

Public Document Pack

Sefton Council 

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

DATE: Tuesday, 7th January 2020

TIME: 6.30 p.m.

VENUE: Birkdale Room - Southport Town Hall, Lord Street, Southport, PR8 1DA

Member

Councillor
Cllr. Mhairi Doyle, M.B.E. (Chair)
Cllr. Diane Roscoe (Vice-Chair)
Cllr. Anthony Carr
Cllr. Linda Cluskey
Cllr. Christine Howard
Cllr. David Irving
Cllr. Terry Jones
Cllr. Greg Myers
Cllr. Dr. John Pugh
Cllr. Carran Waterfield
Brian Clark, Healthwatch
Roger Hutchings, Healthwatch

Substitute

Councillor
Cllr. Clare Carragher
Cllr. Sean Halsall
Cllr. Nina Killen
Cllr. Michael O'Brien
Cllr. Michael Roche
Cllr. Pat O'Hanlon
Cllr. Tony Brough
Cllr. Paul Tweed
Cllr. Iain Brodie - Browne
Cllr. Veronica Webster

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

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

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

AGENDA

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 Meeting (Pages 5 - 16)

Minutes of the meeting held on 15 October 2019.

4. Joint Strategic Needs Assessment (Pages 17 - 40)

Presentation submitted by the Head of Strategic Support.

5. Climate Emergency (Pages 41 - 52)

Report of the Head of Corporate Resources/Executive Director.

6. Primary Care Networks in Sefton (Pages 53 - 58)

Joint presentation by NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

7. Update on North Mersey Urgent Care Review (Pages 59 - 64)

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

- 8. Sefton Clinical Commissioning Groups - Update Report** (Pages 65 - 68)
- Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 9. Sefton Clinical Commissioning Groups - Health Provider Performance Dashboard** (Pages 69 - 78)
- Joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.
- 10. Cabinet Member Reports** (Pages 79 - 98)
- Report of the Chief Legal and Democratic Officer.
- 11. Work Programme Key Decision Forward Plan** (Pages 99 - 116)
- Report of the Chief Legal and Democratic Officer.

This page is intentionally left blank

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 15TH OCTOBER, 2019

PRESENT: Councillor Doyle (in the Chair)
Councillor Roscoe (Vice-Chair)
Councillors Carr, Cluskey, Irving, Jones, Myers,
Pugh, Roche (Substitute Member for Councillor
Howard), and Waterfield

ALSO PRESENT: Mr. B. Clark, Healthwatch
Mr. R. Hutchings, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social
Care

22. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Howard.

23. INTRODUCTIONS

Introductions took place.

24. DECLARATIONS OF INTEREST

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

Member	Minute No.	Nature of Interest
Councillor Carr	Minute No. 26 - Merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospital NHS Trust	His wife is employed by Aintree University Hospital NHS Foundation Trust;
Councillor Roscoe	Minute No. 28 - NHS Sefton Five Year Place Plan	She is an Administration and Support Officer for the British Lung Foundation.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

25. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 3 September 2019, be confirmed as a correct record.

26. MERGER OF AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST AND THE ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST

The Committee received a presentation from Steve Warburton, Chief Executive, Liverpool University Hospitals NHS Foundation Trust, on the merger of Aintree, Broadgreen and the Royal Liverpool Hospitals.

The presentation outlined:

- Progress on coming together as Liverpool University Hospitals NHS Foundation Trust:
 - Transaction and Integration Update;
 - Statutory Board posts;
- Phase 1 Integration:
 - Quality Assurance Outcome;
- Engagement Update:
 - The Engagement Process; and
 - Key Findings – Patients, Public and Wider Stakeholders.

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

- Would the new-build Royal Liverpool Hospital be a private hospital with consultants only undertaking private work.
No. Although the new-build Royal would have single rooms, it would belong entirely to the new Trust and there were no moves to privatisation. Private healthcare took place at Spire Liverpool Hospital.
- Clinicians were reportedly unhappy regarding the changes being implemented.
Plans for developments were clinically-led. Every specialist area had put their own proposals forward. Operating theatres had been refurbished and proposals to move facilities associated with trauma care were necessary to accommodate orthopaedic proposals. There had been some issues with scheduling/timetabling for theatres. Care of older patients would be maintained across all three sites.
- There were staffing issues across the North Mersey area, particularly given that bursaries were no longer available to nursing students.

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

Staffing was one of the biggest issues for the Trust and a campaign had been launched for recruitment and retention. Financially, the Trust was unable to support bursaries.

- Further to Minute No. 11 (6) of 25 June 2019, the risk of social isolation for older people at the new-build Royal, due to the single rooms, was raised. Could the structure be changed to mitigate this risk?
The new-build had been planned during the mid-2000s. At the time, this had been considered as the preferred option due to factors such as patient dignity, etc. Mitigating the risk of social isolation, particularly for older patients would be a challenge for the Trust. The structure of the new-build could not be changed.
- Parking charges were now being applied to people with disabilities at Aintree Hospital. This was unfair, particularly as it took such individuals longer to get to their required location.
The Trust would prefer not to have to apply car parking charges, but the multi-story car park had been built at Aintree Hospital due to high demand and charges helped to pay for the facility. People with disabilities were treated the same as everyone else.
- Some departments at Aintree Hospital now had self check-in, although a staff member was present.
Most GP practices now had self check-in, although it was necessary to maintain a degree of assistance for some patients.
- Would haematology and oncology be shared across the three sites?
This would eventually be managed by the new Clatterbridge facility and would be delivered by the Royal Hospital.
- Staff parking used to be an issue at Broadgreen Hospital and the local authority had had to introduce a residents' parking scheme. Aintree Hospital had worked with the local authority and part-funded a residents' parking scheme. All the parking spaces at Aintree were owned by the Trust, whereas the Royal Hospital had out-sourced some parking facilities to National Car Parks (NCP).
- Would the old hospital site at the Royal be used for parking once the new-build was completed?
The Trust would work with the local authority as to the best use. It was not intended to sell the land.
- Were staff asked how improvements could be made at the Trust and were their views taken into consideration?
The Trust tried to listen to staff views and implement suggestions, as appropriate.
- Could underground parking be implemented by the Trust?

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

Underground parking would be extremely expensive and the Trust was facing severe financial restraints.

RESOLVED:

That the presentation and information provided on the merger of Aintree, Broadgreen and the Royal Liverpool Hospitals be noted and Mr. Warburton be thanked for attending the Committee.

27. REVIEW OF HYPER-ACUTE STROKE SERVICES

The Committee considered the joint briefing paper produced on behalf of the following Clinical Commissioning Groups (CCGs):

- NHS Knowsley CCG;
- NHS Liverpool CCG;
- NHS South Sefton CCG; and
- NHS Southport and Formby CCG.

The briefing paper presented the case for change for a re-design of hyper-acute stroke services across the North Mersey area, proposing the adoption of a new model of care that would transform health outcomes, meet clinical standards and eliminate unwarranted variation for the population.

The briefing paper set out the background to the matter; the context and challenges; the current position in the North Mersey area; the clinical case for change; the review of stroke services; an indicative timeline and milestones; proposed engagement and communications; together with a conclusion.

Dr. Paddy McDonald, a Consultant at Southport and Ormskirk Hospital NHS Trust, attended the meeting to present the briefing paper to the Committee, to highlight aspects of it, and to respond to questions put by Members of the Committee.

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

- Should every person with stroke-like symptoms be seen by a stroke specialist?
Paramedics carried out the FAST triage approach (face, arms, speech, time). Options were currently being explored as to the preferred approach for an acute stroke presentation.
- What would be the radius for any proposed comprehensive stroke centre?
Whilst there were no firm plans at this stage, a comprehensive stroke centre could serve the North Mersey area. For post-acute care, treatment could be available closer to patients' homes.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

- What was the estimated cost for the proposed comprehensive stroke centre?
Costings had yet to take place as work was on-going to determine any clinical models for the future.
- Performance on Transient Ischaemic Attack (TIA) (mini stroke) at Southport and Ormskirk Hospital NHS Trust was not currently meeting the target. This matter had been raised by the Committee previously.
The proposals were likely to assist with TIAs. The Chief Finance Officer and Deputy Chief Officer, South Sefton Clinical Commissioning Group (CCG) Southport and Formby CCG indicated that the TIA performance would be considered, with a view to providing a further update to the next Committee meeting.
- Stroke services at Aintree University Hospital NHS Foundation Trust were praised.
The proposals aimed to improve performance across the North Mersey area.
- Were the proposals clinician-driven?
Yes. A collaborative approach was required, partly due to the workforce issues in the NHS and stroke services in particular.

RESOLVED: That

- (1) the joint briefing paper on the review of hyper-acute stroke services be noted; and
- (2) the Chief Finance Officer and Deputy Chief Officer, South Sefton Clinical Commissioning Group (CCG) Southport and Formby CCG be requested to consider TIA performance at Southport and Formby Hospital NHS Trust, with a view to providing a further update to the next Committee meeting.

28. NHS SEFTON FIVE YEAR PLACE PLAN

The Committee considered the report of the Programme Director, Sefton Health and Social Care Transformation Programme, NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), indicating that Sefton was currently engaging on the compilation of a draft Five-Year Place Plan for the local NHS. This was in co-operation with all local partners to support the delivery of Sefton's Health and Wellbeing Strategy and contributed towards the five-year plan for the Cheshire and Merseyside Health and Care Partnership. The report set out the background to the matter; the approach undertaken to prepare the draft plan; expected outcomes and foundations; ambitions; priorities; a future view of Sefton; patient expectations and population responsibility; together with the timeline of actions over forthcoming months. The report also set out feedback received to date; key issues and conclusions. A copy of the draft Plan was

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

attached to the report. The Committee was invited to make comments on the content of the Plan, as part of the engagement process.

Cameron Ward, Programme Director, Sefton Health and Social Care Transformation Programme, attended the meeting to present the report and draft Plan to the Committee; to highlight aspects of it; and to respond to questions put by Members of the Committee.

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

- Regarding the statements within the draft Plan, setting out responsibilities of Sefton residents, how could these be reconciled to those members of communities who are struggling to cope on a daily basis?
The Plan provided an opportunity to encourage the public to assist themselves and for services to be provided in the right way. Advice could be sought from Healthwatch Sefton and other partners as to how best to deliver such messages.
- The Plan appeared to be aspirational, as it did not contain many measurable targets.
There were some 900 targets within the Long-Term Plan. Progress from the original 2014 Shaping Sefton Strategy could be shared with Committee Members.
- Different Wards had different health issues and chronic obstructive pulmonary disease (COPD) was prevalent in some areas, with little help for sufferers. The air quality was poor in certain parts of the Borough which contributed to the condition.
There were numerous health issues across the Borough and the CCGs had made positive contributions to discussions on air quality.
- The lack of experience of learning to cook and create healthy food by children could be overcome by working with schools.
Engagement with schools remained on-going. The Living Well Sefton initiative had some such initiatives across the Borough.
- The Netherton Feelgood Factory was an example of good practice that could signpost people regarding different issues.
This was part of the Living Well Sefton initiative. Often the public were not aware of locally available facilities.
- Obesity and weight management appeared to be an issue across the Borough. Fast food outlets were a contributory factor.
This was a complex issue affected by a range of issues and Sefton was not unique in this respect. Some planning restrictions could be applied to fast food outlets.

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

- A range of different services were available to the public. Were they all delivering as they should be?
The Council and the CCGs adopted an integrated approach and could hold providers to account through the commissioning process. A number of organisations were represented on the Provider Alliance in Sefton.
- How was the competition managed when organisations could be bidding against each other?
A collaborative approach was required to make the best use of resources and skills, and investment in voluntary organisations was encouraged.

RESOLVED:

That progress on the development of the Five-Year Place Plan be noted.

29. PROGRESS UPDATE ON THE DEVELOPMENT OF A NEW JOINT HEALTH AND WELLBEING STRATEGY FOR SEFTON 2020-2025

The Committee considered the report of the Director of Public Health providing an update on the development of a new Joint Health and Wellbeing Strategy for Sefton for 2020 – 2025, that was a legal duty under the Health and Social Care Act 2012. Development of the Strategy was shared by both the local authority and the Clinical Commissioning Groups (CCGs) and was overseen by the Health and Wellbeing Board. The report set out the background to the matter, together with the process and progress of the new Strategy; the policy context; public engagement; the proposed structure and content of the Strategy; areas that could benefit from further development; underlying assumptions and principles; the proposed outline; implementation, governance and oversight; and the next steps to be taken.

Matthew Ashton, Director of Public Health, attended the meeting to present the report to the Committee; to highlight aspects of it; and to respond to questions put by Members of the Committee.

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

- There was a possibility that Brexit could impact on society, resulting in a short period when the public and services could be struggling to cope.
Under such circumstances, the Health and Wellbeing Board would consider impacts and how to mitigate any risks.
- How would the Strategy be sustained beyond 2025?
There was a legal requirement for local authorities to have a Health and Wellbeing Board which would continue in the future and was tasked with driving improvements in the health and wellbeing of the

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

local population, together with promoting the reduction of health inequalities.

- Were external factors taken into account?
The surrounding context was constantly changing.
- Regarding the most recent Public Health Annual Report (PHAR) 2018/19 on the issue of air quality in Sefton, how many “hits” had the animated film received and had there been any feedback on it? It had been considered that a short animation was a more engaging method to reach the public. The Director of Public Health would seek information regarding “hits” and feedback on the PHAR and this would be provided to Members of the Committee in due course.

RESOLVED: That

- (1) the continuing development of the new Joint Health and Wellbeing Strategy be supported and promoted; and
- (2) the Director of Public Health be requested to provide information regarding the number of “hits” received by the most recent Public Health Annual Report and whether any feedback had been received, to the Senior Democratic Services Officer for circulation to Members of the Committee.

30. 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:

- Your Views on Shaping Sefton 11;
- Biggest Chats Yet;
- Pharmacy “Hub” Goes Borough-Wide;
- CCGs Prepare Launch of Pilot Stoma Service;
- Speaking Out for Patient Safety;
- New Students Reminded to Register with a GP;
- Search for Patients’ Champion Underway as CCG bids Farewell to Gill; and
- Last Governing Body Meetings of 2019.

Martin McDowell, the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton CCG and NHS Southport and Formby CCG, attended the meeting to present the update report to the Committee and to highlight aspects of it.

RESOLVED:

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

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

31. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), providing data on key performance areas, 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 also included within the data.

Martin McDowell, the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton CCG and NHS Southport and Formby CCG, attended the meeting to present the data to the Committee, to highlight aspects of it, and to respond to questions put by Members of the Committee.

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

- The performance of the cancer 62 day – screening, cumulative year to date at Southport and Ormskirk Hospital, appeared to be low. Was best practice for this area being shared with the Trust? The numbers of patients being seen at Southport and Ormskirk Hospital were lower than at Aintree Hospital. The Chief Finance Officer and Deputy Chief Officer undertook to investigate the types of cancer screening programmes taking place.
- Representatives of Southport and Ormskirk Hospital had previously advised that a different approach for the Friends and Family Test had been procured. Had the new approach been rolled-out yet? Not as yet.

RESOLVED: That

- (1) the information on Health Provider Performance be noted; and
- (2) the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, be requested to investigate the types of cancer screening programmes taking place at Southport and Ormskirk Hospital, if best practice for this area was being shared with the Trust, and advise the Committee of the outcome.

32. STATUTORY GUIDANCE ON OVERVIEW AND SCRUTINY IN LOCAL AND COMBINED AUTHORITIES

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

Further to Minute No. 18 of 4 September 2018, the Committee considered the report of the Chief Legal and Democratic Officer on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny.

The report indicated that the Government's Statutory Guidance was comprehensive and was set out within the following chapters:

- Culture;
- Resourcing;
- Selecting Committee Members;
- Power to Access Information;
- Planning Work; and
- Evidence Sessions.

The report drew Members' attention to "Maintaining the interest of full Council in the work of the scrutiny committee" and "Communicating scrutiny's role to the public" where recommendations for change had been made.

The report concluded by detailing the up-to-date position regarding progress being made regarding the recent Local Government Association peer review in relation to Overview and Scrutiny receiving performance reports.

A copy of the Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities published by the Ministry of Housing, Communities and Local Government was attached as an appendix to the report.

Members of the Committee asked questions/commented on the following issues:

- It would be interesting to see how well Sefton is performing compared to the Guidance.

RESOLVED: That

- (1) the statutory guidance and the measures the Council takes in relation to the issues covered in the guidance be noted;
- (2) Overview and Scrutiny Working Group Final Reports and recommendations be submitted to Cabinet and then Council for final approval;
- (3) updates on Liverpool City Region Combined Authority Scrutiny be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting; and

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

- (4) each Overview and Scrutiny Working Group consider if it is appropriate to seek the views of the general public on the matter under their consideration.

33. 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 this Committee.

The Cabinet Member Update Report - Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Strategic Commissioning:
 - Better Care Fund;
 - Single-Handed Care Project – Dignity at Home;
- Residential and Nursing Care Sector:
 - Payments to Care Homes;
 - Care Home Quality and Collaboration;
- Performance Highlights; and
- Financial Update:
 - Revenue.

Councillor Cummins, Cabinet Member – Adult Social Care, attended the meeting to present his Update Report and highlight aspects of it.

The Cabinet Member Update Report – Health and Wellbeing, attached to the report at Appendix B, outlined developments on the following aspects of Public Health:

- Health and Wellbeing Strategy:
 - Background;
 - Progress;
 - Engagement;
 - Next Steps;
- Applied Research Collaboration North West Coast; and
- Health Checks.

RESOLVED:

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

34. 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; and identifying any items for

Agenda Item 3

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 15TH OCTOBER, 2019

pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

A Work Programme for 2019/20 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed.

Members of the Committee raised matters on the following issue:

- Further to Minute No. 26 above, a representative of Aintree University Hospital NHS Foundation Trust should be invited to the meeting of the Committee scheduled for 25 February 2020, to enable Members to further scrutinise developments following the merger of the three Hospitals.

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

RESOLVED: That

- (1) the Work Programme for 2019/20, as set out in Appendix A to the report, be agreed;
- (2) the following item be included in the Committee's Work Programme for 2019/20:
 - A representative of Aintree University Hospital NHS Foundation Trust be invited to attend the meeting of the Committee scheduled for 25 February 2020, to enable Members to further scrutinise developments following the merger of the three Hospitals concerned; and
- (3) the contents of the Key Decision Forward Plan for the period 1 November – 29 February 2020, be noted.



