implications arising for the Council as a direct result of this report. However, if consideration is being given to the payment of Providers gross, as opposed to net of Service User financial contributions, for care placements then the financial implications of doing so must form part of this consideration as this potentially would increase the risk of bad debts to the Council.

### (B) Capital Costs

Not applicable

## Implications of the Proposals:

<p><b>Resource Implications (Financial, IT, Staffing and Assets):</b></p> <p>Not applicable</p>
<p><b>Legal Implications:</b></p> <p>Under the 2014 Care Act, the Council has a duty to manage and shape the current and future local care home market.</p>
<p><b>Equality Implications:</b></p> <p>There are no equality implications</p>

## Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable: Residential and care homes provide care for some of the most vulnerable members of our communities.</p>
<p>Facilitate confident and resilient communities: By providing good quality care, residential and care homes can contribute towards the facilitation of more confident and resilient communities.</p>
<p>Commission, broker and provide core services: The Council has a duty to manage and shape the current and future local care home market.</p>
<p>Place – leadership and influencer: The Council has a role in providing strong leadership and influencing Providers to work towards the provision of good quality care, which is in the best interests of Sefton and its residents.</p>
<p>Drivers of change and reform: The Council has a duty to manage and shape the current and future local care home market.</p>
<p>Facilitate sustainable economic prosperity:</p>

# Agenda Item 6

Not applicable.
Greater income for social investment: Not applicable.
Cleaner Greener Not applicable.

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

### (A) Internal Consultations

The Head of Corporate Resources (FD.4897/17) and Head of Regulation and Compliance (LD.4181/17) have been consulted and any comments have been incorporated into the report.

The total value of the fee uplift in 2017/18 is £5.0m. This will be funded via £2.9m from within existing provisions allocated within the Medium Term Financial Plan and also through an allocation of £2.1m from the additional Social Care Funding / Improved Better Care Fund (iBCF) for fee increases, as approved by Cabinet on 7<sup>th</sup> September 2017. In considering this increase Members are asked to note that as this funding is one-off and reduces year on year, there will be a future years' pressure within the MTFP in order to support this increase.

With regard to 2018/19 and 2019/20 further analysis will be required to evaluate the any proposed increases against funding and affordability for the Council as defined within its MTFP. As stated the one off resources that are supporting the Council's Adults Social Care Budget at present, offer no long term security or sustainability and policy decisions from central government in respect of this funding will inevitably have an impact on future fee increases. The current MTFP provision in both 2018/19 and 2019/20 for provider fee increases is £2.9m. Any requirement in excess of this sum would require revision to the MTFP to ensure the financial sustainability of the Council is maintained.

### (B) External Consultations

A number of external organisations and Providers have been consulted on during the course of the review and are listed within the Final Report.

### Implementation Date for the Decision

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting

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

### Appendices:

The following appendices are attached to this report:-

- Final Report of the Residential and Care Homes Working Group

**Background Papers:**

There are no background papers available for inspection.

# Agenda Item 6

## 1. Introduction/Background

- 1.1 At its meeting on 28 June 2017 /06/17 the Overview and Scrutiny Committee (Adult Social Care and Health) established a Working Group to review the topic of residential and care homes. (Minute No. 12 (3) refers).
- 1.2 Terms of reference for the Working Group were as follows:-
  - Current and future population needs, demand and market supply;
  - The Council's "market shaping" duties
  - Key risks within the market in relation to meeting the needs of all people in Sefton who need care and support (whether arranged or funded by the state, by the individuals themselves, or in other ways).
  - Recommendations to shape Sefton's approach to commissioning services and shaping the local market in the future.
- 1.3 The Final Report is attached for consideration
- 1.4 The Committee is requested to support the recommendations produced by the Working Group and commended them to the Cabinet for approval.
- 1.5 The Cabinet is requested to approve the recommendations.



**OVERVIEW AND SCRUTINY COMMITTEE  
(Adult Social Care and Health)**



**RESIDENTIAL AND CARE HOMES  
WORKING GROUP**

**FINAL REPORT  
OCTOBER 2017**

Overview  
& Scrutiny



# Overview & Scrutiny



**'Valuing  
Improvement'**

[www.sefton.gov.uk](http://www.sefton.gov.uk)  
[scrutiny@sefton.gov.uk](mailto:scrutiny@sefton.gov.uk)

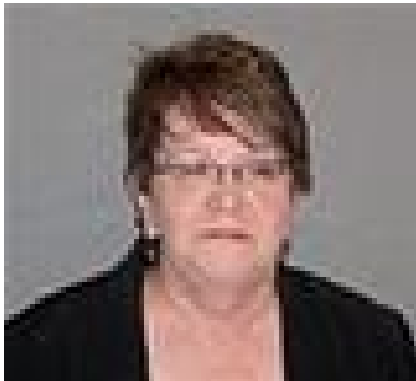
## LEAD MEMBER'S INTRODUCTION

I am pleased to introduce this Overview and Scrutiny Report into Residential and Care Homes.

Against the background of the 2014 Care Act, the Council now has a duty to manage and shape the current and future local care home market, an issue important to all of us, particularly in view of the high aging population within the Borough. The Working Group was set up to look at care provided to residents of Sefton in residential and care homes within the Borough.

The Working Group has sought the views of Providers, Regulators and Commissioners in Sefton in establishing the main issues concerning the local residential and care home market.

I would like to thank everyone who took part in interviews and submitted information that helped inform the Working Group. I am grateful to the Working Group Members for their commitment and efforts in looking at this issue. Finally I would like to thank our support officers for their assistance and professional support provided to the Working Group and for producing this final report.



