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



OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, SOUTHPORT ON TUESDAY 7TH JANUARY, 2020

PRESENT: Councillor Doyle (in the Chair)

Councillor Roscoe (Vice-Chair)

Councillors Carr, Howard, Irving, Jones, Myers,

Pugh and Waterfield

ALSO PRESENT: Mr. B. Clark, Healthwatch

Mr. R. Hutchings, Healthwatch

Councillor Moncur, Cabinet Member - Health and

Wellbeing

35. APOLOGIES FOR ABSENCE

An apology was received from Councillor Cummins, Cabinet Member – Adult Social Care.

36. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declaration of personal interest was made, and the Member concerned remained in the room during the consideration of the item:

Member	Minute No.	Nature of Interest
Councillor Roscoe	Minute No. 38 – Joint Strategic Needs Assessment	She is an Administration and Support Officer for the British Lung Foundation.

37. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 15 October 2019, be confirmed as a correct record.

38. JOINT STRATEGIC NEEDS ASSESSMENT

The Committee received a presentation from Wayne Leatherbarrow, the Service Manager – Performance and Business Intelligence, Strategic Support, on the Joint Strategic Needs Assessment (JSNA). The presentation outlined the following:

- Sefton Business Intelligence;
- Sefton:
 - By Wards;
 - Information on the Borough;
 - Population;
 - Household Properties;
 - Working age employment rate;
 - Children and Young People;
 - Visitors and Recreational Facilities;
- Deprivation Across Sefton;
- Identifying Financial Risk:
 - People aged 65+;
 - Working Age and Young People;
- Joint Strategic Needs Assessment:
 - Data Collection and Analysis;
 - Summary of Data Analysis;
- Summary (If Sefton was a community of only 100 Adults and 100 Children);
- The Four Pillars of Population Health;
- Sefton's Health and Wellbeing Across the Life-course;
- Joint Strategic Needs Assessment Next Steps; and
- Health and Wellbeing Strategy.

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

- Could comparisons of Wards be provided?
 Comparative positions were provided within each Ward profile, relative to data items being compared with.
- Did the recreational facilities include the coast?
 Yes.
- Did the business opportunities include Peel Ports, and could the number of business opportunities be sought?
 Peel Ports was included. Any business opportunities would need to be open to all residents, rather than certain Wards only.
- How often was the JSNA undertaken?
 Every 4 years. More frequent lower level analysis was undertaken and informed service delivery.
- How did the existence of the Liverpool City Region Combined Authority affect the JSNA?
 Each local authority undertook its own JSNA. Information was shared between authorities and comparisons used.
- Were the figures fed into the fairer funding calculation and were there any discrepancies?

The figures were used for the fairer funding calculation and discrepancies had not been found.

 Was it possible to identify specific areas where deaths due to air pollution occurred and did any trends analysis take place?
 Deaths due to air pollution could be mapped and tended to occur on main arterial routes. Trend analysis did not take place.

The Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, reported that the CCGs utilised the JSNA data as predicted prevalences could be sought. Trends were examined for predictions and forecasts.

RESOLVED:

That the presentation be noted and the Service Manager – Performance and Business Intelligence, be thanked for his attendance.

39. CLIMATE EMERGENCY

Further to Minute No. 33 of the Council meeting of 18 July 2019, the Committee considered the joint report of the Head of Corporate Resources and the Executive Director indicating that at its meeting on 18 July 2019, the Council had agreed a motion to declare a Climate Emergency. Work had progressed since that date on developing a programme structure, strategy and initial implementation plan for delivery of the motion and its objectives. In order to further inform this work, a baseline position was required across the Council of work that was currently underway or planned that could contribute to the Council achieving the aims of the motion. The report provided a summary of work undertaken to date and the exercise that was required to be led through each Overview and Scrutiny Committee in order to establish that baseline position.

The Section Manager Energy and Environmental Management, Corporate Resources, attended the meeting to provide a presentation to Members on the Climate Emergency.