Joint Strategic Needs Assessment

Wayne Leatherbarrow
Service Manger – Performance & Business Intelligence

www.sefton.gov.uk

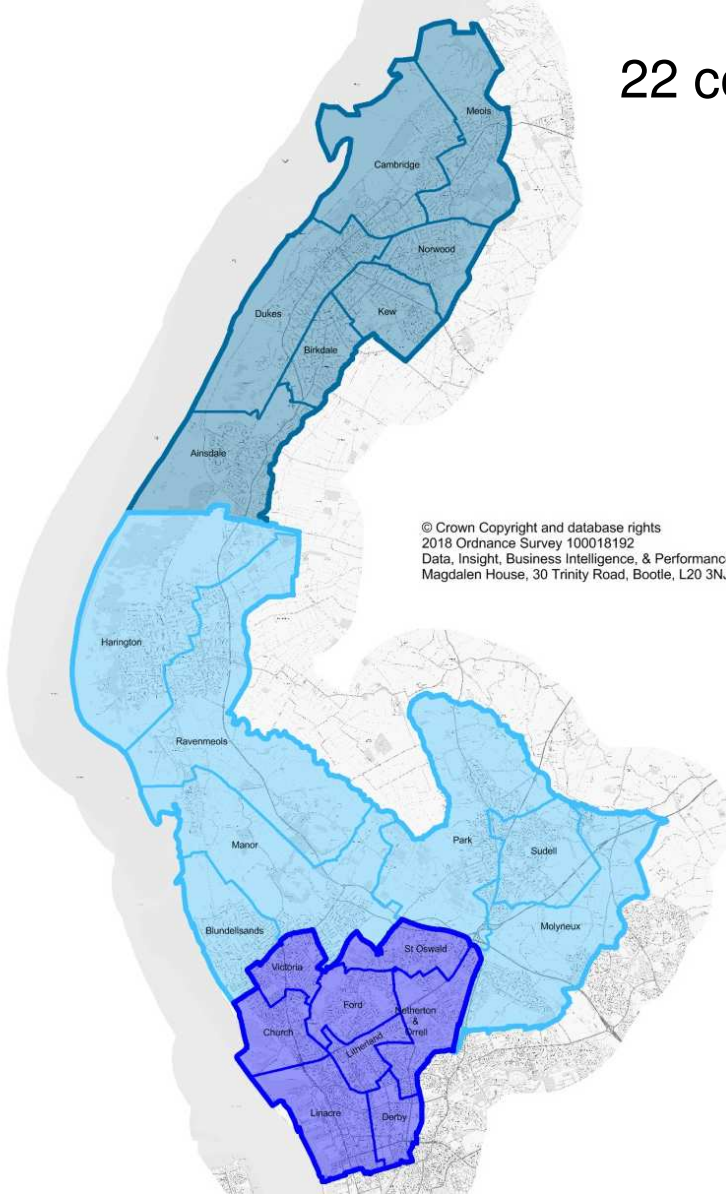
Sefton Council 

Sefton Business Intelligence

- The term Business Intelligence (BI) refers to technologies, applications and practices for collecting, integrating , analysing, and presenting business information.
- The team play a key role in the strategic planning process within the Council by gathering, processing and analysing significantly large sets of data to provide historical, current and predictive views of Council operations and to aid in decision-making.
- Joint Strategic Needs Assessment, better known as a JSNA - is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Sefton

22 constituency Wards in Sefton



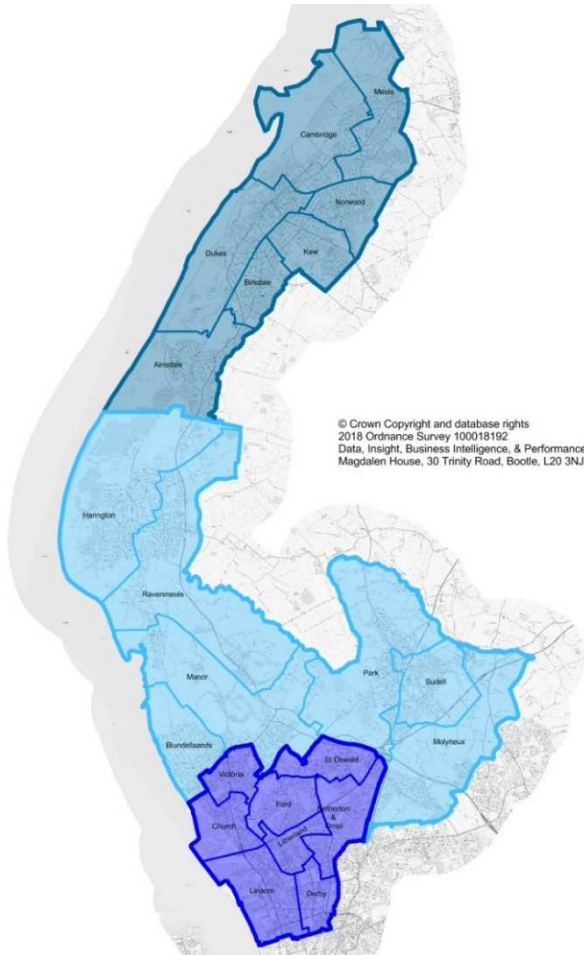
Bootle	Sefton Central	Southport
Church	Blundellsands	Ainsdale
Derby	Harrington	Birkdale
Ford	Manor	Cambridge
Linacre	Molyneux	Dukes
Litherland	Park	Kew
Netherton & Orrell	Ravenmeols	Meols
St Oswald	Suddell	Norwood
Victoria		

Sefton

274,589 people live in Sefton

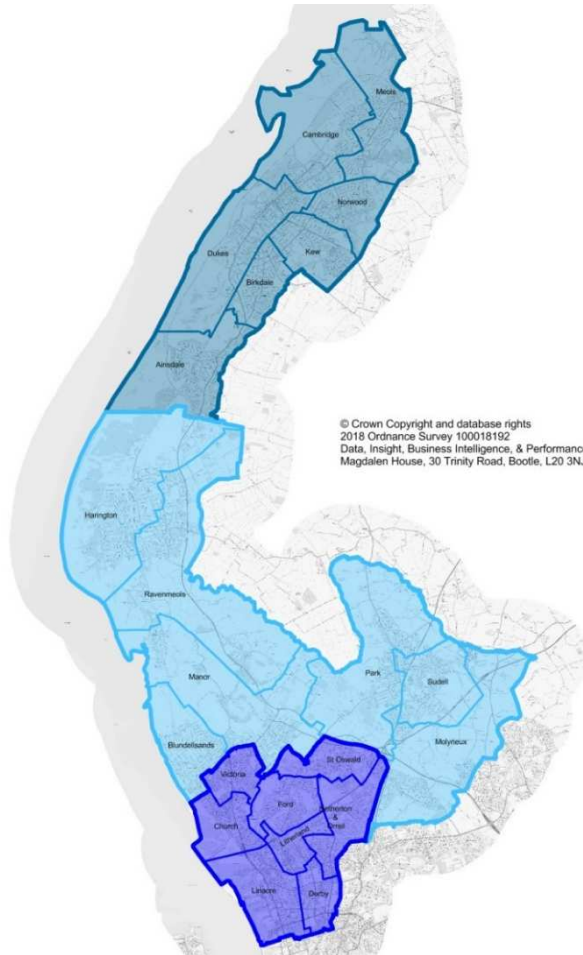
- 0-17 53,359 (19%)
- 18-64 158,294 (58%)
- 65+ 62,608 (23%)

- 2,818 births in the last 12-months
- 3,186 deaths in the last 12-months
- 7% population decline in last 30yrs, compared to a 17% increase nationally
- 3% population increase projected in next 25yrs
- Average life expectancy for males 78yrs
- Average life expectancy for females 82yrs
- 1,531 adult social care clients in long-term nursing or residential care
- 2,854 adult social care clients receiving long-term community based support services



Sefton

126,577 household properties



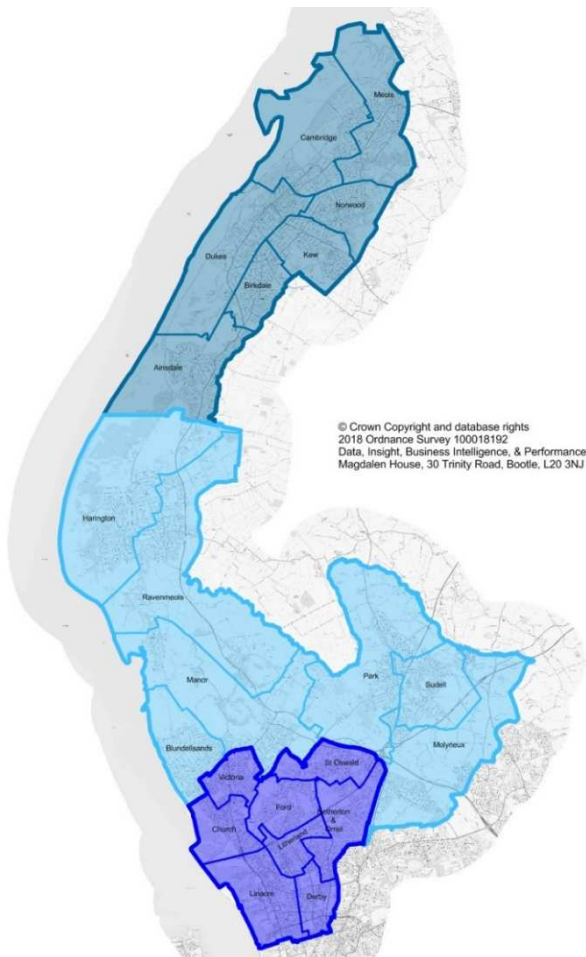
- The average property price in Sefton is £136,253.
- Crosby, Maghull and Formby have some of the highest average house prices in Merseyside, detached properties average sale price £397,678
- 18,663 social housing properties
- 5,228 vacant or void properties
- 198 homeless presentations last year
- 44.7% of household income is below national average of £24.7k
- 32% of household income is below £15k
- Approximately 20,106 (16%) of all households in Sefton claim Housing Benefits
- Approximately 26,629 (21%) of all households in Sefton are claiming Council Tax Reduction

Sefton

Working age (16 - 64) employment rate 71%

- Working age 16-64 166,000 (60%)
- In employment 117,000 (70.4%)
- Unemployed 5,600 (4.6%)
- Economically inactive 41,900 (25%)

- Approximately 18% (15,000) 'workless' households
- 18% of all household claiming housing benefit
- 4% of young people (18-24) claim out-of-work benefits
- 2,990 families claim Working Tax Credits
- 8,260 families claim both Working Tax + Child Tax Credits
- 18,240 people claiming Disability Living Allowance
- 1,259 Discretionary Housing Payments p.a.
- 56,997 applications for crisis support (2013-2019)

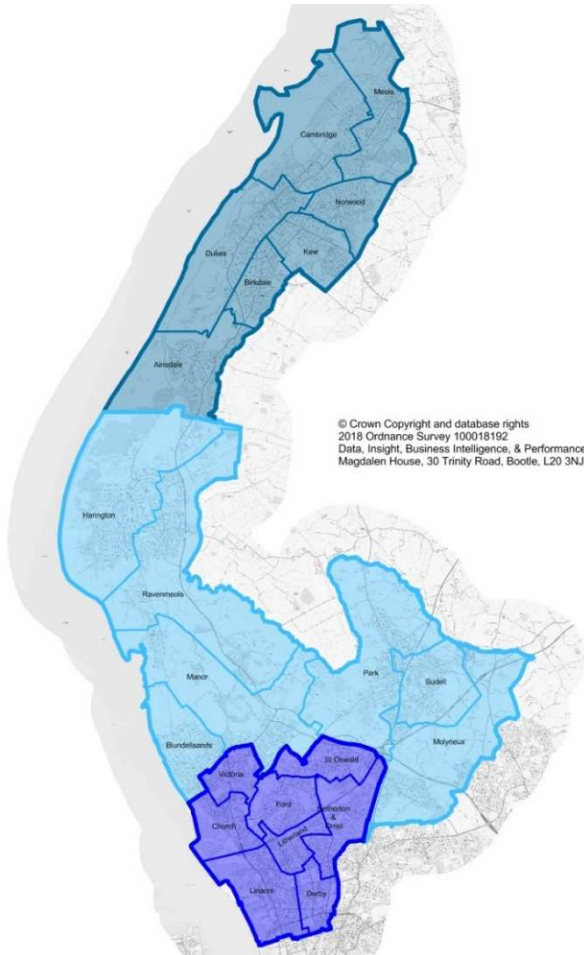


Sefton

56,700 children and young people living in Sefton (0-18)

- Children aged 0 - 4 14,400
- Children and young people 5 -16 36,400
- Young people 17 & 18 5,900

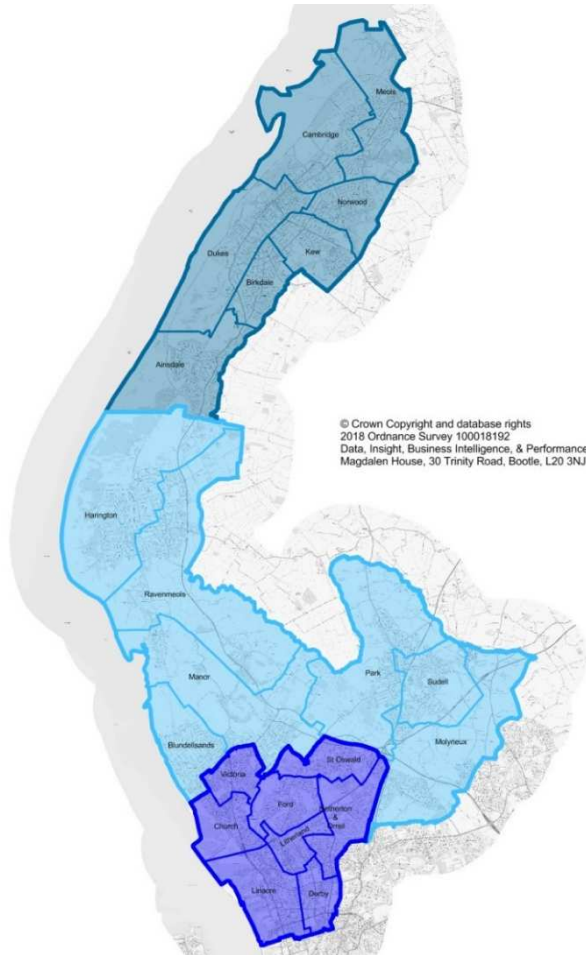
- Approximately 21% children and young people living in low income families
- Approximately 17% children and young people living in low income families
- 23,340 children in Nursery & Primary schools
- 14,192 children & young people Secondary schools
- 620 children & young people Special schools
- 2,463 young people in 6th form settings
- 27% average Free School Meals
- 5,882 children and young people with SEND
- 527 Children Looked After
- 1,657 Families receiving Early Help Services



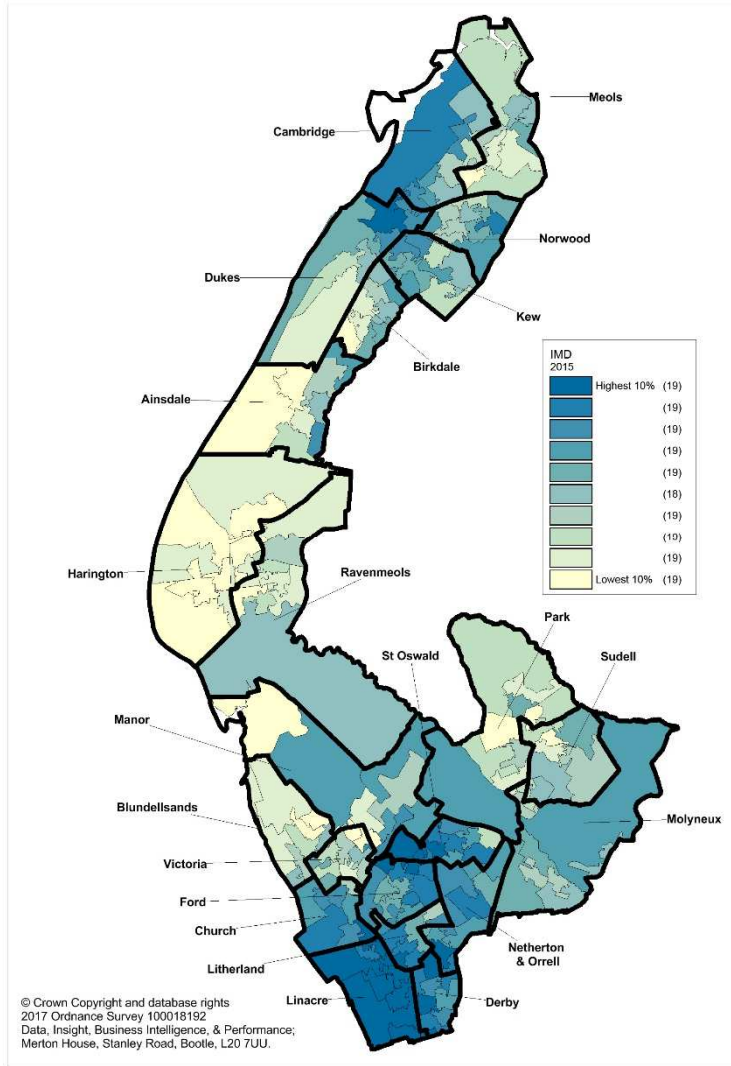
Sefton

8M People Visit Sefton each year

- 8M day visitors/ 700,000 staying visitors
- 6 Libraries/ 960,000 library visitors/ 804,168 books issues pa
- 8 Leisure Centers/ 12,000 members/ 6M visits pa
- 11 Swimming Pools/ 177,000 swimming lessons
- 63 Football Pitches
- 15 Bowling Greens
- 3 Rugby Pitches
- 27 Municipal Parks
- 135 Other Parks and Greenspaces
- 38 Outdoor Gyms



Deprivation across Sefton

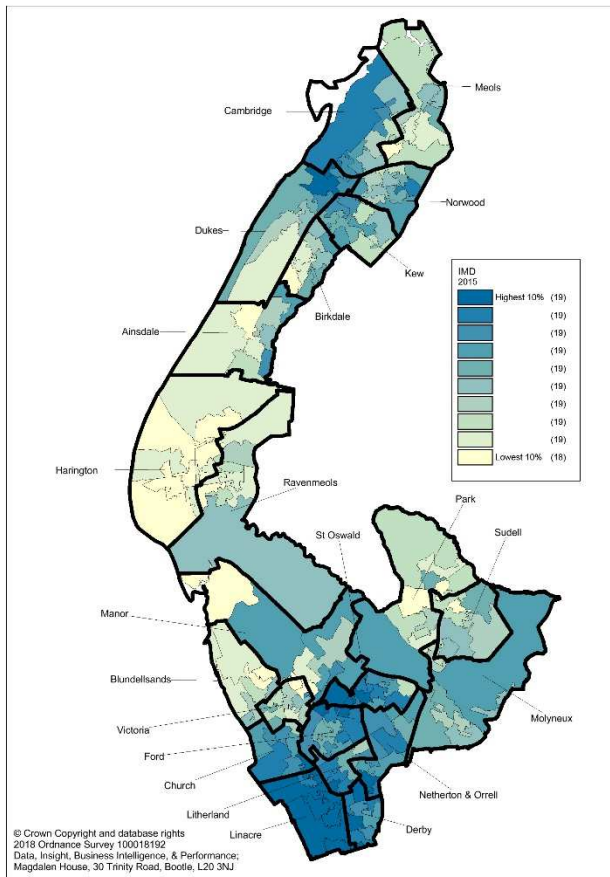


The 7 domains of deprivation:

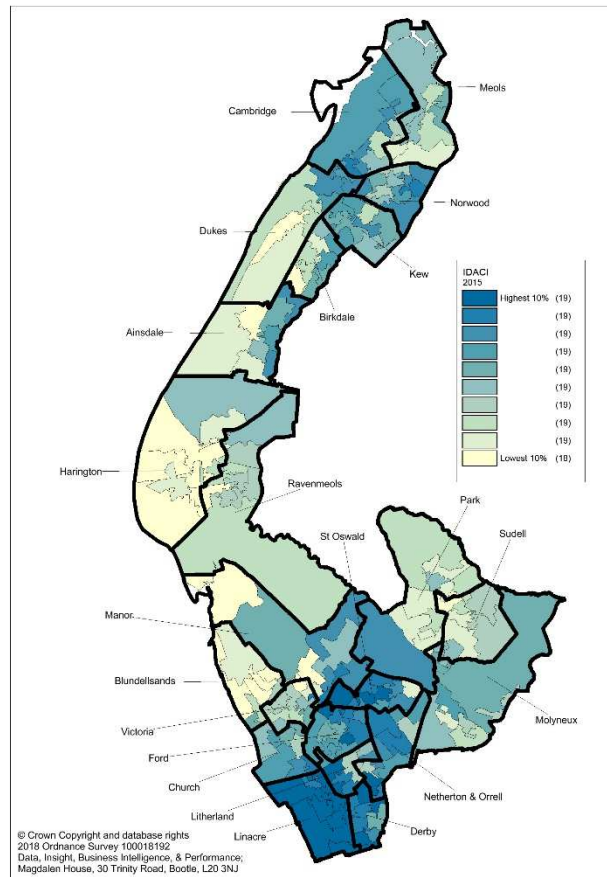
- 1) Income deprivation
- 2) Employment deprivation (*people of working age who are involuntarily excluded from the world of work, either through unemployment, ill health or family circumstances*)
- 3) Health and disability
- 4) Education, skills and training
- 5) Barriers to Housing and key local services.
- 6) Living environment 'indoors' and 'outdoors'
- 7) Crime

