

<b>CABINET MEMBER UPDATE REPORT</b>		
<b>Overview &amp; Scrutiny Committee (Health and Social Care) 3<sup>rd</sup> March 2015</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
<b>Paul Cummins</b>	<b>Older People and Health</b>	<b>January February 2015</b>

## **ADULT SOCIAL CARE**

### **LGC Awards 2015**

On 15<sup>th</sup> January 2015 the Local Government Chronicle (LGC) announced the shortlists for their 2015 awards and announced that Sefton Council has been included on the shortlist in the award category of “*Commissioning Pioneer*”. This award is intended to highlight new thinking in the way in which Councils commission services and Sefton is one of 9 local authorities shortlisted. The LGC announced that there had been 663 entries, across all award categories, from a record 222 organisations.

The shortlisting relates to the approach taken to de-commission the Community Meals Service in 2013 and to meet people’s ongoing needs through alternatives available within the local community (voluntary, community, faith and independent business sectors), or as it is termed within the awards process “Putting the Community in Community Meals”.

The success of this project owed much to work undertaken by colleagues across the Council and Voluntary, Community and Faith Sector, as well as businesses that were willing and able to adjust their offer to meet local need for meals. The short-listing is great affirmation and recognition of the excellent work undertaken and, in particular, how the Council can commission for positive outcomes by working effectively with partners, the community and the marketplace; influencing and facilitating change and access to other services, even when it is having to deliver big savings or has no money to spend, as was the case with Community Meals.

Importantly, many aspects of the approach taken, including the different approach to consultation and engagement with people using the service and the parallel engagement with the marketplace have been incorporated into the Council’s updated commissioning processes and will continue to feature in further commissioning activity.

The Award winners will be announced on 11th March 2015. More information about the awards can be accessed at: <http://www.lgcplus.com/news/lgc-awards-2015-shortlist-revealed/5078192.article>

## **REMODELLING DAY OPPORTUNITIES**

The consultation and engagement on the remodelling of day opportunities finished on the 29<sup>th</sup> January 2015. Over the whole consultation period (from 16<sup>th</sup> October) service users of day centres, their carers and young people in transition were targeted to ensure they

received information and had the opportunity to give their views. This was done by sending questionnaires out, with information describing the proposed changes, and also by holding a number of engagement events at day centres, at the Carers Centre, and in schools for those young people who may have a view on future opportunities. They, and the general public, were also able to comment through an online questionnaire and access to questionnaires at libraries, sports centres, town halls and other Council buildings.

Analysis from the consultation and engagement events with an equalities impact report will be available within a report to Cabinet, with recommendations on the proposed changes, for the 26<sup>th</sup> February 2015 Cabinet.

Depending on the decisions made at Cabinet, officers will then, if appropriate, move onto the next phase of planning and developing the modernised buildings and carrying out individual reassessments with service users. This is likely to take place over an 18 month to 2 year period, the reassessments being completed within a 9 month period. The Council will continue to work very closely with New Directions in developing any approved modernisation and will also involve service users and carers in any design work. Feedback will be given to all stakeholders on the outcome in various forms appropriate.

There has been excellent collaborative working with the VCF Sector in all aspects. This has been from the planning and design of the questionnaire through to advocacy at the engagement events and in discussions on the proposals. If the changes are approved the collaborative working will continue by strengthening and developing the market that already provides some good alternative opportunities. In addition, advocates and assistance will be made available to all service users and carers who are concerned with any changes and to assist, if necessary, with signposting to opportunities in the community.

### **CARE ACT**

Good and substantial progress is being made on all elements of the Care Act implementation in readiness for 1<sup>st</sup> April 2015. Specific areas of significant progress include:

**Advocacy** – This service is currently out for tender in conjunction with Liverpool offering Sefton efficiencies and the ability to offer a comprehensive service.

**Deferred payments** – Work has progressed and recommendations are included in the Cabinet Report on the discretionary elements this will lead to a new policy and the introduction of administration and interest rate charges.

**Eligibility**– the impact of the Act is a significant change from the current Fair Access to Care Services (FACS) system, however, after significant discussions and testing against live case studies we are now confident of the local position and can reassure the Council that this will not lead to issues around the assessment process.