**Councillor Linda Cluskey**  
**Lead Member of the Residential and Care Homes Working Group**

**Overview and Scrutiny Committee**  
**(Adult Social Care and Health)**

# Agenda Item 6

## DEFINITIONS

### Care Homes

Care homes offer accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or specialise in caring for particular groups such as younger adults with learning disabilities. Care home places can be funded publicly but many people pay for their own care.

### Residential Care Homes

Residential care homes range in size from very small homes with few beds to large-scale facilities and offer care and support throughout the day and night. Staff employed by the home concerned help residents with personal care such as washing, dressing, meal time support and support with using the toilet.

### Nursing Homes

This type of home will normally offer the same type of care as residential ones but with the addition of 24 hour medical care from a qualified nurse.

For the purpose of the review, the Working Group did not focus on care provided to children, rather Members focused on adult care and care received by older people in particular.

## RESIDENTIAL CARE IN SEFTON

At the time of drafting this report there are some 40 nursing homes and some 65 residential homes within Sefton.

## BACKGROUND TO REVIEW

From April 2015 the Care Act 2014 came into effect, requiring local authorities to manage and shape the current and future local care home market. Local authorities now have responsibilities to all people receiving care, regardless of whether they, or the local authority, pay for that care, or whether it is funded in any other way.

At its meeting on 28 June 2016, the Overview and Scrutiny Committee (Adult Social Care and Health) considered its work programme for 2016/17 and resolved that a Working Group be established during 2016/17, to review residential and care homes.

## MEMBERSHIP OF WORKING GROUP

The Committee appointed Councillors Linda Cluskey, Lynne Thompson and Roger Hutchings, advisory member from Healthwatch Sefton, at its meeting on 28 June 2016.

## TERMS OF REFERENCE AND OBJECTIVES

The Working Group has undertaken a review on the current care market within Sefton, and considered:-

- Current and future population needs, demand and market supply;
- The Council's "market shaping" duties
- Key risks within the market in relation to meeting the needs of all people in Sefton who need care and support (whether arranged or funded by the state, by the individuals themselves, or in other ways).
- Recommendations to shape Sefton's approach to commissioning services and shaping the local market in the future.

Through the gathering and consideration of data, information and evidence, either from existing sources or through specific interviews, the Working Group has:-

- Reviewed the strategic needs assessment and predictions for the future regarding population needs.
- Reviewed the current number of residential and nursing home beds.
- Identified key issues and challenges within the care home market.
- Considered evidence available in relation to likely future supply.
- Considered evidence available in relation to good practice.

## MEETINGS OF WORKING GROUP HELD

Details of Working Group meetings are as follows:-

<b>Date</b>	<b>Activity</b>
• 21 October 2016	Scoping & discussion of issues.
• 17 November 2015	Interview of witness from the Care Quality Commission and consideration of a report on the Market Overview.
• 5 December 2016	Interview of witnesses from Sefton Pensioners Advocacy Centre and Age Concern.
• 11 January 2017	Interview of witness from the Care Homes



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Association and consideration of information submitted by Healthwatch Sefton.

- 31 January 2017 Consideration of information submitted by the Sefton Clinical Commissioning Groups.
- 6 March 2017 Interview of witness from Sefton Carers' Centre and consideration of an update on joint working.
- 15 June 2017 Consideration of a report on progress and provisional findings regarding the market oversight exercise.
- 24 July 2017 Interview of witness Provider rated "Outstanding" by the Care Quality Commission.
- 2 October 2017 Consideration of the "Market Oversight Analysis for Residential and Nursing Sectors" Report by independent consultants RedQuadrant and consideration of key findings/conclusions.

In addition, Working Group Members undertook site visits to residential and care homes, as follows:-

- 31 January 2017 Site visit to Willows Nursing Home, Birkdale and Connell Court, Southport
- 1 February 2017 Site visit to James Page Nursing Home, Maghull and Kyffin Taylor House, Maghull

## BACKGROUND DOCUMENTS

Working Group Members considered the following documents during the course of their review:-

1. "Social Care for Older People: Home Truths" - report, published jointly with the King's Fund and Nuffield Trust.
2. "Review of the NHS-funded Nursing Care Rate in England" - report published by the Department of Health.
3. A report of the Head of Commissioning Support and Business Intelligence on Sefton Residential and Nursing Care - Market Overview
4. "Briefing on Enter and View of Residential and Care Homes" – report submitted by Healthwatch Sefton



5. “Market Oversight Analysis for Residential and Nursing Sectors” Report by independent consultants RedQuadrant.

## KEY WITNESSES

### Care Quality Commission

Working Group Members met with the Inspection Manager Adult Social Care, Liverpool North and Sefton, of the Care Quality Commission for discussions and to ask questions regarding the inspection of residential and care homes within the Borough.

### Sefton Pensioners’ Advocacy Centre

Working Group Members met with the Director, Sefton Pensioners’ Advocacy Centre (SPAC) for discussions and to ask questions regarding the work of the Advocacy Centre.

### Age Concern

Working Group Members met with the Sefton Manager and Head of Services of Age Concern, Liverpool and Sefton for discussions and to ask questions regarding the work of the Organisation.

### Care Homes Association

Working Group Members met with a representative of the Care Homes Association for discussions and to ask questions regarding the work of the Organisation.

### Healthwatch Sefton

Working Group Members received a written submission from Healthwatch Sefton regarding the work of Healthwatch Sefton on residential and care homes.