Deprivation across Sefton

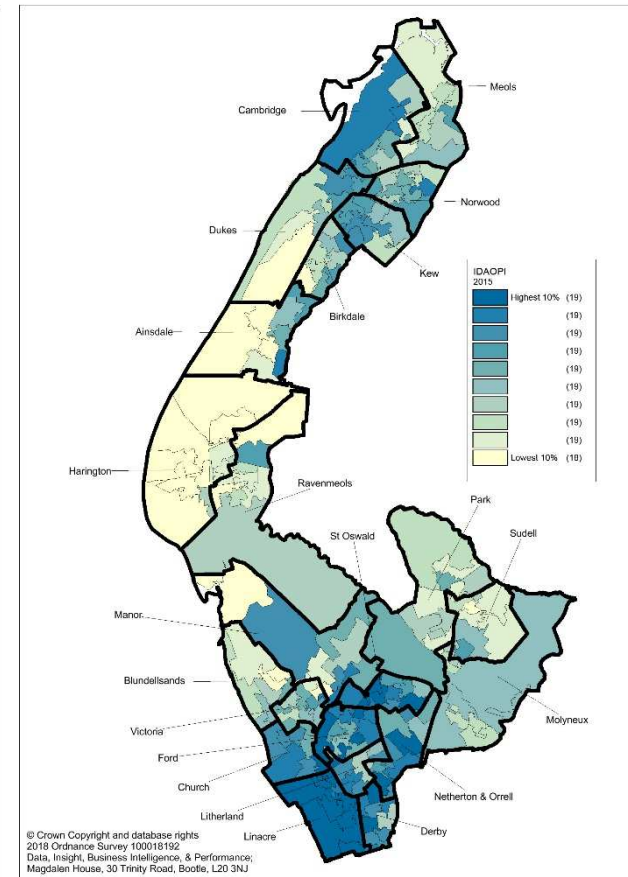
IMD



IDACI

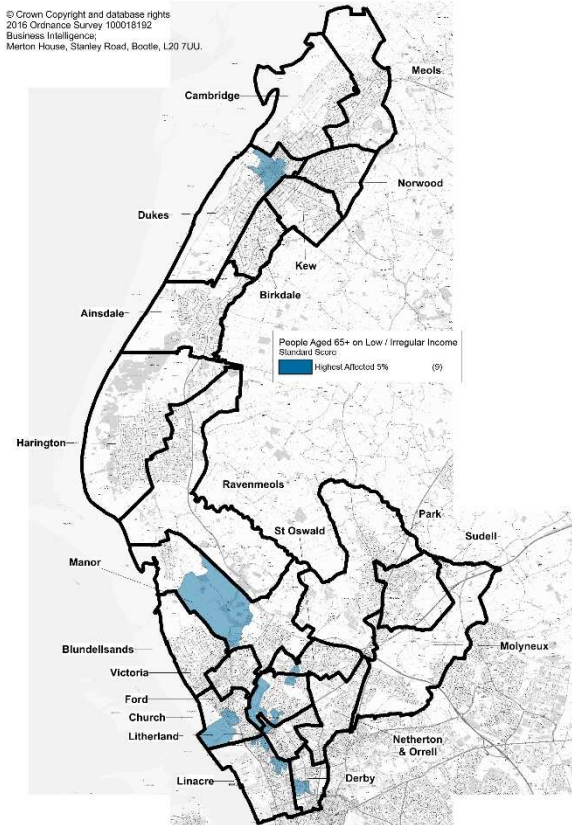


IDAOP1

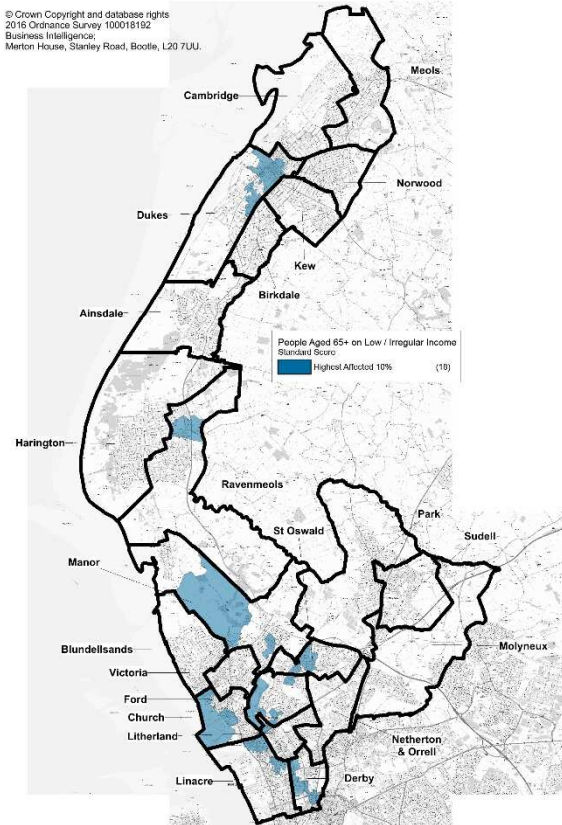


Identifying Financial Risk People (65+)

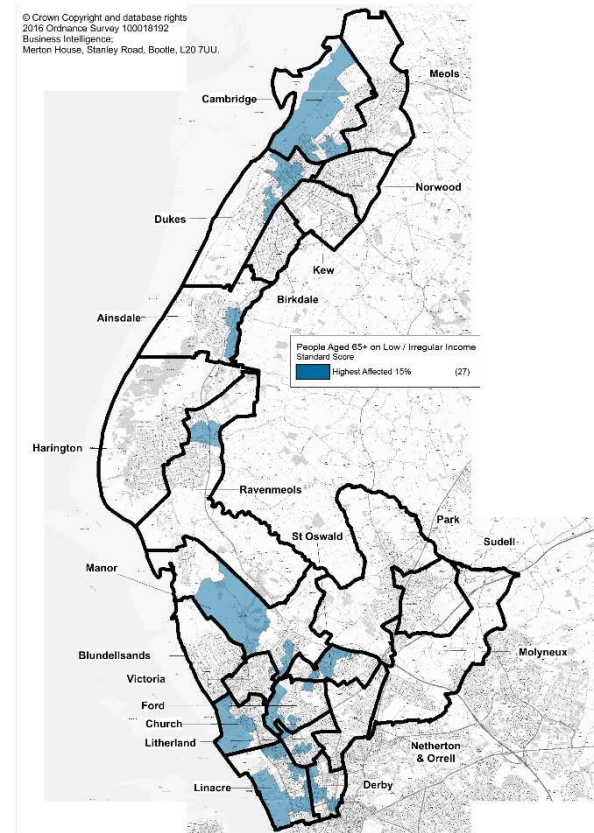
Highest 5%



Highest 10%



Highest 15%

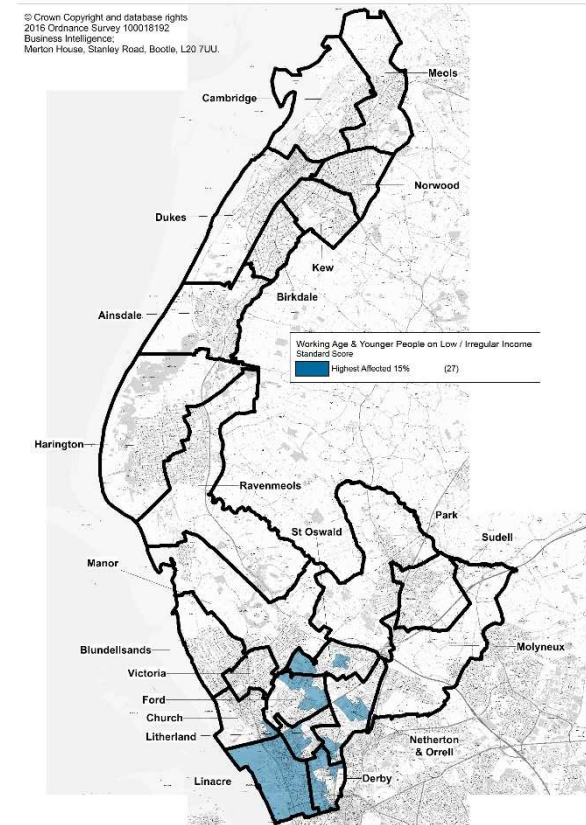
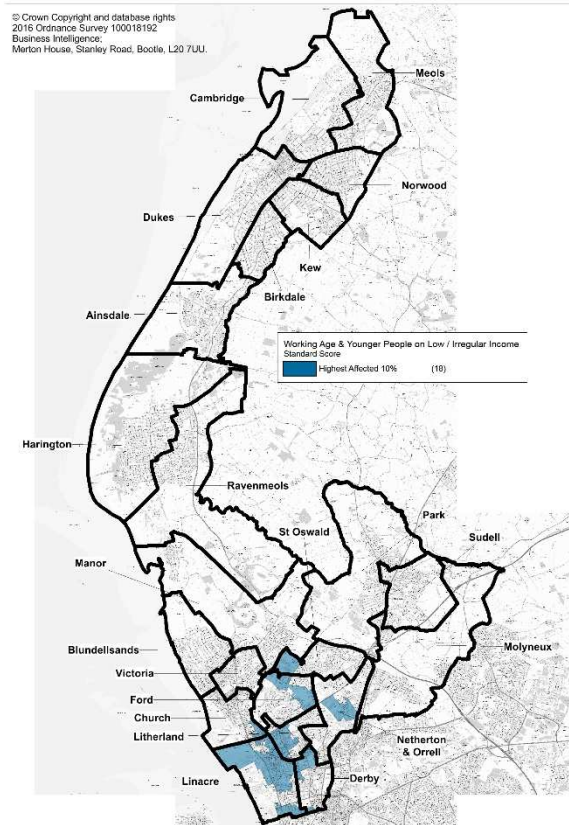
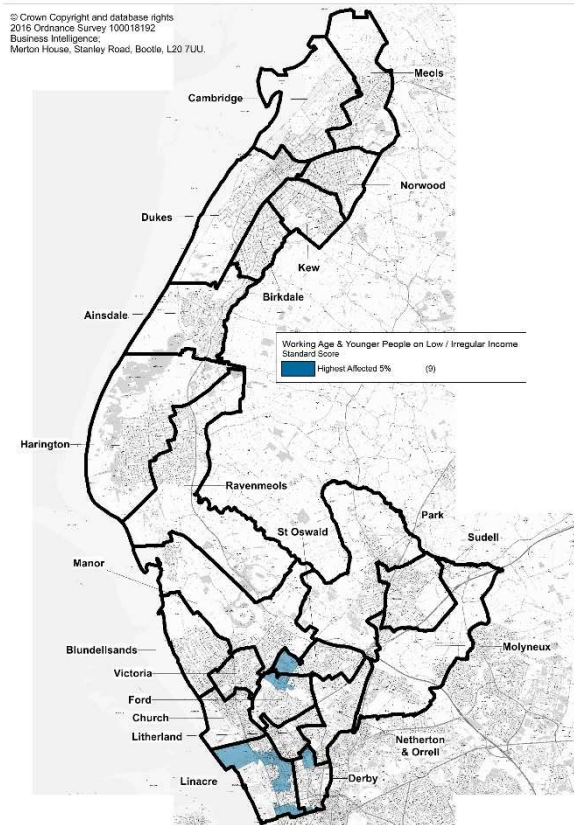


Identifying Financial Risk (Working Age & Young People)

Highest 5%

Highest 10%

Highest 15%



Joint Strategic Needs Assessment Data Collection & Analysis

The 5 data chapters:

Providing an analysis of data to show the health and well-being status of local communities and identify where inequalities might exist

Over 200 data sets!

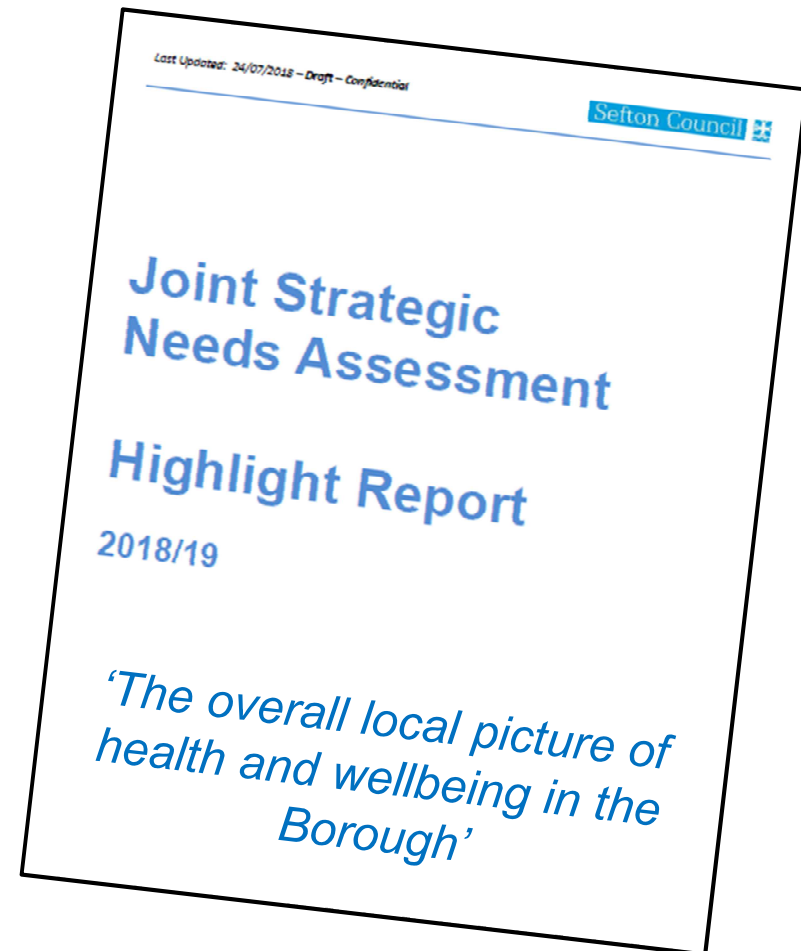
- 1) Health topics affecting Sefton residents
- 2) Lifestyles of Sefton residents
- 3) Factors affecting children & young people in Sefton
- 4) Factors affecting vulnerable adults in Sefton
- 5) Wider determinants - other factors affecting health & wellbeing in Sefton



Joint Strategic Needs Assessment Summary of Data Analysis

The Highlight Report; *benchmarking outcomes in Sefton against the national average and looking at trends over time:*

- Where is Sefton 'significantly worse' than the England average when comparing the most recent national Public Health data
- Where is Sefton performing 'most poorly' compared to the National, NW, or LCR averages across all available health and wellbeing metrics
- From recent analysis of local determinants what other themes should be considered by the Health & Wellbeing Board



Joint Strategic Needs Assessment Summary of Data Analysis

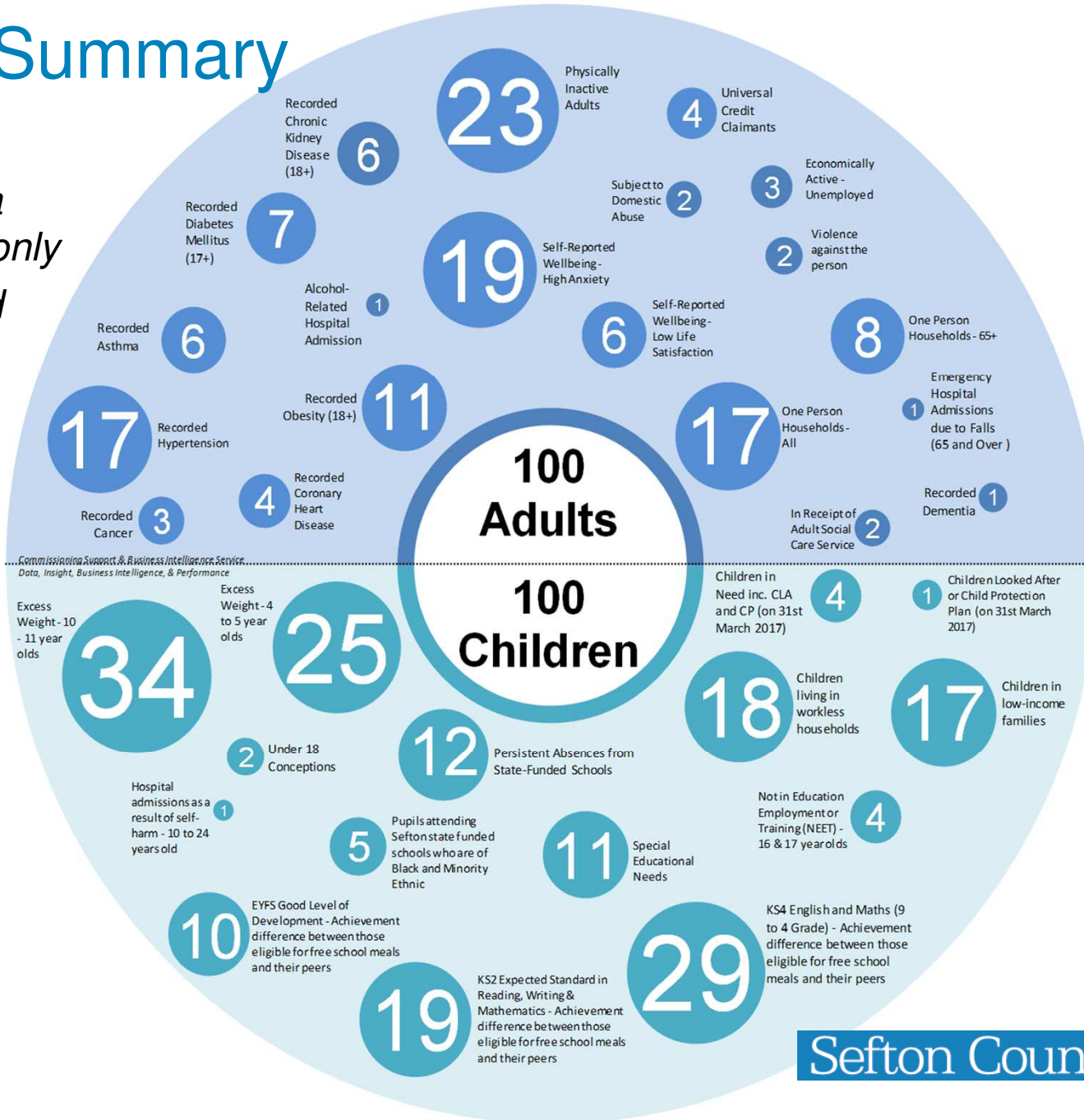


The Highlight Report - Recommended themes:

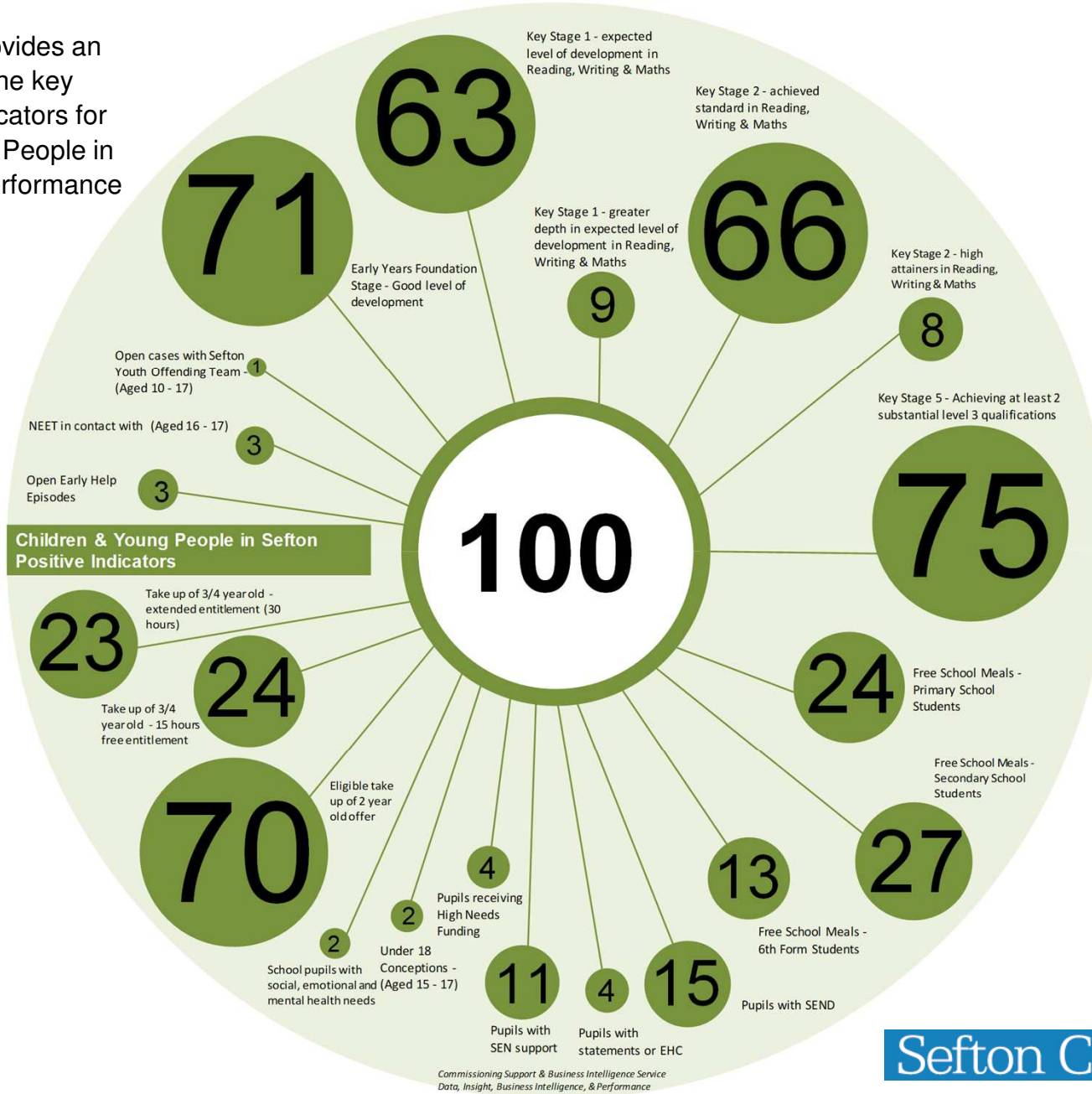
- Mental Health – particularly where connected to substance misuse.
- Long-term health condition prevalence especially those relating to the heart.
- Child support and development including attainment for the most deprived pupils, attendance, obesity, health issues for children in care, and wider community safety.
- Parenting & Early Years issues focussed on smoking during pregnancy, breast feeding, and sexual health education.
- Prevention and early diagnosis related health practice assessments and checks.
- Implications of factors relating to childhood poverty.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.

