



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

**MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 26TH JUNE, 2018**

PRESENT: Councillor Page (in the Chair)
Councillors Bliss, Carr, Doyle, Pugh and Roscoe

ALSO PRESENT: Mr. B. Clark, Healthwatch

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Bill Welsh and his Substitute Councillor Webster; Councillor Marianne Welsh and her Substitute Councillor Killen; Councillor Cummins, Cabinet Member – Adult Social Care; and Councillor Moncur, Cabinet Member – Health and Wellbeing.

2. DECLARATIONS OF INTEREST

No declarations of personal or pecuniary interest were received.

3. INTRODUCTIONS AND CHAIR'S COMMUNICATION

Introductions took place.

The Chair reported that Mr. Roger Hutchings, Healthwatch Sefton Co-opted Member, was absent from the meeting as his daughter had recently passed away.

RESOLVED:

That a sympathy card be forwarded to Mr. Hutchings, extending the condolences of the Committee on his sad loss.

4. MINUTES OF THE PREVIOUS MEETINGS

RESOLVED:

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That the Minutes of the meeting held on 27 February and the Special meetings held on 22 March and 3 April 2018 be confirmed as a correct record.

5. GP PRIMARY CARE STRATEGY IN SEFTON

Further to Minute No. 55 (2) of 3 April 2018, the Committee considered the joint report on Primary Care in Sefton, submitted by the Sefton Clinical Commissioning Groups and NHS England (Cheshire and Merseyside), describing the National and Local landscape for primary medical care across NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (CCGs).

The report set out the background to the matter; the national summary that included five key areas for support, namely investment, workforce, workload, practice infrastructure, and care re-design; and the local summary for both NHS Southport and Formby CCG and NHS South Sefton CCG.

The Committee also considered a presentation submitted by NHS Southport and Formby CCG and NHS South Sefton CCG.

The presentation provided a General Practice update that included the following information:-

- Local Context 2018/19;
- Delegated commissioning;
- Contracting for primary care;
- Local Quality Contract (LQC);
- An overview of NHS South Sefton CCG;
- An overview of NHS Southport and Formby CCG;
- General Practice Forward View (GPFV);
- GPFV Progress to date;
- Enhanced Access – GPFV;
- Primary care work-streams;
- Southport and Formby workforce;
- South Sefton workforce;
- Care Quality Commission (CQC) visits - Southport and Formby;
- CQC visits - South Sefton;
- Patient survey results to July 2017 - Southport and Formby;
- Patient survey results to July 2017 - South Sefton;
- Challenges;
- Role of General Practice;
- Aims;
- Strategy;
- How will we get there?;
- Integrated care; and

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- Targeted care.

Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG; Anthony Leo, Director of Commissioning; NHS England (Cheshire and Merseyside); and Dr. Rob Cauldwell, Chair of NHS Southport and Formby CCG; were in attendance at the meeting to present the report and presentation to the Committee and respond to questions put by Members.

Fiona Taylor explained aspects of the presentation that was included within the Committee agenda.

Members of the Committee asked questions/raised matters on the following issues:-

- How could sufficient numbers of GPs be attracted from overseas to work in the NHS?
Some 5,000 additional doctors would be required to work in general practice by 2020 and there were issues around international recruitment. Lobbying of relevant Government Departments was currently taking place concerning the decision to refuse doctors whose first language was not English.
- Where was the detail on the Enhanced Access Service, with regard to the General Practice Forward View (GPFV)?
This was in the process of procurement. Patients would have access to primary care services delivered from a primary care hub in each CCG area. Services were anticipated to be provided up to 8.00 p.m./8.30 p.m. on week days, plus weekend access, although there would be some flexibility permitted by the Provider regarding precise details.
- Would consultation on Enhanced Access Service take place beforehand?
Engagement was key although a Provider was required to be procured first in order to carry it out.
- Was the delivery of an Enhanced Access Service dictated by national directive?
Attempts were being made to take national policy and shape it for Sefton requirements. Feedback would be sought from users as to what capacity was actually required at a local level.
- What finance would be available for the Enhanced Access Service?
£6.00 per head of population, per annum had been allocated.
- Concerns were raised that there were only two primary care hubs planned for Sefton, as access/transport around the Borough was an issue. There were currently transport issues in travelling from Maghull to the Litherland Walk-in Centre by public transport.