**Assessment** – A comprehensive workforce development plan has been created which ensures all ASC workforce will be fully equipped with the knowledge needed for any changes to assessment. This includes a focus on key core skills to ensure defensible decision making against any possible challenge which may occur with a major legislation change.

**Funding allocations** – financial planning has taken place in regards the New Burdens funding and this will be presented shortly.

**Workforce development** - there is a substantial need to ensure that the workforce is appropriately trained. There has been substantial activity at a regional, sub regional and local level on the workforce development.

**Carers** – the Act gives the Council a responsibility to assess a carer's needs for support. This will mean more carers are able to have an assessment, comparable to the right of the people they care for. A review of the carers' assessment process is almost completed to ensure we can meet this need.

### PUBLIC HEALTH

#### **Substance Misuse – Adult Treatment and Recovery Service (Lifeline)**

The core adult substance misuse service was re-commissioned in 2013 and is now provided by Lifeline. The contract was agreed for 2 years, and is due to end on the 30<sup>th</sup> September 2015. The service provides a range of specialist treatment and recovery interventions:

- Comprehensive assessment and health checks
- Hepatitis B testing and vaccination provision
- Hepatitis C testing and treatment referral
- HIV testing
- Opiate replacement treatment and medically assisted withdrawal programmes
- Community opiate detoxification programmes
- Structured psychosocial interventions (including cognitive behaviour type interventions and motivational interviewing)
- Relapse prevention programmes
- Criminal Justice and Drug Intervention Programmes (DIP)
- Assess to residential detoxification and residential rehabilitation programmes
- Needle and syringe programmes
- SMART recovery groups
- Alcohol support and extended Brief Intervention Groups
- Strengthening families
- Recovery support including assisted access to mutual aid groups (NA and AA)

The service currently operates from two offices: Bootle and Southport as well as via community outreach satellite venues.

The legal team has advised that a decision must be made by the end of March 2015 at the latest on whether the contract should be extended for a further 12 months. This will provide Lifeline with the minimum 6 months notice period. As such the Public Health commissioners plan to review Lifeline performance in January/February 2015 to inform the final recommendation and decision on future commissioning of the service. The following factors will be systematically considered by an evaluation team which will include: public health, contracts, finance, legal:

- Performance against agreed KPIs
- Complaints and compliments received by service users and stakeholders, including provider response and implementation of learning
- Partnership and pathway development
- Client engagement
- Children's and adult safeguarding

- Clinical governance and patient safety

The following will also be considered:

- market of alternative providers
  - financial cost of re-commissioning
  - impact on clients, provider and other stakeholders of changing provider
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### **0-5 Transition update January 2015**

From the 1<sup>st</sup> October 2015, the Government intends that Local Authorities take over responsibility from NHS England (NHSE) for commissioning public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership (FNP, a targeted service for teenage mothers). The commissioning of Child Health Information Systems and the 6-8 week GP check (also known as Child Health Surveillance) will not transfer. Health visiting and Family Nurse Partnership contribute to the national, universal Healthy Child Programme (HCP). The Government intends to mandate certain elements of this programme : Antenatal health promoting visits, new baby review, 6-8 week assessment, 1 year assessment and 2-2 ½ year assessment.

In Merseyside, NHS England chairs a Health Visiting assurance board which aims to ensure a collaborative approach to oversight, management and governance of both health visiting and FNP during the transition. This group is assured that workforce trajectories are on track. The board is also monitoring the expected change in caseload associated with the move from a GP list case load to a resident case load. Initial audits suggest that Sefton could see a net gain of 500 children. Public health will investigate the impact this may have on service delivery.

Another group chaired by our Chief Executive provides strategic assurance that councils across Merseyside are prepared to receive the commissioning responsibility. The group is currently exploring opportunities to bring together the health visitor 2- 2 ½ year check with the educational check carried out in all Ofsted approved early years setting at 2 ½ years. The aim is to strengthen the assessment of school readiness and ensure appropriate interventions are put in place to support the child.