Summary

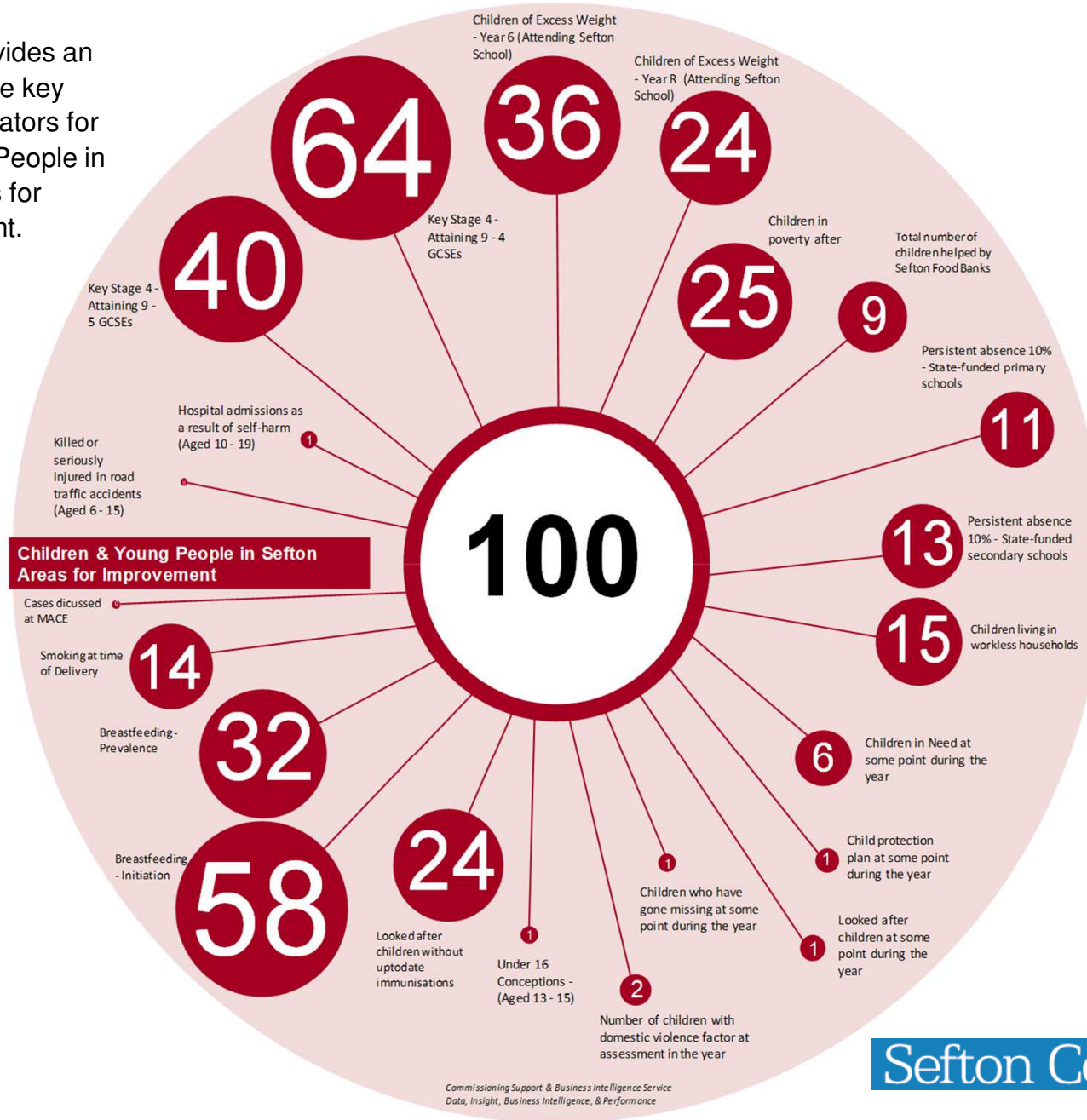
If Sefton was a community of only 100 Adults and 100 Children..



This diagram provides an illustration of the key performance indicators for Children & Young People in Sefton: positive performance




This diagram provides an illustration of the key performance indicators for Children & Young People in Sefton: areas for improvement.






The Four Pillars of Population Health

Our Health Behaviours and Lifestyles

 11.1% of Sefton residents smoke, the lowest rate in the Liverpool City Region

Two thirds of Sefton residents meet the Chief Medical Officer's recommendations for physical activity 

 Sefton is amongst the 10% of English authorities with the highest rates of alcohol specific hospital admissions

Almost three quarters of adults in Sefton are overweight or obese 

The Places and Communities We Live In, and With

Current Population: 275,396

 53,833	 157,531	 64,032
Under 18s	18 - 64	65+

There are approximately 272 fast food outlets in Sefton, 1 for every 1,000 residents. Outlets tend to be concentrated amongst Sefton's most deprived communities. 

Sefton has 27 Municipal Parks, 135 Other Parks and Greenspaces and 38 Outdoor Gyms. 

Air pollution is thought to be responsible for 3.8% of Sefton's deaths 

The Wider Determinants of Health

 1 in 5 Sefton residents live in the most deprived 10% of England (approximately 88,000 residents).

1 in 25 Sefton residents live in the least deprived 10% of England (10,000 residents)

Life expectancy is 9 years lower for men and 8 years lower for women in the most deprived areas of Sefton than in the least deprived areas.

Sefton's most deprived populations also spend, on average, 18 years less in good health than those in the most affluent areas. 

An Integrated Health and Care System

The increasing complexity of people's health calls for a more joined up, person-centred health care system.

 An estimated 27% of Sefton residents have two or more chronic conditions and 17% have 3 or more chronic conditions.

Multimorbidity is projected to be highest in areas with an above average older person population and areas of high deprivation.

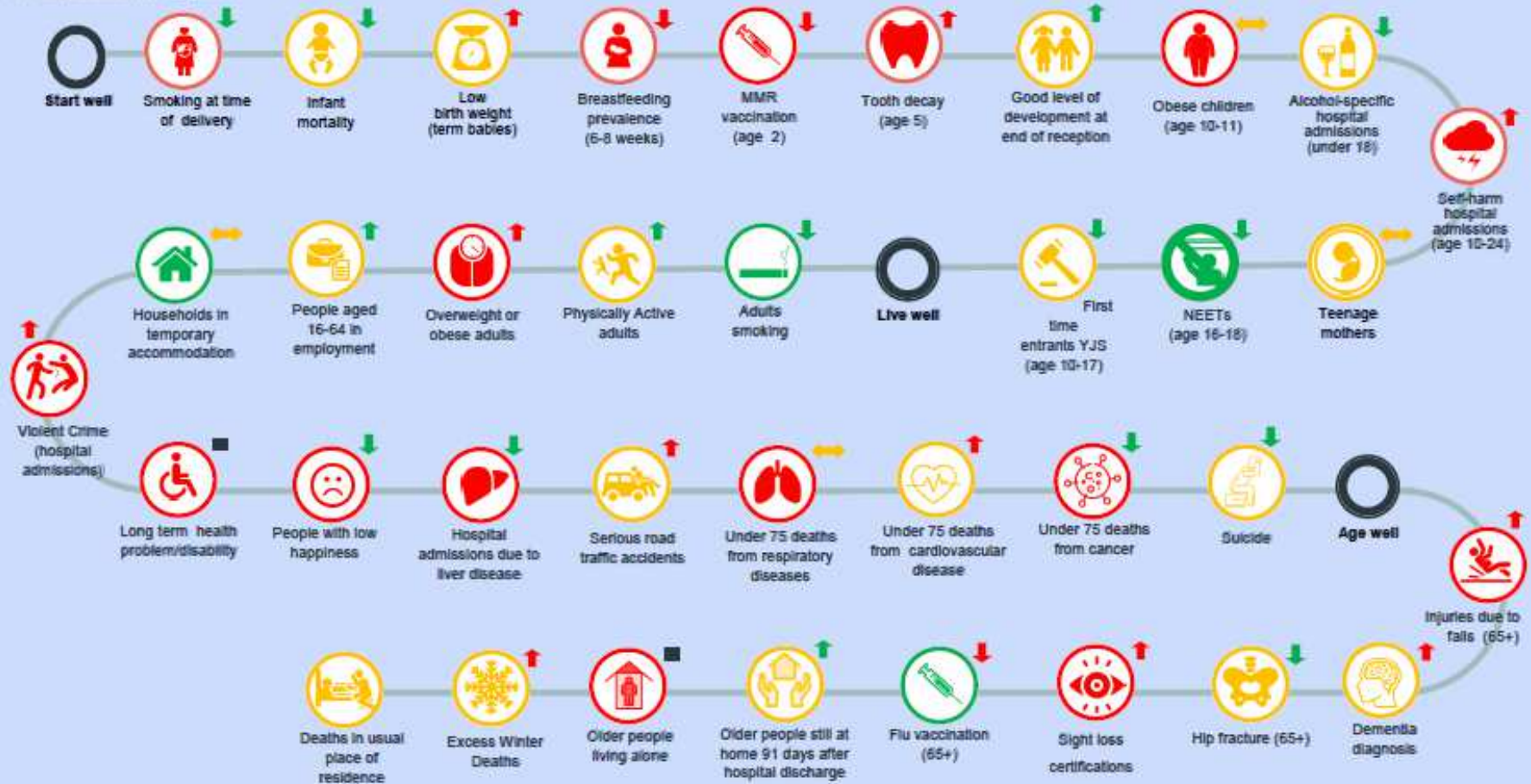


DEPRIVATION BY LOCAL AUTHORITY WARD

Legend: 10% Most Deprived (Dark Green), 10% Least Deprived (Light Green), 80% Middle (Medium Green)

Sefton's Health & Wellbeing Across the Lifecourse

A comparison to England



KEY

Statistical significance to England:

- Better
- No different
- Worse

Direction of travel:

- ↑ ↓ Improved since last period
- Similar to last period
- ↑ ↓ Worse than last period

■ No comparator

Based on a template from Halton Public Health Intelligence Team and work produced by Centre for Public Health, Liverpool John Moores University. Icons made by FlatIcon and available here: www.flaticon.com

Joint Strategic Needs Assessment Next Steps

The Highlight Report - Recommended themes:

- The data/information from the JSNA informs a list of key priorities for the refresh of the local area Health & Wellbeing Strategy (2020 – 2025). **April 2019 – done ✓**
- Public consultation on these priorities. **August 2019 – done ✓**
- Community engagement events - test the priorities out with partners, stakeholders and members of the public. **October 2019 – done ✓**
- Use the results of the consultation and community engagement to develop a new Health and Wellbeing Strategy and Vision and present to H&WB Board. **December 2019 – done ✓**
- Approval by Cabinet - January 2020
- Approval by Council - February 2020

Health & Wellbeing Strategy

Vision: *'A confident and connected borough that offers the things we all need to start, live and age well, where everyone has a fair chance of a positive and healthier future'*

Ambitions:

Start Well

- *Every child will achieve the best start in their first 1001 days*
- *Education and training will enable every young person to unlock the door to more choices and opportunities*
- *Every child and young person will have a successful transition to adulthood*

Live Well

- *Health, care and wellbeing services across Sefton will work together*
- *Everyone will have a fulfilling role which can support their needs*
- *The wider system will have a strong role in prevention and early intervention*

Age Well

- *Older people will stay active, connected and involved*
- *As people grow older they will be provided with support tailored to their needs*
- *Our communities and the built environment will meet the needs of people as they get older*

All Age

- *The places where we live will make it easy to be healthy and happy, with opportunities for better health and wellbeing on our doorstep*

This page is intentionally left blank

Agenda Item 5

Report to:	Overview and Scrutiny (Regulatory, Compliance and Corporate Services)	Date of Meeting:	14 January 2020
	Overview and Scrutiny (Adult Social Care and Health)	Date of Meeting:	7 January 2020
	Overview and Scrutiny (Children's Services and Safeguarding)	Date of Meeting:	28 January 2020
	Overview and Scrutiny (Regeneration and Skills)	Date of Meeting:	21 January 2020
Subject:	Climate Emergency		
Report of:	Head of Corporate Resources/ Executive Director	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:

At the Council meeting on 18 July 2019, members agreed a motion to declare a Climate Emergency and this is included at Appendix A to this report.

Work has therefore 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 is required across the council of work that is currently underway or planned that can contribute to the Council achieving the aims of the motion. This report therefore provides a summary of work undertaken to date and the exercise that is required to be led through each overview and scrutiny committee in order to establish that baseline position.

Recommendation(s):

Overview and Scrutiny Committee are recommended to:

- (1) Note the Councils agreed approach to delivering the objectives as set out in the Council motion that declared a climate emergency;
- (2) Note the activity that will take place within the first 12 months of the programme; and
- (3) Note the important role of each Overview and Scrutiny Committee in delivering the Councils objectives as set out in the agreed motion and the initial work that is required to

Agenda Item 5

be carried out in each area of the council's activity by all Heads of Service, in order to form an initial baseline position. This initial work will be reported back to the next meeting of this committee.

Reasons for the Recommendation(s):

These recommendations will provide each Overview and Scrutiny Committee with an update on the progress being made with regard to meeting the objectives of the Council motion and the work required to establish a baseline position for the Council with regard to the work in progress

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

No alternative options were considered in order to inform this exercise

What will it cost and how will it be financed?

(A) Revenue Costs

At this stage there are no revenue costs associated with the recommendations within the report

(B) Capital Costs

At this stage there are no revenue costs associated with the recommendations within the report

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
At this stage there are no resource implications arising from this report
Legal Implications:
At this stage there are no legal implications arising from this report
Equality Implications:
There are no equality implications.

Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable: The impacts of climate change will be felt most keenly by the most vulnerable, who are often the least able to respond. We already know that there will be climate change impacts such as more severe weather events, (heatwaves, flooding) that would affect the elderly, infirm and those unable to afford insurance. Taking action on carbon mitigation and adaptation will help to protect those people and will also positively effect air quality and the associated health benefits.</p>
<p>Facilitate confident and resilient communities: This work will seek to ensure council services can support communities to enjoy a better quality of life through being more resilient to climate change.</p>
<p>Commission, broker and provide core services: To effectively deliver services in the future, we will be required to respond to this threat through the work being undertaken.</p>
<p>Place – leadership and influencer: In response to this global issue, the Council is demonstrating its role locally as a leader and driver for positive change.</p>
<p>Drivers of change and reform: The Council has the potential to affect change in many key areas including planning, procurement, building, public health, green spaces. Work on reducing our carbon impacts and adapting to a changing climate will help to protect services & communities, going forward.</p>
<p>Facilitate sustainable economic prosperity: The 'green' economy has potential to generate local, sustainable jobs on a large scale. This could include large scale retrofit of homes and businesses, renewable energy, transport updates, development of green spaces etc.</p>
<p>Greater income for social investment: Developing more local opportunities for carbon reduction schemes such as housing retrofit, would offer opportunities for income/profits to be directed to local social schemes rather than to large scale corporations not based in the area.</p>
<p>Cleaner Greener: Reducing our carbon footprint is a key environmental, social and economic priority. Additionally, it has the potential to reduce air pollution, encourage modal shift to cycling/walking, enhancement of green spaces, reduce waste etc.</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD 5909/19) and the Chief Legal & Democratic Officer (LD4093/19) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Agenda Item 5

There have been no external consultations

Contact Officer:	Stephan Van Arendsen/ Andrea Watts
Telephone Number:	0151 934 4081
Email Address:	Stephan.vanarendsen@sefton.gov.uk/ Andrea.Watts@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

Appendix A- Council Motion- Climate Emergency

Background Papers:

There are no background papers available for inspection.

1. Introduction

- 1.1. At the Council meeting on 18 July 2019, members agreed to declare a Climate Emergency. The full motion that was agreed at the meeting is included to this report at Appendix A and in declaring a Climate Emergency, it was agreed that:

Sefton Council is committed to reducing carbon emissions and resolves to go further than the UK100 Agreement and to act in line with the scientific consensus that we must reduce emissions to net zero by 2030, and therefore commits to:

- *Declare a 'Climate Emergency' that requires urgent action.*
- *Make the Council's activities net-zero carbon by 2030.*
- *Commit to municipalisation of energy supply by utilising public sector sites to generate energy where appropriate*
- *Ensure that all strategic decisions are in line with a shift to zero carbon by 2030.*
- *Support and work with all other relevant agencies towards making the Sefton area Zero Carbon within the same timescale.*
- *Achieve 100% clean energy across Sefton Council's full range of functions by 2030.*
- *Convene an assembly of interested groups not directly represented on Council in 2020 to oversee and feed into the development of related action plans and budgets across the City.*

- 1.2. Work will therefore now progress within the Council and with partners to achieve these objectives. This report therefore provides detail of the initial steps that will be taken over the next 12 months and an immediate piece of work to be led by each of the Council's Overview and Scrutiny Committee's

2. Proposed Approach to delivering the Council Motion

- 2.2. In order to address the issues detailed in the Council motion of 18 July 2019, the project will be led by the Cabinet Member for Regulatory, Compliance and Corporate Services. This will be complemented with the Head of Corporate Resources leading the council based activity and the Executive Director, Andrea Watts leading on external engagement and alignment especially within the Liverpool City Region.
- 2.3. It is recognised that a key strategic project such as this will need to be flexible over the course of the next decade in order to reflect the changing world that we all live in and the agenda that will face local government as a whole and Sefton MBC in particular. The governance of the project and the key workstreams will therefore inevitably need to be continually updated and refreshed in order to

Agenda Item 5

ensure that the objectives of the motion are met. As stated this review process will be undertaken by the Cabinet Member for Regulatory, Compliance and Corporate Services with any change proposed being included in the projects annual report. In accordance with this approach work has been undertaken to develop the initial governance model to support the delivery of the motion and the following groups have been identified to support the work required: -

- Sefton Climate Change Member Reference Group;
- Overview and Scrutiny Committees and Management Board;
- Council wide officer working group;
- Expert Panel; and
- Citizens Forum.

2.4. Terms of reference for these groups and membership are currently being developed

2.5. This motion has an agreed target date of 2030. Whilst this date is a decade away, a project of this size will need a clear strategy, agreed milestones and regular reporting through to council. To that end the project will be based upon :-

- The Council developing a clear strategy for the delivery of the council motion- this will be presented to Cabinet and then Council in Q2 of 2020;
- An initial 12 month mobilisation period that commenced from September 2019;
- The first 3 year implementation plan (2020/2021) being developed that will deliver the agreed strategy (with subsequent 3 year plans being developed from 2023 and 2026; and
- An Annual report be presented to Council on progress each year-July.