The presentation outlined the following:

- Purpose;
- Sefton Target;
- How we quantify our emissions; and
- Next Steps.

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

 Had the government set aside any resources for this matter, as the initial investment required to achieve the goals would be large.
 The general direction of travel to carbon neutral goals was taking place and local authorities needed to be moving towards cleaner

investments. Funding might become available and discussions with the Liverpool City Region Combined Authority could take place.

 Did the Council's core purpose of Cleaner Greener include public transport?
 It did include public transport.

The Committee agreed that:

- (1) the Council's agreed approach to delivering the objectives, as set out in the Council motion that declared a climate emergency, be noted;
- (2) the activity that will take place within the first 12 months of the programme; be noted; and
- (3) the important role of each Overview and Scrutiny Committee in delivering the Council's objectives, as set out in the agreed motion, and the initial work that is required to be carried out in each area of the Council's activity by all Heads of Service, in order to form an initial baseline position, be noted. This initial work will be reported back to the next meeting of the Committee.

40. PRIMARY CARE NETWORKS IN SEFTON

The Committee received a presentation from Tracy Jeffes, Director of Place – South Sefton, Clinical Commissioning Groups (CCGs) on Primary Care Networks (PCNs) in Sefton. The presentation outlined the following:

- Overview of the presentation;
- Policy and delivery at different levels;
- A possible future landscape for Sefton;
- A confident and connected Borough;
- What are PCNs?:
- National Policy on PCNs;
- Recent announcements:
- Local relevance of PCNs;
- Sefton PCNs;
- Sefton's Locality Model;
- PCN Clinical Directors;
- Progress so far:
 - getting established;
 - Team and service development across Sefton PCNs;
- Individual PCN priorities; and
- Summary.

Dr Craig Gillespie. Clinical Vice-Chair, NHS South Sefton Clinical Commissioning Group, GP lead for primary care, and Clinical Director Crosby and Maghull PCN, was also in attendance to provide information and respond to questions put by Members of the Committee.

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

- Did GPs have no option on whether to join a PCN?
 PCNs were part of national policy. GPs often practiced in groups.
 This was the first time they had been joined together as a way of moving forward. Some practices in Sefton had chosen not to join a PCN and their patients would be allocated to a PCN.
- Were pharmacists part of PCNs?
 Yes, PCNs were not just a group of GPs. At some point PCNs may broaden, depending on directives from NHS England. High street pharmacists wanted to engage with PCNs which were in different places of development and ever-evolving.
- Would PCNs take GPs away from patients and had this time factor been assessed?
 There was acknowledgement that this important piece of work could take GPs away from a limited amount of clinical practice.
- Social prescribing could make a difference at the local level, although funding was required to support it.
 Integrated commissioning provided opportunities to utilise social prescribing and some funding was available for it.
- Reference was made to the proposals for a low secure facility at the Ashworth Hospital site as a site for national excellence.
 Work was taking place between the CCGs and Mersey Care on an integrated model for community services.

The Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, reported that regular updates on progress of the PCNs could be reported to the Committee.

RESOLVED:

That the presentation and information provided on Primary Care Networks in Sefton be noted, and regular updates be received by the Committee.

41. UPDATE ON NORTH MERSEY URGENT CARE REVIEW

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) that set out the case for change for the North Mersey Urgent Care Review that was currently ongoing across NHS South Sefton CCG and NHS Liverpool CCG; presented the findings from early engagement with local populations; and set out the next steps in the process to bring forward a proposal for the future delivery of these services.

The report set out the background to the matter; the current position; the scope of the urgent care review; the engagement approach; health and care system collaboration; together with a conclusion and indicative timescale.

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

- The review did not include the 7 Day GP extended access scheme and currently service delivery would not necessarily fit together.
 The 7 Day GP extended access scheme had been considered and that concern had been expressed previously. Services would need to be aligned and the process managed.
- Could services be in conflict if the proposals were put in place?
 The specification for the urgent care review would require flexibility in order to avoid such conflict.

