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Sefton Council



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

DATE: Tuesday, 26th June 2018

TIME: 6.30 p.m.

VENUE: Committee Room, Town Hall, Bootle

Member

Councillor
Cllr. Catie Page (Chair)
Cllr. Marianne Welsh (Vice-Chair)
Cllr. Harry Bliss
Cllr. Anthony Carr
Cllr. Linda Cluskey
Cllr. Tony Dawson
Cllr. Mhairi Doyle
Cllr. Dr. John Pugh
Cllr. Diane Roscoe
Cllr. Bill Welsh
Brian Clark, Co-Optee
Roger Hutchings, Co-Optee

Substitute

Councillor
Cllr. Michael O'Brien
Cllr. Nina Killen
Cllr. Tony Brough
Cllr. Daniel Terence Lewis
Cllr. Clare Louise Carragher
Cllr. Iain Brodie - Browne
Cllr. Gordon Friel
Cllr. Lynne Thompson
Cllr. Michael Roche
Cllr. Veronica Webster

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer
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If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

1. Apologies for Absence

2. Declarations of Interest

Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda.

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation.

Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.

3. Minutes of the Previous Meetings

(Pages 5 - 26)

Minutes of the meeting held on 27 February and the Special meetings held on 22 March and 3 April 2018.

4. GP Primary Care Strategy in Sefton

(Pages 27 - 56)

Joint Report of the Sefton Clinical Commissioning Groups and NHS England (Cheshire and Merseyside).

Further to Minute No. 55 (2) of 3 April 2018, Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group; and Anthony Leo, Director of Commissioning; NHS England (Cheshire and Merseyside), will be in attendance at the meeting to present the report to the Committee and respond to questions put by Members.

5. Sefton Public Health Annual Report 2017

(Pages 57 - 60)

Report of the Head of Health and Wellbeing.

Prior to consideration of the attached report, a short video on the latest Public Health Annual Report will be shown to the Committee.

- 6. Financial Update - Sefton Clinical Commissioning Groups** (Pages 61 - 72)
- Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- Further to Minute No. 48 (2) of 27 February 2018, Martin McDowell, the Deputy Chief Officer and Chief Finance Officer of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) will be in attendance at the meeting to present the report to the Committee and respond to questions put by Members.
- 7. Sefton Clinical Commissioning Groups - Update Report** (Pages 73 - 76)
- Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 8. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 77 - 82)
- Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 9. Cabinet Member Reports** (Pages 83 - 94)
- Report of the Head of Regulation and Compliance.
- 10. Work Programme Key Decision Forward Plan** (Pages 95 - 112)
- Report of the Head of Regulation and Compliance.

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

Overview
& Scrutiny



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 27TH FEBRUARY, 2018

- PRESENT:** Councillor Page (in the Chair)
Councillor Marianne Welsh (Vice-Chair)
Councillors Burns, Carr, Linda Cluskey, Pugh and
Lynne Thompson
- ALSO PRESENT:** Mr. B. Clark, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social
Care
Councillor Moncur, Cabinet Member – Health and
Wellbeing
Councillor Bill Welsh

40. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor McGuire and her Substitute Councillor Dodd, Councillor Owens and his Substitute Councillor Friel, and Roger Hutchings, Co-opted Member, Healthwatch.

41. DECLARATIONS OF INTEREST

The following declaration of personal interest was received:-

<u>Member</u>	<u>Minute No.</u>	<u>Reason</u>	<u>Action</u>
Councillor Carr	44 – Aintree University NHS Foundation Trust	Personal – his wife is employed by Aintree University NHS Foundation Trust	Stayed in the room, took part in the consideration of the item and voted thereon.

42. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 9 January 2018, be confirmed as a correct record.

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43. MATTERS ARISING FROM THE MINUTES - SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT / CABINET MEMBER REPORTS - SEASONAL FLU CAMPAIGN

Members of the Committee raised the following issues, in relation to the Seasonal Flu Campaign:-

- Was the flu vaccination programme offered in nursing/care homes? The Council's Public Health function took the lead on the flu vaccination programme. Residents of nursing/care homes were considered to be an "at risk" group and the vaccination was offered to both residents and staff within homes. Individual instances of the vaccination not being offered within homes could be reported to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.
- Anecdotal reports suggested that the flu vaccine only lasted three months. The flu vaccination lasted about twelve months, although it was not always 100% effective. Consideration could be given to emphasising the duration of the vaccine during next year's campaign.

RESOLVED: That

- (1) the information provided in relation to the Seasonal Flu Campaign be noted; and
- (2) Members of the Committee be requested to report any instances of the flu vaccination not being offered within residential and care homes to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

44. AINTREE UNIVERSITY NHS FOUNDATION TRUST

Mr. Steve Warburton, Chief Executive, Dr. Tristan Cope, Medical Director, and Mr. Fin McNicol, Director of Communications, Aintree University Hospital NHS Foundation Trust, were in attendance at the meeting to report on recent developments at the Trust. Apologies were received from Ms. Dianne Brown, Chief Nurse.

Update on Merger Proposals

Mr. Warburton reported on merger proposals between Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The two Trusts were working with NHSI

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(NHS Improvement) and other regulators in order to produce compliance work, including the development of the Full Business Case. In due course, a Patient Benefit Case would be submitted to the Competition and Markets Authority, the Government agency that reviewed mergers, which could potentially restrict competition. The aim was to have the merger in place by 1 April 2019, although the collapse of the construction services company, Carillion, had not been foreseen and was an added complication. A lot of work would be required ahead of the merger, including the provision of a new electronic patient system to be put in place.

Dr. Cope emphasised that the merger process had been clinically-led and merger was considered to be the most effective way of developing single services and benefitting patients. Quality was an important factor in how services would be led across the Liverpool city area.

A Member of the Committee raised the following issue:-

- What liabilities had the merger proposals produced?
Although the collapse of the construction services company, Carillion, had not been foreseen, the NHS was protected from liability. The two Trusts concerned considered they would be better placed to deal with clinical services as one organisation.

Winter Pressures

Mr. Warburton reported on winter pressures at the Trust and the significant challenges due to large increases in patients being admitted. It was considered that the Trust had coped slightly better this winter than the previous winter, due to a large number of additional beds being opened and increased numbers of junior doctors joining the Trust. Pressures remained largely around staffing numbers and nurses in particular.

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

- What was the current number of vacancies at the Trust?
There were currently a total of about 1500 nurses required at the Trust. There had been about 95 vacancies for nurses in October with about 40 or so due to commence shortly. There was currently a shortfall of about 25 nurses.
There were both national and local shortages in some areas of consultancy with vacancies in both acute medicine and elderly care at the Trust.
- A&E waiting times. Reference was made to waiting times and the need for paramedics to wait with patients until they were admitted to hospital, preventing paramedics from attending other incidents.
The average ambulance turnaround at the Trust was 18 minutes, although winter pressures had produced increased demand for ambulances in general across the NHS. Some patients from the Ormskirk and Aughton areas were being diverted to the Trust to

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reduce pressure at Southport and Ormskirk Hospital NHS Trust. Elective work at the Trust had been cancelled during the first two weeks in January in order to support A&E services. No one wanted to see patients waiting in corridors and paramedic teams were now “doubling up” in order to care for two patients while they waited at A&E and allow some paramedic teams to respond to further incidents.

- Morale was low amongst staff, particularly amongst nursing staff, largely due to pressures at the Trust, and retention of staff should be of primary concern.
The Trust was the major trauma centre for Cheshire and Merseyside which created particular pressures and the Trust served a particularly high older population, many of which had additional needs, such as dementia. Competition was also high due to a large number of other Hospital Trusts within the area. The Trust did have some reliance on agency and bank nurses, although there was acknowledgement that staff had to be valued as they were the Trust’s most valuable resource and work was underway with NHS Improvement regarding retention. Caring staff had been recognised as one of the Trust’s best assets in the recent CQC inspection.
- Staff should be encouraged to suggest improvements at the Trust. Any good suggestions from staff regarding improvements and greater efficiency were welcomed and the Trust operated a “Dragon’s Den” scheme in order to encourage good ideas.
- Regarding social care and the discharge of vulnerable patients, how was joint work between the Trust and the Council performing?
Social care services were good and the longest waits for discharge of vulnerable patients had reduced, although challenges remained due to large numbers of patients waiting to access community services, placing pressure on those services.

Care Quality Commission (CQC) Inspection Report

The CQC had published its latest inspection report on Aintree University Hospital NHS Foundation Trust on 19 February 2018, the overall rating for the Trust being “Requires Improvement”.

Dr Tristan Cope, Medical Director, gave a presentation in relation to the Trust’s recent CQC inspection. The presentation outlined the following:-

Introduction

- The Trust was disappointed with the “Requires Improvement” rating but there were a lot of positives to report;
- The issues for improvement raised were fully accepted and the report enabled the Trust to focus on these areas;
- The CQC found the Trust had very caring staff, who were working in a very challenging NHS environment including high demand, high levels of patient acuity and national staffing pressures; and

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- The CQC praised the Trust's openness and honesty, and its responsiveness in addressing immediate issues which had been raised.

Service Level Ratings for the following:-

- Medical care (including older people's care);
- Urgent and Emergency Services (A&E);
- Surgery;
- Intensive/critical care;
- End of life care; and
- Outpatients.

Positive findings:-

- Caring staff in all areas, treating patients with compassion, dignity and respect;
- Surgery rated as Good in all areas;
- Outstanding practice in pharmacy; and
- All patients and carers said staff did everything they could to support them and more.

What our patients had to say - positive messages

Other positive findings:-

- The Trust had a clear structure for overseeing performance, quality and risk;
- Staff were very friendly and approachable and their feedback was open, honest and very forthcoming;
- Palliative and end of life care was provided by dedicated, caring and compassionate staff. It was planned and delivered in a way that took account of people's wishes; and
- Complaints and concerns were responded to in a timely and appropriate way.

Key Areas of Improvement – issues and action being taken to address:-

- Safeguarding processes needed to improve - Investing in a safeguarding team and providing additional safeguarding training;
- Governance processes could be inconsistent - In order to provide care at a consistently good standard, the Trust needed to develop a consistent approach;
- Staffing - Recruitment and retention activity continuing, with support from NHSI; and
- Medicines Management - Strengthening ward-based pharmacy team to further improve practice in medicines management.

In summary:-

"The staff have done you proud" – quote from Nick Smith, CQC Head of Hospital Inspection.

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

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- The number of smokers outside the main entrance to Trust premises comprised of patients, visitors and staff. Smokers were constantly “moved on” from the entrance, although this remained an on-going issue.
- The Care Act had put adult safeguarding on a par with that of children and this presented a challenge, with work on-going across the City Region.

RESOLVED: That

- (1) the representatives of Aintree University Hospital NHS Foundation Trust be thanked for attending the meeting of the Committee; and
- (2) the information provided be received.

45. 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:-

- Governing body changes;
- Cancer care improvements praised by Health Secretary;
- Good rating for CCGs’ diabetes performance;
- Think “pharmacy first”;
- Update on children’s community audiology service for Southport and Formby; 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 and respond to questions put by Members of the Committee.

Mrs. Taylor referred to the financial allocations made to each CCG for 2018/19 from NHS England and indicated that this could be considered as an agenda item for the next meeting of the Committee, as she could provide an overview of what this would mean in terms of hospital and community NHS services provision for local populations.

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

- An update on the procurement process for Freshfield GP Surgery

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and Hightown Village GP Surgery.

The procurement process had now been completed and letters had gone out informing stakeholders of the outcome, with a bid received to run the Freshfield Surgery that would be implemented. However, a new Provider had not been found for the Hightown Surgery and the interim Provider had been requested to continue for the time being.

The Council's Health and Wellbeing Board had raised the matter with NHS England and it was acknowledged that securing reliable Providers for service provision of GP surgeries was an on-going issue.

- Issues had arisen for Sefton residents who were registered with GPs based within neighbouring CCG areas, as they were not able to access local South Sefton community health services. Rather, they were directed to services within the area of the CCG concerned.

Funding provision for services followed the registered population. Individual instances of the above occurrence could be reported to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

RESOLVED: That

- (1) the joint update report submitted by the Clinical Commissioning Groups be received;
- (2) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to provide details of the financial allocations made to NHS South Sefton Clinical Commissioning Group and the NHS Southport and Formby Clinical Commissioning Group (CCG) for 2018/19 from NHS England, for inclusion as an agenda item for the next meeting of the Committee to be held on 26 June 2018; and
- (3) Members of the Committee be requested to report any instances of Sefton residents registered with GPs based within neighbouring CCG areas being unable to access local South Sefton community health services, to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

46. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

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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 and highlight key aspects of performance.

RESOLVED:

That the information on Health Provider Performance be noted.

47. 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:-

- Regional Visit by Government - in relation to the Better Care Fund and Sefton's integration agenda;
- ICRAS (Intermediate Care and Re-ablement At Home) Progress;
- One Pathway - integrated health and local authority team across both community and bed base services;
- Budget, including:
 - Adult Social Care;
 - Employees;
 - Specialist Transport; and
- Proposed Fees and Charges 2018/19.

Councillor Cummins, Cabinet Member – Adult Social Care, was in attendance at the meeting to present his Update Report and highlight particular aspects of it. He also reported that the Council had purchased a residential care home from a housing association and it was being run by Sefton New Directions.

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

- Well Sefton Programme – funding for community projects;
- Living Well Sefton – extension of service;
- Health checks – universal / targeted approach;

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- Seasonal Flu Campaign – staff take-up;
- Drink Less Enjoy More Campaign
- Liver Disease – Policy interventions, including:
 - Alcohol;
 - Obesity; and
 - Hepatitis C community treatment clinics.

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

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

- Liver Disease - Hepatitis C - What is the national average for prevalence of Hepatitis C?
Information would be sought from the Director of Public Health.
- Liver Disease – Obesity - What is the national average for the percentage of people who are overweight?
Information would be sought from the Director of Public Health.
Sefton had signed up to the Local Authority Declaration on Healthy Weight, to support local government to exercise responsibility in developing and implementing policies which promote healthy weight and work was on-going.

RESOLVED: That

- (1) the update reports from the Cabinet Member – Adult Social Care, and the Cabinet Member – Health and Wellbeing be noted; and
- (2) the Senior Democratic Services Officer be authorised to seek additional information from the Director of Public Health in relation to liver disease.

48. 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; identification of any items for pre-scrutiny by the Committee from the Key Decision Forward Plan; and updating the Committee on the work of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services), particularly on the public feedback consultation.

A Work Programme for 2017/18 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed.

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There were four Key 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.

The report also outlined work undertaken by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) and provided a link to the public consultation report. A further meeting of the Joint Committee was anticipated to be convened during May/June 2018 to consider the final proposals, taking into account the consultation findings.

RESOLVED: That

- (1) the Work Programme for 2017/18, as set out in Appendix A to the report, be noted;
- (2) the following additional item be added to the Committee's Work Programme for 2018/19, to be included on the agenda for the next meeting on 26 June 2018, as outlined in Minute No. 45 (2) above:-

the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to provide details of the financial allocations made to NHS South Sefton Clinical Commissioning Group and the NHS Southport and Formby Clinical Commissioning Group (CCG) for 2018/19 from NHS England;

- (3) the contents of the Key Decision Forward Plan for the period 1 March - 30 June 2018, be noted; and
- (4) the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services), be noted.



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE
ON THURSDAY 22ND MARCH, 2018

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

ALSO PRESENT: Mr. B. Clark, Healthwatch
Mr. R. Hutchings, Healthwatch
Councillor Moncur, Cabinet Member – Health and
Wellbeing
Councillor John Joseph Kelly, Cabinet Member –
Children, Schools and Safeguarding
Councillor Maher, Leader of the Council
2 members of the public

49. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Pugh, Bill Welsh, Marianne Welsh and Cummins, Cabinet Member – Adult Social Care.

50. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were made.

51. INTRODUCTIONS

Introductions took place.

52. HIGHTOWN G.P. SURGERY

Further to Minute No. 9 of 27 June 2017, the Committee considered the covering report of the Head of Regulation and Compliance on the future of Hightown Village GP Surgery, requesting Committee Members to consider the report submitted by NHS England and seeking views from the Committee.

The Committee also considered the report submitted jointly by NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical

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Commissioning Group (CCG). The report set out the background to the matter; the procurement exercise undertaken for both Hightown Village GP Surgery and Freshfield GP Surgery; the options reviewed; the outcome; engagement with patients and stakeholders; and a summary of the current position.

The report outlined the procurement exercise undertaken, indicating that initially, bids had been received for both Practices. However, on 5 February 2018, the only bidder for the Hightown Practice had indicated they could no longer proceed and as a result, there was no Provider available to deliver services at the Practice from 8 June 2018, when the current interim Provider would withdraw, having agreed to extend the interim contract for a maximum of three months from 31 March 2018, when the current contract would expire. The report indicated that there were some 2,013 patients registered with the surgery who would need continuity of care and just three months in which to arrange this.

Anthony Leo, Director of Commissioning; Alan Cummings, Senior Commissioning Manager; and Cathy Stuart, Deputy Head of Communications and Engagement; were in attendance from NHS England (Cheshire and Merseyside), to present information on the matter and respond to questions put by Members

Dr. Niall Leonard, Clinical Vice Chair and Clinical Director; and Jan Leonard, Chief Redesign and Commissioning Officer; were in attendance from NHS South Sefton CCG and NHS Southport and Formby CCG, to present information on the matter and respond to questions put by Members.

Mr. Leo introduced the item, indicating that, as joint commissioners for primary care services, the report represented a joint position for both NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. He outlined the background to the matter, indicating that innovative solutions from potential Providers had been encouraged during the procurement exercise and that a premium had been offered to incentivise. He stated that commissioners did not want to see the Hightown Practice close and that further interest by Providers was being actively pursued. If a Provider could not be found, managed dispersal of patients would have to be considered. A further quality impact assessment would be undertaken.

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

- Reference was made to the “Options Reviewed” within the report and the possibility of merging the Practice with a local Provider. For legal reasons the option to merge with another local Provider could not be undertaken at the moment.
- What was the response from GPs in surrounding areas regarding the potential increase of patients at their surgeries and capacity?

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There were a number of GP surgeries in both the Crosby and Formby areas and some Practices had confirmed they had capacity. Patients from Hightown could be allocated to other Practices, although patients were able to exercise their right to choose where they registered.

- What were the reasons for the Provider withdrawing from the procurement exercise?
Due diligence had been exercised and the Provider had indicated they could not deliver the service as they had other Practices to run. Assistance had been offered by the commissioners in an attempt to overcome the difficulties identified. Having submitted the tender for the contract the Provider had then reconsidered the costs, infrastructure, etc. and felt unable to proceed.
- How many patients were affected?
As at 15 March 2018, the number of patients registered with the Hightown Surgery was 1977. Prior to this time the highest number registered had been 2006.
- Reference was made to the standard of the premises for the Hightown Village GP Surgery.
Independent advice sought had indicated that although the premises were acceptable for the time being, it would not be in the future. There were issues with accessibility, storage, patients/staff split and the possibility of asbestos on site. The services currently provided there were considered to be safe.
- What special arrangements could be made for older patients?
If dispersal took place, transport arrangements would be considered.
- Some confusion was felt regarding whether a decision had now been taken regarding the dispersal option.
Commissioners faced a deadline of the end of March 2018 when the current contract expired and did not want the service at Hightown Surgery to cease. Efforts remained on-going to try to secure a Provider.
- If the surgery was lost, would the associated pharmacy also be lost?
There was a possibility that any of the Providers patients were allocated to could provide a pharmacy service. In addition, the Electronic Prescription Service was available and some pharmacies provided the Care at the Chemist scheme. Hightown residents were encouraged to participate in these schemes.
- Anyone considering moving to Hightown would examine local facilities and the loss of the Surgery would not encourage residents to re-locate to Hightown.

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Commissioners wanted to maintain the services provided.

- Concerns were felt that the Surgery was not really a viable full-time practice and that it had been gradually “going downhill”.
The tender document had specifically requested innovative solutions for service provision and commissioners would have considered part-time provision with support from the pharmacy, etc.
- Healthwatch Sefton held a number of concerns, particularly regarding residents’ access to other surgeries, as this was raised at the consultation events. Disappointment was felt as the concerns raised by Healthwatch had not yet been responded to. Also, no reference was made to the transport survey within the report.
The result of the travel survey appeared on the NHS South Sefton CCG website and would be provided.
- Concerns were held that there was a lack of understanding by NHS England regarding the logistics of travel to and from Hightown; that there had been misleading information provided at the consultation events; and that residents considered the outcome to be a foregone conclusion.
Commissioners wanted to retain a service and every effort had been made to encourage interest from potential Providers.
- What was the premium being offered? Could this be increased?
The offer was already at plus 15%.
- What process for reinstatement of services could be put in place if a Provider showed any interest in providing services?
The formal process had been exhausted and the current interim Provider had indicated they would withdraw the service from 8 June 2018. Any new Provider would have to meet quality standards.
- In the event that additional housing was provided in the area, more GP provision would be required. What models existed for rural GP provision?
There was no specific policy on how far residents were required to travel/drive. Difficulties existed in primary care provision with 3% of GPs being lost in 2016/17 and a further 3% in 2017/18. Continuity of care was important for older people, although difficulties were found in providing a sustainable service in many areas.
- How could a small Surgery of around 2,000 patients be sustained?
There were difficulties in sustaining smaller Surgeries. Commissioners hoped Hightown would expand and the Surgery would grow.
- Hightown patients would start to register elsewhere between now and June 2018.

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Patients had freedom of choice as to where to register with a GP. Commissioners were still actively pursuing the possibility of securing a Provider for the Surgery.

Confirmation was sought that a decision had not yet been taken with regard to the future of the Hightown Village GP Surgery. Commissioners stated that no final decision had been made.

Confirmation was also sought regarding the basis for an alternative provision and how this Committee would be involved in that decision prior to it being taken. Commissioners stated they were happy to come back to the Committee and asked how any news the following week could be conveyed.

The Chair of the Committee indicated that any news should be reported to herself and the Chief Executive.

A Member of the Committee requested NHS South Sefton CCG to publish up to date information relating to the current position of Hightown Village GP Surgery, on its website.

It was agreed that the meeting would be adjourned.

RESOLVED

That the meeting be adjourned and be re-convened on Tuesday, 3 April 2018, at 5.00 p.m., at the Town Hall, Bootle.

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

RE-CONVENED SPECIAL MEETING HELD AT THE
TOWN HALL, BOOTLE
ON TUESDAY 3RD APRIL, 2018

PRESENT: Councillor Page (in the Chair)
Councillor Marianne Welsh (Vice-Chair)
Councillors Burns, Carr, Linda Cluskey and Bill Welsh

ALSO PRESENT: Mr. B. Clark, Healthwatch
Mr. R. Hutchings, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social Care
Councillor Moncur, Cabinet Member – Health and Wellbeing
Councillor Roscoe (Substitute Member for Councillor Marianne Welsh)
1 member of the public

53. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Pugh and Lynne Thompson.

54. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were made.

55. HIGHTOWN G.P. SURGERY

Further to Minute No. 52 of 22 March 2018, the Committee re-considered the covering report of the Head of Regulation and Compliance on the future of Hightown Village GP Surgery, requesting Committee Members to consider the report submitted by NHS England and seeking views from the Committee.

The Committee also re-considered the report submitted jointly by NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group (CCG). The report set out the background to the matter; the procurement exercise undertaken for both Hightown Village GP Surgery and Freshfield GP Surgery; the options reviewed; the outcome;

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engagement with patients and stakeholders; and a summary of the current position.

The report outlined the procurement exercise undertaken, indicating that initially, bids had been received for both Practices. However, on 5 February 2018, the only bidder for the Hightown Practice had indicated they could no longer proceed and as a result, there was no Provider available to deliver services at the Practice from 8 June 2018, when the current interim Provider would withdraw, having agreed to extend the interim contract for a maximum of three months from 31 March 2018 when the current contract would expire. The report indicated that there were some 2,013 patients registered with the surgery who would need continuity of care and just three months in which to arrange this.

The Committee also considered an additional report submitted jointly by NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group (CCG), providing a further update on services at Hightown Village GP Surgery and Commissioners' attempts to secure a Provider.

The additional report indicated that Chapel Lane Surgery, Formby, had come forward with a bid to run Hightown Village GP Surgery. At the same time, the current interim Provider, Ashurst Healthcare, had indicated that they would need to withdraw on 31 March 2018 when their current contract expired and not on 8 June 2018, as previously indicated. Commissioners were satisfied that Chapel Lane Surgery could deliver care to acceptable quality standards for patients and the Provider would be offering a full-time GP-led primary care service. A GP would be present at Hightown Village GP Surgery every day and patients would also be able to access a wider range of services at the Provider's main premises in Formby. The new Provider was also financially stable and had sufficient resources to ensure they could operate the practice within available resources. Due to the expiry of the existing contract on 31 March 2018, Commissioners had had to take immediate action to ensure that the newly identified quality provider could commence service provision on 1 April 2018, in order to ensure continuity of primary care services for patients. In view of the urgent need to appoint a provider and in the absence of required information from the other parties who had tentatively expressed an interest, Commissioners had offered the contract to the newly identified Provider on an emergency basis. The report set out the background to the matter, together with next steps to be taken.

Anthony Leo, Director of Commissioning; Alan Cummings, Senior Commissioning Manager; and Cathy Stuart, Deputy Head of Communications and Engagement; were in attendance from NHS England (Cheshire and Merseyside) to present information on the matter and respond to questions put by Members.

Jan Leonard, Chief Redesign and Commissioning Officer, was in attendance from the South Sefton Clinical Commissioning Group (CCG)

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and Southport and Formby CCG to present information on the matter and respond to questions put by Members.

Mr. Leo introduced the item, outlining the background to the matter, and considered that both the interim and future Providers had been very accommodating. A seamless transfer would take place; relevant websites had been updated to reflect the changes; letters had been despatched to patients; and engagement with patient participation groups had taken place the previous week. The new Provider might wish to make improvements to the Hightown Village GP Surgery.

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

- How long would the contract with the new Provider be?
Three years with the option to extend for an additional two years.
- Why had the new Provider not come forward during the original procurement exercise?
A number of local practices had been approached during the original procurement exercise and the new Provider had not submitted a bid at that time.
- Concerns were raised that the outgoing Provider had changed the expiry date at very short notice which could have resulted in Hightown Village GP Surgery having to close. How could this situation be avoided in the future?
NHS contracting arrangements usually had long lead-in times. The interim Provider had originally agreed to extend the interim contract to 8 June 2018 and had subsequently considered they had legal obligations to meet, resulting in unforeseen circumstances.
- Commissioners had been working to a deadline of 8 June 2018 and patients should not have been placed in the position that they were in.
The imposition of a much tighter deadline had necessitated the commencement of preparations to re-allocate patients, as a contingency. Commissioners acknowledged that the last minute position had not been ideal.
- Would the new arrangements result in any job losses at the Hightown Village GP Surgery?
No, people who had been on temporary contracts would now be fully employed.
- The interim Provider had changed the expiry date of the contract at very short notice which could have resulted in a calamitous situation.
Commissioners had relied on the good will of the interim Provider to continue to 8 June 2018, although officially they had been working to an end date of 31 March 2018. As Commissioners had a

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statutory duty to ensure patients were registered with a GP, they had had to consider the re-allocation of patients from 31 March 2018.

- To have left the process within the same month as the end of the contract was not acceptable.
The Interim Provider's notice to end the contract had come at the same time as the offer from the new Provider. Commissioners would have supported the interim Provider through their legal difficulties, if necessary.
- Concerns were held that the Committee had had to request the travel survey for Hightown Village GP Surgery; that not all alternative GP Surgeries were fully accessible for older patients; and that choices should have been known much earlier.
- Concerns were also raised regarding the fact that a request had had to be made for Commissioners to attend a meeting in order for the Committee to be updated on the matter; issues with the SSP Health Ltd. Group that had previously provided services at a number of GP practices within the Sefton area; and the difficulties encountered in progressing a working group to consider NHS complaints. It was considered that there appeared to be a lack of transparency and co-operation displayed by Commissioners, on occasions. It was hoped that arrangements would be made for the Committee to establish a working group to consider NHS complaints during the 2018/19 Municipal Year.

Confirmation and assurances were sought on a number of issues arising from the matter, as follows:-

- As some improvements were required to improve the condition of the premises for Hightown Village GP Surgery, what arrangements would be made?
The CCG would work with NHS Property and the landlord to ensure that services were safe and accessible for the residents of Hightown.
- What arrangements do the CCGs and NHS England have in place regarding compliance with the legal requirements for engaging on substantial variations/changes in service? The Committee might wish to have a particular interest in this matter during the forthcoming 2018/19 Municipal Year in order to seek assurances that a similar situation does not arise in the future within Sefton.
Commissioners had discussed the matter together and stated that they were happy to hold conversations with the Committee as to what a strategy might look like, in the future, as they did not wish to face a similar situation within Sefton again.
- The role of this Committee in scrutinising significant changes to NHS services, as it is important that the Committee is notified well

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in advance of decisions being taken. The Committee might wish to consider receiving a separate report on this matter, in due course.

RESOLVED: That

- (1) the reports and information provided by NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group (CCG) on Hightown Village GP Surgery be noted; and
- (2) information on a potential strategy by the CCGs and NHS England (Cheshire and Merseyside) regarding substantial variations/changes in service, together with the role of this Committee in scrutinising significant changes to NHS services, be reported to a future meeting of the Committee.

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

Date of Meeting: 26 June 2018

Subject: Primary Care in Sefton

Organisation: NHS South Sefton CCG and NHS Southport and Formby CCG
NHS England (Cheshire and Merseyside)

Contact Officer: Angela Price, Primary Care Programme Lead

Tel: 0151 317 8379

Email: angela.price@southseftonccg.nhs.uk

Purpose/Summary

This paper and accompanying power point presentation describes the National and Local landscape for primary medical care across NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups.

Recommendation(s)

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

Primary care in Sefton

1. Introduction and Background

NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG are joint commissioners with NHS England (NHSE) for primary medical care. This enables both CCGs to jointly commission general practice services with NHSE through a joint committee.

There is an ambition to move towards **delegated commissioning**, which is an opportunity for CCGs to take on full responsibility for the commissioning of general practice services

There is one management structure across both CCGs in Sefton for primary medical care, with a close working relationship with key commissioning and transformation staff from NHSE (Cheshire and Merseyside).

There are 49 GP practices across Sefton with a combined registered population of 280,108 actual patients, 301153.63 weighted population (April 2018).

CCGs are responsible for commissioning Out of Hours GP services. These are primary medical services provided between 18.30pm and 08.00am Monday to Friday, and 24 hours on Saturdays and Sundays. There is one provider commissioned across Sefton to deliver this service.

Both Sefton CCGs commission activity from general practice through a Local Quality Contract (LQC), above and beyond what is already commissioned by NHSE. These activities are based upon local population need and are intended to raise quality within general practice.

2. National Summary

General practice is at the heart of NHS care. NHS England published the General Practice Forward View (GPFV) in April 2016, which sets out support for primary medical care over a five year period.