3. **Initial 12 month programme of Activity**

3.1. In order to mobilise the project, a number of activities will be required over the initial 12 months. There are an increasing number of councils who have declared a Climate Emergency, therefore the lead Cabinet Member and officers have reviewed the core documentation available and approaches undertaken to determine the key areas that would most suit Sefton. This will support some of the initial proposals that were also discussed in the original council motion. To that end, it is proposed that the following activity be undertaken in the next 12 months:-

- Develop terms of reference and membership of governance groups
- Develop and approve the Council's Strategy in respect of the Climate Change Emergency
- Prepare a report for each Overview & Scrutiny committee and request a stock take of all activity in relation to carbon emissions to inform a council wide baseline position
- Identify all current projects that are taking place across the council that will support the delivery of the Council's Strategy;

- Address immediate issues in the council motion around new policies and strategies, forthcoming budget proposals, Treasury Management Strategy and all cabinet and council decisions
- Consider and define how the Sefton Strategy and implementation plan will align with the LCR work being undertaken and that of key partners e.g. MerseyTravel, MWDA, Merseyside Pension Fund
- Develop and resource the first 3 year implementation plan (2020-2023)
- Develop a thematic approach to successfully achieving the councils long term objectives; and
- Provide the first Annual report to Council in July 2020

4. Engagement of Overview and Scrutiny Committees

- 4.1. This report provides each Overview and Scrutiny Committee with a clear understanding of the aims and objectives of the council motion, the Councils proposed approach, governance model and how it will be resourced.
- 4.2. This is important, as each Overview and Scrutiny Committee will have an important role in ensuring the successful delivery of the Councils objectives by providing leadership, direction and challenge. In essence, it will be responsible for delivering the objectives of the council motion within that area of the council's activity.
- 4.3. In order to commence this work and in accordance with the Council motion each Overview and Scrutiny Committee is asked to lead an immediate piece of work for completion by the next cycle of meetings (end of April 2020) that :-
 1. Conducts a stock take of all activity in relation to carbon emissions that will inform a comprehensive council wide baseline position
 2. Identifies all projects that are currently taking place across the council that will support the delivery of the Council's Strategy; and
 3. Identifies potential long term issues that will need to be addressed in order for the council to meet the objectives within the council motion.
- 4.4. The output from this work should be reported back to this committee in March/April 2020 and be led by the respective Heads of Service in conjunction with the Committee members and Cabinet Member. As required support will be available from the Cabinet Member for Regulatory, Compliance and Corporate Service, the Head of Corporate Resources and the Executive Director in addition to the Council wide officer working group.

This page is intentionally left blank

Motion Agreed by Council – 18 July 2019

Climate Change Emergency

Recent extreme weather events over several years have presented severe challenges to property, transport, agriculture and other services in the Sefton area and have led to the deaths and displacement of thousands of people worldwide. The Meteorological Office clearly states that these kind of extreme weather events are significantly more likely on a planet with human-caused climate change.

The Intergovernmental Panel on Climate Change (IPCC) is the United Nations body for assessing the science related to climate change. In their report “Intergovernmental Panel on Climate Change 1.5C report”^[1], published in October 2018, they conclude that humanity has 11 years for “ambitious action from national and sub-national authorities, civil society, the private sector, indigenous peoples and local communities” to deliver the “rapid and far reaching transitions in land, energy, industry, buildings, transport, and cities” needed to turn this around, so we can avoid reaching tipping points where we would no longer have the ability to avoid extreme weather events.

Business as usual is no longer an option.

Children in Sefton will be in their teens and twenties in 11 years’ time. They deserve a liveable Sefton. We must act now to ensure this.

Bold climate action can deliver economic benefits in terms of new jobs, economic savings and market opportunities, as well as improved well-being for people locally and worldwide.

Over 40, and increasing, local councils, together with the Mayor of London, have passed motions declaring a ‘Climate Emergency’. Many local authorities, including Sefton Council, have also signed up to the UK100 Agreement^[2], pledging to achieve 100% ‘clean energy’ usage by 2050 in their area, but the IPCC report shows it is imperative that this target is reached much, much sooner.

Sefton Council is committed to reducing carbon emissions and resolves to go further than the UK100 Agreement and to act in line with the scientific consensus that we must reduce emissions to net zero by 2030, and therefore commits to:

Declare a ‘Climate Emergency’ that requires urgent action.

Make the Council’s activities net-zero carbon by 2030.

Commit to municipalisation of energy supply by utilising public sector sites to generate energy where appropriate

Ensure that all strategic decisions are in line with a shift to zero carbon by 2030.

Agenda Item 5

Support and work with all other relevant agencies towards making the Sefton area Zero Carbon within the same timescale.

Achieve 100% clean energy across Sefton Council's full range of functions by 2030.

Convene an assembly of interested groups not directly represented on Council in 2020 to oversee and feed into the development of related action plans and budgets across the Borough.

And to take the following actions:

1. Ensure that political groups and Strategic Leadership Board embed this work in all areas of Council activity and take responsibility for reducing, as rapidly as possible, the carbon emissions resulting from the Council's activities, ensuring that any recommendations are fully costed and that a Task and Finish group be established to review Council activities taking account of production and consumption emissions and produce an action plan within 12 months, together with budget actions and a measured baseline;
2. Request that Overview and Scrutiny Management Board consider the impact of climate change and the environment when reviewing Council policies and strategies and charge Task and Finish groups to also consider those impacts in any report and every topic;
3. Work with, influence and inspire partners across the Borough and City Region to help deliver this goal through relevant strategies, plans and shared resources by developing a series of meetings, events and partner workshops;
4. Set up a Sefton Climate Change group, drawing on the expertise from Councillors, local communities, residents, young citizens, climate science and solutions experts, businesses, skills providers, and other relevant parties. Over the following 12 months, the Group will consider strategies and actions being developed by the Council and other partner organisations and develop a Borough-wide strategy in line with a target of net zero emissions by 2030, by engaging with other anchor institutions and small and medium-sized enterprises (SMEs). It will also recommend ways to maximise the local benefits of these actions in other sectors such as employment, health, agriculture, transport and the economy;
5. Request that the Council and partners take steps to proactively include young people in the process, ensuring that they have a voice in shaping the future-their future;

Agenda Item 5

6. Review the Council's Treasury Management Strategy to give due consideration to climate change targets in the investment decision making process and in doing so request a report within 6 months from the Head of Corporate Resources on the investment strategies of all financial institutions where Council funds are or could be held;
7. Ensure that all reports in preparation for the 2020/21 budget cycle will take into account the actions the Council will take to address this emergency;
8. Add the voice of Sefton Council to the calls on the UK Government to provide the powers, resources and help with funding to make this possible;
9. In recognition of the seriousness of the financial constraints that the Council faces, and the expectation that both the development and implementation of many measures above are likely to be contingent on securing significant additional extra funding, that Sefton's local MPs be called upon to ensure that Central government provides the powers, resources and funding to make this possible, and that the Leader and Chief Executive jointly write to them to seek their commitments;
10. Consider other actions that could be recommended (but are not restricted to): low carbon energy production and storage, providing electric vehicle infrastructure, encouraging the use of electric vehicles within the fleet, workforce and wider community, integrating low carbon technologies into operational assets and projects, increasing the efficiency of buildings, prioritising these measures for housing to address fuel poverty; proactively using our powers to accelerate the delivery of net carbon new developments and communities, coordinating a series of information and training events to raise awareness and share good practice;
11. Where needed, officer reports to the Council, Cabinet and all other Committees contain impact assessments on climate change that include carbon emission appraisals, including presenting alternative approaches which reduce carbon emissions where possible; and
12. Note the Liverpool City Region Deal which will have a direct effect on Sefton's climate and ensure that all partners are aware of Sefton's ambition.

This page is intentionally left blank

Primary Care Networks in Sefton

Tracy Jeffes & Jan Leonard
Director of Place
December 2019

Page 53



Staying **local & together**
together with you

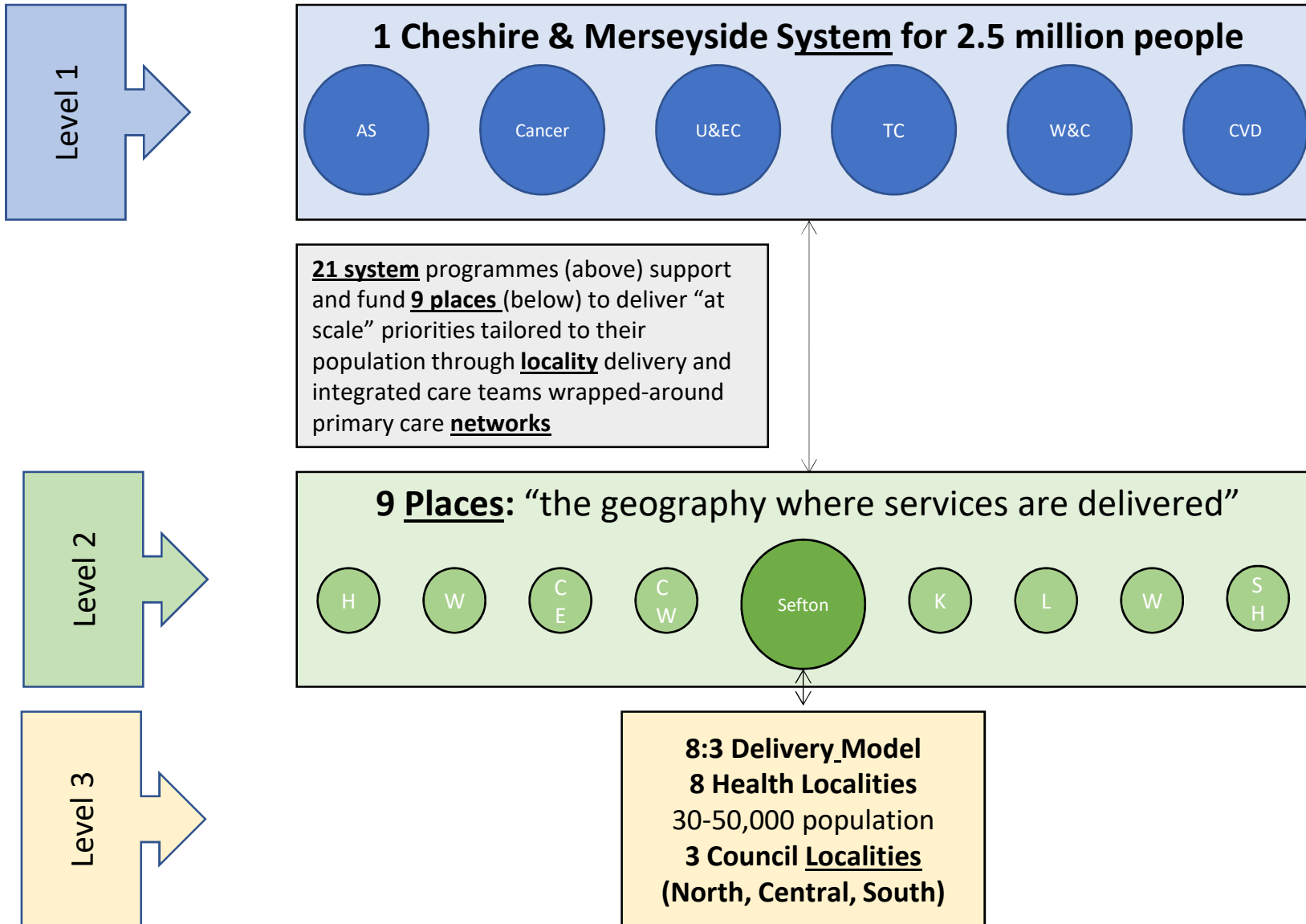
Agenda Item 6

This update will cover

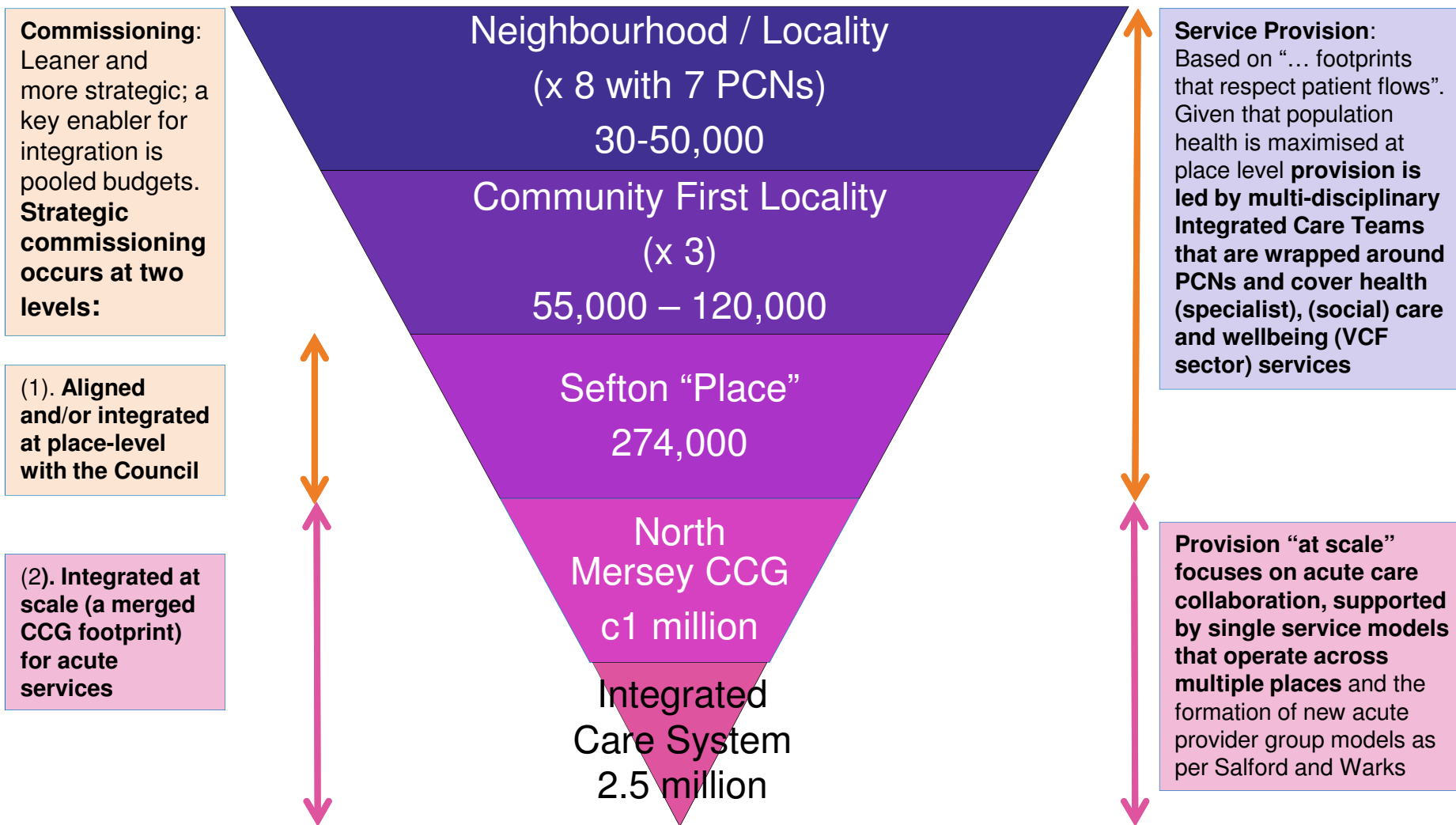
- The context of PCNs in the system
- What are Primary Care Networks? (PCNs)
- National Policy for PCNs
- PCN relevance to local plans & priorities
- PCNs in Sefton
- Initial Priority Areas



Policy and delivery remain focused on three levels:
 (1) C&M "System" (2) Sefton (3) Networks



A possible future landscape for Sefton



A confident and connected borough - future health, care and wellbeing in Sefton

Health, care and wellbeing services are joined-up, with many provided in local communities. Empowered people make positive changes to their lives and it is easy to get the right support in the right place first time and they live longer, healthier and happier lives as a result. There has been a reduction in health inequalities and key identified needs have been addressed



Healthy behaviours and lifestyles*

Early Intervention, Self-Care and Prevention: coordinated and seamless healthy living.

Health, care and well-being services offer **prevention and early intervention services** in partnership with **voluntary, community and faith sector services**.

Mobilised communities are empowered to actively engage in self-care and wellbeing for **all ages**. **Integrated intelligence systems** support self care and prevention; 'make every contact count' is embedded and enables risk stratification for targeted and personalised services.

Integrated health and care system*

Primary Care Networks are part of a multi-disciplinary and multi-agency **integrated care team** across all **health, care and wellbeing** providers with a **digitally enabled single point of access** and targeted care coordination supporting geographies of 30-50k population, with GPs as the **senior clinical leader** and an overseer of patient care.

People know what **local services** are available to access for **any urgent needs** and will have access to **care navigators** to help them access services. People will experience **seamless care between the hospital, community and primary care** with integrated services making sure they are home and accessing community care as quickly and as safely as possible. Services are available closer to home and outside of the hospital setting wherever possible with **Integrated Specialist Teams**.

Optimised acute care

Urgent & Emergency Care and Planned Care are focussed on whole pathway optimisation for physical and mental health and people only **attend hospital when they need inpatient or specialist outpatient care**.

People can access to **acute services** which will provide quality services that meet **national standards**, achieve **best practice** and deliver the **best possible clinical outcomes**. This, in most cases, will be **delivered locally**, but for **some areas this may be further away** to ensure the **best possible expertise, facilities and care** are available.

Starting well... living well... ageing well... dying well...

21st Century digital and technological solutions

An integrated trained flexible workforce supports care delivery; system leadership enables empowered teams to work 'without walls'

Financially sustainable and working to a capitated budget maximising the Sefton £

Whole system optimised estates across Sefton

System level coordinated communication and engagement

The wider determinants of health*

Living, working and having fun

Integrated Care Partnership

Integrated Care System

Strategic commissioning

Primary care networks

A clean, green and beautiful borough

On the move

Visit, explore and enjoy

Ready for the future

Open for business

This page is intentionally left blank

Update on North Mersey Urgent Care Review

January 2020

1. Executive Summary

The purpose of this paper is to present the case for change for the North Mersey Urgent Care Review that is currently ongoing across NHS South Sefton CCG and NHS Liverpool CCG; to present the findings from early engagement with our populations and to set out the next steps in the process to bring forward a proposal for the future delivery of these services.

2. Background

NHS South Sefton CCG began a review of its local urgent care services in December 2018 in order to improve the future provision of urgent care. The review included those services which people may need immediately or on the same day – such as GP services, NHS 111 and walk-in centres. The review has covered general urgent care needs, as well as urgent care services for children and mental health. As elements of south Sefton urgent care services cover the north Mersey footprint, the review was undertaken in partnership with NHS Liverpool CCG.

Our vision is to put in place urgent and emergency care services that are recognisable and clear to patients, the public and healthcare professionals, providing the right care in the right place, first time. In simple terms this translates to local organisations working together to provide services that are joined up and make sense to the people who use them. An integrated urgent health and care service would have:

- Simplified access to urgent care services
- Wherever possible, services would be provided close to home
- Give people the ability to tell their story once, and clinically relevant information visible to those who require it
- Safe, effective, and timely urgent care where clinically appropriate
- Quick and responsive service
- Health professionals who talk to each other across service and organisational boundaries

This review will also take account of national policy and guidance. The NHS Long Term Plan states:

“We will fully implement the Urgent Treatment Centre (UTC) model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111. UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.”

The NHS Long Term Plan describes the following service requirements for this model:

Agenda Item 7

- Medically led, with other multidisciplinary clinical workforce as locally determined (including prescribing)
- Open for at least 12 hours a day, seven days a week, 365 days a year
- Scope of practice must include minor illness and injury in adults and children of any age.
- Direct booking from NHS 111 and other services, with access to Directory of Service
- Access to simple diagnostics such as swabs, pregnancy tests, urine dipstick and culture, near patient blood testing and electrocardiograms (ECG)
- Plain film x-ray facilities
- Able to receive patients conveyed by emergency ambulance

NHS South Sefton CCG and NHS Liverpool CCG are collaborating with all providers of urgent care on a whole-system review of urgent care, informed by the NHS Long Term Plan and the insight we have about the specific needs of our population.

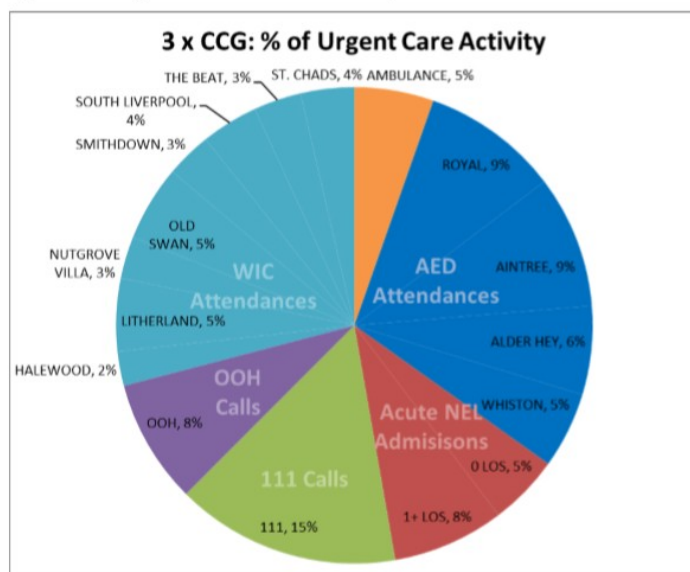
The objectives of this review are to:

- Ensure that everyone in North Mersey has good access to urgent care
- Make it easier for people to access the right urgent care service
- Reduce pressure on accident and emergency services (A&E)
- Make the best use of staff and financial resources
- Take NHS guidance into account, including the NHS Long Term Plan

3. Current position

Walk in Centre demand represents 29% of urgent care activity for NHS South Sefton and NHS Liverpool CCGs, with Accident and Emergency services representing a further 29% of activity. 111 Calls make up 15% of activity whilst Out of Hours GP makes up 8%. Ambulance calls account for 5% of urgent care activity. (GP extended access and GP consultations are excluded from this analysis). The chart below provides further detail on the balance of demand. Note: this also includes Knowsley data.