### Clinical Commissioning Groups

Working Group Members received a written report submitted jointly from NHS South Sefton Clinical Commissioning Group and the NHS Southport and Formby Clinical Commissioning Group (CCG), regarding the work of the CCGs on residential and care homes.

### Provider who achieved an “Outstanding” rating by the Care Quality Commission

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Working Group Members met with a Provider who had recently achieved an “Outstanding” rating by the Care Quality Commission for discussions and to ask questions regarding the achievements by the Provider.

## KEY FINDINGS AND CONCLUSIONS

1. Financing of care and the setting of fee levels remains an on-going concern for both service users and Providers alike, particularly in terms of providing stability for Providers of care.
2. There is on-going debate as to whether local authorities should pay net or gross financial contributions towards service users.
3. There is a need for a strategic group, led by the Council, to drive quality improvements in care homes and also improvements in Care Quality Commission ratings (CQC) and for the Council to:
  - (a) Assess future demand and need for care, this being a requirement of the Care Act
  - (b) Strive towards great co-operation and collaborative working between both the Council and individual care Providers;
  - (c) Share good practice; and
  - (d) Encourage a move away from silo working.
4. Particularly in respect of quality, safeguarding and the monitoring of services, the Council needs to continue joint working with the Clinical Commissioning Groups.
5. Innovative methods of monitoring care home services and recording quality, performance and market capacity information need to be explored, which could include the use of Information Technology.
6. Information sharing, monitoring, together with contractual approaches, is increasingly occurring within the Liverpool City Region and this should be encouraged in order to better standardise a joint approach.
7. The Council has a duty to understand and shape the care home market under the Care Act. In order to better inform this understanding, more information is required from Providers, such as details of costs, charges, etc.
8. At its meeting held on 7 September 2017, the Cabinet approved the commissioning of an external organisation in order to deliver the Quality Improvement Team service.





9. The closure of any care homes is always regrettable as it causes stress and anxiety for service users and their families and places an additional pressure on the remaining market. This tends to occur where homes have received a rating from the CQC of “Requires Improvement” or “Inadequate”. There have been 8 home closures within Sefton in the preceding 18 months. Procedures and working practices related to such closures need to be subject to on-going revision and any lessons learnt need to be implemented.
10. Documentation provided to Service Users, Families and Carers on topics such as paying, charging for services and needs assessment processes can be confusing and at times misleading. Such documentation needs to be reviewed.
11. There is usually a standard recommendation within all Working Group Final Reports for a six-monthly monitoring report, setting out progress made against each of the recommendations. Such a report should be submitted to the Overview and Scrutiny Committee (Adult Social Care and Health) in due course.

## ACKNOWLEDGEMENTS AND THANKS

In producing this report on residential and care homes, acknowledgements and thanks are attributed to the following individuals for their time and input:-

- *The Inspection Manager Adult Social Care, Liverpool North and Sefton, Care Quality Commission;*
- *The Director, Sefton Pensioners’ Advocacy Centre (SPAC);*
- *Sefton Manager and Head of Services, Age concern, Liverpool and Sefton;*
- *Representatives of the Care Homes Association;*
- *The Manager and staff at Willows Nursing Home, Birkdale;*
- *The Manager and Staff at Connell Court, Southport;*
- *NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group;*
- *The Manager and staff at James Page Nursing Home, Maghull;*
- *The Manager and staff at Kyffin Taylor House, Maghull;*
- *Representatives of Sefton Carers’ Centre;*



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- *The Provider, Rosebank Care Home, Southport;*
- *Peter Moore, Head of Commissioning Support and Business Intelligence,*
- *Tina Wilkins, former Head of Adult Social Care;*
- *Neil Watson Commissioning Officer, Commissioning Support and Business Intelligence; and*
- *Debbie Campbell, Senior Democratic Services Officer.*

Thanks must also go to the Members of the Working Group who have worked hard and dedicated a great deal of time to this review, namely:-



***Councillor Linda Cluskey  
(Lead Member)***



***Councillor Lynne Thompson***



***Roger Hutchings  
Advisory Member  
Healthwatch Sefton***



## RECOMMENDATIONS

1. That the Head of Commissioning Support and Business Intelligence be requested to:-
  - (a) Consider proposals for fee levels, both in the current and next two financial years, in order to provide more stability for Providers with the proviso that such proposals are made within available resources and in line with previously agreed delegations in relation to the setting of Adult Social Care fees
  - (b) Give further consideration to paying Providers gross, as opposed to net of Service User financial contributions, for care placements.
  - (c) Establish a strategic group consisting of Adult Social Care and Commissioning officers, Providers and interest groups to:
    - (i) Assess future demands and needs, including those relating to other service areas such as Extra Care housing;
    - (ii) Ensure co-operative and collaborative working takes place;
    - (iii) Share good practice; and
    - (iv) Ensure that “working in silos” does not occur.
  - (d) Ensure joint working is continued between Commissioning, Adult Social Care and the Sefton Clinical Commissioning Groups, particularly with respect to joint quality, safeguarding and monitoring of services.
  - (e) Explore the potential to implement revised methods of monitoring care home services, including the use of Information Technology to record quality, performance and market capacity information.
  - (f) Continue to work as part of the Liverpool City Region to standardise approaches to information sharing, monitoring and contractual approaches.
  - (g) Continue to seek information from Providers, such as details of costs and charges, in order for the Council to better understand the care home market.
  - (h) Implement the decision to commission an external organisation to deliver the Quality Improvement Team service, as approved by the Cabinet at its meeting on 7 September 2017.