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Members considered that all too often patients tended to be referred to A&E.

- Why were GPs not approached in order to ascertain the number likely to retire in the next few years?
Some data had been acquired on the workforce and huge numbers of GPs were anticipated to retire within the next 5 years. International recruitment would not provide the numbers of GPs required and there was a need to think differently with regard to GP provision, possibly by the retention of GPs on part-time hours; the expansion of the role of nursing staff, other healthcare assistants and pharmacists; and an increase to community service provision. This was a major risk area.
- Concerns were raised that there was a lack of public engagement regarding the future of primary care provision.
Engagement took place at Shaping Sefton events. GPs were becoming more engaged with the process out of necessity, with increased networking and working with other practices. Assistance could be required from the Council regarding the promotion of healthy living and engagement with local communities.
- When would the strategy for Sefton on primary care be available?
It was considered that the model of care the CCGs wished to commission was clear and that this had formed part of the Shaping Sefton Strategy for some time. Once the strategy had been developed it would be considered by the Committee.
- Would the proposed solutions to addressing the future lack of GP provision be sufficient and had a risk analysis been undertaken?
Significant changes had occurred in nursing in recent years, particularly following the removal of nursing bursaries. Some areas were seeing an over-supply of pharmacists. The engagement of GPs as Providers remained a major challenge.
- Other than GPs, the public was not really aware of other aspects of primary care and was this part of the problem?
The CCGs and NHS England wanted an integrated approach in primary care provision within local communities and attempts were being made to target efforts in those areas that would make the biggest differences.

There were a number of questions outstanding that Committee Members did not have time to raise and these would be forwarded to the Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG, with a view to obtaining responses in the near future.

Although Committee Members understood that the CCGs and NHS England had a broad vision of a GP Primary Care Strategy in Sefton, concerns remained regarding risks and assurances; and also consultation and engagement, involving communities. It was considered that the

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Committee would wish to see an assurance framework of risks associated with the Primary Care Strategy; together with a consultation and engagement strategy setting out details of how the high level strategy would be delivered to local communities.

RESOLVED: That

- (1) the report and presentation on Primary Care in Sefton, describing the National and Local landscape for primary medical care across NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups, be noted;
- (2) the questions outstanding be forwarded to the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group for an early response; and
- (3) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group; be requested to submit a further document to a future meeting of the Committee, on a date to be agreed, setting out detailed information on the following:-
 - The Primary Care Strategy, together with its associated delivery plans;
 - A full risk assessment of the Primary Care Strategy, together with associated assurances for the Committee regarding any impact of the Strategy on Sefton communities; and
 - An associated consultation and engagement strategy, offering Sefton communities the opportunity to be involved in the design and co-production of the approach to be adopted.

6. SEFTON PUBLIC HEALTH ANNUAL REPORT 2017

The Committee considered the report of the Head of Health and Wellbeing on the Annual Report of the Director of Health and Wellbeing 2017/18 that was a statutory requirement and identified key issues affecting health in the Sefton population. This year's annual report had been produced as a short film that explored the emotional wellbeing and mental health of children and young people, together with the services and resources available to support them.

Prior to consideration of the report, a short video presenting the latest Public Health Annual Report (PHAR) was shown to the Committee, which was entitled "Growing Up Healthy and Happy". The film explored the emotional wellbeing and mental health of children and young people and the services and resources which were available to support them. The film

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recognised the importance of building resilience, promoting good mental health and wellbeing and enabling children and young people to grow up happy and healthy. The PHAR also covered key facts and figures and highlighted a number of recommendations for implementation during 2018/19.