Figure 1: Total Urgent Care Demand for North Mersey



4. Scope of urgent care review

The scope of review in south Sefton and Liverpool includes the following:

- GP services, including the usual same day appointments at GP practices/surgeries; the new enhanced access appointments that were introduced in October 2018; and the GP out-of-hours service accessed by calling NHS 111
- Liverpool's four walk-in centres (WiCs) (but not the other clinics that run in the same buildings as walk-in centres, such as blood tests, and Litherland WiC in south Sefton)
- NHS 111 telephone line and the way it works alongside other local urgent care services
- Aspects of ambulance service provision

Exclusions are:

- The number of accident and emergency departments in the city
- Dentists and dental care

5. Engagement

For this stage of the review, the engagement approach focused in three parts as outlined in the sections below:

Dedicated engagement exercise

A population wide engagement exercise was conducted in south Sefton from December 2018 to January 2019, inviting people to share their views about urgent care services. The engagement sought to understand how people feel about:

- The accessibility and variation of these services
- The choices available to them
- How these services may be improved
- People's priorities
- Why people make the choices for care that they do

Any differences of need from particular communities were also explored in order to enable equality considerations to be incorporated into options development and appraisal. The CCG's objective was to gather people's views and priorities in order to inform options development and appraisal for this service redesign.

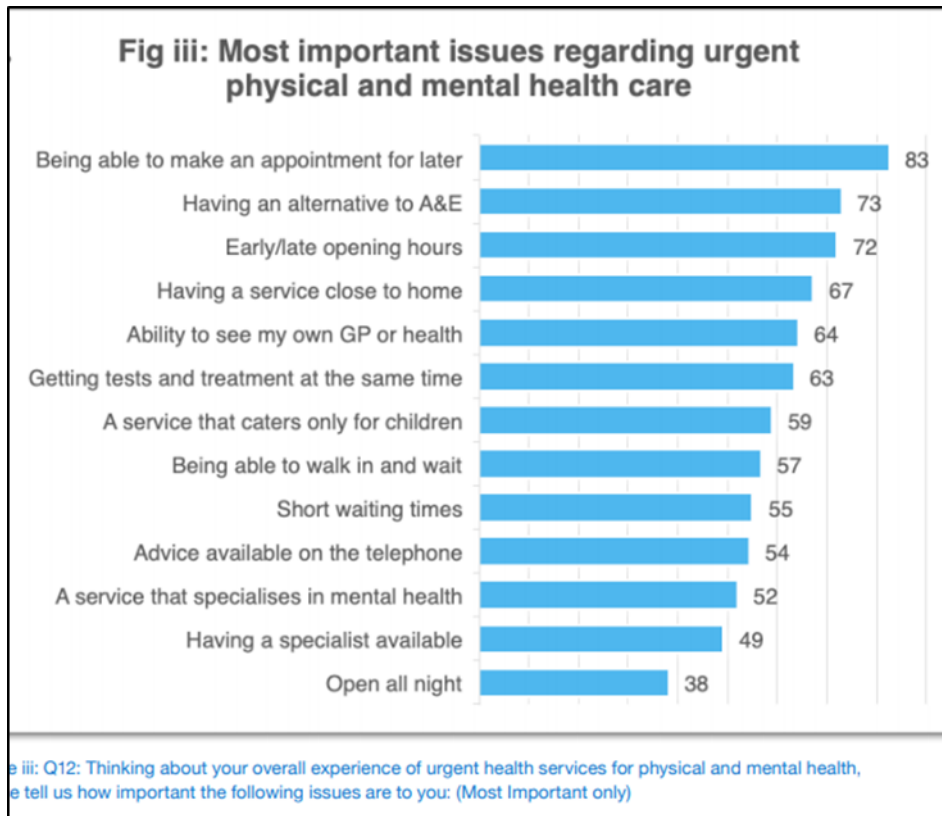
This engagement activity included:

- Public survey – 547 responses were received via online and paper surveys, gathering both quantitative and qualitative data
- Community engagement – with support from Healthwatch Sefton and the local voluntary, community and faith sector the CCG attended 33 community meetings and events, engaging face to face with over 1000 people which included targeted engagement with minority groups
- Local VCF organisations and minority groups had the option to complete an organisational feedback form on behalf of their stakeholders which helped to detail any specific issues for these groups
- Staff engagement - an online survey was circulated to local NHS staff and local NHS trusts and partners which generated 557 responses

Agenda Item 7

Engagement booklets and posters were distributed widely, including GP practices, Litherland Walk- in Centre, pharmacies and community venues. Social media, email and media coverage were used to promote the opportunity to engage.

A summary of the most important issues that people consider when accessing urgent care services in south Sefton are outlined in the table below (this data is a summary of the responses from the public survey):



Previous engagement feedback

Feedback from residents received over recent years (since 2016), and which related to urgent care services, was reviewed and analysed as part of the review. This included feedback and insight captured as part of the CCG's public engagement events and activities, feedback captured by Healthwatch Sefton and the feedback received from engagement with minority groups and those with protected characteristics.

The high level findings from the analysis of a elements of the engagement included:

- People want services that are close to home, which are easy and quick to access and which include an alternative to A&E
- People require early and late opening hours that fit in with their busy lives, although the willingness to access GP evening and GP out-of-hours services is limited
- Access to a GP is the preferred first option, particularly for those people who have a long term health condition and who value continuity of care
- People will often choose to use a walk-in centre or A&E as they assume they won't be able to access a GP appointment on the same day

Agenda Item 7

- People said it was important to have dedicated urgent care services for children and for patients who have urgent mental health needs
- People want a streamlined, integrated urgent care system that is easier for both staff and patients to negotiate
- Staff and clinicians should be well trained/informed, caring and helpful (particularly when supporting vulnerable patients and those with mental health issues)
- People want more tests/diagnostics and treatment in one place, as much as possible
- Patient and staff education/promotion is considered important to ensure everyone is aware of what health services are available and when
- Awareness of NHS 111 is high, but many people are reluctant to use it as they do not have confidence in the service

Staff engagement

The engagement conducted with frontline staff highlighted the following priorities:

- Access to GP appointments is an issue
- Desire for service integration to simplify the system to create an integrated community model
- Improve technology to join up services, including access to appropriate patient records across primary and secondary care
- Improve workforce, from staffing levels, to skill mix and retention especially in mental health, paediatric specialists, diagnostics and prescribing
- Review the A&E service offer to reduce unnecessary admissions

The findings from the engagement described above are being used to inform the development of a new, integrated model of care for urgent care services.

Copies of the full and summary engagement reports can be viewed from the NHS South Sefton CCG website: www.southseftonccg.nhs.uk

6. Health and care system collaboration

NHS and other providers of urgent care services – front line staff and leaders, along with commissioners and patients, came together in a series of workshops over the summer to review the findings from engagement; review national requirements and guidance; to gain a shared understanding of how the current system works and to build ownership and consensus to inform the next stage of the process, which is to develop a new, integrated clinical model for urgent care. The workshops identified local priorities for the review to consider in developing the clinical model:

- Operating hours to be standardised and longer than 12 hours
- Diagnostics for adults & children – (Point of Care Testing / DVT / PE / Bloods)
- Standardised Assessment Tool / Criteria
- Mental Health better integrated into the urgent care community offer
- IV Therapies (IV antibiotic / IV fluids / Cancer treatments)

A clinically-led group of urgent care providers has been established - representatives from primary care, community services and acute hospitals with A&E services, along with patient representatives, to co-design a detailed clinical model of urgent care.

Agenda Item 7

Further work will then be undertaken to translate this into a proposal for the future configuration of urgent care services which would be presented in a pre-consultation business case for NHS South Sefton and NHS Liverpool CCGs to consider.

The proposal which emerges may represent a substantial variation, which would need to be reviewed by both local authority OSCs, which if agreed, would require the proposal to go to a formal public consultation.

7. Conclusion

The south Sefton and Liverpool health and care systems are collaborating in a review of urgent care to develop a proposal for an integrated, effective system of urgent care that meets the particular needs of our population. The redesign of services would also seek to make optimum use of the available clinical workforce and NHS estate whilst ensuring value from existing funding.

The following actions and timescales are indicative:

Action	Timescale
Development of clinical model	Sept – Dec 2019
Development of pre-consultation business case	Nov 19 – March 20
Proposal to CCG Governing Bodies and OSCs	May and June 20
Public consultation	July – Oct 20
CCGs Decision and Report to OSC	Dec 20

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

Date of Meeting: 7 January 2020

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 and Health) are requested to receive this report.

Update for Overview and Scrutiny Committee (Adult Social Care) January 2020

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.

Help Us Help You - holiday health advice

In the run up to the Christmas and New Year holiday period, the CCGs worked with local partners to promote where people can go for health advice and treatment when their GP practice and other regular services are closed. At any time of the year there are a range of options for people to choose from outside normal opening times. This includes contacting NHS 111 online and by phone, speaking with a high street pharmacist, or visiting a walk in centre. The NHS App and pharmacies can provide a range of advice to help people to self care, whilst NHS 111 can arrange for anyone who needs to see a doctor outside regular working hours to do so. These options were promoted to residents in a number of different ways, from information on CCGs and partners websites and social media, to a four page advert in the Champion newspaper series, with cut out and keep details of pharmacy opening times over the bank holiday period and tips to help people self care for minor illnesses and ailments. This work supports the national Help Us Help You campaign from NHS England and Public Health England. Details of help and support at any time of the year can be found on the CCGs websites in the 'your health and services' sections.

Events encourage Sefton residents to join patient groups

Sefton residents interested in getting involved in how local health services are delivered came along to two events in November 2019. The CCGs worked with Healthwatch Sefton to stage the events to encourage people to join their Patient Participation Group (PPG) based at their GP practice. Around 100 people attended the two events, where they heard about the role and purpose of PPGs and the difference they can make. This included hearing the experiences of existing PPG members and how they get involved in projects at their practice to make improvements for patients, like helping to design a new website. There was also a marketplace of health and wellbeing stalls at the event giving people the chance to chat with health professionals as well as representatives from the CCGs and Healthwatch. The events took place at Lord Street West United Church in Southport and Sing Plus in Waterloo. The PPG recruitment events were organised following an initial meeting in the summer of 2019 to explore how together, the CCGs, Healthwatch Sefton, practices and PPG members might strengthen the existing network of patient groups and how they might work alongside the newly developing Primary care Networks. You can read more about this work in the 'get involved' section of each CCG's website.

Sefton 2gether – five year plan for health finalised

The Sefton 2gether five year plan has been completed and work is ongoing with Sefton Council and other partners to move towards implementation. This is being done in-line with the refresh of the Health and Wellbeing Strategy to ensure aligned delivery of the health and care system for the people of Sefton. In the early New Year the plan will go through its final governance before being shared and promoted with stakeholders across Sefton including voluntary, community and faith colleagues and the public.

Video campaign encourages Sefton residents to self care

A series of short videos showcasing some of the free support that is available to Sefton residents to support their health and wellbeing was launched during Self Care Week (18 – 24 November). 'Think Self Care for Life' was the theme of the national campaign from the Self Care Forum, focusing on how people can make improvements in their lives to protect their physical health and mental wellbeing. Locally, the CCGs worked with professionals from Living Well Sefton, Access Sefton and NHS Informatics Merseyside to create the video campaign. The short videos and clips highlighted some of the services that can help residents with minor illnesses, as well as where they can go for tips and advice on how to look after their own health and wellbeing. The videos ran across partners' social media and websites during the week and can be found on the CCGs' websites and You Tube pages.

Patients urged to play their part to keep antibiotics working

The CCGs' teamed up with Sefton Council at the end of last year to remind residents of their role in helping to keep antibiotics working over the winter months and all year round. Antibiotics are medicines that treat bacterial infections by killing or preventing the spread of that infection. They are only prescribed when:

- the condition is unlikely to clear up without them
- the infection could spread to others
- antibiotics could significantly speed up recovery
- the illness is serious

Antibiotics are not prescribed for viral infections, such as seasonal colds or flu because they are not effective in fighting these types of illnesses. Viral infections can be treated with a combination of self-care and over the counter medicines. Together, the CCGs and Sefton Council have been raising awareness of the fact that antibiotics are not always the answer, and we need to preserve these medicines for when we really need them. They invited residents to join them in tackling antibiotic resistance by listening to their GP, pharmacist or nurse's advice and only take these medicines when necessary. Anyone who does need antibiotics was reminded to use them properly if they are prescribed to them by making sure they are taking the recommended dose, that they are in date and that they finish the complete course as directed. Pharmacists can provide advice to anyone with queries about their prescriptions, or who would like advice for a seasonal illness.

Agenda Item 8

New faces at governing body meetings

Vikki Gilligan was welcomed as the new practice manager representative for NHS Southport and Formby CCG its governing body meeting in November 2019. Vikki has worked in the NHS for more than 30 years and has been a practice management for the past three years. Both CCGs first governing body meetings of 2020 will also be the first for their recently appointed interim chief nurse. Jane Lunt is carrying out the joint role until March 2020, whilst the CCGs' permanent chief nurse carries out a secondment. Both governing body meetings are held in public and start at 1pm on the dates and at the venues below:

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

Anyone wishing to attend is asked to contact 0151 317 8456 to book their place.

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 December 2019

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.

Page 69



Staying **local & together**
together with you

Agenda Item 9

Southport & Formby CCG

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Southport & Ormskirk, cumulative YTD)	Sep-19	89.6%	93.0% (Improvement Plan)	
Cancer 2 Week Waits (Southport & Ormskirk, cumulative YTD)	Sep-19	96.4%	93%	
Cancer 62 Day - Screening (Southport & Ormskirk Cumulative YTD)	Sep-19	60.0%	90%	
Cancer 31 Day (Southport & Ormskirk, cumulative YTD)	Sep-19	95.3%	96%	
RTT -18 Weeks Incomplete (Southport & Ormskirk, in month snapshot position)	Sep-19	93.4%	92%	
C.Difficile (Southport & Ormskirk, cumulative YTD)	Sep-19	24	9 YTD 16 (year end)	
MRSA (Southport & Ormskirk, cumulative YTD)	Sep-19	1	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit, Southport & Ormskirk, monthly snapshot position)	Sep-19	75.0%	80%	
% TIA assessed and treated within 24 hours (Southport & Ormskirk, monthly snapshot position)	Sep-19	6.3%	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Sep-19	7 minutes 55 seconds	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 2 Sep-19	94.7%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Sep-19	0.89%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Sep-19	46.5%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 2 Sep-19	97.9%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-19	100.0%	90%	

Southport & Formby CCG

TIA Performance

Southport & Ormskirk Hospital NHS Trust continues to significantly underperform against the 2019-20 TIA target of 60%, with a performance of 6.25% in September. This is a reduction compared with the previous month when the Trust reported 14.30%.

The Trust is resolving issues with collation of the TIA data and are working with the clinical team to ensure the logic being used to calculate TIA performance is consistent with the clinical pathway in place. Whilst issues with TIA data collection are being rectified, Trust assurances relating to service provision remain in place:

Assurances

- Three designated TIA Consultant led clinics per week, minimum of four slots per clinic
- Time critical patients supported by flexible / ad-hoc clinics
- Consultant led triage of TIA referred patients
- *Many patients present via A&E and initial treatment is started prior to them being seen in a designated outpatient clinic*
- Assurances of no harm to patients seen outside of the 48hr standard
- Regular review with Commissioners at monthly contract review meetings



Southport & Formby CCG

Cancer – 62 Day Screening

This target relates to patients treated for cancer in the given period and is a total of all of the three following national screening programmes commissioned by Public Health England:

- Breast
- Colorectal
- Cervical

Performance against this standard can appear volatile at Southport & Ormskirk Hospital NHS Trust due to the small numbers (typically fewer than three patients per month) of patients compared to other trusts.

Breaches relate to the colorectal screening programme and are a combination of patient choice and colorectal surgery capacity.



Southport & Ormskirk Friends & Family

Measure	Time Period	Southport & Ormskirk	England Average	Trend
Inpatient – response	Sep-19	9.0%	25.0%	
Inpatient Recommended	Sep-19	92.0%	96.0%	
Inpatient Not Recommended	Sep-19	3.0%	2.0%	
A&E – response	Sep-19	4.0%	12.2%	
A&E Recommended	Sep-19	79.0%	85.0%	
A&E Not Recommended	Sep-19	16.0%	9.0%	



Southport & Formby CCG 7 Day GP Extended Access

Page 74

	Appointments Available	Booked	DNA	Utilisation
Apr-19	985	639	73	57.46%
		64.87%	11.4%	
May-19	1000	722	72	65.00%
		72.20%	10.0%	
Jun-19	999	687	68	61.96%
		68.77%	9.9%	
Jul-19	1115	652	64	52.74%
		58.48%	9.8%	
Aug-19	1161	632	71	48.32%
		54.44%	11.2%	
Sep-19	1117	695	62	56.67%
		62.22%	8.9%	

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
		38.7%	34.4%	9.4%	4.9%	12.7%
	May-19	256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
	Jun-19	261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
	Jul-19	239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
	Aug-19	261	215	68	33	97
41.3%		34.0%	10.8%	5.2%	15.3%	
Sep-19	237	237	71	55	95	
	34.1%	34.1%	10.2%	7.9%	13.7%	



South Sefton CCG

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Key Performance Area	Time Period	Performance	Target	Trend
A&E 4hour Waits, All Types (Aintree)	Sep-19	87.5%	88% (Improvement Plan)	
Cancer 2 Week Waits (Aintree)	Sep-19	95.3%	93%	
Cancer 62 Day - Screening (Aintree)	Sep-19	63.1%	90%	
Cancer 31 Day (Aintree)	Sep-19	94.6%	96%	
RTT -18 Weeks Incomplete (Aintree)	Sep-19	86.4%	92%	
C.Difficile (Aintree)	Sep-19	62	14 YTD 56 (year end)	
MRSA (Aintree)	Sep-19	2	0	
Stroke (80% of Pts spending 90% of time on Stroke Unit) (Aintree)	Sep-19	73.2%	80%	
% TIA assessed and treated within 24 hours (Aintree)	Sep-19	100%	60%	
Ambulance Category 1 Mean 7 minute response time (CCG LEVEL)	Sep-19	6 minutes 56 seconds	<=7 Minutes	
Mental Health: Care Programme Approach (Quarterly)	Qtr 2 Sep-19	100.0%	95%	
Mental Health: IAPT 16.8% Access (CCG LEVEL)	Sep-19	1.07%	1.59% per month Qtr 1-3 1.83% per month Qtr 4	
Mental Health: IAPT 50% Recovery (CCG LEVEL)	Sep-19	44.8%	50%	
Mental Health: IAPT waiting <6 weeks (Quarterly)	Qtr 2 Sep-19	97.5%	75%	
Mental Health: IAPT waiting <18 weeks (Quarterly)	Qtr 2 Sep-19	100.0%	90%	

Aintree University Friends and Family

Measure	Time Period	Aintree	England Average	Trend
Inpatient – response	Sep-19	19.1%	25.0%	
Inpatient Recommended	Sep-19	94.0%	96.0%	
Inpatient Not Recommended	Sep-19	3.0%	2.0%	
A&E – response	Sep-19	17.8%	12.2%	
A&E Recommended	Sep-19	88.0%	85.0%	
A&E Not Recommended	Sep-19	7.0%	9.0%	



South Sefton CCG

7 Day GP Extended Access

	Appointments Available	Booked	DNA	Utilisation
Apr-19	985	639	73	57.46%
		64.87%	11.4%	
May-19	1000	722	72	65.00%
		72.20%	10.0%	
Jun-19	999	687	68	61.96%
		68.77%	9.9%	
Jul-19	1115	652	64	52.74%
		58.48%	9.8%	
Aug-19	1161	632	71	48.32%
		54.44%	11.2%	
Sep-19	1117	695	62	56.67%
		62.22%	8.9%	

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
		38.7%	34.4%	9.4%	4.9%	12.7%
	May-19	256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
	Jun-19	261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
	Jul-19	239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
	Aug-19	261	215	68	33	97
41.3%		34.0%	10.8%	5.2%	15.3%	
Sep-19	237	237	71	55	95	
	34.1%	34.1%	10.2%	7.9%	13.7%	



This page is intentionally left blank

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 January 2020
Subject:	Cabinet Member Reports – October – December 2019		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Adult Social Care Health and Wellbeing		
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 the 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 the 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.