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- (i) Continue to monitor and revise procedures, as necessary, relating to issues such as home closures, in order to improve working practices and implement any lessons learnt.
  - (j) Review documentation given to Service Users, Families, Carers and Advocates on topics such as paying, charging for services and needs assessment processes.
2. That the Senior Democratic Services Officer be requested to liaise with relevant officers in order to ensure that the Overview and Scrutiny Committee (Adult Social Care and Health) receives a six-monthly monitoring report, setting out progress made against each of the recommendations outlined above.



## Overview & Scrutiny



For further Information please contact:-

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**Sefton Council** 



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# Agenda Item 7

<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	9 January 2018
<b>Subject:</b>	Cabinet Member Reports – October 2017 – January 2018		
<b>Report of:</b>	Head of Regulation and Compliance	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Regulatory, Compliance and Corporate Services		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## **Summary:**

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

## **Recommendation:**

That the Cabinet Members - Adult Social Care and Health and Wellbeing reports relating to the remit of the Overview and Scrutiny Committee be noted.

## **Reasons for the Recommendation:**

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

## **Alternative Options Considered and Rejected:**

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

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

Any financial implications associated with the Cabinet Member reports which are referred to in this update are contained within the respective reports.

**(A) Revenue Costs – see above**

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**(B) Capital Costs – see above**

## **Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>
<b>Legal Implications:</b>
<b>Equality Implications:</b> There are no equality implications.

## **Contribution to the Council's Core Purpose:**

Protect the most vulnerable: None directly applicable to this report. The Cabinet Member update provides information on activity within Councillor Cummins' and Councillor Moncur's portfolios during the previous 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.

<b>Contact Officer:</b>	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

## Appendices:

The following appendices are attached to this report:-

Appendix A - Cabinet Member - Adult Social Care update report

Appendix B - Cabinet Member – Health and Wellbeing – update report(s)

## Background Papers:

There are no background papers available for inspection.

### 1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Adult Social Care and Health and Wellbeing portfolios.

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<b>CABINET MEMBER UPDATE REPORT</b>		
<b>Overview and Scrutiny (Adult Social Care and Health)</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
<b>Paul Cummins</b>	<b>Adult Social Care</b>	<b>January 2018</b>

## **FINANCIAL UPDATE**

The Adult Social Care budget remains under extreme pressure in this financial year with continued rising demand and cost of services. At the end of October, the overall net budget position shows a surplus of just over £0.8m based on current commitments. The Community Care budget has a forecast deficit of just over £1m, after additional budget support of £2.8m, from Improved Better Care Fund resources. The employee budget, through natural turnover and resultant vacant posts, is anticipated to be in surplus by just over £1.1m and while recruitment is an on-going process there are difficulties being experienced in the recruitment and retention of social workers. The Specialist Transport cost is forecast to be under budget by £0.6m, however the effect of the Day Care modernisation programme is still impacting on routes and also a re-tendering exercise is underway for transport services which could affect the current forecast spend in year. It should also be noted that the current overall net £0.8m surplus position assumes there will be no net increase in demand or other cost pressures for Community Care services from October to the end of the financial year. This is unlikely to be the case particularly with winter pressures ahead.

## **PERSONALISATION / PERSONAL BUDGETS**

Following on from events with the Third and Voluntary Sector we have engaged with the social care workforce to ascertain the current approach in terms of assessments, support planning and market development along with the potential of introducing a resource allocation system. This has been very useful and has given us a more complete picture on the workforce understanding and the readiness to work differently. Our next actions will be to map out the detail of the changes anticipated work through engagement and consultation with Citizens in advance of bringing recommendations through the appropriate Council committees. In some circumstances it will be a re affirming the approach and in other aspects bringing new approaches for consideration. The work with the Third and Voluntary Sector via Sefton CVS has movement and we are beginning to look at the potential to work better together when statutory assessment and support planning required.

## **EXTRA CARE HOUSING**

Having completed a gap analysis, the Commissioning Support Team is preparing a business case/cabinet report around Extra Care development in Sefton going forward.

Sefton is also participating in a LCR approach looking at needs across the region and potential joint approaches to developments and sharing commissioning/procurement processes.

We are undertaking a joint Tripartite approach (Sefton, Knowsley and Liverpool) to re-commissioning current care provision in existing Extra care schemes through the development of a pseudo Dynamic Purchasing System (DPS), a procurement mechanism which establishes a framework of approved providers and also enables new care providers to access the DPS as we develop further options and schemes.

## **DELAYED TRANSFER OF CARE**

In light of pressures within the Health and Social Care system leading to increased delays in the transfer of care from hospitals, the Commissioning Support Team is supporting Adult Social Care in developing options to improve the situation, including:

- Providing additional funding to Sefton New Directions (SND) to enhance community referral into the replacement service and enable SND to use current LAS system to record re-enablement use
- Exploring additional capacity with alternative providers where capacity is lacking
- Exploring use of shared lives services to provide re-enablement for some hospital discharges
- Exploring ways in which alternative re-enablement provision can be reviewed more quickly to ensure best use of capacity

## **DOMICILIARY CARE**

Sefton Council is currently undertaking a procurement process for domiciliary care services to replace the contracted services from May 2018. This exercise is being undertaken jointly with Knowsley Council and will lead to the introduction of redesigned, more outcome focused services. The outcomes of the procurement process will be reported back to O&S Committee in due course.

Sefton Council and Care Connect UK have mutually agreed to the transfer of the current domiciliary care contract with Care Connect to an alternative provider, Sefton New Directions, prior to the end of the current contract. The contract relates to domiciliary care services in Bootle, Waterloo, Seaforth, Litherland and Netherton. The Council, Care Connect and SND are currently working together to ensure a safe and timely transfer with minimum disruption for service users.