The GPFV provides help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates, and a national development programme to speed up transformation of services.

There are five key areas identified for support:

Investment: NHSE is beginning to reverse historic underinvestment in general practice with real terms funding increasing by eight percent in the last three years. By 2021, an extra £2.4 billion will go into general practice each year.

Workforce: There will be at least 10,000 more staff working in general practice by 2020/21 - 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses, and physicians associates.

Workload: One of the biggest challenges facing general practice is the workload placed on staff and practices. Practices are being supported to reduce and better manage their workload.

Practice Infrastructure: Investing in improving GP buildings and technology as well as range of other support. This is designed to improve services for patients and enable a wider range of health services closer to where they live.

Care Redesign: Supporting practices to strengthen and redesign general practice, including delivering extended access in primary care and to find new ways of working through training and development.

The Royal College of General Practitioners has produced a document 'The 2022 GP – A Vision for General Practice in the Future NHS', which outlines six objectives for the 2022 GP action plan:

- 1 – Promote a greater understanding of generalist care and demonstrate its value to the health service
- 2 – Develop new generalist led integrated services to deliver personalised, cost –effective care
- 3 – Expand the capacity of the general practice workforce to meet population and service needs
- 4 – Enhance the skills and flexibility of the general practice workforce to provide complex care
- 5 – Support the organizational development of community based practices, teams and networks
- 6 – Increase community based academic activity to improve effectiveness, research and quality

3. Local Summary - NHS Southport and Formby CCG

NHS Southport and Formby CCG has 19 GP practices commissioned through various types of contracts. There are several providers across Southport and Formby who hold more than one contract.

There are 15 GP trainers working across Southport and Formby working in seven practices.

There are four geographical localities across Southport and Formby, each practice is aligned to a locality. Localities meet bi-monthly to discuss and develop plans for their populations.

Each practice is a constituent member of NHS Southport and Formby CCG, a clinical representative from each practice is invited to attend four wider group meetings per year.

There is an active GP Federation comprising of 15 Southport and Formby GP practices who share resources across practices to provide economy of scale, and who currently provide a cardiology service across the CCG footprint.

There are two Southport and Formby GP practices that have collaborated with a number of West Lancashire GP practices to form North West Health Alliance. This is an example of integration and working at scale to provide primary medical services.

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Southport and Formby GP practices are engaged with GPFV programmes.

More detailed primary care information is available at appendix 1.

4. Local Summary – NHS South Sefton CCG

NHS South Sefton CCG has 30 GP practices commissioned through various types of contracts. There are several providers across south Sefton who hold more than one contract.

There are 15 GP trainers across the south Sefton footprint working in seven GP practices

There are four geographical localities across south Sefton, each practice is aligned to a locality. Localities meet monthly to discuss and develop plans for their populations.

Each practice is a constituent member of NHS South Sefton CCG, a clinical representative from each practice is invited to attend four wider group meetings per year.

A GP Federation is newly formed, comprising of 19 SS GP practices, the intention of the Federation is to become a provider organisation to deliver services at scale.

South Sefton GP practices are engaged with GPFV programmes.

More detailed primary care information is available at appendix 1.

Appendices

Appendix 1 – Overview and Scrutiny General Practice Update Power Point Presentation

Angela Price
Primary Care Programme Lead
June 2018

General practice update

Overview and Scrutiny Committee (Adult Social Care and Health)

26 June 2018

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Staying **local & together**
together with you

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Local context 2018-2019

Southport and Formby	South Sefton
Joint Commissioners	
Out of Hours Provider - Go To Doc Ltd	
Primary Care Clinical Lead: Dr Kati Scholtz	Primary Care Clinical Lead: Dr Craig Gillespie
19 GP Practices	30 GP Practices
4 Localities	4 Localities
List Size Actual 125,004, Weighted 133,996	List Size Actual 155,104 , Weighted 167,157
Federation	Federation
GMS funding per weighted patient £87.92 minus 4.87% for out of hours deduction	GMS funding per weighted patient £87.92 minus 4.87% for out of hours deduction



Delegated commissioning

Level	NHS England (NHSE) / CCG roles
Greater influence	NHSE – full contract holders
Joint commissioners	NHSE – contract holders CCG – joint development
Full delegation	CCG – full contract holders



Contracting for primary care

Core contract type	S&F	SS
General Medical Services (GMS) contracts are nationally agreed with a payment of £87.92 per weighted patient in 18/19. GMS Contracts are awarded in perpetuity.	7	16
Personal Medical Services (PMS) are locally agreed contracts underpinned by national regulation. There is a national programme from 2016 to reduce PMS premiums over a 4 year period to achieve GMS funding levels. Funding released from the contract will be re-invested back into local primary medical care through the Local Quality Contract. PMS contracts are awarded in perpetuity.	10	5
Alternative Providers of Medical Services (APMS) are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission services from traditional GP practices as well as others including (but not limited to) commercial providers or NHS Trusts. This contract is awarded on a time limited basis, typically 5 years.	2	9



Local Quality Contract (LQC)

- A 12 month contract commissioned by both CCGs from general practice to deliver enhanced services over and above the core contract
- The intention is for the LQC to deliver schemes which result in quality improvements, efficiencies in the health economy, and sustainability of general practice

Schemes	Payment Structure
Part 1 Schemes for delivery by all practices, including access, prevention of disease, palliative/terminal care, use of resources, e-RS and prescribing quality	Equity based payment to a maximum of £106.38 per weighted patient (includes core contract payment)
Part 2 Schemes that are optional to deliver including phlebotomy, shared care and Drug Administration	Activity based payments
Part 3 Schemes that are optional to deliver including ABPI, Syrian Resettlement and Gypsies and Travellers	Activity based payments



Overview of NHS South Sefton CCG

There are 4 localities in South Sefton CCG:



Overall, health in South Sefton is getting better, but there are clear areas for improvement:

- Life expectancy in our least affluent communities remains unacceptably low
- Levels of long term health conditions are much higher than the national average; particularly heart disease, respiratory disease, kidney disease, mental health conditions and obesity.
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle.

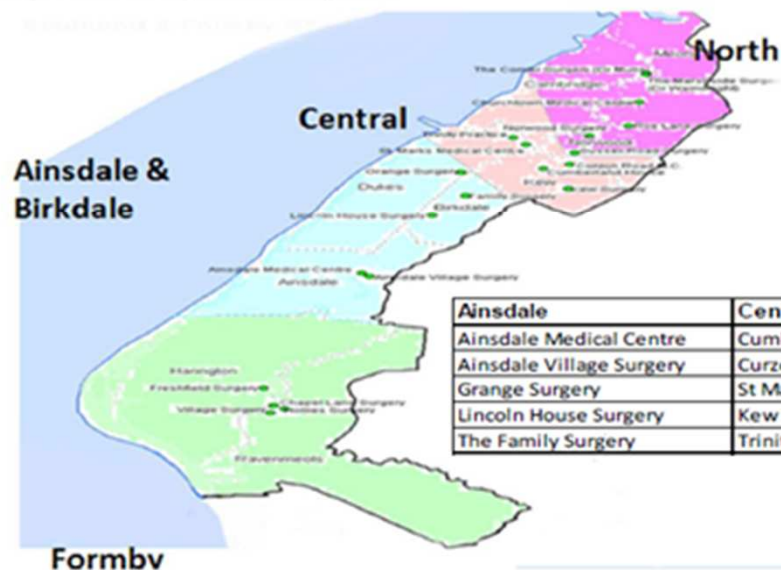
Bootle	Crosby	Maghull	Seaforth & Litherland
Aintree Rd Medical Centre	42 Kingsway	High Pastures Surgery	Glovers Lane Surgery
Bootle Village Surgery	Liverpool Rd Medical Practice	Maghull Health Centre (Dr Sapre)	Bridge Rd Medical Centre
Moore St Medical Centre	Eastview Surgery	Westway Medical Centre	Orrell Park Medical Centre
North Park Health Centre	Blundellsands Surgery	Maghull Health Centre	Ford Medical Practice
The Strand Medical Centre	Crosby Village Surgery	Maghull Surgery	15 Sefton Rd
Park Street Surgery	Kingsway Surgery		Seaforth Village Surgery
Concept House Surgery	Thornton - Ashurst Healthcare		Litherland Practice
	Crossways Practice		Rawson Road Medical Centre
	Hightown - Ashurst Healthcare		Dr Jude's Practice



Overview of NHS Southport and Formby CCG

- 4 localities in Southport & Formby CCG:

Diagram 2.0 Southport & Formby CCG



- Overall, health in Southport and Formby is getting better, but there are clear areas for improvement:
- Life expectancy in our least affluent communities remains unacceptably low
- Levels of some long term health conditions are higher than the national average.
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle.

Ainsdale	Central Southport	Formby	North Southport
Ainsdale Medical Centre	Cumberland House Surgery	Chapel Lane Surgery	Norwood Surgery
Ainsdale Village Surgery	Curzon Road Medical Practice	The Village Surgery Formby	Churchtown Medical Centre
Grange Surgery	St Marks Medical Centre	Freshfield Surgery	Roe Lane Surgery
Lincoln House Surgery	Kew Surgery	The Hollies	The Corner Surgery
The Family Surgery	Trinity Practice		The Marshside Surgery



General Practice Forward View: On A Page

5

Maureen Baker (RCGP President) called this “the most significant announcement for general practice since the **£100s Commissioning Group** Southport and Formby Clinical Commissioning Group”

CHAPTER 1:
£

- Investing a further **£2.4 billion by 2020/21 into general practice services.**
- This means that investment will rise from **£9.6 billion a year in 2015/16 to over £12 billion a year by 2020/21.**
- This includes recurrent and transformational funding
- Additionally a review on Carr-Hill formula in progress to ensure it reflects deprivation and workload etc

CHAPTER 2: WORKFORCE

- Create an extra **5,000 additional doctors working in general practice by 2020**
- Attract an extra 500 GPs from abroad and targeted £20,000 bursaries that have found it hardest to recruit.
- **A minimum of 5,000 other staff working in general practice by 2020/21**
- 3,000 mental health therapists
- 1,500 pharmacists
- **£206 million in support for the workforce through:**
- **£112 million (in addition to £31m already committed)** for the clinical pharmacist programme to enable a **pharmacist per 30,000 population**
- **£15 million national investment for nurse development support** including improving training capacity in general practice, increases in the number of pre-registration nurse placements and measures to improve retention of the existing nursing workforce and support for return to work.
- **£45 million** benefitting every practice to support the training of current reception and clerical staff to play a greater role in navigation.
- Investment by HEE in the training of **1,000 physician associates to support general practice.** Introduction of pilots of new medical assistant roles that help support doctors.
- **£6 million investment** in practice manager development, alongside access for practice managers to the new national development programme.

CHAPTER 3: WORKLOAD

- Support for GPs to manage demand, unnecessary work, bureaucracy and integration with wider system**
- **£16 million extra investment** in specialist mental health services to support GPs with burn out and stress.
 - new standard contract measures for hospitals to stop work
 - **3 year ‘Releasing Time for Patients’ programme to reach every practice in the country to free up to 10 percent of GPs’ time (£30m),** new four year **£40 million** practice resilience programme (including)
 - move to five yearly CQC inspections for good/outstanding practices
 - introduction of a simplified system across NHS E, CQC and GMC, streamlining of payment for practices, & automation of common tasks.

CHAPTER 4:
INFRA-
STRUCTURE

- **£900m for premises and IT** (this is the continuation of the Primary Care Transformation Fund, now renamed)
- **£45m** for e-consultation support
- New rules to allow up to **100% reimbursement of premises developments**
- Over **18% increase in allocations to CCGs** for provision of IT services and technology for general practice

CHAPTER 5:
CARE
REDESIGN

- **Support to strengthen & redesign general practice** by commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over **£500 million of funding by 2020/21** incl. **£171 million one-off investment** by CCGs starting in 2017/18, for practice transformational support, introduction of a new voluntary Multi-speciality Community Provider contract from April 2017.



GPFV Progress To Date

	GP Forward View	Sefton	
CHAPTER 1: INVESTMENT	Resilience Funding	✓	<ul style="list-style-type: none"> Applications have been approved in since 2016 for different projects across both CCGs EOI's have been requested to access 2018/19 funding, outcome of bids is awaited, a panel will meet in July to consider applications
CHAPTER 2: WORKFORCE	International Recruitment	✓	<ul style="list-style-type: none"> Both CCGs are part of a successful Cheshire and Merseyside wide bid for Internationally recruited GPs to be placed in General Practice. There is a meeting planned for 26th June for GP practices to understand the next steps in the process. The timescale anticipated in January 2018 for the first recruits to arrive. Recruits will be placed in training practices for a period of observership before joining their employing practices
	Clinical Pharmacists	✓	<ul style="list-style-type: none"> Both CCGs have been successful in a clinical pharmacist bid which will see an expansion of pharmacists working in general practice.
	Receptionist and Clerical Staff Training	✓	<ul style="list-style-type: none"> Practice reception and clerical staff across Sefton have had the opportunity to access active signposting training to direct patients to the most appropriate health professional. Both CCGs are currently evaluating the training and how successfully training is being implemented across general practice
	Practice Manager Development	✓	<ul style="list-style-type: none"> Practice manager online learning packages were made available locally. There has been development funds made available for Practice managers to bid for various courses which NHSE have supported
CHAPTER 3: WORKLOAD	Workforce	✓	<ul style="list-style-type: none"> As part of the International Recruitment bid, workforce modelling was completed in September 2017 from information supplied on the primary care web tool, practices have been asked to check the accuracy of the information for further workforce data to be extracted A workforce Steering Group has formed which includes representation from across NHSE/CCGs and Health Education England to plan to expand different skill mix models across general practice
	10 High Impact Actions	✓	<ul style="list-style-type: none"> 'Releasing Time for Care' programme was completed end of April 2018 A 'Releasing Time for Care' showcase was held where practices could learn from each others experiences 10 high impact actions were included in both CCGs Local Quality Contract 2017/18
CHAPTER 4: INFRASTRUCTURE	Premises	✓	<ul style="list-style-type: none"> Awaiting outcome of premises bids
	IT	✓	<ul style="list-style-type: none"> Online Consultation Systems - will be provided by E Consult IT bids - Patient Partner and Envisage / Express Access; Roll out complete Further bidding opportunities became available, and appropriate bids were submitted on the 31st May 2018, outcomes are awaited
CHAPTER 5: CARE REDESIGN	Support to Strengthen and Redesign General Practice	✓	<ul style="list-style-type: none"> A one year transformation programme was commissioned through the Local Quality Contract for both CCGs in 17/18 from CCG allocation £3 per head of population, this provided practices with the opportunity to streamline prescribing processes and consider new ways of working

Enhanced Access - GPFV

- Both CCGs are currently undertaking a procurement process to identify suitable providers to deliver enhanced access services
- Patients will have access to primary care services at scale delivered from a primary care hub in each CCG
- Patients will be able to access routine and on the day appointments with a variety of clinicians, including a GP until 8pm Monday to Friday, and at times to be agreed on Saturdays and Sundays
- Arrangements will be in place to ensure that the patients GP medical record can be accessed by the service
- Both services will be operational by 1st October 2018
- National communication materials have been made available to advertise the new services to patients
- GP practices will promote the service through their practice websites



Primary care workstreams

Demography

- Localities
- Federation (s)
- Primary Care Home
- GP Providers with Multiple Contracts
- At Scale Delivery of Enhanced Access
- Delegation Status

Workforce

- Apex/Insight
- GP workload Tool
- Primary Care Dashboard
- Sefton Workforce Data (Sept 17)
- C&M Workforce Steering Group
- International Recruitment
- Receptionist /PM training
- Clinical Pharmacy Pilot
- Productive General Practice / Action Learning Sets