Agenda Item 10

(A) **Revenue Costs** – see above

(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 updates 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.

This page is intentionally left blank

CABINET MEMBER UPDATE REPORT

Overview and Scrutiny Committee (Adult Social Care) – 7 January 2020

Councillor	Portfolio	Period of Report
Paul Cummins	Adult Social Care	Nov/Dec 2019

Good News

The Interim Director of Adult Social Care with the Commissioning Support Team led a piece of work earlier in the year to introduce a new way of funding care for people who have complex needs. This project was submitted for national recognition and we have been recently notified that we have been successful in the Local Government Chronicle awards for the work to develop individual service user funds. Councils who have been shortlisted for an LGC award are among the most innovative and their innovation helps provide the best services for residents. The award nomination is for thinking of new ways to deliver the best services and individual service user funds are a way to enable people to have choice and control over the services they receive. The winners will be announced in March 2020.

Commissioning

The Interim Director of Adult Social Services will be reviewing fee increases for the full range of Adult Social Care provision for 2020-21; this will commence early in the new year with a view to implementing a fee strategy.

Cabinet has now approved the commencement of the procurement processes and re-commissioning of Supported Living Services. The plan is for new contracts to be in place for September 2020.

A pilot has been commenced which is testing the use of assistive technology in a number of Supported Living Schemes to better understand the need for care and support services and offer people who use services a less intrusive way of receiving support. This pilot is part of a wider Assistive Technology workstream which is in place across the Liverpool City Region and is likely to be developed into a plan for future roll out.

A new Rapid Response service has been established with Sefton New Directions which will complement the Re-enablement provision and aid swift hospital discharge. It is early days but the service enables people to go straight home from hospital and have wrap around support for up to 5 days.

A Capital grant to care homes will commence in the new year, with a process being developed for applications and management of this. The capital grant will focus on improving environmental standards and a focus on dementia standards.

Agenda Item 10

APPENDIX A

The Quality Team have been involved in and coordinated several multi-agency monitoring and safeguarding responses ensuring that services are being provided in safe and effective ways to vulnerable people. The quality of care homes in Sefton has continued to improve with no homes currently in receipt of a rating of inadequate, however, a focus will be maintained across homes rated 'requires improvement'.

Safeguarding

A weekly meeting has been established between safeguarding and commissioning teams to provide assurance on the quality of joint working arrangements and regular reports from both service areas in respect of performance, risks and actions required.

The group will report to the Senior Management Team, Sefton Care Governance Board and myself.

The meeting provides an opportunity to provide a clear robust framework of reporting and accountability of safeguarding and commissioning activity and where appropriate connect with other partners to facilitate continuous improvement. Communication and key messages are circulated across the workforce in a timely and clear manner with opportunities to learn from best practice.

National Safeguarding Week

Sefton, as part of Merseyside Safeguarding Board (MSAB), participated in National Adult Safeguarding Awareness Raising week. An awareness raising stand toured the Borough with stops in Netherton Activity Centre, Formby Library, Bootle One Stop Shop and Southport Hospital with lots of information given out to people. Members of Adult Social Care staff supported the awareness raising stand along with a non-operational member of staff from the MSAB Business Unit. Staff did meet members of the public that disclosed safeguarding adult concerns.

Sefton hosted an event for over 70+ colleagues from across the partnership focussing on scamming during the week, working with colleagues from Trading Standards, Merseyside Police and Santander Bank, in The Studio within the Atkinson.

Merseyside Safeguarding Adults Board

MSAB will be subject to a Local Government Association (LGA) Peer Review in January 2020. The Peer Review Team will include a Lead Member from Leeds City Council and senior officers from other Councils. A report will be available in February and will provide recommendations to the Board members regarding future priorities and actions.

MSAB Performance Sub Group members have recently completed an audit of Commissioning arrangements of partners with Sefton providing sufficient appropriate evidence to achieve 'Good'. There was some excellent evidence submitted from partners that, if adopted, could result in Sefton in achieving 'Outstanding' when the audit is repeated.

For a second year running Sefton Adult Social Care were required to submit a Chapter 14 audit. The evidence submitted resulted in Sefton services being assessed as 'Good'.

Liverpool City Region Combined Authority Proposal

Sefton have been approached by Liverpool City Region Combined Authority to assist in developing the safeguarding services and general understanding of adult safeguarding issues as they have no specific staff with the necessary skills and understanding.

Social Work England

On Monday, 2 December, Social Work England will take over from the Health and Care Professions Council as the new specialist regulator for the profession.

The purpose of Social Work England is to regulate professionals so that people receive the best possible support whenever they might need it in life. They are committed to raising standards through collaboration with everyone who has an interest in social work.

All staff are aware that they need to upload evidence of their Continuing Professional Development into their new online accounts.

Sefton Adult Social Care is already in a very strong position due to our development of an electronic CPD that can be uplifted into individual accounts from 2nd December, although only required at this point to each evidence one piece of CPD in the first twelve months and has also introduced access to Research in Practice for Adults for all staff.

Social Work England has been established under new legislation which means that Social Work will have a specialist regulator that builds and promotes confidence in the sector. Through the work of our Practice Forum, social worker practitioners have hope for a more approachable and inclusive regulator with better understanding of our profession.

Apprenticeships

The Institute for Apprenticeships has launched an integrated Social Work apprenticeship degree that has now been approved for delivery. The introduction of the Social Work apprenticeship is an exciting opportunity for Sefton Council as it offers an efficient way to utilise the apprenticeship levy as a way of moving forward the careers of internal staff working in care who possess the right values and experience to be a Social Worker but not necessarily the academic background.

Financial Update

Revenue

The October revenue budget position continues to forecast a balanced budget for the year, however, there are ongoing pressures notably within the Community Care budget where a net £3.38m deficit is currently forecast, this was an increase of £0.50m on the previous month due to increases/decreases across service areas.

Surpluses within other areas including employee vacancy turnover; reduction in specialist transport costs due to a revised split between Adults and Children's and capitalisation of community equipment, are still anticipated to go some way to offsetting the deficit on the placements and packages spend. Other service mitigations will be maximised to reduce the budget gap of £2.18m and remedial measures to enable the Adult Social Care service to achieve a balanced budget will include a range of projects to be delivered.

Agenda Item 10

APPENDIX A

Work will also continue on ensuring all income collectable from the NHS for joint funding and Funded Nursing Care arrangements is pursued and ensuring joint working around Continuing Health Care and Children's Transitions. Work will also be undertaken to deliver and action a strategic commissioning plan to support the redesign of the care market.

Adult Social Care Capital

The Capital programme was reviewed in October and the opportunity taken to reprofile based on more accurate mid-year forecasts of expenditure.

The plan for the 'Wider Social Care' element of the Disabled Facilities Grant has now been revised and reprofiled to achieve a forecast capital spend of £1.6m in 2019/20 and £4.323m in 2020/21.

The planned projects are designed to support and improve service provision and maintain independence and include:

- Equipment/OT staff to support the Double to Single Handed Care project
- Community Equipment - Adults and Children
- ICT development and Transformation
- Assistive technology
- Care home improvement grant of small sums linked to improving dementia standards.
- Developing Sefton's Extra Care Housing Strategy.

The 'Core 'DFG element of the Disabled Facilities Grant agreed for 19/20 has been reprofiled and £1.82m is anticipated as the forecast outturn in 19/20 and £3.08 in 20/21.

CABINET MEMBER UPDATE		
Overview and Scrutiny Committee (Adult Social Care) – 7 January 2020		
Councillor	Portfolio	Period of Report
Ian Moncur	Health and Wellbeing	Oct/Nov 2019

Health Checks

From 1st July to 30th September 2019, 126 full NHS Health Checks, and 54 mini-health checks were delivered through 20 clinics. These clinics took place in a range of community venues across the Borough and in workplace and school settings.

The NHS Health Check offer within school settings has received positive feedback and further school based sessions are planned for the coming months. Additional opportunities to provide NHS Health Checks with local employers in the Borough are being explored.

Screening Update

Updates were provided on the three Cancer Screening Programmes (Breast, Bowel and Cervical), including an update on the new Bowel Screening Test (FIT test) which was introduced earlier this year. Introducing the FIT test has resulted in more people taking up the offer of Bowel screening, and has also led to an increase in the number of people who need to have an endoscopy.

In Cheshire and Merseyside the Cancer Alliance has secured £1.23 million funding for pilot projects which aim to increase uptake of the cancer screening programme. These projects are:

- Text messaging reminders for women to have cervical screening.
- Patient ‘navigator’ roles which will involve contacting people who have not yet taken up the offer of breast or bowel screening.
- Education and training pilot to include cancer screening programmes within making every contact count (MECC) training.

CHAMPs are supporting the Cancer Alliance to develop detailed project plans for each of these work areas, and the Sefton Council Public Health Team are engaged with this work. In Sefton the Health Protection Forum seeks assurance on the Cancer Screening Programmes and the newly established Sefton Screening Health Protection Forum sub-group, will support this work.

Community Infection, Protection and Control

The Community Infection Prevention and Control Service procurement has been completed and a 3-year plus 1 plus 1 contract started on 1st September 2019; the contract was awarded to Mersey Care NHS Foundation Trust, the incumbent provider.

Winter Planning

The Sefton Flu Planning Group, a sub-group of the Sefton Health Protection Forum, meets monthly from August to February, to ensure any issues relating to the flu vaccination programme, or flu outbreaks can be identified and mitigated promptly.

Key activities are:

- Supporting the development of a communications plan for residents of Sefton about accessing the flu vaccination and staying well during the winter months.
- Development and delivery of a collaborative work with the CCG NHS England, and the local authority to support General Practices to improve flu vaccination uptake.
- Preparing and supporting the development and distribution of the Cheshire and Merseyside Care Homes Influenza Resource Pack in Sefton. This pack provides key information to help homes prepare for flu season, including information regarding vaccination of staff, and what to do if residents experience a flu like illness.

Obesity

Obesity is one of the most serious health challenges of the 21st century. It is a complex issue with several different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity, it requires action across agencies, sectors and with local people.

Sefton faces key challenges in tackling overweight and obesity and opportunities to help local people maintain a healthy weight require a whole system approach (WSA) which is based on collective, interdepartmental and multi-agency leadership culminating in a series of recommendations for action.

Research has shown that the environments in which we live are a crucial factor in influencing how much physical activity we have in our daily lives as well as what foods we have access to and choose to eat. What this means is that the focus of our efforts in trying to tackle obesity in Sefton cannot lie at the individual level but rather at the level of the whole system that our residents interact with. This will require a collaborative approach to create the desired system wide change. In doing so we are addressing changes in the way that we live our lives that have evolved over decades. There are no quick wins, and the evidence suggests that goals for changes in this area need to be considered in the longer term but are achievable.

To stop the rise in obesity we will require collaborative effort from across the public, private and voluntary sectors and amongst individuals, families and communities. Public Health are uniquely positioned to lead this work through a collaborative whole system approach across providers, partners, voluntary sector and communities.

WSA draws on the strengths of organisations, businesses, communities and local assets to achieve better, more focused collective and sustained results. Having the visible and active support of elected members, the Chief Executive and senior leaders, sends a clear signal that tackling obesity is a priority for the whole local authority, not just public health and its wider partners. At a national level, there has been increased government commitment since 2016, to preventing and tackling obesity through the Childhood Obesity Plan. At a local level, there is opportunity to build on this

momentum, to tackle key local environmental drivers of obesity, and support people living with obesity, aligning with actions at a national level.

An increasing number of local areas across the UK are testing and embedding new ways of working and there is a growing recognition that a whole systems approach is more likely to be effective in tackling the root causes of obesity, rather than focusing on a small number of public health interventions. Whole systems thinking also epitomises a 'Health in all Policies' approach, drawing on a local authority's strengths, fitting with its business priorities, combining local assets.⁴ and is aligned with our Sefton 2030 vision.

It is proposed that a WSA to tackling obesity is required in Sefton which will provide a structured process to follow with a new sense of direction, and a dynamic framework to engage partners and deepen our understanding and role around obesity and healthy weight. This will enhance opportunity to identify links across agencies and departments that are not immediately obvious and make connectivity easier to align priorities and resources.

An outline report will be developed by Public Health with recommendations and next steps and will include resource requirements and initial actions to develop a whole system approach to tackling obesity in Sefton.

ACE's

Adverse childhood experiences (ACEs) are strongly related to development and prevalence of risk factors for disease and health and social wellbeing throughout the lifespan. Trauma may be defined as repeated cycles of stressful events and the inefficient turning on or off of stress responses. Sefton has successfully piloted a 10-week programme "ACE Recovery Toolkit" with women who had experienced multiple ACEs. Outcomes for parents included increased knowledge and awareness of their own and their children's ACEs, and the impact on children, increased support networks, reduced isolation, improved self-esteem and wellbeing, increased resilience, increased confidence in parenting skills, and improved relationships with their children. Outcomes reported for some children included being happier and more engaged with school. Sefton are currently running 3 women's groups, one in each locality. The team have just completed an adolescent group and plan a men only group in January. LJMU has been commissioned to evaluate this phase of the roll out and follow-up the original Sefton cohort to see what the longer term impact has been.

The findings have been presented at LSCB and the board continues to support the implementation of ACE informed practice. Sefton plan is to embed this approach within the new model of safeguarding practice. The CLC now offers a short e-learning package on ACE. Public Health is working with safeguarding and locality colleagues to look at how they might develop a more structured training package, this includes cooperation at an LCR level via the Violence Reduction Unit.

Southport Money Advice Group

The Southport Money Advice Group – which is part of a north west academic research project called CLARHC – has reached the end of its currently funded activity. The group have successfully researched the issue of money advice in Southport. They have worked with partners to improve the money advice offer within Southport,

influenced partners to change the way they deliver services and held a conference which was attended by over 30 organisations. The Group are now exploring ways to continue this good work, by broadening out the subject area to including social isolation, housing and other issues facing residents. Additional funding is being sought by the partnership to make this happen and a decision is expected to be made by the end of the year.

Transformational Change of Public Health Services

Public Health (PH) are committed to maintaining a transformational and dynamic approach to core commissioned PH and community prevention services in Sefton, primarily focused on the core areas below:

- 0-19
- Drugs and alcohol
- Community sexual health services
- Living Well Sefton
- Stop Smoking Service
- Well Sefton
- Early Intervention and Prevention (EIP) 3 (key elements only)

The intention of this approach is to continually improve health and wellbeing in Sefton, through commitment of listening to local people, and supporting and enabling our communities to prosper. PH are constantly reviewing their interventions and services which are rooted in best practice and value for money. A commitment to quality, means working hard with providers to ensure the best outcomes are delivered, despite the challenges of financial restrictions, and ensure their creative and innovative approach to delivering PH interventions remains a priority.

This commitment to constantly review and reflect, which includes local, regional and national scrutiny and learning, means they can confidently benchmark services and deliver robust, targeted and tailored programmes in line with community need. In practice, this means core services are scrutinised with potential for redesign, refresh and transformation, keeping a specific focus on improving the health of people with the poorest health outcomes, and closing the gaps which have the most impact on health inequalities.

A comprehensive report outlining the transformational change applied to each of the services above has been produced and contains current examples of the dynamic, flexible and responsive approach the team is taking to service delivery. This is supported by a culture of continuous improvement and a commitment to a structured Sector Led Improvement programme which includes internal audit and benchmarking, as well as working closely with providers, so the team remains best placed, to deliver locally resonant services, build capacity and influence partners through a whole system approach in Sefton.

Public Health Sector Led Improvement

Public Health in Sefton, is taking a sector- led improvement (SLI) approach to ensure public health services are efficient and effective, robust and able to drive a 'health in all policies' agenda, ensuring that the focus of improving health and wellbeing, and tackling health inequalities, is everyone's business.

The team are committed to improving quality across the public health system, recognising this is a shared responsibility and requires the collective efforts of everyone who delivers the range of functions and services that protect, promote and improve the public's health. With a growing number of challenges facing the health and care system, maintaining a focus on commitment and where required, the use of innovation to ensure high quality in public health is more important than ever to improve health outcomes and reduce health inequalities.

SLI is based on a culture of collaborative working, sharing good practice, constructive challenge and learning. The Public Health SLI programme is based on the principles set out in the LGA document "Taking the Lead", ^[1] which states that Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their areas, and recognises that Councils have a collective responsibility for the performance of the sector as a whole.

SLI is based on the premise that we are responsible for our own improvement, including managing risk of underperformance, and taking a collective responsibility towards that. The Sefton team will provide demonstrable innovation, evaluation, challenge and measurement of improvement, not merely increased learning and knowledge. They have developed an action plan focused on priority areas and includes benchmarking, performance outcomes, peer review, an audit of standards for employers of public health teams, and a review across a variety of services and programmes of 'What Good Looks Like'.

The team is committed to ensuring all this focus and insight is reflected in their current work programme, and have structures in place to maintain continuous reflective practice, insight, internal challenge and improvement, and will submit annual updates of SLI actions to Cabinet Member.

[1] <https://www.local.gov.uk/our-support/our-improvement-offer/what-sector-led-improvement>

Public Health Service Plan Update

I received an update of the Public Health Service Plan which details the priority public health and wellbeing activities for year 2019/2020. Activities have been aligned with priorities in the Joint Health and Wellbeing Strategy and 2030 vision, and also take account of the wider policy and strategic context, e.g. NHS Long Term Plan and Liverpool City Region programmes.

Public Health is a statutory responsibility of the local authority with the purpose of the service to ensure the best health and wellbeing outcomes for the population of Sefton. To achieve this the service must plan and implement health improvement programmes, and ensure the quality, safety and effectiveness of local services commissioned by ourselves and others that impact on health. The service works with partners to ensure the effective use of best information, intelligence and evidence base to improve health and wellbeing, and to reduce health inequalities. The Service Plan will be a dynamic document and is reviewed and updated throughout the year.

Prevention Green Paper Consultation Response

See attached Annex 1.

Sefton Sports Awards – Venue Proposal

The report updated the Cabinet Member on the plans for Sefton Sports Awards 2020. Since 2002 Active Sefton have held Sefton Sports Awards to celebrate the very best of the sporting offer across the borough. The first awards were held at Formby Hall and moved to Southport Theatre & Convention Centre where they have been held since.

Potential venue options have been explored for Sefton Sports Awards 2020, including the Park Hotel (Dunningsbridge Road), Prince of Wales (Southport) and Aintree Racecourse, in addition to its current location of Southport Theatre and Convention Centre. After brief enquiries Formby Hall was discounted based on cost.

After holding conversations with the Park Hotel, it is unfortunately not big enough to host an event this size (with a maximum capacity of 230 people) and therefore was not explored further. Although the Prince of Wales can accommodate an event of this size, given its location in the North and feedback requesting an alternative South location, it has been discounted, as Southport Theatre and Convention Centre can continue to be a host in the North. The only venue left to explore of appropriate size in South Sefton is Aintree Racecourse.

To build on the changes made for the awards in 2019, including a new compere and investing in a guest speaker, we look to make 2020 even more successful. Leanne Campbell has already indicated she would like to be more involved and help raise the profile, as well as the standards for production. A guest speaker could also be sourced of equal standard to Andy Grant's 2019 delivery, and it would be a great opportunity to showcase how Active Sefton continue to support the local sporting community.

A very competitive quote obtained for Aintree Racecourse has meant that the awards would be cost viable there and holding it at a flagship sporting venue would add more prestige to the evening. Aintree Racecourse offered photo opportunities in the winner's enclosure, overlooking the racecourse, as well as a high standard of food and service.

There are also plans ongoing to work alongside Stephen Watson (Executive Director), for next year's event to ensure that it is tied in to the Borough of Culture year. This is in addition to building on the new sponsorship opportunities secured through Christian Rodgers (Head of Commercial Development).

The report recommended hosting the event at Aintree Racecourse in 2020 based on customer feedback requesting an event in South Sefton, with it being alternated between North and South thereafter.

Active Sefton Summer Programmes

The report updated the Cabinet Member on the success of Active Sefton's Summer Programmes.