<b>Cabinet Member Update</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
Ian Moncur	Health & Wellbeing	Sept – Dec 2017

**Public Health Service Plan**

The Service Plan details the priority activities for Public Health and Wellbeing for the next 12 months. It includes statutory requirements to support partners such as the CCG. The plan is dynamic and adaptable to the changing landscape and is continually updated as work is prioritised and reprioritised. The focus and approach is one of co-production and co-collaboration within the context of wider Council commissioning priorities, as well as the emerging programmes of Public Sector Reform.

Six monthly updates are provided, regarding the progress and development of the Public Health Service Plan to the Cabinet Member for Health & Wellbeing.

Current significant areas of note include:

Smoking at time of delivery (SATOD) – Public Health are working on a North Mersey footprint to resolve issues which are being faced across the whole region.

**Public Health Annual Report (PHAR)**

The Director of Public Health is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues. The main points are:

- The annual report for 2017-18 for Sefton will focus on children and young people’s mental health and wellbeing, and will be a digital film PHAR.
- The PHAR film will have an informal friendly style, featuring children and young people telling their stories.
- The film will be engaging and creative and not just focus on narration, but also include visuals of young people taking part in projects and initiatives.
- The PHAR film will include narrative and stories/case studies from children and young people.
- These include school and community based services, including youth service and workforce development programmes and support services for children with mental health problems. So far 5 different local examples have been identified where young people will tell ‘the story’.
- The report will be completed by the start of March 2018.

## **0-19 Integrated Healthy Child Service**

The key activities and achievements in the first 6 months include:

- a. Staff engagement.
- b. Workforce development.
  - I. The proactive management of the skills gap in school nursing identified at transfer
  - II. Establishment of the immunisation team
  - III. Development of new enhanced service to support vulnerable children and families
  - IV. Recruitment of an Infant Feeding Coordinator
- c. The completion of the award of a breastfeeding peer support service within quarter 1.
- d. The continued increase in the number of ante-natal and 6-8 week contacts.
- e. The introduction of the Lancaster model of child surveillance.
- f. The continued high performance in immunisation delivery.

The feedback from NWB staff, commissioners and invited heads of service who attended the “Meet the Commissioner’s Event” held at the end of October 2017 has been very positive. Public Health will meet with senior NWB managers to discuss appropriate feedback to those who attended and follow up. Future plans include a 0-19 presentation and workshop with the new locality based workforce.

## **Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Including HLPs there are 635 Pharmacies that are contracted to deliver 6 Public Health campaigns per year. The expectation is that they will work with local teams to run regionally agreed campaigns for a minimum of one week, though in general they will extend to a month.

In Sefton, there are 76 pharmacies. 43 of these are engaged in the programme and 32 of these are now an accredited Healthy Living pharmacy

The programme has had significant uptake in Sefton with almost 57% of pharmacies engaged in the programme so far.

Representation from Sefton Public Health will remain on the HLP group in 2018 to ensure all opportunities to endorse and maximise campaigns at a local level will be developed.

## **Health Checks**

A community delivery model for the NHS Health Checks Programme has been developed and will be implemented from 1 April 2018, replacing the current GP provided service. The model will utilise flexibilities within the existing Active Sefton and Living Well Sefton services to deliver Health Checks in a community setting and, potentially whilst maintaining appropriate links to GP practices. Health Checks will be undertaken by the Exercise Referral/Wellbeing specialist staff within Active Sefton and by specially trained Wellbeing Mentors in the Living Well Sefton Service. Generally, the Active Sefton Health Check service will undertake booked appointments generated through personal invitations sent to the eligible population. Active Sefton and Living Well Sefton will also undertake opportunistic Health Checks with eligible clients aligned to existing services, promotions and community events. The service is being developed to meet the current output of 5,000 booked appointments in the first year and will provide improved opportunities for onward referral into the lifestyle interventions offered across the integrated wellbeing service. The community delivery model will aim to address inequalities in access to and outcomes from the health check programme.

Arrangements for the identification of eligible patients and the scheduling of invitation letters are being developed with the CCGs. Options for managing the return of patient data to GP practices have been appraised and a preferred option that utilises existing Active Sefton and Living Well Sefton software linked to the general practice EMIS system is being followed up.

A programme of engagement has been delivered. This includes a survey of practices with follow up interviews, a meeting with the LMC chair and secretary and public engagement carried out through Health Watch. We continue to liaise with Public Health England.

Notice of termination has been sent to general practices in accordance with the terms of their current contract.

## **Health Protection Forum**

The Health Protection Forum has been re-established and met in October. The Forum, which is a sub-group of the Health and Wellbeing Board, exists to:

- Provide strategic oversight of the health protection system in Sefton.
- Improve integration and collaborative working on health protection between Sefton Council, the NHS, Public Health England and local health and care service providers, and
- Provide assurance to the Director of Public Health and the Health and Wellbeing Board, on behalf of the population of Sefton, that the threats to the public's health are understood and that there are safe, effective and locally sensitive arrangements in place for the protection of the public's health.

Terms of Reference have been revised, a work programme developed and the risk register updated. These will be approved at the next meeting in January.

## **Seasonal Flu Campaign**

The staff vaccination programme has been delivered resulting in 815 vaccinations given at 13 locations across Sefton at a cost of £5,705. The campaign was promoted through an internal media campaign and supported by 18 champions who promoted vaccinations and offered support to colleagues.