Following the meeting of the Council on 19 July 2018, the video would be available for viewing via the Council's web-site and would be widely disseminated.

Matthew Ashton, Head of Health and Wellbeing was in attendance at the meeting to present the PHAR and respond to questions put by Members of the Committee.

Hard copies of the PHAR were circulated at the meeting.

Members of the Committee asked questions/raised matters on the following issues:-

- Were mental health first aiders being introduced in schools and colleges?
Yes. An on-line app was being developed to assist in this area. On-line counselling was also being considered.
- Reference was made to a project being undertaken by the Merseyside Police and Crime Commissioner on children with a parent in prison.

RESOLVED:

That the Public Health Annual Report be received and its contents be noted.

7. JOINT PUBLIC HEALTH SERVICE BETWEEN SEFTON AND KNOWSLEY

With the agreement of the Committee, Matthew Ashton, Head of Health and Wellbeing, reported on the above matter that would set out the principles for a proposed joint Public Health Service between Sefton and Knowsley Councils. Matthew Ashton had undertaken a joint role as Director of Public Health with both Councils since February 2016 and work was being undertaken to explore the possibility of providing a Public Health Service on a wider footprint in order to maximise resources available to both Councils and provide a more efficient service for users.

A period of consultation on the proposals was anticipated to commence during August 2018 and detailed proposals would be presented to Members during September 2018.

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Members of the Committee asked questions/raised matters on the following issues:-

- What consultation would take place?
Consultation would take place with staff, trade unions and key stakeholders, including the Clinical Commissioning Groups. Agile working was likely to be implemented for staff.
- Would the proposals involve a change of employer for staff?
Staff would remain with their current employer and on their existing terms and conditions.
- Would services, such as the substance misuse service be re-contracted?
Existing provision and contracts would remain in place for the duration of their provision. Consideration could be given to combining individual services, such as the smoking cessation service, in order to simplify systems.

RESOLVED:

That the information provided on the proposed joint Public Health Service between Sefton and Knowsley Councils be noted and the matter be considered further at the next meeting of the Committee.

8. FINANCIAL UPDATE - SEFTON CLINICAL COMMISSIONING GROUPS

Further to Minute No. 48 (2) of 27 February 2018, the Committee considered the joint report/presentation submitted by NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), providing a financial update.

The presentation outlined the following:-

- NHS Southport and Formby CCG – Financial spend 2017/18;
- NHS Southport and Formby CCG – Financial performance 2013/14 - 2017/18;
- NHS South Sefton CCG – Financial spend 2017/18;
- NHS South Sefton CCG – Financial performance 2013/14 - 2017/18;
- Health care spending by age group;
- 2018/19 allocations: Merseyside and West Lancashire CCGs – Financial Allocation, Target and Distance from Target;
- Shaping Sefton;
- Vision: 5 year strategy;
- Triple aim triangle;
- Challenges facing CCGs.

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Martin McDowell, the Deputy Chief Officer and Chief Finance Officer of NHS South Sefton CCG and NHS Southport and Formby CCG was in attendance at the meeting to make the presentation to the Committee; to explain aspects of it; and to respond to questions put by Members.

Members of the Committee asked questions/raised matters on the following issues:-

- With regard to the total spend for acute services, how much was provided by the independent sector?
About 2% of acute services for South Sefton CCG and 3% for Southport and Formby CCG was provided by the independent sector, procedures for eye care being the main service provided by this sector.
- Reference was made to the demographics within Sefton.
The financial allocations received by both CCGs per head of population did not necessarily reflect the high level of frail older populations who tended to acquire multiple and chronic conditions and there was a need for the CCGs to target resources.
- Was the Council's Local Plan, together with future plans for additional housing taken into account for financial allocations?
The Council's Local Plan and communication with the Council's Planning function was taken into account although the increased population forecast for Sefton was relatively low at present. Planning documents were also publicly available via the Council's web-site. Financial resources were considered to be challenging for the CCGs, even before taking into account any increased population forecast.

