

Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	Tuesday 6 September 2022
Subject:	Sefton Partnership Development Update		
Report of:	Executive Director of Adult Social Care and Health/Place Director, Cheshire and Merseyside ICB	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

This report details on update for Overview and Scrutiny Committee on the establishment of a Sefton Partnership. This is as a result of the Royal assent given to the Health and Care Act 2022 in April of this year. The Act introduces significant reforms to the organisation and delivery of health and care services in England.

Recommendation(s):

- (1) The Committee receive and note the contents
- (2) The Committee engage on further work on the requirements within the policy document

Reasons for the Recommendation(s):

This is a pivotal time for the development of integrated Social Care and Health in Sefton, and the continued unique role Overview and Scrutiny play in this will be increasingly important for delivering what the people living in Sefton need from their Health and Care Services.

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

None

What will it cost and how will it be financed?

(A) Revenue Costs

The contents of the report do not identify any additional revenue costs.

(B) Capital Costs

The contents of the report do not identify any additional capital costs.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None identified by the contents of the report	
Legal Implications:	
None identified by the contents of the report	
Equality Implications:	
There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
The contents of the report detail the development of integration of Social Care and Health in Sefton. The contents of the report have a neutral impact on climate change however part of the delivery of the Health and Care in this model includes the delivery of net zero Health services.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate confident and resilient communities: Proposals allow greater localised control and focus on the needs of the borough of Sefton in the design, delivery and review of Health and Care Services
Commission, broker and provide core services: Proposals strength the role of Strategic Commission at a Sefton borough level and encourage greater collaboration for better outcomes.
Place – leadership and influencer: Proposals set out the road map for greater local control driven by the Health and Wellbeing Board.

Drivers of change and reform: Proposals allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate sustainable economic prosperity: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services
Greater income for social investment: Proposals allow for a broader financial focus on the borough of Sefton for Health and Care services
Cleaner Greener: Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6919/22) and the Chief Legal and Democratic Officer (LD.5119/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The development of the local arrangements for the implementation of the Health and Care Bill are overseen by a Strategic Task and Finish Group chaired by Councillor Moncur.

Implementation Date for the Decision

Immediately following the Committee meeting.

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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Introduction

- 1.1 This report details an update for Overview and Scrutiny Committee on the establishment of a Sefton Partnership. This is because of the Royal Assent given to the Health and Care Act 2022 in April of this year. The Act introduces significant

reforms to the organisation and delivery of health and care services in England. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

- 1.2 At the heart of the changes brought about by the Act is the formalisation of Integrated Care Systems (ICSs). ICSs are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. Locally this is the establishment of the Cheshire and Merseyside Integrated Care System. This solidifies the move away from the old legislative focus on competition to a new framework that supports collaboration.
- 1.3 Each ICS is now made up of two parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). ICBs will be tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance. ICPs will bring together a wider range of partners, not just the NHS, to develop a plan to address the broader health, public health, and social care needs of the population. ICSs have the potential to reach beyond the NHS to work alongside local authorities and other partners to address the wider determinants of health.
- 1.4 A key premise of ICS policy is that much of the activity to integrate care and improve population health will be driven by organisations collaborating over smaller geographies within ICSs, often referred to as 'places', and through teams delivering services working together on even smaller footprints, usually referred to as 'neighbourhoods'. This means the disestablishment of the previous Clinical Commissioning Groups. Unlike previous reforms, which have over specified at a local level, the Act gives local leaders flexibility in how they setup these more local arrangements. Locally this has led to establishment of the Sefton Partnership as approved by Sefton Council Cabinet on the 23rd of June 2022. These new arrangements took effect on the 1st of July 2022.
- 1.5 The Act also does a number of things beyond progressing integration, including formalising the merger of NHS England and NHS Improvement with the resulting body, NHS England, now responsible for providing 'unified, national leadership for the NHS'. The Act also introduces targeted changes to public health (for example limiting the advertisement of junk food), to social care by creating a framework for assuring commissioners and sharing data, and to the quality and safety of care by formalising the role of the Health Services Safety Investigations Body – an independent body to investigate patient safety issues in England
- 1.6 At a late stage in the Act's passage through parliament, changes were added to amend the Care Act 2014 to change the cap-and-floor model of social care funding which will be implemented from October 2023. The changes will mean that local authority contribution towards paying for a person's care would no longer be counted towards the cap on their total costs, significantly reducing protection against very high care costs for people with low to moderate assets.