Clinical Services

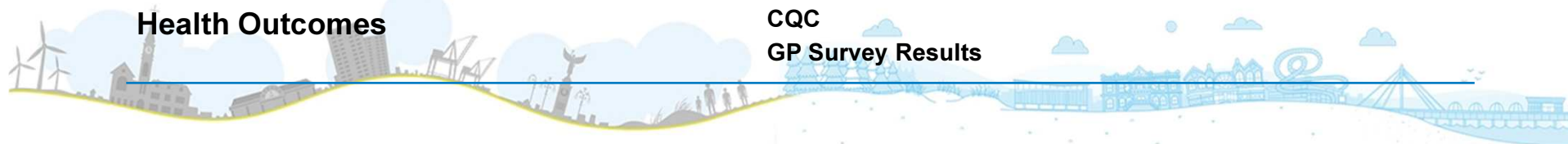
- Procurement of 7 Day Enhanced Access
- Local Quality Contract Enhanced Services

Premises/IT

- Estates Bids
- E-Consultations
- Patient Partner and Envisage
- Express Access Laptops
- Practice WiFi

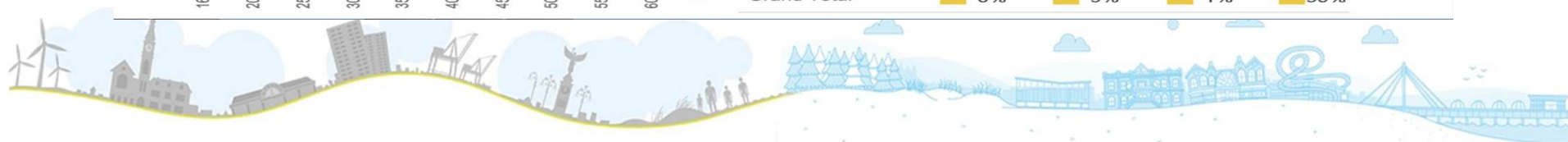
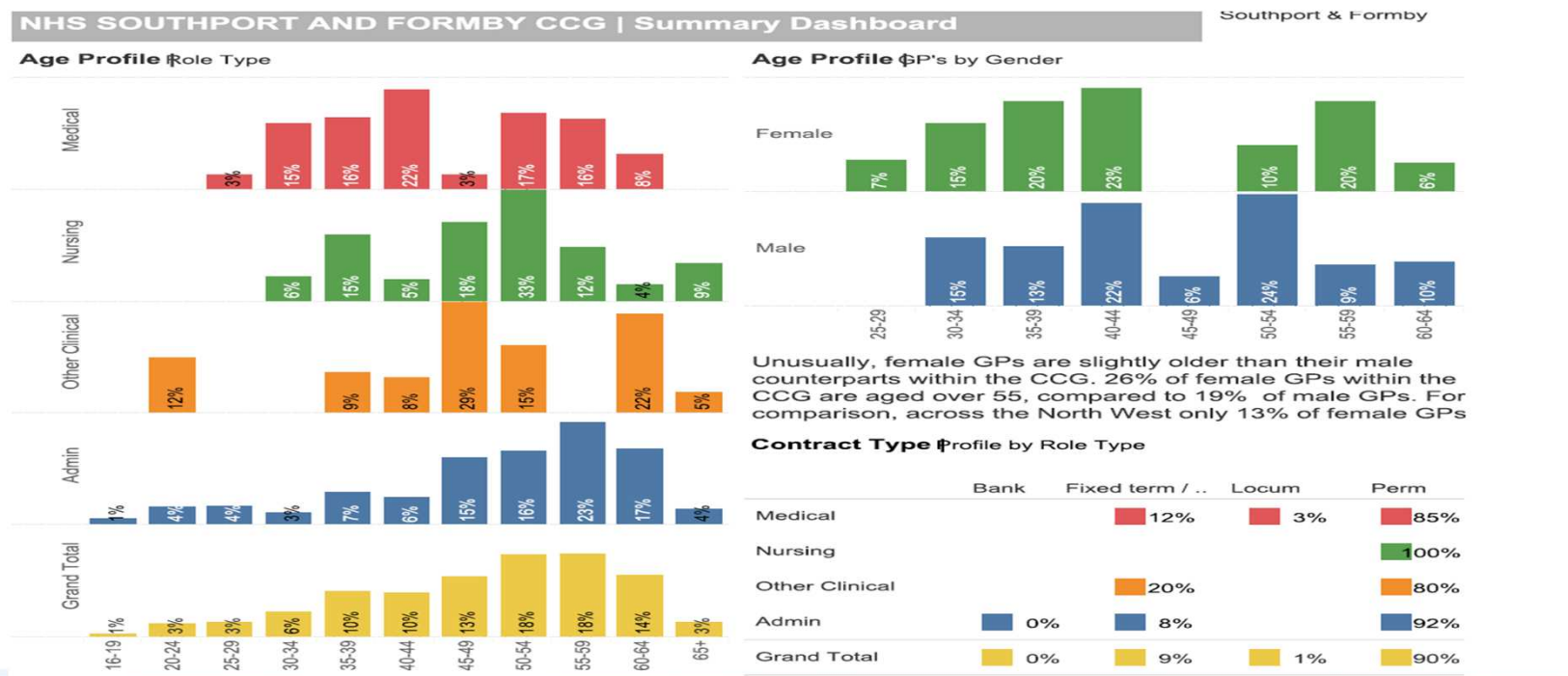
Health Outcomes

- CQC
- GP Survey Results



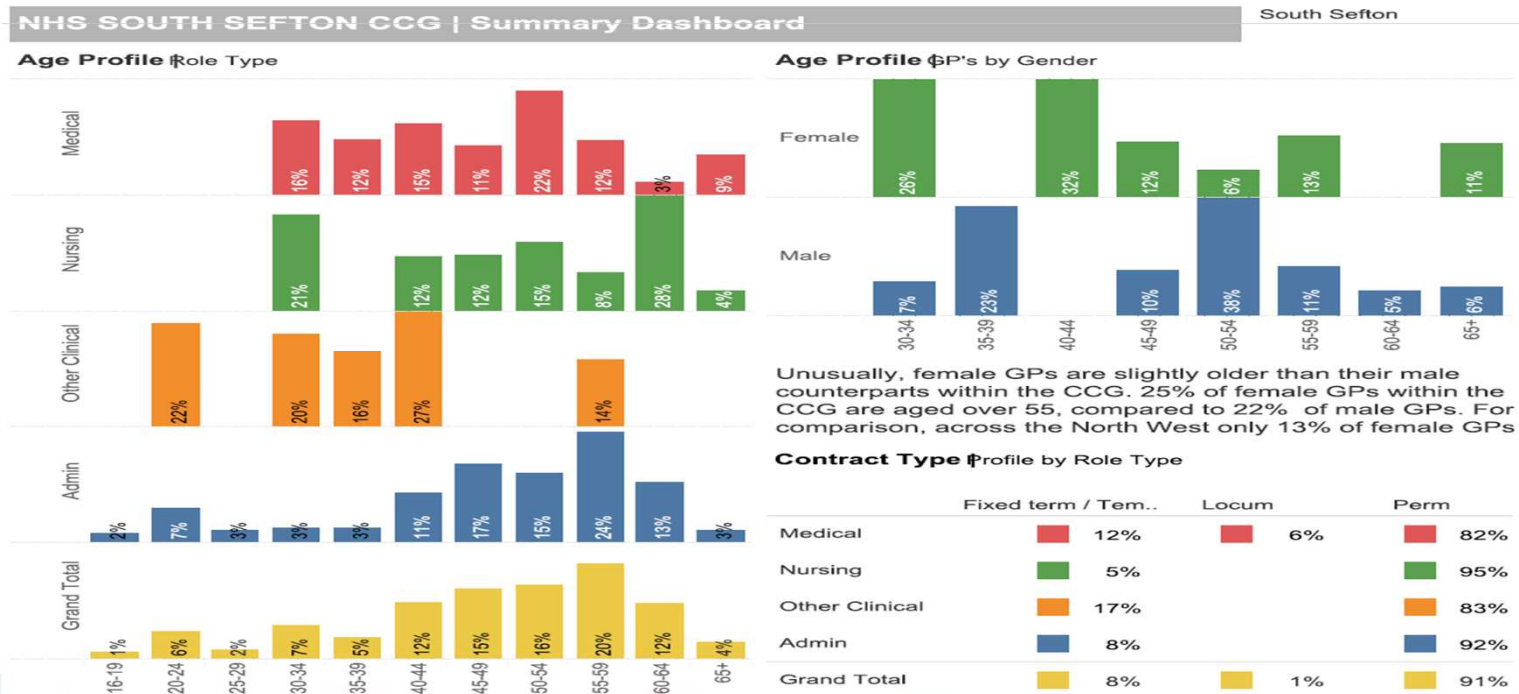
Southport and Formby workforce

- A Health Education England (HEE) workforce survey in 2017 had a return rate from 58% of practices and showed:
- 36% of total workforce are over the age of 55
- 57% of GPs work part time
- The information below formed part of the HEE report



South Sefton workforce

- A Health Education England workforce survey in 2017 had a return rate from 53% of practices and showed:
- 36% of total workforce are over the age of 55
- 70% of GPs work part time.
- The information below formed part of the HEE report



CQC visits - Southport and Formby

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good



CQC visits – south Sefton

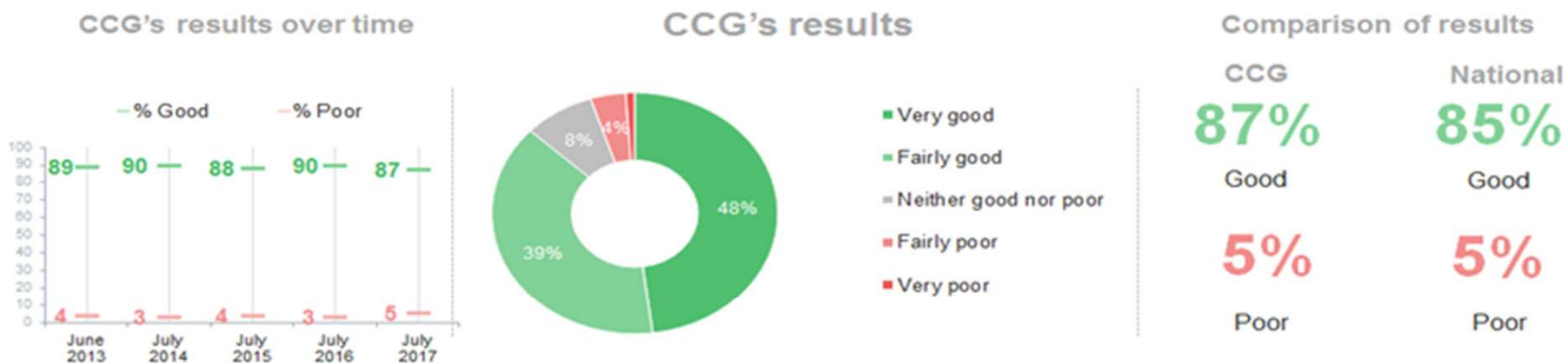
South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good	
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good	
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good	
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017						
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good	
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good	
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good	
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good	
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good	
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good	
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement	
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good	
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good	
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good	
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good	
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good	
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good	
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good	
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good	
N84027	Orrell Park Medical Centre	20 August 2015	Good	Good	Good	Good	Good	Good	
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good	
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good	
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good	
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good	
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good	



Patient survey results – July 17

- Southport and Formby

Q28. Overall, how would you describe your experience of your GP surgery?



Practice range in CCG – % Good



Local CCG range – % Good



Base: All those completing a questionnaire: National (794,704); CCG 2017 (2,163); CCG 2016 (2,065); CCG 2015 (2,283); CCG 2014 (2,267); CCG 2013 (2,428); Practice bases range from 96 to 136; CCG bases range from 1,351 to 9,157

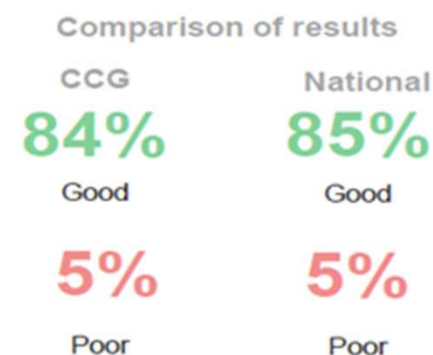
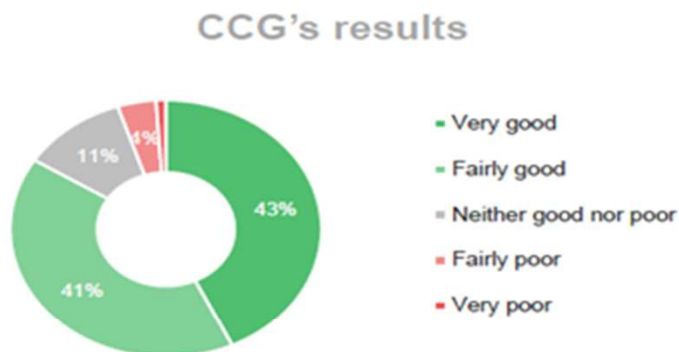
%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



Patient survey results – July 17

- South Sefton

Q28. Overall, how would you describe your experience of your GP surgery?



Practice range in CCG – % Good



Local CCG range – % Good



Base: All those completing a questionnaire: National (794,704); CCG 2017 (3,194); CCG 2016 (3,228); CCG 2015 (3,455); CCG 2014 (3,775); CCG 2013 (3,817); Practice bases range from 67 to 127; CCG bases range from 1,351 to 9,157

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



Challenges

- Ageing population
- Multiple co-morbidities
- Ageing clinical workforce
- Reduced number of GP trainees
- Workload
- Estates
- Continuous quality improvement
- Primary care funding
- Sustainability of general practice



Role of general practice

- To integrate with the wider health, social and voluntary care services to deliver holistic, proactive and preventive care tailored to the needs of the registered population, blending initiatives to sustain and promote health and wellbeing alongside more traditional services to manage illness.



Aims

- Improved health and wellbeing
- Improved quality of care
- Improved use of resources
- Improved patient experience and staff satisfaction



Strategy

- Develop a primary care strategy through strong clinical leadership
- Establish a workforce baseline to identify current capacity and future workforce requirements
- Work in partnership with Health Education England and the Mersey Deanery
- Deliver 7 day access to services through primary care hubs by October 2018
- Support practices to deliver enhanced services through a Local Quality Contract
- Secure investment opportunities to enhance primary care through the GPFV



How will we get there?

- At Scale Working
- Integrated Working
- Target care to meet population needs
- Managing resources and reducing variation
- Empowered primary care



Integrated care

- **GPs as extended medical generalist** - a modernised role for GPs acknowledging GP expertise as the senior clinical leader in the community
- **Extended and expanded clinical roles** - eg pharmacists, dietetic services, podiatry, physiotherapy, minor surgery and services based dependent on clinical skills
- **Coordinated multi-disciplinary integrated teams** – wider primary and community (including community mental health), social care teams and third sector working without organisational boundaries
- **Integration of generalists and specialists** – the modernised GP role will be able to interact more closely with specialist colleagues, who in turn will need to extend their role from traditional hospital settings and provide expertise in a more flexible manner.