Since April 2011, the Be Active holiday programme has taken place during every school holiday (except the Christmas period) to provide activities primarily for children aged 5-12 year in all Active Sefton Leisure Centres. The programme has grown throughout the years and as is also a key area of income generation for the Active Sports team, who have an £81,000 income target attached to the service. The

programme also utilises the leisure centres during off peak times and brings new users to the sites.

Costs of delivering the programme have been reduced over recent years where possible, for example using the internal designer for the marketing rather than outsourcing to a design agency, and utilising the print framework to secure competitive quotes. Crucial to the delivery of the programme is the use of casual coaches and freelance instructors for specific activities, such as dance camps, for which associated costs have been accounted for in the pricing structure.

The Be Active programme in summer 2019 was yet again a huge success, with 495 coaching hours delivered across 151 sessions. The Programme saw 2100 participants over 5 ½ week period from Wednesday 24th July – Friday 30th August.

New activities were introduced including basketball camps, gymnastics and yoga day camps. Football camps were delivered in partnership with LFC Foundation, which itself had 152 participants over 3 days attend. Activities were also delivered at Formby pool to offer a taster of what the wider Be Active programme entails. Despite the reduced number of sessions delivered this year, attendances at the NAC and Crosby Leisure Centre were comparative to last year but there was a 48% drop in attendance at Dunes Splash World. The service has identified this as an area for improvement and a marketing plan will be put in place to target Southport schools and residents moving forward.

Comparatively speaking to summer 2018, there was a decrease in the number of sessions offered (-32%), which led to a reduction in coaching hours (-27%). However, the number of participants attending only reduced by 16% and coordination of the service was much more manageable.

The reduction of the programme this year was as a result of reduced capacity in the team, which is now the smallest it has ever been, whilst aiming to strike the balance between quality and quantity. The aim was to fill sessions to capacity rather than have more sessions with lower attendance. Inevitably, as a result, the income was reduced from 2018 (£35,508.92) to £30,411.69 in 2019, equating to a 14% decrease. However, the cost of casual and freelance coaches / instructors has also reduced significantly, in addition to marketing costs.

Reduced capacity has not only impacted on the delivery of sessions but also on the ability to take bookings and payments through phone calls. Between the release of programme information through to the last session being delivered, the team took over 700 payment phone calls. The service effectively uses social media for promotion, which can be programmed for evening and weekends, but relies heavily on the parent or carer to call back when there is someone available to take the call.

We are hoping to secure an online booking system rather than just telephone calls for payment in the near future. This would allow the team to free up staff capacity from taking phone calls and makes it far more accessible for parents and carers making childcare arrangements and planning activities. It would boost the promotion of the programme and inevitably increase income by being more accessible – parents could book outside office hours, at a time convenient to them and have all the information available without having to rely on finding time during a busy day to phone. However,

Agenda Item 10

APPENDIX B

there is no budget available to purchase a system, something that needs to be explored further.

Work is to be undertaken to consider the merits of becoming an Ofsted registered holiday club provider, which would enable parents to spend their childcare vouchers on the service. It would add value in terms of benchmarking and have the identifiable quality mark symbolic of a positive, safe learning environment for young people. This will be explored and a decision will be taken based on capacity and anticipated added value in the long term.

Sefton Council Response to Green Paper and Consultation on Prevention: Advancing Our Health: Prevention in the 2020s

This is the response of Sefton Council on the Government's Green Paper on Prevention: Advancing Our Health: Prevention in the 2020s.

Summary

- As a statement of policy intent, the Green Paper is strong on the language and rhetoric of prevention and social determinants of health, but weak or silent on addressing the shortfall in funding that Sefton Council and others need to implement many of the health promoting proposals. 'Moving from dealing with the consequences of poor health to promoting the conditions for good health' will need to be adequately resourced.
- Advancing our Health is overly invested in genomics and digital/online solutions, which do not themselves address the social and economic root causes of preventable illness and health inequality.
- This plan is liable to increase health inequality unless future policy developments are introduced to address barriers to good health and determinants of poor health at source. Other commentators have called this green paper, 'half-finished' and this in our view is a justifiable assessment.¹
- It is lacking in ambition, pace and impact in its preference for self-regulation rather than mandated national policy changes.

How Advancing Our Health undermines Government Guidance on tackling health inequality

The disconnect between the principles and evidence that underpin the Government's latest guidance on reducing health inequalities is stark. 'Place Based Approaches to Reducing Health Inequalities' emphasises the vital and essential role councils have in improving health and wellbeing.

In this Green Paper, Councils are framed as having a key role to play on disease prevention, due to our commissioning responsibilities, control over health-promoting assets and influence over relevant policy areas. However, there is **no acknowledgement that continuing cuts to local government funding are a major constraint on realising the potential to drive prevention** in the places where people live.

Investing in prevention means investing in local government

In Sefton, we are proud of the holistic Sefton 2030 vision that guides our work, our principles and values (<https://sefton.gov.uk/your-council/vision-and-core-purpose.aspx>). However, our efforts to prevent avoidable health problems, reduce the 20-year gap in healthy life expectancy and increase wellbeing and productivity continue to be undermined by reductions in our funding. The result is that at a time of budget reductions we see rising demand for costly services focusing on complex care needs. This is a clear false economy that cannot lead to a sustainable, good quality model of population health and care services. Not only this, but the systematic lack of investment in local government ultimately lessens the impact of much less cost-effective investment elsewhere in the system, e.g. the increased NHS settlement.

National Policy must enable local action

We also recognise that some of the strongest influences on the health and life chances of Sefton residents arise from policy decisions in central government. For example, changes to the benefits system and the introduction of Universal Credit, which have created real barriers to social and economic mobility for vulnerable members of our community, and added to the many risks to mental health that come with growing up and living in poverty. Public Health England has described the main influences on health as being a job, a home and a friend. Local government must be

properly enabled through national policy and funding to deliver on these necessities of life for all our residents.

In Sefton, the future impact of obesity and the dietary quality on chronic disease and life expectancy now eclipses the effect of smoking and the disproportionate risk that comes from growing up in a low-income household drives health inequality from the first years of childhood. The success story of legally driven regulation of tobacco control has lessons for addressing our increasingly obesogenic environment – industry self-regulation, voluntary targets, challenging businesses and appeals to ‘individual choice’ are no match to the scale of population health threat we now see. A more promising and relevant approach comes from the WHO 1986 Ottawa Charter on Health Promotion².

Content, gaps, language and strategy – other areas of concern

These aspects of the Green Paper lead us to identify several other major areas of concern for Sefton Council. These include:

- The **superficial use of narrative describing health inequality and determinants of health**, which in our view incorrectly falls back disproportionately on calls for more personal responsibility.
- There is a **focus on individualistic interventions, e.g. online behaviour change programmes** that are most likely to succeed for people who are in a good position in terms of the resources they can bring to making healthy changes (money, support, will-power/resilience, opportunity etc).³
- The **principle of proportionate universalism** is not clear in this Green Paper. This core tenet from Fair Society, Healthy Lives means enabling everyone to invest in their health, but gearing access to resource and support where need and barriers are greatest. This principle is at the heart of any strategy to reduce health inequality and to create a sustainable system for publicly funded health, care and wellbeing services.
- Investment in digital health promotion tools is one part of the picture, but risks **widening health inequality** if there is not accompanying investment for people who are not in a position to make self-motivated changes, either because of other health problems or because of fundamental needs for accommodation, food and safety which take priority.
- Technological solutions and innovation have an undoubted part to play, but feel **out of touch with the daily challenges many people face**: ‘we can tailor our diet to meet our metabolism, we can account for air pollution in our exercise plans, and we can take action to prevent painful diseases decades before they would begin’.
- The attention given to **genomics and precision medicine risks detracting from progress on more fundamental, social determinants of health and could risk serious unintended consequences, e.g.** a false sense of reassurance and a ‘green light’ to continue health-harming behaviours for those who score low or fatalistic thinking for people with high scores.
- In some Sefton wards up to 40% of children grow up in a low-income household. Price rather than looking at food labels in order to make ‘informed decisions about what to buy’ is a reality. The ability to make healthy choices is not equal across society and the Green Paper’s silence on this is a **policy failing**.
- In other important areas, **rhetoric outweighs meaningful policy** intent and investment, for example on the issue of supportive housing and adaptive technology: ‘In the years ahead, the government has an opportunity to shape this emerging market and test new ideas and innovations’.

Positives to revisit and to build on

There are some notable positives in this Green Paper. In taking forward its proposals, the government should reflect on these more deeply, for example:

- The primary challenge that any strategy which is serious about delivering a sustainable model of health and social care is the social gradient in health, which is largely driven by socio-economic factors.
- It is appropriate to recognise health as an individual and a societal asset and health chances as a right, especially for babies and children.
- A whole-government 'Health/Prevention in All Policy' approach can deliver the most far-reaching and cost-effective return on investment ('in the 2020s, we believe that all of government should be 'pulling in the same direction').
- A strong concept of prevention is one that genuinely addresses and funds action on risks and protective factors for mental wellbeing - 'strong attachments in childhood, living in a safe and secure home, access to good quality green spaces, security of income, and a strong set of social connections'.
- It is important to recognise and support the continuing essential role of the local Health and Wellbeing Boards and the powers and duties invested in them.

Our calls to action

The Government should:

- Restore the necessary level of resources to Local Authorities which are essential to effectively implement the scale of changes needed to realise the Government's mission to **'help people enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest'**. The disparity in funding for prevention compared to treatment services is highlighted but does not lead anywhere: 'Prevention forms around 5% of all public funding on health. This means in the UK we are spending over £101 billion a year treating disease, and £8 billion preventing it. As a country, we need to ask ourselves some fundamental questions about how much we value prevention, and what this means for our public services.' **This requirement should be addressed in the next Spending Review, Local Government Funding Reforms and the Fairer Funding Review, and delayed Green Paper on Social Care Funding⁴.**
- Recommit to the lessons from the Due North Report of the Inquiry on Health Equity for the North of England, commissioned by Public Health England⁵ including policy recommendations for central government.

Helen Armitage, Consultant in Public Health, Sefton Council

Matthew Ashton, Director of Public Health, Sefton Council

Cllr Ian Moncur, Cabinet Member for Health & Wellbeing, Sefton Council

This page is intentionally left blank

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	7 January 2020
Subject:	Work Programme 2019/20, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	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 review the Committee's Work Programme for the remainder of the Municipal Year 2019/20; to identify any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; to consider the process to be undertaken during 2020 regarding draft Quality Accounts; and to receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

Recommendations:

That:

- (1) the Work Programme for 2019/20, as set out in Appendix A to the report, be considered, along with any additional items to be included and thereon be agreed;
- (2) items for pre-scrutiny from the Key Decision Forward Plan that fall under the remit of the Committee, as set out in Appendix B to the report, be considered and any agreed items be included in the work programme referred to in (1) above;
- (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 will be informed of the arrangements; and
- (4) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

Reasons for the Recommendation(s):

Agenda Item 11

To determine the Work Programme of items to be considered during the Municipal Year 2019/20; identify any scrutiny review topics which would demonstrate that the work of the Overview and Scrutiny “adds value” to the Council; and update on work that falls under the remit of the Committee.

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

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

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

What will it cost and how will it be financed?

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

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

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. Reference in the Work Programme to the approval of and monitoring of recommendations relating to this Purpose will help to protect vulnerable members of Sefton’s communities.
Facilitate confident and resilient communities: None directly applicable to this report
Commission, broker and provide core services: None directly applicable to this report
Place – leadership and influencer: None directly applicable to this report.
Drivers of change and reform: None directly applicable to this report
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.

(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 2019/20;
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee

Background Papers:

There are no background papers available for inspection.

Introduction/Background

1. WORK PROGRAMME 2019/20

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the remainder of the Municipal Year 2019/20 is attached at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2019/20 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for the remainder of 2019/20, as appropriate, and note that additional items may be**

Agenda Item 11

submitted to the Programme at future meetings of the Committee during this Municipal Year.

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

- 2.1 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.
- 2.2 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.
- 2.3 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.
- 2.4 The latest Forward Plan published on 29 November 2019 is attached at **Appendix B** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 2.5 There are 2 items within the current Plan that fall under the remit of the Committee on this occasion, namely:
- The Health and Wellbeing Strategy 2020 – 2025; and
 - Adult Social Care – Residential and Nursing Care.
- 2.6 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.
- 2.7 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan, as set out in Appendix B to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

3. DRAFT QUALITY ACCOUNTS - PROCESS TO BE UNDERTAKEN IN 2020

- 3.1 Quality Accounts are annual reports from providers of NHS healthcare organisations about the quality of the services provided and are available for the public to view.
- 3.2 Draft Quality Accounts are usually submitted during May of each year from various NHS Trusts to the Committee for consideration. There is a statutory duty for health providers to produce draft Quality accounts, whereas any comments on the draft Quality Accounts by Overview and Scrutiny Committees are discretionary.

- 3.3 During 2019, Committee Members agreed to hold an informal daytime meeting on 10 May 2019, to consider the draft Quality Account from the following Providers:
- Lancashire Care NHS Foundation Trust (insofar as it related to community health service provision in the north of the Borough).
 - Mersey Care NHS Foundation Trust (insofar as it related to community health service provision in the south of the Borough).
 - Royal Liverpool and Broadgreen University Hospitals NHS Trust
 - Southport and Ormskirk Hospital NHS Trust.
- 3.4 A representative of the Clinical Commissioning Groups (CCGs) was invited to attend the meetings, together with Healthwatch representatives, as Healthwatch is also invited to comment on draft Quality Accounts by NHS Trusts.
- 3.5 For consideration of the draft Quality Accounts during 2020, the Committee is requested to delegate authority to the Chair of the Committee. An informal meeting of the Chair and Vice-Chair of the Committee is scheduled to take place on 15 January 2020, together with representatives of Healthwatch Sefton. Detailed consideration will take place at that meeting. Once the process has been determined, arrangements will be put in place and Committee Members will be informed.
- 3.6 *The Committee is requested to agree the process to be undertaken during 2020 regarding draft Quality Accounts, as outlined in paragraph 3.5 above.***

4. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

- 4.1 During the last cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).
- 4.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCAO&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.
- 4.3 In accordance with the above decision, information on the LCRCAO&S is set out below.
- 4.4 **Role**

The Overview and Scrutiny Committee was established by the Combined Authority in May 2017 in accordance with the Combined Authorities Order 2017.

Agenda Item 11

The role of the Overview and Scrutiny Committee is to:

- Scrutinise the decision and actions taken by the Combined Authority or the Metro Mayor;
- Provide a 'critical friend to policy and strategy development;
- Undertake scrutiny reviews into areas of strategic importance for the people of the Liverpool City Region; and
- Monitor the delivery of the Combined Authority's strategic plan.

4.5 Membership

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

Sefton's appointed Members are Councillors Dowd, Howard and Marshall. Councillor Dowd is Sefton's Scrutiny Link.

Councillors Pugh and Sir Ron Watson are the respective representatives of the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

4.6 Chair

The Chair of the LCRCAO&S cannot be a Member of the majority group. Councillor Thomas Crone, a Green Party Councillor serving on Liverpool City Council has been appointed Chair for the 2019/20 Municipal Year.

4.7 Quoracy Issues

A high number of meetings of the LCRCAO&S have been inquorate.

The quorum for meetings of the LCRCAO&S is 14, two-thirds of the total number of members, 20. This high threshold is not set by the Combined Authority but is set out in legislation.

The Combined Authority's Monitoring Officer will be looking to work with the Monitoring Officers from the other Combined Authorities to identify what problems they are experiencing with Scrutiny and how/if they had overcome them. Representations to Government would also be considered once all options locally to resolve the quorum issue had been exhausted. The CA Monitoring Officer would then be able to provide evidence to Government that the quorum level was obstructing the work of scrutiny within the CA.

4.8 Meetings

Information on all meetings and membership of the LCRCAO&S can be obtained using the following link

<https://moderngov.merseytravel.gov.uk/ieListMeetings.aspx?CIId=365&Year=0>

6 November 2019

The last meeting of the LCRCAO&S was scheduled to be held on 6 November 2019. However, this meeting was inquorate, and its business could not be formally transacted. Nonetheless, because Members were in attendance the items were discussed. Members received an update from the Metro Mayor Steve Rotherham and considered reports on updating on the Liverpool City Region Housing Statement; the Liverpool City Region Housing First Service; and Apprenticeships.

15 January 2020 – Budget Meeting

The next meeting of LCRCAO&S will be held on 15 January 2020. The meeting will be asked to consider the budget proposals for 2020/21 to be agreed by the Combined Authority; and to make recommendations to the Metro Mayor and the Liverpool City Region Combined Authority in respect of the proposals.

Details of both meetings can be obtained using the link referred to above.

- 4.9** *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

This page is intentionally left blank

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH)

WORK PROGRAMME 2019/20

Date of Meeting	25 JUNE 19 Bootle	03 SEPTEMBER 19 Southport	15 OCTOBER 19 Bootle	07 JANUARY 20 Southport	25 FEBRUARY 20 Bootle
Regular Reports:					
Cabinet Member Update Report (Julie Leahair/Julie Eliot/Debbie Campbell)	X	X	X	X	X
Work Programme Update (Debbie Campbell)	X	X	X	X	X
CCGs' Update Report (CCGs)	X	X	X	X	X
Health Provider Performance Dashboard (CCGs)	X	X	X	X	X
Service Operational Reports:					
Public Health Annual Report (Matt Ashton/Helen Armitage)	X				
Progress Update on the Development of a New Joint Health and Wellbeing Strategy for Sefton 2020 – 2025 (Helen Armitage)			X		
Statutory Guidance on Overview & Scrutiny in Local and Combined Authorities (Paul Fraser)			X		

Item	25 JUNE 19	03 SEPTEMBER 19	15 OCTOBER 19	07 JANUARY 20	25 FEBRUARY 20
Joint Strategic Needs Assessment (JSNA) (Wayne Leatherbarrow)				X	
Climate Emergency (Stephan Van Arendsen)				X	
Draft Quality Accounts - Process to be Undertaken for 2020 (Debbie Campbell)				X	
Community Substance Use (Alan McGee)					X
CCGs' Updates					
Review of 7 Day GP Extended Access Scheme (CCGs)	X				
Five Year Plan for Sefton (NHS Planning Guidance) (CCGs)	X		X		
Primary Care Networks in Sefton (CCGs)				X	
Update on North Mersey Urgent Care Review (CCGs)				X	
Social Prescribing (CCGs)					X

APPENDIX A

Item	25 JUNE 19	03 SEPTEMBER 19	15 OCTOBER 19	07 JANUARY 20	25 FEBRUARY 20
NHS Updates:					
Southport & Ormskirk Hospital NHS Trust		X			
Aintree University Hospital NHS Foundation Trust - Merger			X		X
Review of Hyper-Acute Stroke Services (North Mersey CCGs)			X		
Mersey Care NHS Foundation Trust – Low Secure Unit Project					X

This page is intentionally left blank



SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 JANUARY 2020 - 30 APRIL 2020

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

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

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.

Dwayne Johnson
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
The Health and Wellbeing Strategy 2020-2025	Eleanor Moulton eleanor.moulton@sefton.gov.uk
Adult Social Care - Residential & Nursing Care Sector	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	The Health and Wellbeing Strategy 2020-2025 Presentation of the proposed Health and Wellbeing Strategy for Sefton covering 2020 - 2025. The Director of Public Health will present this to full Council for its approval.			
Decision Maker	Cabinet Council			
Decision Expected	9 Jan 2020 23 Jan 2020 Decision due date for Cabinet changed from 05/12/2019 to 09/01/2020. Reason: to allow for the Overview and Scrutiny Committee and Health and Wellbeing Board comments and due to an extended second phase consultation following lower than expected engagement during the first consultation period			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Adult Social Care			
Persons/Organisations to be Consulted	Officers, Members, Service user groups, Public and Stakeholders			
Method(s) of Consultation	Full public consultation June to September 2019			
List of Background Documents to be Considered by Decision-maker	The Health and Wellbeing Strategy 2020-2025			
Contact Officer(s) details	Eleanor Moulton eleanor.moulton@sefton.gov.uk			

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Adult Social Care - Residential & Nursing Care Sector To provide an update on the project agreed at September 2019 Cabinet and to make recommendations on proposed next steps.			
Decision Maker	Cabinet			
Decision Expected	9 Jan 2020			
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	Officers and Key Stakeholders.			
Method(s) of Consultation	Meetings and Emails.			
List of Background Documents to be Considered by Decision-maker	Adult Social Care - Residential & Nursing Care Sector			
Contact Officer(s) details	Neil Watson neil.watson@sefton.gov.uk Tel: 0151 934 3744			

This page is intentionally left blank