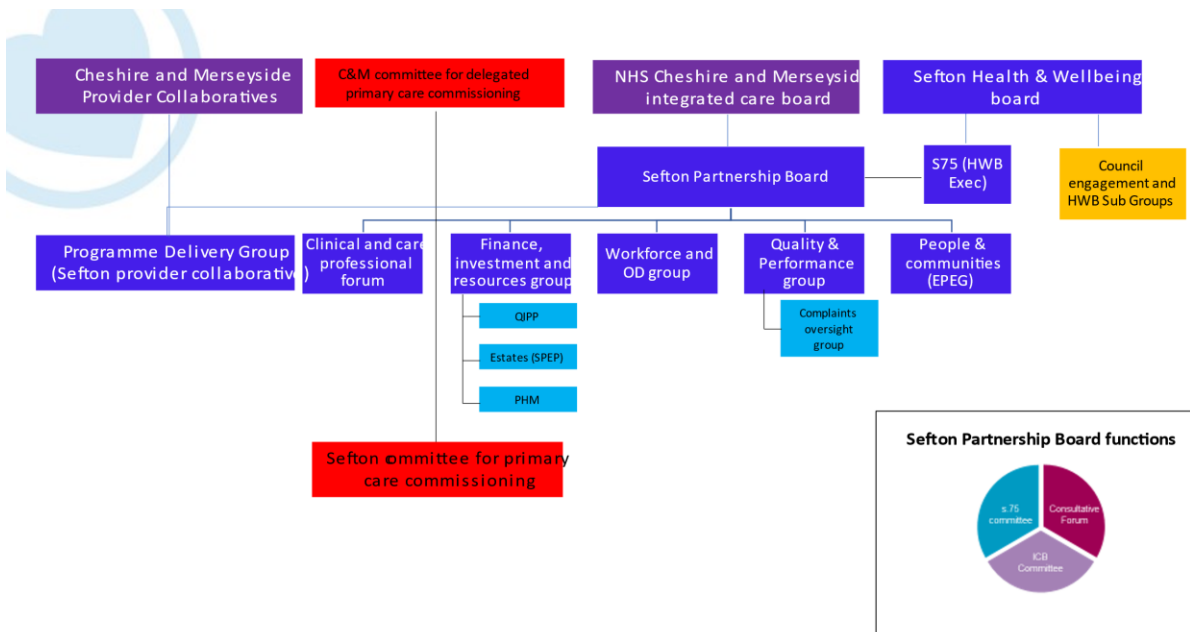
Adult Social Care are now working with national and regional policy leads and other local authorities on implementation of charging reforms.

2. Key updates

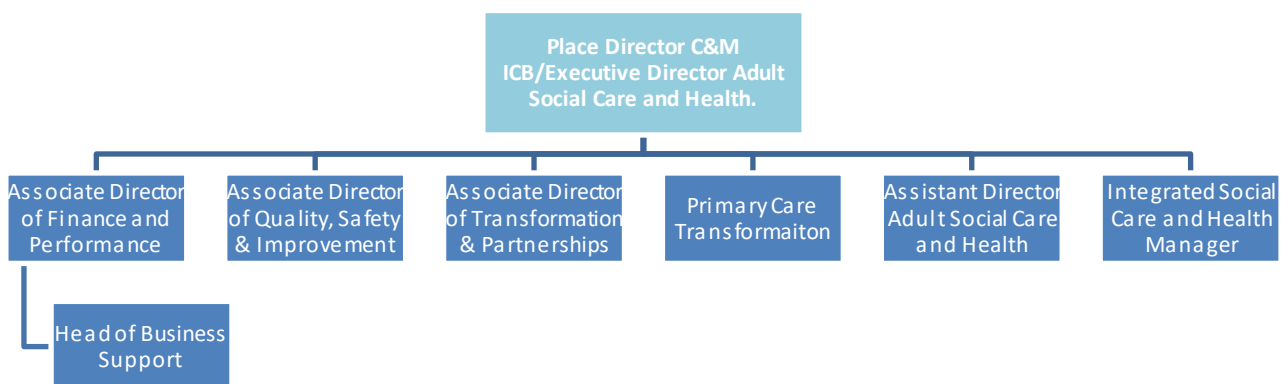
2.1 Further to the report received by Overview and Scrutiny Committee in March 2022 this report summarises the following key updates.

Deborah Butcher Executive Director for Adult Social Care and Health has now taken up post as Place Director, this is a joint appointment by the Council and ICB. The Place Director will be working closely with local partners and will play a central role in the future integration of health and care, taking a lead on tackling the health inequalities within our communities. NHS decisions will be taken through this joint role.

2.2 The following Governance Structure is agreed and is now in operation in the main, however some groups will not be established until required:



2.3 Initially all Health staff have transitioned to employment by the Cheshire and Merseyside ICB. The following new permanent executive level structure has been established:



2.4 The Partnership is required to provide a Place Delivery Plan setting out how it will deliver improvements to Health and Wellbeing of Sefton Residents this is currently being developed through co-production with the Programme Delivery Group which will detail delivery across the life course with the following areas of key delivery.