Targeted care

- Services are designed to meet the current and future population needs
- Risk reduction and preventative care provided.
- A focus and emphasis on prevention, self-care and social support in the communities.
- Integrated model of care, wider than health incorporating social and voluntary service providers.
- Working with local authorities / public health teams responsible for the production of local health needs assessments (JSNA) that support what is commissioned and delivered
- Local networks will refer people into lifestyle services that keep people well and avoid the need for GP appointments
- General practice and practice systems collaborate with the wider community MDT and third sector to encourage self care and social support in neighbourhoods.
- Patients will be informed and empowered to self care



Any questions?



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Agenda Item 5

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	26 June 2018
Subject:	Public Health Annual Report 2017		
Report of:	Head of Health and Wellbeing	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member -Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To present the Annual Report of the Director of Public Health 2017.

Recommendation(s):

Overview and Scrutiny Committee (Adult Social Care and Health) is asked to receive the annual report of the Director of Public Health and note its contents.

Reasons for the Recommendation(s):

The report is a statutory independent report of the Director of Public Health and identifies key issues affecting health in the Sefton population.

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

N/A

What will it cost and how will it be financed?

- (A) **Revenue Costs**
No direct costs associated with the report.
- (B) **Capital Costs**
No direct costs associated with the report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): No implications
Legal Implications: Legal Section 73B (5) and (6) of the National Health Service 2006 Act, inserted by section 31 of the Health and Social Care Act 2012, provides that the Director of Public

Agenda Item 5

Health must produce an annual report and the local authority must publish the report.

Equality Implications:

There are no equality implications

Contribution to the Council's Core Purpose:

Protect the most vulnerable: *Raises the profile and the issue of mental health and well-being within the context of children and young people.*

Facilitate confident and resilient communities: *Shows partnership working to tackle the issue of poor mental health and well-being, showing what is being done to tackle it.*

Commission, broker and provide core services: n/a

Place – leadership and influencer: *Highlights the work of professionals and the community and voluntary sector as leader of change regarding mental health and well-being within Sefton.*

Drivers of change and reform: *Highlight works taking place within Sefton, as a catalyst for change.*

Facilitate sustainable economic prosperity: n/a

Greater income for social investment: *Showcases work with the community and voluntary sector to strengthen a collaborative approach to the issue.*

Cleaner Greener: n/a

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD.5191/18.) and Head of Regulation and Compliance (LD.4415/18) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Engaged with partners, schools, community, voluntary and faith sector, Sefton pupils and community volunteers regarding the subject matter.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Steve Gowland
Telephone Number:	0151 934 3070
Email Address:	steve.gowland@sefton.gov.uk

Appendices: There are no appendices to this report

Background Papers: There are no background papers available for inspection.

1. Introduction/Background

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

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

1.3 Aims of the Report

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

2. Key findings

2.1 This year's annual report, which been produced as a short film to explore the emotional wellbeing and mental health of children and young people and the services and resources which are available to support them. The film recognises the importance of building resilience, promoting good mental health and wellbeing, and enabling children and young people to live healthier, happier lives long into adulthood.

2.2 There is no single reason why children and young people experience problems with their mental health. Growing up in challenging home environments such as living in poor quality and overcrowded housing or living in a chaotic home environment can all have a negative impact on mental health and wellbeing. Some other risk factors include; having a disability, being a looked after child or a young carer, not being in education, employment or training, being exposed to domestic abuse or having a parent with mental health problems.

2.3 In Sefton, there are more people from most of these vulnerable groups, when compared to the national averages. We know that experiencing mental health problems before the age of 14 can affect educational attainment, physical health and impact on social relationships; therefore, leading to poorer outcomes in later life. Investing in early intervention programmes to develop emotional resilience will enable children and young people to be able to cope better with difficult circumstances and do well in school and in life. This could help to reduce and

Agenda Item 5

prevent potential problems from developing to crisis point and lead to less use of health and social care services in the future.

- 2.4 We are working in partnership with others to create the right conditions and environments to promote and improve the mental health and wellbeing of children and young people. As featured in the film, leisure and cultural activities (which encourage children and young people to talk about their feelings and emotions in a safe place) are delivered by schools, Council and community based organisations such as Big Love Sista, Litherland Moss Primary School, Merseyside Youth Association SPACE, Well Young Person Team and Y-Kids. In addition to this community and voluntary groups such as sports and dance groups, Scouts and Girl Guiding groups also play an important role in supporting the mental health of children and young people.
- 2.5 However, to make a *real* difference, it needs to continue to be everybody's responsibility. If you are a local business, a service provider, policy maker, teacher, carer, friend or a family member; we all have a role to play to create a caring, supportive system that will make children and young people feel safe, happy and improve their lives.
- 2.6 The Council and partner agencies have established a steering group to drive forward improvement of the emotional health and wellbeing of children and young people in Sefton. The group has been tasked by the Sefton Health and Wellbeing Board with developing strategic approaches to transform systems and services to improve outcomes. It has been recognised as being innovative and effective by OFSTED because of the input from schools into the partnership.
- 2.7 The full film can be seen at www.sefton.gov.uk/PHAR

3 Conclusions

- 3.1 Sefton Public Health has committed to developing a local programme to support the emotional health and wellbeing of children and young people (particularly those at highest risk) over the next two years.by:
 - 1 Working with partners and interested stakeholders to extend and promote good mental wellbeing in schools and communities, making sure that activities to help children and young people to develop mental resilience skills are available and used to their full potential.
 - 2 Taking a collaborative approach to deal with Adverse Childhood Experiences (ACEs) and reduce their impact on young people and their families/carers.
 - 3 Further develop and widen the availability of suicide prevention training to specifically cover children and young people, making sure that it is available throughout Sefton.

Shaping Sefton

Financial update - the journey to transformation

Martin McDowell, Chief Finance Officer

Overview and Scrutiny Committee (Adult Social Care and Health)

26 June 2018

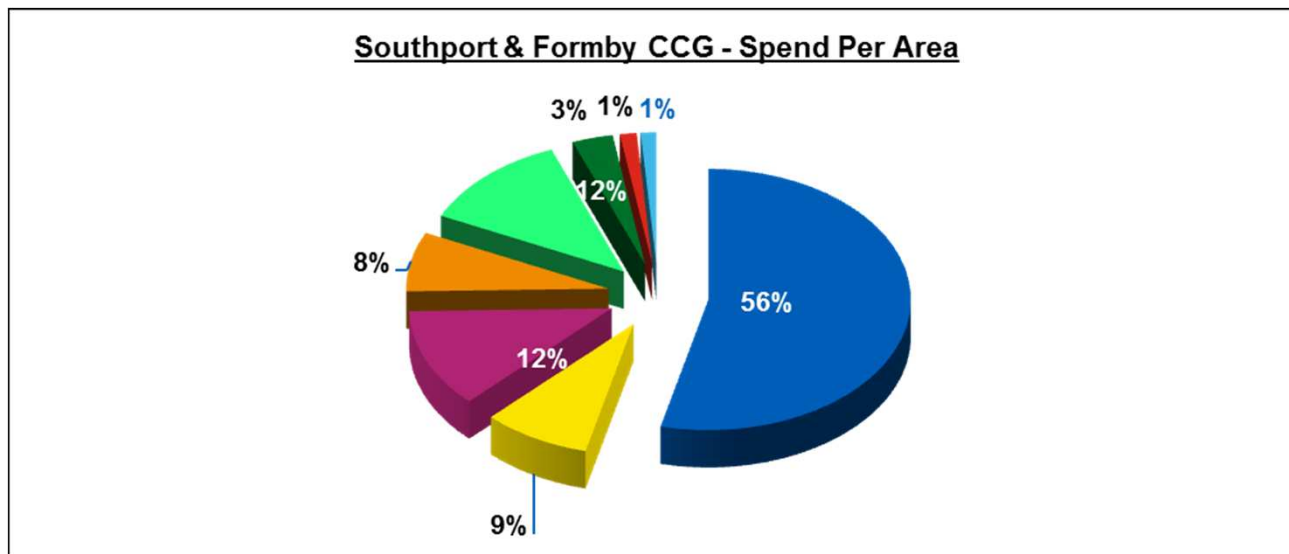
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Staying **local & together**
together with you

Agenda Item 6

NHS Southport and Formby CCG: How we spent our money in 2017/18



Area	Total Costs (£000s)
Acute Services	100,124
Mental Health Services	16,035
Community Services	22,812
Continuing Care Services	13,704
Prescribing	22,615
Primary Care Services	6,055
Programme Costs	2,487
Running Costs	2,280



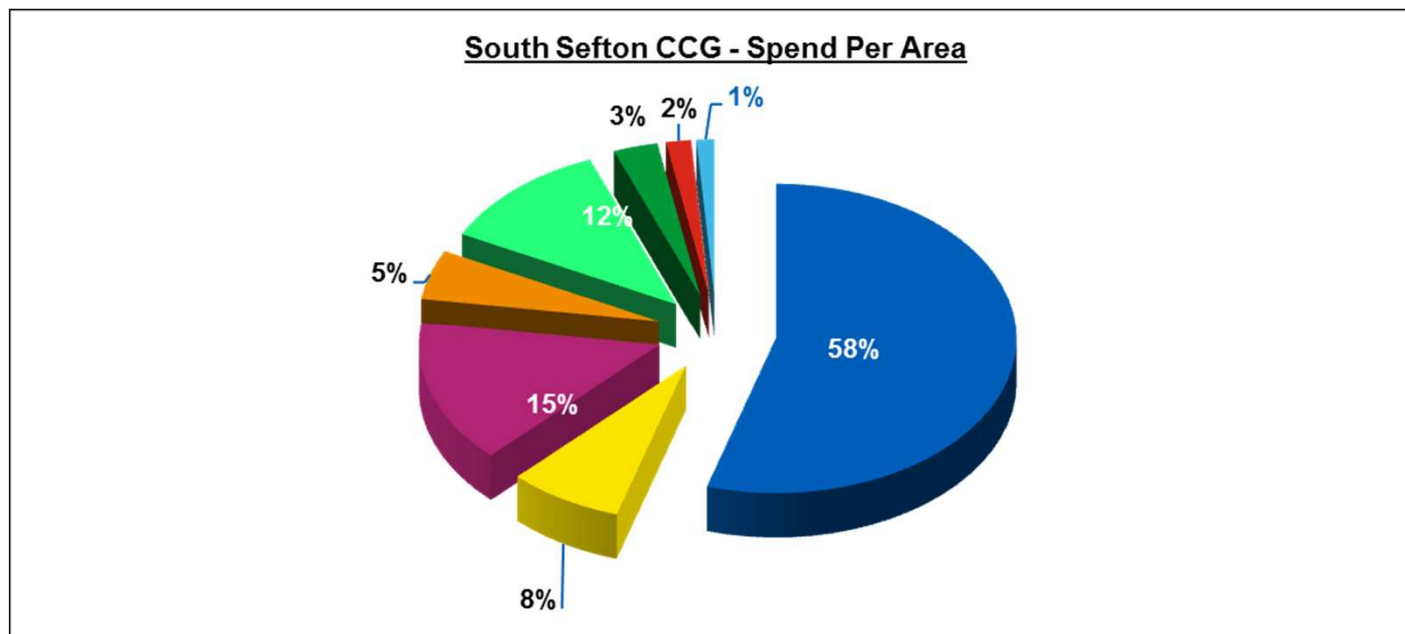
NHS Southport and Formby CCG: Financial Performance 2013/14 to 2017/18

	2013/14		2014/15		2015/16		2016/17		2017/18	
	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Programme	168.92	167.52	170.06	168.55	176.18	176.39	178.92	187.81	179.93	184.98
Running Cost Allowance	2.98	2.63	3.20	2.96	2.65	2.44	2.63	2.25	2.58	2.28
TOTAL	171.90	170.15	173.26	171.51	178.83	178.83	181.55	190.06	182.51	187.26
Surplus/(Deficit) before application of NHS England reserves		1.75		1.75		0.00		-8.51		-4.75
Adjust for:										
Risk reserve - (1% 2016/17 - 0.5% 2017/18)								1.81		0.91
Category M drug rebate										0.24
Surplus/(Deficit) for the year		1.75		1.75		0.00		-6.70		-3.60

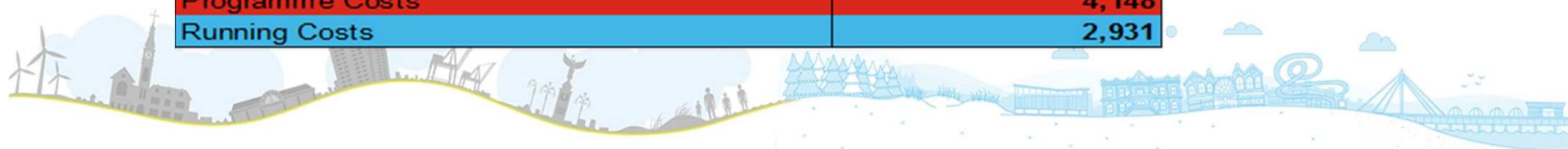
- Delivered NHS E business rules: 1% surplus in 2013/14 and 2014/15
- Delivered Statutory Duty of break-even in 2015/16
- Combined deficit of £10.3m during 2016/17 and 2017/18 despite making savings of £13.6m during the period
- Improved financial position by £3.1m during 2017/18



NHS South Sefton CCG: How we spent our money in 2017/18



Area	Total Costs (£000s)
Acute Services	135,385
Mental Health Services	19,083
Community Services	37,111
Continuing Care Services	12,817
Prescribing	28,920
Primary Care Services	7,391
Programme Costs	4,148
Running Costs	2,931



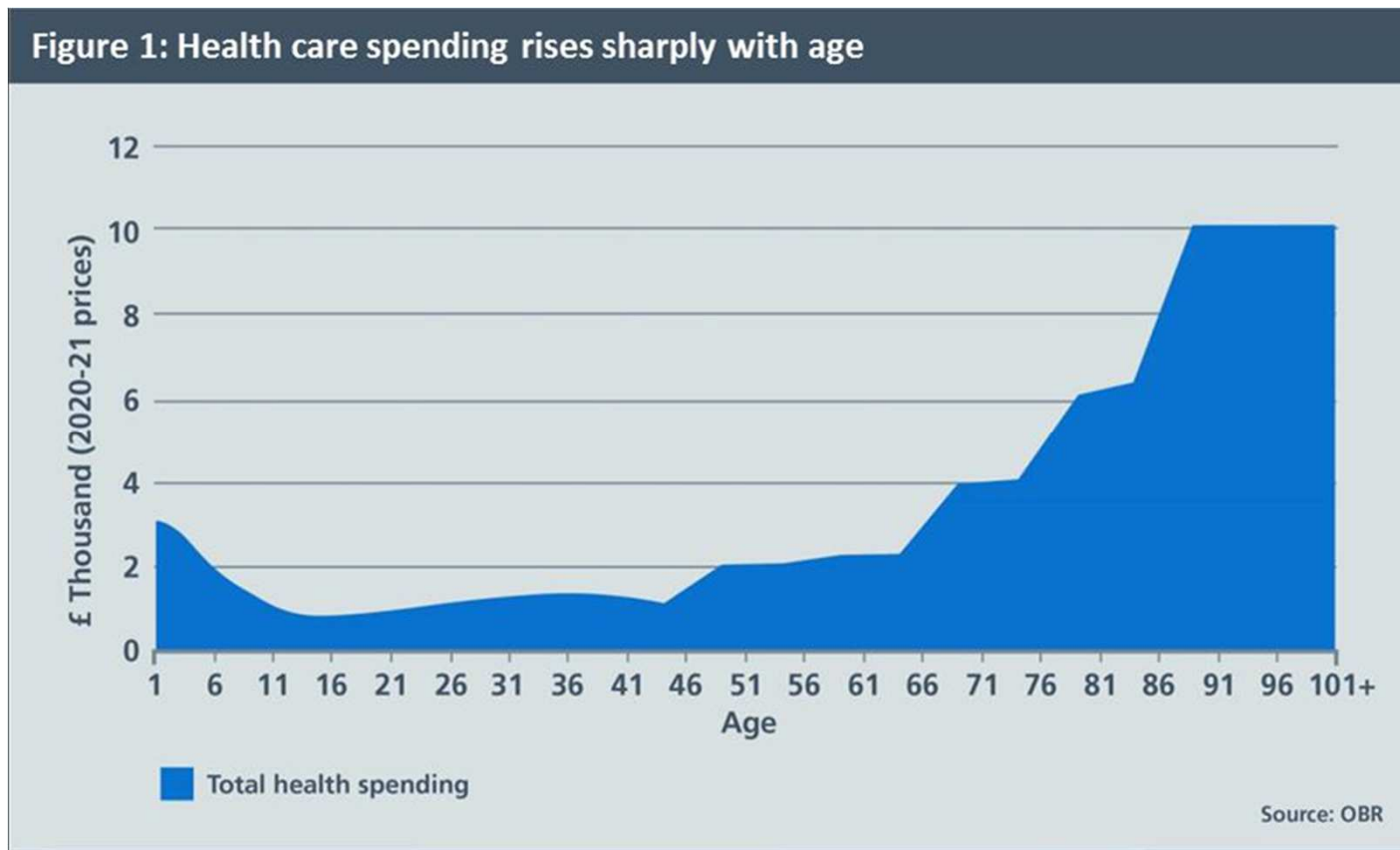
NHS South Sefton CCG: Financial Performance 2013/14 to 2017/18