Sefton Council has worked with the two CCGs to support the seasonal flu and stay well in winter campaigns. We continue to monitor vaccination uptake in the eligible populations – those aged over 65, under 65's at risk groups, pregnant women, children 2–4 years and children 5–9 years. Additional media has been targeted at populations where take up is below target. This includes children aged 2–4 years (including a mail out to child care and early years providers) and specific at risk groups, including carers. We have also engaged with community partners, utilising a portion of the £10,000 funding received from NHS England, to deliver promotional activity in target groups.

## **Know your Numbers**

Know your numbers is a national campaign, led by Blood Pressure UK, that promotes blood pressure awareness. Sefton Council and the CCGs supported the campaign through media activity. A number of Healthy Living Pharmacies across Sefton offered blood pressure checks during the campaign. Hypertension is a priority across Cheshire and Merseyside and blood pressure awareness forms a key element of the hypertension strategy. The Know Your Numbers campaign sits alongside a broad range of work delivered through Living Well Sefton and other partners.

## **Suicide Update**

Suicide is a major public health issue for Sefton and a leading cause of years of life lost. In 2015, there were 25 deaths due to suicide or undetermined injury in Sefton; the standardised rate for deaths from suicide and undetermined injuries per 100,000 has also doubled from 2007 to 2015. The Suicide Audit for 2016 is almost completed and subject to the confirmation of data by the Office for National Statistics: we could see an increase of just under 30% compared to 2015 - a total of 32 deaths.

A real-time information system began in September 2017, linking in with The Coroner's Office, alerting local authorities public health teams within Cheshire and Merseyside to suspected suicides in their area. This system will allow us to monitor patterns and suspected instances, and take any action needed within the community. Positive meetings have been held with Network Rail, MerseyRail and



British Transport Police who will join and strengthen the well-established Sefton Suicide Prevention Group. Suicide prevention training is being delivered to teams within Sefton Council and this will continue in 2018.

30 Days of Sefton in Mind ran between World Suicide Awareness Day (10th September) and World Mental Health Day (10th October). The campaign aimed to raise awareness and promote mental health support/activity available in Sefton via the Council, both CCGs, MerseyCare and within the community, voluntary and faith sector. Evaluation of the campaign is summarised below:

- Over the course of the campaign, Sefton Council made 65 posts across its social media channels, both CCGs posted 77 times and many partners also sending dozens of tweets.
- The results were staggering with **108,941 impressions** and **1896 engagements**.
- The campaign was **highly engaging** with an engagement rate of 4.6% this is **65 times** the average Twitter engagement rate (0.07%).
- The hashtag [#seftoninmind](#) was used a massive 318 times on Twitter.

Overall the campaign was a huge success showing how closer and improved working relationships between partners (along with planning and preparation) can help positive mental health messages reach over 108,000 people. The campaign will be repeated in 2018.

### **Drug Related Deaths: Injecting Drug Use, Treatment and Recovery**

Drug related deaths are at an all-time high with the majority of deaths occurring among individuals who have never been in treatment or who have not been engaged in treatment services for long periods of time. While treatment and recovery services show improved outcomes for those engaged in treatment, little is known about the risk taking behaviours of those not engaged in the treatment system.

Sefton Council Public Health Team, in conjunction with Liverpool John Moores University Public Health Institute have established a research collaborate to investigate the extent of drug related risk among those individuals not engaged with treatment services and to carry out a feasibility study of options for treatment engagement including an appraisal of the evidence for medically supervised drug consumption facilities.

### **Improving Resilience to Debt – Central Southport**

A group of stakeholders and local residents in central Southport are taking part in applied research into improving system resilience. This is through National Institute of Health Research funding and supported by academics from three universities (University of Liverpool, University of Lancaster and Central Lancashire University). The focus in Southport is improving resilience to debt.

- Local residents have audited local debt advice services and shared their findings with the steering group.
- The award winning *video* developed with the Migrant Workers Sefton Community (MWSC) demonstrating the perils of getting involved with an illegal money lender has been further disseminated, and the possibility of showing it at community cinemas is being investigated.
- Citizens Advice in Southport is amending the information on their external *notice board* following feedback from the residents' audit.
- *Access to payday loan websites* from Council computers including in public areas has been limited with an 'access denied' message. However, we are aware that some sites are still accessible.
- The group has successfully bid for £5000 from the Stop Loan Sharks Community Fund. This will fund a *package of support for schools* to raise awareness of the dangers of gambling, to signpost families to available support services and offer money management advice. This package demonstrates the partnership working across the organisations involved in the steering group (residents, Council, Citizens Advice, Sefton CVS, Christians Against Poverty) , and new partners (Beacon Counselling, Altru Drama).

<b>CABINET MEMBER UPDATE REPORT</b>		<b>Appendix B</b>
<b>Overview and Scrutiny Committee (Adult Social Care and Health – January 2018)</b>		
<i><b>COUNCILLOR</b></i>	<i><b>PORTFOLIO</b></i>	<i><b>DATE</b></i>
Ian Moncur	Health and Well Being	December 2017

## **PARKS AND GREENSPACES**

### **World Parks Congress**

The service presented at the World Parks Congress in the Wirral during October. This presentation delivered information on the innovation in service delivery (especially in encouraging volunteering) shown in recent years. Delegates were also offered a half day visit to the borough – especially to see Hesketh Park (because of the links to Joseph Paxton, the designer of both Hesketh Park, and Birkenhead Park- the first public park opened 150yrs ago). A number of delegates visited the site and were taken on a multi-language tour of the Park.