RESOLVED:

That the update on the North Mersey Urgent Care Review be noted.

42. 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 Clinical Commissioning Groups (CCGs). The report outlined details of the following:

- Help us help you holiday health advice;
- Events encourage Sefton residents to join patient groups;
- Sefton 2gether five-year plan for health finalised;
- Video campaign encourages Sefton residents to self-care;
- Patients urged to play their part to keep antibiotics working; and
- New faces at governing body meetings.

RESOLVED:

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

43. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), that provided data on key performance areas, together with responses for the Friends and Family Test for both

Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust. Information on the monitoring of the new 7-day GP extended access scheme for both CCGs was included within the data. Further to Minute No. 27 (2) and 31 (2) of 15 October 2019, information on both the transient ischaemic attack (TIA) (mini stroke) performance and cancer – 62-day screening at Southport and Ormskirk Hospital NHS Trust was also provided.

The Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, reported that the Chief Operating Officer at Southport and Ormskirk Hospital NHS Trust could be invited to a future meeting in order to report on transient ischaemic attack (TIA) (mini stroke) performance, as part of the Sefton Clinical Commissioning Groups' update report.

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

- Regarding Mental Health: IAPT Access, why was the target set as 1.59% per month quarter 1-3? Was it compared nationally/regionally?
 - This was a national target. Comparisons had been sought and the CCGs would continue to lobby to ask for the target to be reviewed.
- The utilisation for the 7-day GP enhanced access scheme for both CCGs was low and it would be interesting to see the demand for each discipline.
 - Anecdotal reports suggested the figures had improved since September 2019, the date of the most recent data available. Further detail on the enhanced access scheme could be provided in future reports, if available.

RESOLVED: That

- (1) the information on Health Provider Performance be noted; and
- the Sefton Clinical Commissioning Groups be requested to invite the Chief Operating Officer at Southport and Ormskirk Hospital NHS Trust to a future meeting of the Committee, in order to report on transient ischaemic attack (TIA) (mini stroke) performance, as part of the Sefton Clinical Commissioning Groups' update report.

44. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer 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 the Committee.

The Cabinet Member update report – Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Good News Local Government Chronicle Awards;
- Commissioning;
- Safeguarding;
- National Safeguarding Week;
- · Merseyside Safeguarding Adults Board;
- Liverpool City Region Combined Authority Proposal Adult Safeguarding;
- Social Work England;
- · Apprenticeships;
- Financial Update
 - o Revenue; and
 - Adult Social Care Capital.

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

The Cabinet Member update report – Health and Wellbeing, attached to the report at Appendix B, outlined information on the following:

- · Health Checks;
- Screening Update;
- Community Infection, Protection and Control;
- Winter Planning;
- Obesity;
- Adverse Childhood Experiences (ACEs);
- Southport Money Advice Group;
- Transformational Change of Public Health Services;
- Public Health Sector-Led Improvement;
- Public Health Service Plan Update;
- Prevention Green Paper Consultation Response;
- Sefton Sports Awards Venue Proposal; and
- Active Sefton Summer Programmes;

Councillor Moncur, Cabinet Member – Health and Wellbeing, attended the meeting to present his update report and highlight aspects of it.

RESOLVED:

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

45. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer, seeking the views of the Committee on the Work Programme for the remainder of the Municipal Year 2019/20; identifying any items for prescrutiny from the Key Decision Forward Plan; considering the process to be undertaken during 2020 regarding draft Quality Accounts; and receiving

an update on the Liverpool combined Authority Overview and Scrutiny Committee.

The Committee agreed that:

- (1) the Work Programme for 2019/20, as set out in Appendix A to the report, be agreed;
- (2) the contents of the Key Decision Forward Plan for the period 1 January 30 April 2020, be noted;
- (3) consideration of the arrangements to scrutinise draft Quality Accounts during 2020 be delegated to the Chair of the Committee and once the process has been determined, Committee Members to be informed of the arrangements; and
- (4) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.