	2013/14		2014/15		2015/16		2016/17		2017/18	
	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Programme	222.47	220.34	227.28	224.91	239.42	237.06	241.05	243.70	241.57	246.36
Running Cost Allowance	3.68	3.50	4.06	3.58	3.30	3.26	3.27	2.86	3.22	2.93
TOTAL	226.15	223.84	231.34	228.49	242.72	240.32	244.32	246.56	244.79	249.29
Surplus/(Deficit) before application of NHS England reserves		2.31		2.85		2.40		-2.24		-4.50
Adjust for:										
Risk reserve - (1% 2016/17 - 0.5% 2017/18)							2.34		1.21	
Category M drug rebate									0.30	
Surplus/(Deficit) for the year		2.31		2.85		2.40		0.10		-2.99

- Delivered NHS E business rules: 1% surplus in 2013/14, 2014/15 and 2016/17
- Delivered Statutory duty of break-even in 2016/17
- Deficit of £2.99m in 2017/18 as a consequence of not delivering very challenging savings plan / increased pressures on services



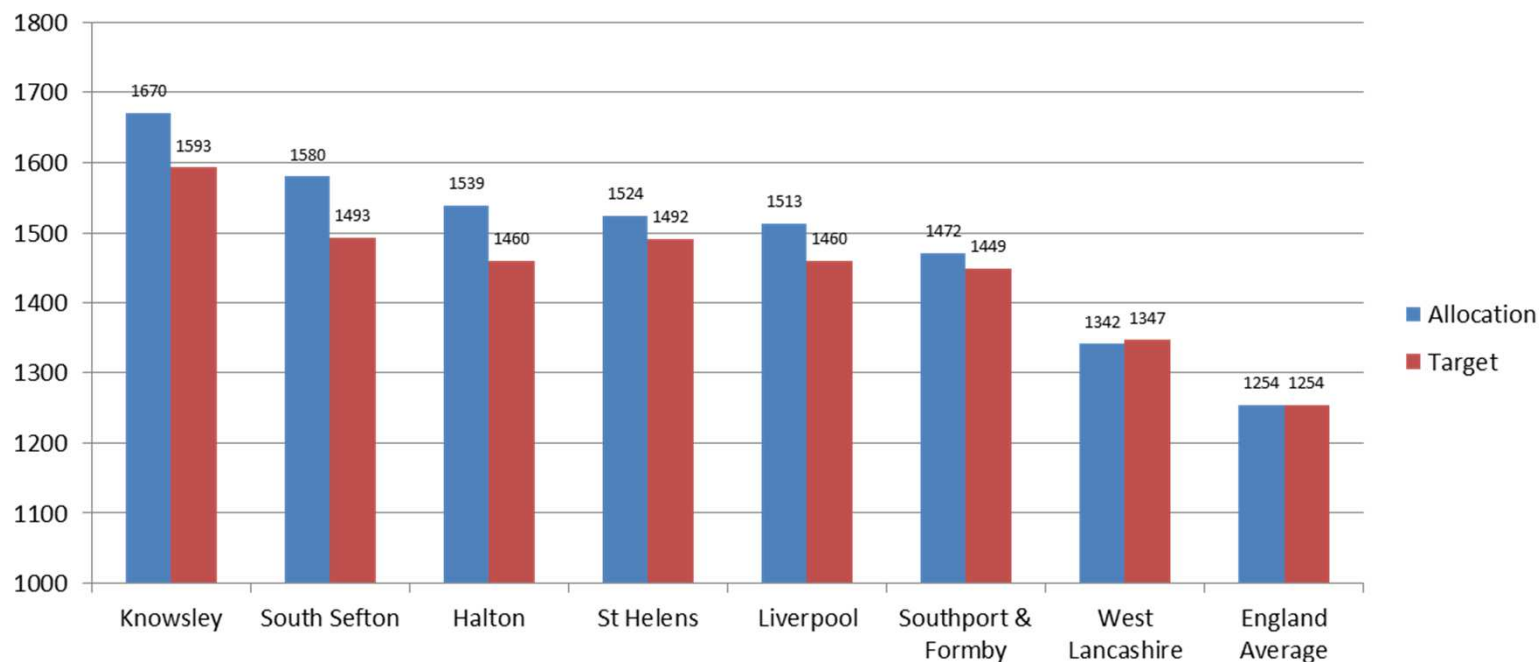
Health care spending by age group



Source – Five Year Forward View Next Steps – March 2017



2018/19 Allocations: Merseyside & WL CCGs



Allocation : Amount of funding received by CCG to provide core services for its population. Excludes Specialised Commissioning and GP services

Target : Mathematically modelled view of what the CCG needs to provide core services for its population taking account of key characteristics and variables

Distance from Target : The different between allocation and target. Higher allocation than target is “over-target” and over-funded in NHS England view. Lower allocation than target is “under-target” and under-funded in NHS England view



2018/19 Allocations: Merseyside & WL CCGs (£ms)

CCGs	Allocation	Estimated Target	Variance From target	Distance From Target (%)	Allocation v English Average (%)
Knowsley	274.946	262.353	12.593	4.80	33.2
Liverpool	802.595	775.155	27,440	3.54	20.7
South Sefton	243.960	230.499	13.461	5.84	26.0
Halton	201.919	192.231	9.688	5.04	22.7
St Helens	301.737	295.386	6.351	2.15	21.5
Southport & Formby	183.931	181.034	2.897	1.60	17.4
West Lancashire	152.633	153.184	-0.551	-0.36	7.0

- CCG Core Programme Budgets Only
- SSCCG has 3rd highest £ per head in Country, S&F is Joint 13th highest
- Both CCG's allocations are higher than the national average allocation.
- 2018/19 growth, SSCCG = 2.25%, SFCCG = 2.8% compared with 2.98% nationally



Shaping Sefton

“We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing”

We call this:
community centred health and care

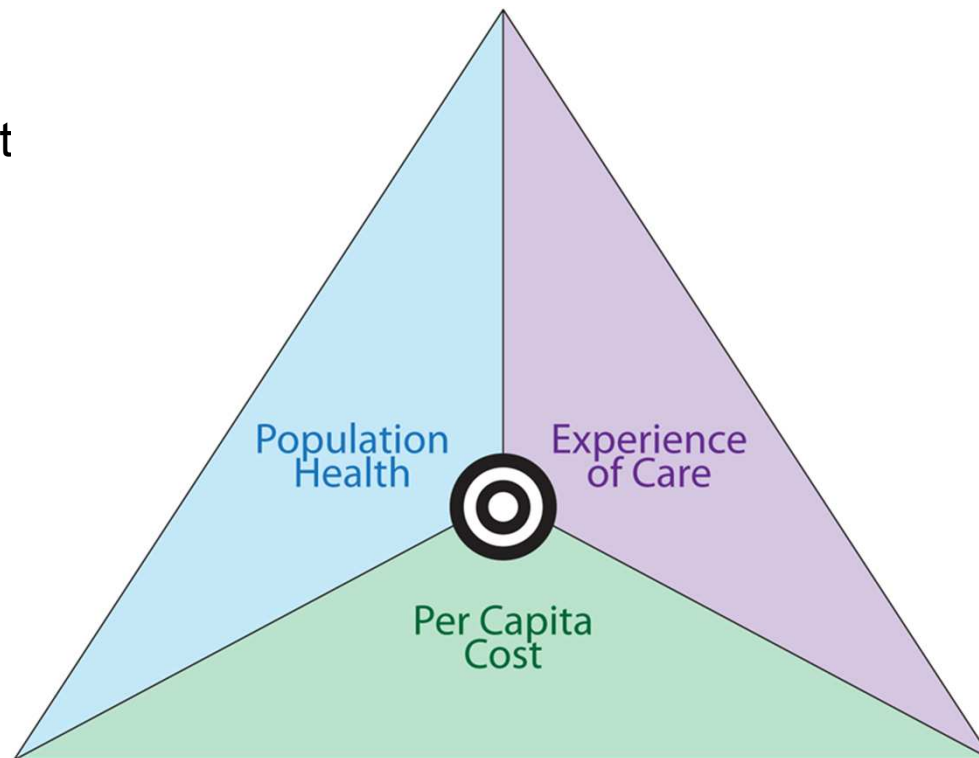




Triple aim triangle

Institute for Healthcare Improvement

Shaping Sefton's fourth aim:
Improve experience for our
workforce



Challenges facing our CCGs

- Sefton Health and Care Partnership – quality, standards and safety
- Case for change understood – re-define out of hospital healthcare
- Need for change for complex reasons – address both impact of growing numbers of frail elderly and early morbidity issue
- Deliver our Shaping Sefton vision
 - Shift resources across health sectors through transformed services
 - Strengthen General Practice capacity and capability
 - “Place” based focus across 30,000 to 50,000 population areas
 - “100 staff” in locality area delivering range of services to meet local population needs
 - Informed debate with public / constituents regarding expectations from NHS

Further savings required in 2018/19: S&F - £5.2m, SS - £5.3m



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

Date of Meeting: 26 June 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 317 8456

Email: lyn.cooke@southseftonccg.nhs.uk

Purpose/Summary

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

Recommendation(s)

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



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Update for Overview and Scrutiny Committee (Adult Social Care) June 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 317 8456.

Sefton Health and Care Partnership

Health and care organisations in Sefton came together at the start of 2018 to begin to form a new partnership, aimed at further progressing work begun by the CCGs' joint Shaping Sefton transformation programme. In addition to the CCGs', the membership of Sefton Health and Care Partnership (SHCP) includes Sefton Council, Southport and Ormskirk Hospital NHS Trust, Lancashire Care NHS Foundation Trust, Mersey Care NHS Foundation Trust, Aintree University Hospital NHS Foundation Trust and NHS West Lancashire CCG. The move will see greater pace towards achieving better integrated services, in line with the Shaping Sefton vision of community centred health and care. Services in Sefton faces many distinct and significant challenges, including a population with increasingly complex health and care needs, with more older residents than other areas of the country, through to the financial challenges faced across the public sector and workforce issues in the NHS. All these factors affect the sustainability of health and care services. The partnership will describe in its case for change how it intends to address these factors through its transformation programme, focusing on acute and community, place based care. SHCP is part of the wider Cheshire and Merseyside Health and Care Partnership and you can find out more about its work from its new website www.cheshireandmerseysidepartnership.co.uk

Medicines management scheme 'highly commended'

Communications and engagement work designed to support the successful introduction of Sefton's repeat prescription ordering scheme (RPOS) has gained recognition at a prestigious national awards ceremony. Communications activities were planned to support every stage of RPOS' development from designing the initial pilot and supporting its introduction to evaluating its impact that led to its roll out across the borough. The work was carried out by the CCG's joint medicines management and communications and engagement teams. It came second in the communications category and was 'highly commended' by judges at the Health Service Journal (HSJ) Value Awards in early June. A second medicines management scheme has also been named a finalist in another HSJ awards programme, the Patient Safety Awards 2018.

The CCG's medicines management team worked with pharmacists at Aintree Hospital to establish a medication review service for patients being discharged from the trust. The service had a number of benefits for patients, importantly reducing adverse drug events. The winners of the Patient Safety Awards will be announced in July.

Children's audiology services in north Sefton

From the 1 June 2018 Alder Hey NHS Foundation Trust took over the care and treatment of Southport and Formby paediatric audiology patients, who had previously been seen by Bridgewater NHS Trust. The service for south Sefton residents is already provided by Alder Hey. The trust is now triaging patients transferred into its care based on clinical need and priority. This is so children can be seen safely and in a timely way. Alder Hey does anticipate that its review process could result in a longer wait for a first appointment for some children based on need. The trust is reassuring parents, carers and guardians that it will be in contact at an appropriate time. Alder Hey is aiming to see patients within the local area. However this may not be possible to begin with, and will depend on each child's needs identified when their case is reviewed. Patients may initially have their appointments at the new Hospital in the Park in Liverpool, or at other community clinics in the area. Families with queries regarding their child's care or transfer to Alder Hey are advised to call the hospital on its dedicated phone line 0151 282 4832 from 8.30am to 5pm, Monday to Thursday.

CCG staff vote Sefton CVS NHS 70 community partner of year

An organisation that works on behalf of the local community in Sefton has been formally recognised for its contribution to the NHS. Sefton Council for Voluntary Service (CVS) has been awarded the NHS 70 community partner of the year award, as voted for by staff of NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG. The independent charity aims to 'support independent, resilient and sustainable communities' by promoting and assisting the work of voluntary, community and faith (VCF) groups. One of the charity's objectives is to promote the advancement of health with Sefton. Some of the highlights from the work Sefton CVS has carried out with the CCGs includes the Strand by Me community signposting and health shop in the Strand, the creation of an online directory for over 3,500 services delivered by more than 1,000 VCF groups in Sefton and the Sefton Emotional Achievement Service which delivered self-harm prevention and support for 11-25 year olds. It is the first time the CCGs have chosen to recognise a community partner of the year award and it was voted for by members of staff at the CCGs as part of their annual staff awards. The award is part of a year long celebration of the NHS 70th anniversary which will include national celebrations at Westminster Abbey and York Minster on 5 July.

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Emily returns to CCG governing body

Dr Emily Ball re-joined the NHS Southport and Formby Clinical Commissioning Group (CCG) governing body from the start of June 2018. The Formby GP previously served on the governing body from summer 2016 to April 2017. As part of her role, Emily will provide clinical leadership for planned care. We welcome her decision to carry out a further tenure on the governing body and the expertise and medical skills she brings to the role.