Challenges for the CCGs also included the proportionately high use of emergency care across Merseyside and the need to start shifting this use towards primary care provision.

RESOLVED:

That the Finance Update submitted by the Sefton Clinical Commissioning Groups be noted.

9. 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:-

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- Sefton Health and Care Partnership;
- Medicines management scheme “highly commended”;
- Children’s audiology services in north Sefton;
- CCG staff vote Sefton Council for Voluntary Service NHS 70 community partner of the year;
- CCG governing body membership;
- “Annual review meets Big Chat” events; and
- Next governing body meetings.

Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG, was in attendance from the CCGs to present the update report to the Committee.

RESOLVED:

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

10. 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 CCG and NHS Southport and Formby CCG, was in attendance to present the data.

RESOLVED:

That the information on Health Provider Performance be noted.

11. 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:-

- Delayed Transfers of Care (DToC);
- Domiciliary Care Contracts;

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- Sefton New Directions – James Dixon Court;
- Transfer of Care Connect Domiciliary Support into Sefton New Directions;
- Extra Care Housing;
- Consultation Plans on Direct Payments; and
- National Autistic Society – Sefton Parent Carer Group Launch.

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

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

- Well Sefton;
- Living Well Sefton;
- Public Health Annual Report;
- Health Checks;
- Public Health Performance;
- Healthy Life Expectancy (males);
- Smoking at Time of Delivery;
- Obesity in Reception and Year 6;
- Successful Completion of Drug Treatment;
- Excess Winter Mortality;
- Domestic Abuse Campaign; and
- Suicide.

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

RESOLVED:

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

12. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Head of Regulation and Compliance seeking the views of the Committee on the draft Work Programme for 2018/19; requesting the identification of potential topics for scrutiny reviews to be undertaken by any Working Group(s) appointed by the Committee; and identification of any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

A Work Programme for 2018/19 was set out in Appendix A to the report, to be considered, along with any additional items to be included and agreed. The Director of Social Care and Health reported that the item on the “Green Paper on Care and Support for Older People and Long Term

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Funding” had been delayed and would be submitted to the Committee at its meeting to be held on either 16 October 2018 or 8 January 2019.

The Committee was invited to consider any potential scrutiny review topics, including issues arising as a result of consideration of Agenda Item 4 above; to establish a Working Group for the topic; and appoint at least 3 Members of the Committee to each Working Group. Further to Minute No. 5 above, the Senior Democratic Services Officer suggested that the Committee might wish to defer consideration of a Working Group, to be re-considered at a future meeting.

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

Progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) was set out within the report, together with the Sefton Member representatives on the Joint Committee for 2018/19.

The Chair reported that both she and the Vice-Chair had met recently with Silas Nichols, the recently appointed Chief Executive for Southport and Ormskirk Hospital NHS Trust and that it was anticipated that he would attend the next meeting of the Committee.

The Chair also reported on processes undertaken recently with regard to consideration of draft Quality Accounts for 2017/18.

RESOLVED: That

- (1) the Work Programme for 2018/19, as set out in Appendix A to the report, be agreed, subject to the item on the “Green Paper on Care and Support for Older People and Long Term Funding” being deferred to the meeting of the Committee to be held on either 16 October 2018 or 8 January 2019;
- (2) the appointment of any new Working Group(s) during 2018/19 be deferred to a future meeting of the Committee;
- (3) the contents of the Key Decision Forward Plan for the period 1 July to 31 October 2018 be noted,
- (4) the progress of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services), together with the Members representatives for 2018/19, be noted;
- (5) the intention for the recently appointed Chief Executive of Southport and Ormskirk Hospital NHS Trust to attend the next meeting of the Committee, be noted; and

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- (6) the information provided in relation to processes undertaken recently regarding consideration of draft Quality Accounts for 2017/18, be noted.