### **CPOs continue to support volunteering and Friends Groups up and down the Borough.**

In the south of the Borough there has been a Friends of Friends group developing where we have brought different friends groups together to talk to each other and explore ways of helping each other to become stronger and share resources.

A spike in ASB over the summer period in Coronation Park was proactively tackled through partnership working with the police and other partners. This is something we aim to continue and grow in the coming year. This combined with events such as Sporting Lights add to the picture.

### **Sporting Lights**

The annual event for ‘mischief night’ is part of the local plan for the Halloween/bonfire period in conjunction with Merseyside Police and Fire & Rescue (MSFR). The night saw engagement with over 200 families Reports back from MSFR have indicated that over this period Sefton saw a reduction in fire incidents, statistics are being collated.

### **Community self-management/Market testing of empty buildings**

The service continues to explore new opportunities to facilitate community, sports and other groups taking on self-management of their facilities and features. In addition to existing arrangements, developing discussions are ongoing with a combination of groups and a market test exercise is to be undertaken to hopefully find suitable users for empty buildings (which may include commercial lettings).

### **Community Hubs**

Botanic Gardens Community Hub: The Hub has now entered its operational phase with most of its partners now established on-site. As the partners become more established they will seek to channel their efforts into providing positive projects and activities in Botanic Gardens. Current partners include the Botanic Gardens Community Association, Sefton New Directions, Macmillan

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Cancer Care, Arden College and The Botanic Gardens Café. Further works are being developed for new Community Hub concepts throughout the borough.

## **Benchmarking/ Awards**

### **Green Flag Award**

The following sites all retained the Award for 2017/18: Botanic Gardens, Hesketh Park, Lord Street Gardens, King's Gardens, Coronation Park, Hatton Hill Park, Derby Park and North Park. Duke Street Park, Formby achieved the Award for the first time. The 2018/2019 applications will involve the above, a reapplication for Killen Green Park and a new entry for Bowersdale Park.

### **Green Flag Community Award**

In 2017/2018 the service assisted several community groups in retaining the Green Flag Community Award: Rotten Row, Southport, St Luke's Church Grounds, North Park Community Garden (involving the Gateway Collective and Ykids), Bridge Inn Community Farm, Formby, Friends of Ainsdale Village Park (who achieved the award for the first time this year), and Edda, also located in Ainsdale.

### **Britain in Bloom**

This year there were town entries for; Ainsdale, Crosby and Waterloo, Maghull, Melling and Southport. The number of 'It's Your Neighbourhood' (IYN) Entries (the community led In Bloom system) continues to increase steadily. All 37 IYN entries were awarded at the Northwest in Bloom Awards Ceremony. St Luke's church Grounds received a Discretionary Award and St Michaels High School received an Environmental Award for Schools.

Regionally, Southport in Bloom received a Gold Medal and was once again crowned Overall Winner in the Large Coastal Resort category. There was Silver Gilt success for Ainsdale and Crosby & Waterloo and a Silver Medal for Melling in Bloom.

In addition, a '5 Year Award Certificate' was awarded to; Maghull Station Volunteers, Friends of Rotten Row and Ainsdale Village Church Community Garden, which have all received Level 5 Outstanding for the previous five years.

## **Community / Partnerships**

**Santander** - during October / November 2017, three Santander Teams worked in partnership with Parks and Greenspaces in Derby Park, Bootle and Bowersdale Park, Seaforth. The volunteers carried out a variety of tasks; including, staining benches, edging paths, litter-picking, sweeping paths, clearing leaves and pruning shrubs.

**Pinfold Woodland** - a regular litter-pick and tidy-up has been taking place since August 2017. There have been x6 volunteers, contributing x12 hour, whilst collecting 47 bin bags of waste.

**Killen Green Park** - a 'candidate Green Flag Award Park', has also seen an increase in the number of monthly activities including, regular volunteer litter-picking and tidy-ups.

# Agenda Item 7

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**Hesketh Park** – two new volunteer groups i.e. Hesketh Centre volunteers and the 'Lake Group' have recently started to volunteer in the Park and are making a huge contribution. The contribution of the new Groups is alongside the various existing volunteer groups.

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# Agenda Item 8

<b>Report to:</b>	Overview and Scrutiny Committee  (Adult Social Care and Health)	<b>Date of Meeting:</b>	9 January 2018
<b>Subject:</b>	Work Programme 2017/18, Scrutiny Review Topics and Key Decision Forward Plan		
<b>Report of:</b>	Head of Regulation and Compliance	<b>Wards Affected:</b>	All
<b>Cabinet Portfolio:</b>	Adult Social Care and Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

To seek the views of the Committee on 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.
- (5) the Committee is requested to note that the final decision regarding the issue of substantial reconfiguration, in relation to the review of services provided by Liverpool Women's Hospital, is now scheduled to be considered by the full Council at its meeting on 25 January 2017;
- (6) the views of the Committee are requested with regard to the process to be undertaken for draft Quality Accounts.

# Agenda Item 8

## 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.

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:

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> None
<b>Legal Implications:</b> None
<b>Equality Implications:</b> There are no equality implications.

## Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report but reference in the Work Programme to the approval of and monitoring of recommendations 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.

<b>Contact Officer:</b>	Debbie Campbell
<b>Telephone Number:</b>	0151 934 2254
<b>Email Address:</b>	<a href="mailto:debbie.campbell@sefton.gov.uk">debbie.campbell@sefton.gov.uk</a>

### Appendices:

The following appendices are attached to this report:-

Appendix A-Overview and Scrutiny Committee Work Programme for 2017/18; and  
Appendix B - 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.