Dates set for 'Annual Review meets Big Chat' events

Combined annual general meetings and Big Chat engagement events for each CCG are taking place in September. It is a chance for residents to hear about the performance and achievements of their CCG from 2017-2018, as well as contributing their views and ideas about the CCGs' plans for the year ahead. Copies of the CCGs' annual reports and accounts were published on the CCGs' websites in mid June and hard copies of the documents will be available for people to pick up at the events. Venues and booking details will be promoted nearer to the following dates:

- NHS South Sefton CCG - Thursday 27 September, 2.00pm to 4.00pm
- NHS Southport and Formby CCG – Tuesday 11 September, 2.00pm to 4.30pm

Next governing body meetings

Anyone with an interest in local health services is welcome to attend the CCGs governing body meetings, held in public on a bi-monthly basis. The next meetings take place in March and start at 1pm at the following venues and dates:

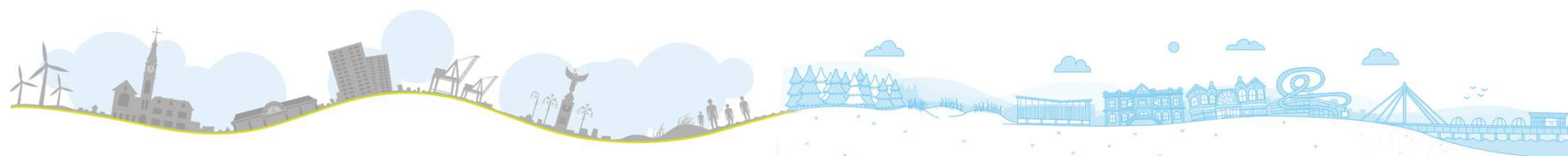
- NHS Southport and Formby CCG – Wednesday 4 July 2018, Family Life Centre, Ash St, Southport, Merseyside, PR8 6JH
- NHS South Sefton CCG - Thursday 5 July 2018, 3rd floor boardroom, Merton House, Stanley Rd, Bootle, L20 3DL

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

Main Provider Performance – June 2018

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



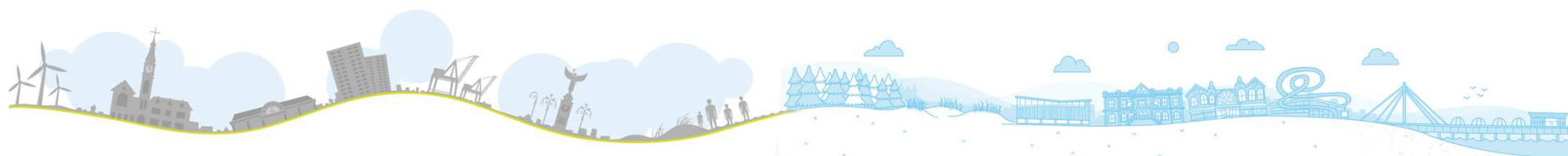
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk, cumulative YTD)	Mar-18	85.1%	95% (STP trajectory)	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Mar-18	95.4%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Mar-18	100.0%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Mar-18	99.0%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Mar-18	93.5%	92%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Mar-18	20	36 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Mar-18	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Mar-18	60.0%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Mar-18	0.0%	60%	
Mental Health: Care Programme Approach (Quarterly)	Mar-18	76.9%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Mar-18	1.08% in month (13.2% year end)	1.25% per month Qtr 1-3 1.4% per month Qtr 4 (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Mar-18	58.0%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Mar-18	99.3%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Mar-18	99.7%	90%	



Southport & Ormskirk Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Mar-18	14.4%	25.0%	
Inpatient Recommended	Mar-18	91.0%	96.0%	
Inpatient Not Recommended	Mar-18	3.0%	2.0%	
A&E – response	Mar-18	0.4%	15.0%	
A&E Recommended	Mar-18	88.0%	84.0%	
A&E Not Recommended	Mar-18	4.0%	9.0%	

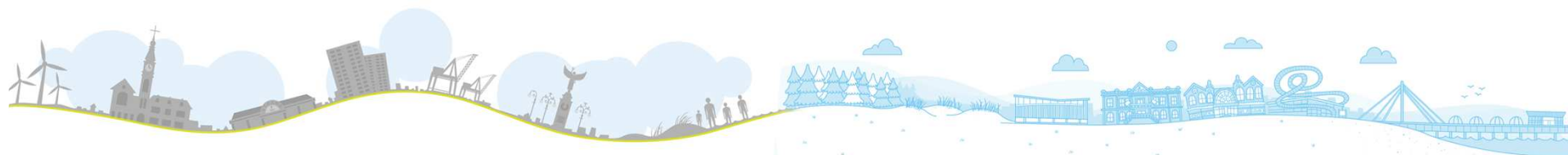


Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Aintree)	Mar-18	83.1%	95% (STP trajectory)	
Cancer 2 Week Waits (Aintree)	Mar-18	94.2%	93%	
Cancer 62 Day - Screening (Aintree)	Mar-18	89.3%	90%	
Cancer 31 Day (Aintree)	Mar-18	97.4%	96%	
RTT -18 Weeks Incomplete (Aintree)	Mar-18	90.1%	92%	
C.Difficile (Aintree)	Mar-18	43	34 (year to date) 46 (year end)	
MRSA (Aintree)	Mar-18	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Aintree)	Mar-18	81.5%	80%	
% TIA assessed and treated within 24 hours (Aintree)	Mar-18	100%	60%	
Mental Health: Care Programme Approach (Quarterly)	Mar-18	92.9%	95%	
Mental Health: IAPT 15% Access (CCG LEVEL)	Mar-18	1.16% in month (14.4% year end)	1.25% per month Qtr 1-3 1.4% per month Qtr 4 (16.8% year end)	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Mar-18	40.4%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Mar-18	100.0%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Mar-18	100.0%	90%	



Aintree University Friends & Family

Measure	Time Period	Aintree	England Average	Trend
Inpatient – response	Dec-17	16.3%	25.0%	
Inpatient Recommended	Dec-17	93.0%	96.0%	
Inpatient Not Recommended	Dec-17	5.0%	2.0%	
A&E – response	Dec-17	15.9%	15.0%	
A&E Recommended	Dec-17	87.0%	84.0%	
A&E Not Recommended	Dec-17	9.0%	9.0%	



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Agenda Item 9

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	26 June 2018
Subject:	Cabinet Member Reports – March - May 2018		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Regulatory, Compliance and Corporate Services		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

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

Recommendation:

That the Cabinet Member - Adult Social Care and Cabinet Member - 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:

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

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. The Cabinet Member update provides information on activity within Councillor Cummins' and Councillor Moncur's portfolios during the previous three month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council's Core Purpose.
Facilitate confident and resilient communities: As above
Commission, broker and provide core services: As above
Place – leadership and influencer: As above
Drivers of change and reform: As above
Facilitate sustainable economic prosperity: As above
Greater income for social investment: As above
Cleaner Greener: As above

What consultations have taken place on the proposals and when?

(A) **Internal Consultations**

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate

(B) **External Consultations**

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendices are attached to this report:-

Appendix A - Cabinet Member - Adult Social Care - update report

Appendix B - Cabinet Member – Health and Wellbeing – update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

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

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CABINET MEMBER UPDATE REPORT		
Overview and Scrutiny (Adult Social Care and Health) – 26 June 2018		
Councillor	Portfolio	Period of Report
Paul Cummins	Adult Social Care	May 2018

Delayed Transfers of Care (DToC)

At the February meeting of the Accident and Emergency Executive Delivery Board it was agreed that Newton Europe, a consultancy company, would be asked to undertake a detailed review of delayed transfers of care at Aintree Hospital. South Sefton Clinical Commissioning Group will be leading on the work at Aintree but with recognition of the need for collaboration with the multiple commissioning and provider stakeholders who support this system. Sefton’s Adult Social Care hospital teams are actively involved in the workstream and it is hoped that the work will lead to improved processes and better outcomes for older people when they are discharged from hospital.

The review commenced on Monday 21st May. Findings and potential areas for improvement will be shared with partners at a senior level on a weekly basis before the final report is concluded at the end of June 2018.

Domiciliary Care Contracts

I would like to update you on the implementation of the new domiciliary care contracts. As you may be aware, these will be starting on 1st August 2018. New providers are: Castle Rock, ICare, and Local Solutions. These domiciliary care agencies will be the lead domiciliary care providers for Sefton supported by other accredited spot contract care agencies.

The officers are establishing meetings with the incumbent care agencies to ensure a smooth transition of services and have provided reassurance that the majority of care staff and service users will transfer to the new suppliers. This piece of work is obviously very complex and a culmination of several months of tendering. The new providers will be making contact with people who use services over the next few weeks and so there may be queries via Cabinet Members regarding this matter. Peter Moore is the lead officer for this piece of work that has been undertaken by his team in collaboration with Knowsley Council.

Sefton New Directions:

James Dixon Court

Plans are progressing in relation to updating the building and to remodel the service. It is hoped that the service will be supporting with respite care and step down from hospital as well as a focus on long term care for older people.

Transfer of Care Connect Domiciliary Support into Sefton New Directions

In March this year an existing care provider gave notice and Sefton New Directions stepped in as provider of last resort. The care staff and approximately 300 people with care packages transferred across. This transfer is progressing well and a large number of service users have now been reviewed and Sefton New Directions are continuing to recruit new carers.

Extra Care Housing

Developments are continuing with Liverpool City Council and Knowsley regarding the care and support element for extra care housing. Officers are also progressing development opportunities and are working on a technical specification to identify housing partners.

Consultation Plans

Officers will be launching a consultation with Direct Payment recipients regarding the implementation of two different fee rates. This will not disadvantage people who use Direct Payments as it will better reflect the arrangements people have for commissioning their care.

National Autistic Society (NAS) Sefton Parent Carer Group Launch

There is to be a launch of the newly established National Autistic Society Parent/Carer group on Friday 15th June from 11.00am in The Atkinson Centre in Southport.

Bill Esterson MP and I will be at the launch event for the peer support group which has been developed in partnership with the Autism Sub Group.

Cabinet Member Update		
Overview and Scrutiny Committee (Adult Social Care) - 26 June 2018		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	March - May 2018

Well Sefton

Well Sefton is working to improve the health and wellbeing of those living and working in Bootle by creating a vibrant and connected community of people, living in a more pleasant environment. The Well Sefton Partnership is made up of a series of organisations all working towards the common aim of creating a brighter Bootle. The collaboration is made up of Living Well Sefton (LWS), Safe Regeneration (SAFE), Sefton Council, Taking Root in Bootle, and YKids.

In December 2017 the Well North Executive Board confirmed Tranche 2 funding to Well Sefton of £200,000 and in March 2018 Cabinet Member for Health & Wellbeing agreed to the allocation of that funding to support the following areas of work:

- Living Well Sefton – Primary Care Pilot
- Sustainable Growth Project
- Pay it Forward
- Taking Root in Bootle
- Destination Bootle – Marketing and Communications
- Capacity and Leadership Development
- Creative Engagement
- Flying Chef
- Bootle Children’s Literacy Festival and Magical Bookshop

The third and potentially final tranche of funding will be triggered following a panel discussion with the Well North Executive, where the Well Sefton Core Group will be asked to demonstrate the achievement of Tranche 2 outcomes.

Living Well Sefton

Options Appraisal for Living Well Sefton Service (LWS)

A report went to Cabinet Member for him to review and consider the options available to continue the delivery of the Living Well Sefton Service (LWS) through the re-procurement process, in line with the Council’s contractual obligations. The report considered the current position, resources and provisions and presented possible options to maximise the opportunity and outcomes for engaging and delivering the LWS beyond its current commission of March 2019.

Four options were presented to Cabinet Member and included the following:

Option A

Continue with the existing service

6 VCF contracts, 1 Stop Smoking contract, 1 Internal SLA

Option B

1 Single community contract, 1 Stop Smoking Contract, 1 internal SLA

Option C

1 Community & Stop Smoking Contract & 1 SLA

Option D

Full open market procurement

Option B was recommended by Public Health and endorsed by Cabinet Member. The rationale was presented as below:

If the community element of the LWS was managed by a single core provider who held a community contract and could demonstrate commitment to EIP 3 outcome delivery, this would maintain community knowledge and 'corporate history' and minimise risk to the VCF sector. By sub- contracting, to purchase obvious centres of excellence e.g. specialist debt advice, bereavement services, MECC training etc., this would ensure both continuous delivery by local providers, whilst harnessing strengths and innovation within the community sector. In addition, specialist clinical services would be maintained and the internal provider, Active Sefton would be a key prevention team, rooted in the philosophy of EIP3, operating within the Council locality model.

The proposal for the re- procurement of the LWS under option B will be presented formally to June Cabinet.

Public Health Annual Report

The Director of Public Health is required to produce an annual report on the health and wellbeing of their population highlighting key issues. This year's 2017/18 Public Health Annual Report (PHAR) has been produced as a short film which explores the emotional wellbeing and mental health of children and young people and the services and resources which are available to support them. The film recognises the importance of building resilience, promoting good mental health and wellbeing and enabling children and young people to grow up happy and healthy.

The Sefton PHAR reached the national finals of the Association for Directors of Public Health Annual Report Competition. A link to the film, key statistics and recommendations for implementation during 2018/19 along with an update on recommendations from last year's report will be available on the Council's website sefton.gov.uk/PHAR following presentation at the Council meeting on 19th July 2018.

Health Checks

The NHS Health Check is a statutory national programme delivered locally to eligible adults aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2-diabetes or dementia and to help find ways for individuals to lower their risk. It is primarily offered to people in Sefton without a pre-existing condition and has been provided by GPs for the last 5 years.

Issues relating to variation in performance, reduced budget and an opportunity to strengthen our early intervention and prevention offer, has resulted in a significant change in how Health Checks are delivered.

Checks will now be available via Active Lifestyles and Living Well Sefton, including weekends, evenings and at community based venues; with an increased focus on engaging residents into longer term sustainable community based activities such as walking group, etc. We are working closely with support from GPs, both CCGs and Public Health England to implement and promote the service.

Public Health Performance

Public Health performance is reported to Cabinet Member on a 6 monthly basis. The latest report shows twelve indicators with a red direction of travel. Seven of these are the same as in August 2017 and described in the last performance report to Cabinet Member. The additional five indicators are healthy life expectancy for males, smoking at time of delivery for South Sefton, obesity in Reception year and self-reported wellbeing (low worthwhile and low happiness). There have been improvements in three indicators: smoking at time of delivery for Southport and Formby, invitations for Health Checks and self-reported wellbeing (low satisfaction).

Healthy Life Expectancy (males)

Healthy Life Expectancy (HLE) (males) has gone down by 0.5 years compared to the last time period (2014-16). However, this is not a statistically significant change and is not out of line with what is happening elsewhere. Out of England, the North West and all the LCR authorities only Liverpool and Knowsley saw increases in male HLE during this time period.

Priority areas for action include:

Smoking at Time of Delivery

- Southport and Formby NHS Hospital Trust has implemented an improvement plan to reduce smoking at time of delivery, in line with the national target. Sefton Public Health team is working closely with the maternity unit to improve the offer for pregnant women in line with Baby Clear principles.
- CHAMPs are leading on the Directors of Public Health engagement with the maternity network re: smoking at time of delivery (SATOD) performance. An early conversation with LWH to discuss how public health can support providers has resulted in the proposal of a Provider and Commissioner workshop to develop a key set of principles.

Obesity in Reception and Year 6

- The report on the analysis of National Child measurement 2016/17 results has been presented to key stakeholders and is being used to further develop interventions at local level.
- Recent developments include a revised 0-19 offer for schools, focusing on physical activity and nutrition in school and community settings.

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Appendix B

- Mersey Care has been supported by the Public Health England team to enable data to be submitted to the National Drug Treatment Monitoring System (NDTMS) in January 2018 following the introduction of a new patient administration system. On-going monitoring of the data files have shown continued improvement since January.
- The new Young People and Families Service (Addaction STARS) was launched on 1st October 2017. Better integration with Ambition Sefton and improved pathways between both providers have been developed to ensure the delivery of holistic family focused intervention, treatment and recovery.