- **Start Well** - Emotional Wellbeing and Mental Health, Children in Care, Early Help and Intervention and Transforming Care
- **Live Well** - Learning disabilities & autism, Long-term conditions, Early Help for Children & Families, Complex needs
- **Age Well** – Frailty, Dementia, End of Life
- **All Age** - Integrated Community Teams, Mental health & wellbeing, Workforce planning

The ICB will be required to produce an Integrated Care Strategy incorporating all Cheshire and Merseyside ‘places’ and their plans by December 2022. There will also be a requirement to refresh the Joint Strategic Needs Assessment plan.

2.5 Cheshire and Merseyside ICB have established four clear objectives; Improve outcome in population Health and Health Care, Tackle inequalities in outcomes,

experience and access, enhance productivity and Value for Money, Help the NHS support broader Social and Economic development.

These objectives have been aligned to the Sefton Partnership through a process of establishing the objectives for Place Director for the initial period. These are as follows.

Core Objective	Core Objective
Place Development	Refresh of Sefton place plan to include NHS Operational planning priorities 22/23 and aligned to Health and Wellbeing Board strategic delivery
	Development of Place outcomes monitoring framework and dashboard, inclusive of Community Insight (qualitative) tools
	Sefton Place Partnership governance embedded to progress delegations and contract monitoring
Start Well	Reduction in service waiting times - e.g., Speech and Language services
	Development of place-based logic model to ensure coverage of all 9 Child and Adolescent Mental Health Service review recommendations
	Reduction in childhood obesity
Live Well	Reduction in usage of secondary health services for those with complex lives (known as System P priority cohort)
	Improved access to early intervention and prevention for preventable diseases that have the greatest burden on Sefton residents
	Implementation of the community Mental Health model in line with national strategy
	Reduction in adult obesity, in line with NHS Long Term Plan objectives
	Implementation of Learning Disabilities and Neurodiversity strategies - in line with Transforming Care Agenda
Age Well	Implementation of Ageing Well programme (Anticipatory Care, 2hr Urgent Response, Enhanced Care in Care Homes)
	Full roll-out of Integrated Community Team model across Sefton, in line with the "team of team" approach (Fuller report)
	Reduction in adult obesity, in line with NHS Long Term Plan objectives

	Reduction in usage of secondary health services for those with frailty and dementia
PCN Development	Develop plan to progress at least one step on the framework
Adult Social Care	Development of a fair cost of care and market sufficiency strategy
Wider Determinants	Reduction in childhood poverty
	Equitable access to healthcare
	Improvements to the physical environment across the borough
Workforce	Working with corporate ICB colleagues, further develop and implement a Organisational Development plan to support the work of the Sefton Partnership Board and its component parts.
	Implementation of the NHS System Leadership for Change programme across the partnership around identified key work streams
	Development of a Place based workforce plan to respond to local workforce risks and opportunities as part of wider ICB workforce planning approach in conjunction with Health Education England
Integrated Estates	Development of a fully integrated estates strategy linked to One Public Estate (with improved access to Health and Diagnostics on the High Street, focused on areas of deprivation)
Digital	Development of a Digital Inclusion Strategy
	Implement opportunities to utilise Technology Enabled Care Solutions (Telehealth, Telecare, Remote Monitoring solutions etc.) in line with strategy
	Access to digital care records for Adult Social Care providers

2.6 Guidance on the role of Overview and Scrutiny

On July 29th, the Department of Health and Social Care issued new guidance on the establishment of place-based working that provided principles for how the system should work in partnership with Overview and Scrutiny.

Five principles for effective partnership working to ensure the benefits of effective scrutiny is realised:

- a. **Outcome-focused** – a strategic approach to consider the best way to scrutinise key strategies, including joint Overview and Scrutiny Committees (OSCs) to cover all or a greater part of the ICB area
- b. **Balanced** – ICBs and ICPs should take an inclusive and future-focused approach to agreeing scrutiny arrangements
- c. **Inclusive** – system partners should work with OSCs to ensure local people’s needs and experiences are considered
- d. **Collaborative** – communities, providers and planners of health and care services should help to inform the strategic direction of OSCs in their areas, given the OSC role in scrutinising delivery of the integrated care strategy and joint forward plan
- e. **Evidence-informed** – quantitative and qualitative intelligence should be provided that is “reasonable, proportionate and relevant”

Further information on the guidance can be found here:

<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

3. **Conclusion**

This is a pivotal time for the development of integrated Social Care and Health in Sefton, and the continued unique role Overview and Scrutiny play in this will be increasingly important for delivering what the people living in Sefton need from their Health and Care Services. The Committee is asked to note the contents of the report and engage on further work on the requirements within the policy document.