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1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2017/18 and updated, as appropriate.

1.3 **The Committee is requested to comment on the Work Programme for 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.**

## **4. REVIEW OF SERVICES PROVIDED BY LIVERPOOL WOMEN'S HOSPITAL - ISSUE OF SUBSTANTIAL RECONFIGURATION**

- 5.1 A Joint Meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) and the Overview and Scrutiny Committee (Children's Services and Safeguarding) was held on 12 October 2017, to consider the issue of substantial reconfiguration, in relation to the review of services provided by Liverpool Women's Hospital.
- 5.2 The Joint Committee agreed that the proposals were a substantial variation in services, although the decision was not unanimous and a number of Members abstained, due to the lack of clarity regarding the proposals at the meeting.

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- 5.3 Since the Joint meeting on 12 October 2017, relevant officers have sought clarification regarding the proposals, as the Council's Constitution requires the full Council to make the ultimate decision on the matter.
- 5.4 Information has been received from the Healthy Liverpool Programme that the matter is currently being discussed, with a view to obtaining absolute clarity on the single option. The Healthy Liverpool Programme has requested Sefton's full Council to defer a final decision on the matter until the meeting of the Council scheduled for 25 January 2017.
- 5.5 The Committee is requested to note that the final decision regarding the issue of substantial reconfiguration, in relation to the review of services provided by Liverpool Women's Hospital, is now scheduled to be considered by the full Council at its meeting on 25 January 2017.**

## **6. DRAFT QUALITY ACCOUNTS – PROCESS TO BE UNDERTAKEN IN 2018**

- 6.1 Quality Accounts are annual reports from providers of NHS healthcare organisations about the quality of the services provided and are available for the public to view.
- 6.2 Draft Quality Accounts are submitted during May of each year from various NHS Trusts to the Committee for consideration. There is a statutory duty for health providers to produce draft Quality accounts, whereas any comments on the draft Quality Accounts by Overview and Scrutiny Committees are discretionary.
- 6.3 During 2017, Committee Members agreed to hold an informal daytime meeting on 12 May, at the Formby Professional Development Centre, to consider four draft Quality Accounts from the following Providers:-
- Southport and Ormskirk Hospital NHS Trust;
  - Mersey Care NHS Foundation Trust;
  - Aintree University Hospital NHS Foundation Trust; and
  - Liverpool Women's NHS Foundation Trust.

Seven documents had been received from health providers, in total. A representative of the Clinical Commissioning Groups (CCGs) was invited to attend the meeting, together with Healthwatch representatives, as Healthwatch is also invited to comment on draft Quality Accounts by NHS Trusts.

- 6.4 Members are invited to consider the following issues:-
- Does the Committee wish to consider any draft Quality Accounts in 2018?
  - If so, how many draft Quality Accounts would the Committee wish to consider and from which Trust(s)?

- Does the Committee wish to adopt a similar approach in considering the draft Quality Accounts as in 2017, i.e. an informal meeting, to which a representative of the CCGs and Healthwatch representatives are invited?

**6.5** *The views of the Committee are requested.*

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

## WORK PROGRAMME 2017/18

	27 JUNE 17	05 SEPTEMBER 17	17 OCTOBER 17	09 JANUARY 18	27 FEBRUARY 18
<b>Regular Reports</b>					
Cabinet Member Update Report	X	X	X	X	X
Work Programme Update	X	X	X	X	X
CCGs' Update Report	X	X	X	X	X
Health Provider Performance Dashboard	X	X	X	X	X
<b>Service Operational Reports:-</b>					
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
<b>Service Operational Reports (Continued):-</b>					
Health checks			X		
Call-In Procedure			X		
<b>Scrutiny Review Progress Report:</b>					
Residential & Care Homes Working Group				X	
<b>CCGs' Updates</b>					
Estates Plan	X				
<b>NHS Updates</b>					
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 DECEMBER 2017 - 31 MARCH 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](http://www.sefton.gov.uk)

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

# Agenda Item 8

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

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

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

**NOTE:**

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

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

## FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Liverpool City Region (LCR) Extra Care Framework	Alison Taylor alison.taylor@sefton.gov.uk Tel: 0151 934 3936
Procurement of an Electronic Case Management System	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744
Residential and Care Homes Working Group - Final Report	Debbie Campbell debbie.campbell@sefton.gov.uk Tel: 0151 934 2254
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	<p><b>Liverpool City Region (LCR) Extra Care Framework</b>                  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	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			
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	<b>Procurement of an Electronic Case Management System</b> To seek approval for the commencement of a procurement exercise for an Electronic Case Management System which will be utilised by new contracted Domiciliary Care Providers. The procurement exercise will be conducted in partnership with Knowsley MBC.			
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	Consultation has taken place with Senior Officers, Domiciliary Care Providers, the Domiciliary Care Elected Members Working Group and other Local Authorities that utilise such a system.			
Method(s) of Consultation	Consultation has taken place via workshops and meetings and the utilisation of an Electronic Case Management System has also been discussed at the Consultation and Engagement Panel.			
List of Background Documents to be Considered by Decision-maker	Procurement of an Electronic Case Management System			
Contact Officer(s) details	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744			

## SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<b>Residential and Care Homes Working Group - Final Report</b> To submit the findings of the Residential and Care Homes Working Group.
Decision Maker	Cabinet

# Agenda Item 8

Appendix B

Decision Expected	11 Jan 2018 Decision due date for Cabinet changed from 02/11/2017 to 11/01/2018. 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	<b>Community Equipment Store</b> 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			

# Agenda Item 8

Appendix B

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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