Excess Winter Mortality

There were an estimated 175 excess winter deaths in Sefton in 2016/17, with 17.7% more deaths in winter months compared to non-winter months. Excess winter mortality in 2016/17 was similar to 2015/16 and significantly lower than in 2014/15. Final data for 2015/16 shows an Excess Winter Mortality Index of 18.4% (185 excess winter deaths). In 2015/16 deaths peaked later than typically seen, whereas in 2016/17 the highest numbers of deaths occurred during the usual December and January period. Sefton's Excess Winter Mortality Index is higher than England and the North West as a whole and in the highest 20% of all local authorities. It is similar to local authorities with comparable adult social care populations. Respiratory diseases were the main cause of excess winter mortality, accounting for approximately a third of excess deaths in 2016/17 and 2015/16.

Domestic Abuse Campaign

Knowsley and Sefton have agreed to collaborate and jointly fund a campaign to raise awareness of coercive control as part of domestic abuse. The overall target audience is the general population to raise awareness of coercive control and domestic abuse, with a particular focus on those at greatest risk of being affected. Materials are being developed and market tested with public and partners throughout June 2018. The main focus will be at all adults aged 16+ in Knowsley and Sefton, with a particular focus on under 35s (without excluding older populations). A 4-week campaign is to run in July 2018.

Suicide

Nationally the number of reported suicides (all ages) in 2016 dropped by 3.4% when compared to 2015, whilst in young people this figure rose. Within Sefton over the same period the total numbers of deaths continued to rise from 24 to 26, and although the numbers are not significant when compared to other local authorities, they are deaths that could have been prevented.

Membership of the Sefton Suicide Prevention Group has grown and with it a determination to reduce instances of suicide within Sefton. The Group's action plan has been significantly overhauled and widened to support and mirror, regional work across Merseyside and Cheshire.

Last year the group mainly focused its activities on veterans within Sefton; this was due to the significant number within the

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Appendix B

supported locally and the '30 Days of Sefton in Mind' campaign proved particularly successful. This year as a direct result of the suicide rate increasing within Sefton, when compared to the national trend, activity will be increased and will also include a specific focus on younger people.

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Agenda Item 10

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	26 June 2017
Subject:	Work Programme 2018/19, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Head of Regulation and Compliance	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care and Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To seek the views of the Committee on the draft Work Programme for 2018/19; identify potential topics for a scrutiny review to be undertaken by a Working Group appointed by the Committee; and identify any items for pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

Recommendations:

That:-

- (1) the Work Programme for 2018/19, 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 consider any potential scrutiny review topic(s), including any issues arising as a result of consideration of Agenda Item 4, establish a Working Group for the chosen topic and appoint at least 3 Members of the Committee to the Working Group;
- (3) the Committee considers items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix C 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; and
- (4) the Committee is requested to note the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) and the Member representatives on the Joint Committee for 2018/19.

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Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2018/19 and identify scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny 'adds value' to the Council.

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

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

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme and identify scrutiny review topics.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

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

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report but reference in the Work Programme to the approval of, and monitoring of recommendations contained in the Residential and Care Homes Working Group Final Report will help to protect vulnerable members of Sefton's communities.
Facilitate confident and resilient communities: None directly applicable to this report
Commission, broker and provide core services: None directly applicable to this report
Place – leadership and influencer: None directly applicable to this report.
Drivers of change and reform: None directly applicable to this report
Facilitate sustainable economic prosperity: None directly applicable to this report
Greater income for social investment: None directly applicable to this report

Cleaner Greener: None directly applicable to this report

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Work Programme and Key Decision Forward Plan Report is not subject to FD/LD consultation. Any specific financial and legal implications arising from the consideration of a key decision will be subsequently reported to Members in an appropriate manner.

The Head of Adult Social Care has been consulted in the preparation of this report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

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

Appendices:

The following appendices are attached to this report:-

- Appendix A - Work Programme for 2018/19;
- Appendix B - Criteria Checklist For Selecting Topics For Review; and
- Appendix C - 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 2018/19

1.1 The proposed Work Programme of items to be submitted to the Committee for consideration during the Municipal Year 2017/18 is set out in **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.

1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the

Agenda Item 10

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 2018/19 and note that additional items may be submitted to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPICS 2018/19

- 2.1 It is usual practise for the Committee to appoint a Working Group(s) to undertake a scrutiny review of services during the Municipal Year
- 2.2 A criteria checklist for selecting and rejecting potential topics to review is attached at **Appendix B**, to assist the Committee in selecting topic(s) and appointing Working Group(s) for the Municipal Year.
- 2.3 The Committee may wish to consider a potential topic arising from the discussions held with the representatives of Sefton Clinical Commissioning Groups and NHS England on Agenda Item 4, GP Primary Care Strategy in Sefton.
- 2.4 In addition, the subject of DNAs (Did Not Attend) in terms of non-attendance for appointments at GP surgeries has been raised previously as a potential topic for review.
- 2.5 **The Committee is requested to consider any potential scrutiny review topic(s), including any issues arising as a result of consideration of Agenda Item 4, establish a Working Group for the chosen topic and appoint at least 3 Members of the Committee to the Working Group.**

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

- 3.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four month period.
- 3.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 3.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 3.4 The latest Forward Plan is attached at **Appendix C** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 3.5 There are 3 items within the current Plan that fall under the remit of the Committee on this occasion, namely:-

- Healthwatch Sefton;
- Joint Public Health Service between Sefton and Knowsley; and
- New Directions Partnership with Knowsley Metropolitan Borough Council.

3.6 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.

3.7 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix D 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. JOINT HEALTH SCRUTINY COMMITTEE FOR CHESHIRE AND MERSEYSIDE (ORTHOPAEDIC SERVICES)

4.1 Following decisions taken by Knowsley, Liverpool and Sefton Councils, that the 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 the future provision of Orthopaedic Services.

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

4.3 Site visits to view facilities at Broadgreen Hospital took place during September 2017 and also at Aintree Hospital during October 2017.

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

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

4.5 At its meeting on 24 May 2018, the Cabinet agreed that where 3 or less local authorities request the scrutiny of a substantial variation to a service, the following Members of this Committee will represent the Council:-

Chair (Councillor Page);
Vice-Chair (Councillor Marianne Welsh); and
One Lib Dem Member (Councillor Dawson)
(Lab 2/Lib Dem 1)

4.6 It is anticipated that a further meeting of the Joint Committee will be convened in the near future to consider the final proposals.

4.7 **The Committee is requested to note the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) and the Member representatives on the Joint Committee for 2018/19.**

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OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

WORK PROGRAMME 2018/19

	26 JUNE 18	04 SEPTEMBER 18	16 OCTOBER 18	08 JANUARY 19	26 FEBRUARY 19
Regular Reports:-					
Cabinet Member Update Report	X	X	X	X	X
Work Programme Update (Debbie Campbell)	X	X	X	X	X
CCGs' Update Report	X	X	X	X	X
Health Provider Performance Dashboard (CCGs)	X	X	X	X	X
Service Operational Reports:-					
Public Health Annual Report (Steve Gowland)	X				
Community Equipment Store Review (Sharon Lomax)		X			
Green Paper on Care and Support for Older People and Long Term Funding (Sharon Lomax)		X			

	26 JUNE 18	04 SEPTEMBER 18	16 OCTOBER 18	08 JANUARY 19	26 FEBRUARY 19
Joint Public Health Service Between Sefton and Knowsley (Margaret Jones/Lisa Cunningham)		X			
Draft Quality Accounts - Process to be Undertaken (Debbie Campbell)				X	
CCGs' Updates					
Finance Allocations Update	X				
NHS Updates:-					
GP Primary Care Strategy (CCGs and NHS England)	X				
Southport and Ormskirk Hospital NHS Trust		X			
Scrutiny Review Progress Report:					
Residential and Care Homes Working Group – Progress Report (Peter Moore)		X			

CRITERIA CHECKLIST FOR SELECTING TOPICS FOR REVIEW

Criteria for Selecting Items
▪ Issue identified by members as key issue for public (through member surgeries, other contact with constituents or volume of complaints)
▪ Poor performing service (evidence from performance indicators/benchmarking)
▪ Service ranked as important by the community (e.g. through market surveys/citizens panels)
▪ High level of user/general public dissatisfaction with service (e.g. through market surveys/citizens panels/complaints)
▪ Public interest issue covered in local media
▪ High level of budgetary commitment to the service/policy area (as percentage of total expenditure)
▪ Pattern of budgetary overspends
▪ Council corporate priority area
▪ Central government priority area
▪ Issues raised by External Audit Management Letter/External audit reports
▪ New government guidance or legislation
▪ Reports or new evidence provided by external organisations on key issue
▪ Others

CRITERIA FOR REJECTION

Potential Criteria for Rejecting Items
▪ Issue being examined by the Cabinet
▪ Issue being examined by an Officer Group : changes imminent
▪ Issue being examined by another internal body
▪ Issue will be addressed as part of a Service Review within the next year
▪ New legislation or guidance expected within the next year
▪ Other reasons specific to the particular issues.

SCRUTINY CHECKLIST DO'S AND DON'TS

DO
◆ Remember that Scrutiny <ul style="list-style-type: none"> ◆ Is about learning and being a "critical friend"; it should be a positive process ◆ Is not opposition
◆ Remember that Scrutiny should result in improved value, enhanced performance or greater public satisfaction
◆ Take an overview and keep an eye on the wider picture
◆ Check performance against local standards and targets and national standards, and compare results with other authorities
◆ Benchmark performance against local and national performance indicators, using the results to ask more informed questions
◆ Use Working Groups to get underneath performance information
◆ Take account of local needs, priorities and policies
◆ Be persistent and inquisitive
◆ Ask effective questions - be constructive not judgmental
◆ Be open-minded and self aware - encourage openness and self criticism in services
◆ Listen to users and the public, seek the voices that are often not heard, seek the views of others - and balance all of these
◆ Praise good practice and best value - and seek to spread this throughout the authority
◆ Provide feedback to those who have been involved in the review and to stakeholders
◆ Anticipate difficulties in Members challenging colleagues from their own party
◆ Take time to review your own performance
◆ DON'T
◆ Witch-hunt or use performance review as punishment
◆ Be party political/partisan
◆ Blame valid risk taking or stifle initiative or creativity
◆ Treat scrutiny as an add-on
◆ Get bogged down in detail
◆ Be frightened of asking basic questions
◆ Undertake too many issues in insufficient depth
◆ Start without a clear brief and remit
◆ Underestimate the task
◆ Lose track of the main purpose of scrutiny
◆ Lack sensitivity to other stakeholders
◆ Succumb to organisational inertia
◆ Duck facing failure - learn from it and support change and development
◆ Be driven by data or be paralysed by analysis - keep strategic overview, and expect officers to provide high level information and analysis to help.

KEY QUESTIONS

Overview and Scrutiny Committees should keep in mind some of the fundamental questions:-

Are we doing what users/non users/local residents want?
Are users' needs central to the service?
Why are we doing this?
What are we trying to achieve?
How well are we doing?
How do we compare with others?
Are we delivering value for money?
How do we know?
What can we improve?

INVESTIGATIONS:-

To what extent are service users' expectations and needs being met?
To what extent is the service achieving what the policy intended?
To what extent is the service meeting any statutory obligations or national standards and targets?
Are there any unexpected results/side effects of the policy?
Is the performance improving, steady or deteriorating?
Is the service able to be honest and open about its current performance and the reasons behind it?
Are areas of achievement and weakness fairly and accurately identified?
How has performance been assessed? What is the evidence?
How does performance compare with that of others? Are there learning points from others' experiences?
Is the service capable of meeting planned targets/standards? What change to capability is needed.
Are local performance indicators relevant, helpful, meaningful to Members, staff and service users?

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SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 JULY 2018 - 31 OCTOBER 2018

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

As a matter of local choice, the Forward Plan also includes the details of any significant issues to be initially considered by the Executive Cabinet and submitted to the Full Council for approval.

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

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

Agenda Item 10

Appendix C

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

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

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

NOTE:

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

Margaret Carney
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Healthwatch Sefton	John Keogh john.keogh@sefton.gov.uk Tel: 0151 934 3718
Joint Public Health Service between Sefton and Knowsley	Matthew Ashton matthew.ashton@sefton.gov.uk, Margaret Jones margaret.jones@sefton.gov.uk Tel: 0151 934 3348, Lisa Whittingham lisa.whittingham@sefton.gov.uk
New Directions Partnership with Knowsley Metropolitan Borough Council	Sharon Lomax sharon.lomax@sefton.gov.uk Tel: 0151 934 4900

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<p>Healthwatch Sefton To seek approval to begin a tendering process for a new contract to deliver Sefton’s local Healthwatch service. The Health and Social Care Act 2012 makes provision for a Local Healthwatch to act as the consumer champion for health and social care services. Responsibility for commissioning this service has been with Local Authorities since 1st April 2013. Sefton CVS were awarded a two year contract (with a one year option to extend) to deliver Sefton’s local Healthwatch service via a subsidiary in April 2013. The contract ended on 31st March 2015 and the contract was extended for a further 12 months to 31st March 2016. The contract was re-awarded to Sefton CVS in April 2016 for 2 years with the option of a 1 year extension and is due to end March 2019</p>			
Decision Maker	Cabinet			
Decision Expected	26 Jul 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	Not applicable			
Method(s) of Consultation	Not applicable			
List of Background Documents to be Considered by Decision-maker	Healthwatch Sefton			
Contact Officer(s) details	John Keogh john.keogh@sefton.gov.uk Tel: 0151 934 3718			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Joint Public Health Service between Sefton and Knowsley To set out the principles for a proposed joint Public Health Service between Sefton Council and Knowsley Council			
Decision Maker	Cabinet			
Decision Expected	26 Jul 2018 Decision due date for Cabinet changed from 21/06/2018 to 26/07/2018. Reason: The matter has been deferred due to delays to the Project Plan			
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	Sefton and Knowsley Chief Executives; Sefton and Knowsley Cabinet Members; Project Board; Sefton and Knowsley Public Health Teams; Sefton and Knowsley Public Health SLT; and Trade Unions			
Method(s) of Consultation	Project Board Meetings; Team Meetings; Joint SLT Meetings; Briefing Sessions; and Trade Union Meetings			
List of Background Documents to be Considered by Decision-maker	Joint Public Health Service between Sefton and Knowsley			
Contact Officer(s) details	Matthew Ashton matthew.ashton@sefton.gov.uk , Margaret Jones margaret.jones@sefton.gov.uk Tel: 0151 934 3348, Lisa Whittingham lisa.whittingham@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	<p>New Directions Partnership with Knowsley Metropolitan Borough Council</p> <p>The purpose of this report is to provide an update in respect of the work on a possible partnership with Knowsley Metropolitan Borough Council, Sefton Metropolitan Borough Council and New Directions whereby Knowsley Metropolitan Borough Council Adult Social Care functions would be delivered through New Directions. Sefton Metropolitan Borough Council Adult Social Care services are already delivered by New Directions. Should the outcome of the work indicate that a Partnership is recommended this will be presented to members in the form of a Business Case for consideration.</p>			
Decision Maker	Cabinet			
Decision Expected	<p>6 Sep 2018</p> <p>Decision due date for Cabinet changed from 26/07/2018 to 06/09/2018. Reason: Following the local elections and subsequent AGM in Knowsley there has been a change in Leadership and Portfolio Leads. Accordingly there needs to be sufficient time given to ensure that there is appropriate discussion with the Councillor leadership team in Knowsley</p>			
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	Cabinet Members; Strategic Leadership Team; and Knowsley MBC			
Method(s) of Consultation	Meetings			
List of Background Documents to be Considered by Decision-maker	New Directions Partnership with Knowsley Metropolitan Borough Council			
Contact Officer(s) details	Sharon Lomax sharon.lomax@sefton.gov.uk Tel: 0151 934 4900			