A Sefton operational group, chaired by Public Health, is working with NHS England to ensure stakeholder engagement events planned for early 2015 provide relevant updates and opportunities to discuss future priorities

The Department of Health published Local Authority budget allocations for 2015/16 in Mid December. Liverpool Community Health was asked to provide a breakdown of current Health Visiting costs, including staffing and all non staff costs. These figures were not shared and consequently the Director of Public Health (DPH) was not able to accept the allocation by the deadline of 16<sup>th</sup> January. The DPH has responded to Jon Rouse, Director General of Social Care, Local Government and Care Partnerships setting out Sefton's concerns. As well as the inability to review how the current service structures its funding, the DPH also noted that:

1. The current performance data available suggests that this is an underperforming provider. Managing this may lead to additional costs.

2. Future allocations are expected to move to a distribution based on population needs. Any significant difference to current funding will not be known until December 2016. This will provide very little time to negotiate redesign of services and or contracts.

This has also been escalated to Public Health England and Cheshire and Mersey NHS England. All parties are hopeful that the LCH financial details will be available shortly and the budget can be agreed.

Sefton MBC has also indicated to NHSE that we may wish to include specific terms and conditions to the novated contract. We need to review the full contract and ensure that it complies with the Local Authority standard form of contract before agreeing to novation.

Family Nurse Partnership nurses have been recruited and anticipate taking the first clients from March/April 2015. The FNP board met in December and will meet quarterly to monitor the implementation of the programme in Sefton.

**Further action:** A paper will need to go to Cabinet to note the final 0-5 allocation when agreed, and to delegate authority to Cabinet member or DPH to sign off the novation of the contract from October.

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## **Flu**

The levels of flu circulating this winter have been higher than for the last 3 years, but not exceptionally high, and well below the levels we had in 2010 to 2011 and 2008 to 2009. Levels rose earlier than the last few years and peaked around the 2<sup>nd</sup> week of January, with the latest data indicating that flu activity is now falling. Numerous outbreaks of influenza-like illness have been reported since before Christmas in care homes in the North West and Cheshire, with Merseyside largely spared. We had one outbreak in a care home in Sefton before Christmas.

NHS England commission the national flu vaccination programme which offers free flu vaccination for people at greater risk of developing complications from flu. Flu nasal spray is also recommended for children aged 2 to 4 years old to protect them against flu and help reduce the spread of flu to those around them. The programme for children will be rolled out to older groups of children in a phased way in future years. The majority of flu vaccination is delivered through GP practices, with availability of free vaccine through some community pharmacies this winter. Community nurses supported the delivery to people in care homes and the housebound this year.

Up to end of December 2014, the %s of people in targetted groups who had received the flu vaccine in Sefton were:

South Sefton: 74% of people aged 65 and over; 54% of people under 65 with long-term health conditions. The numbers of pregnant women vaccinated has increased to 738 from 684 at same time last year. Around a third of children aged 2 to 4 years old received the nasal flu spray.

Southport and Formby: uptake of the vaccine was similar in the north of the Borough at 76% for the over 65s; 52% for the under 65s with long-term health conditions. The

## **Appendix A**

numbers of pregnant women vaccinated decreased to 457 from 504 at same time last year. Uptake of the flu nasal spray amongst young children was almost 10% higher than south Sefton.

Across Sefton, there is very wide variation in vaccine uptake by practice, for example in South Sefton, the uptake by practice amongst those aged 65 and over ranges from 60% to 88%. Uptake overall is quite similar to last year. The final campaign uptake figures will be available in a few weeks, and planning will then begin for next winter, building on the learning from this winter. Ongoing challenges are to address the variation in uptake by practice, and continue work to increase the numbers of pregnant women and people with long-term health conditions who are protected against flu, as well as building up the children's nasal spray programme.

Once flu is spreading, apart from vaccination, hygiene is the main method that can help prevent spread. During January, the 'Catch it. Bin it. Kill it' campaign has been running on national press and radio to encourage people to carry tissues to catch coughs or sneezes, to bin them when used as soon as possible and then to wash their hands and kill the germs.

(Note: There were some media reports in early January about whether the flu vaccine protects against circulating flu strains this winter based on intelligence from Australia and the USA. The UK public health advice based on analysis of strains circulating here has been clear that getting vaccinated remains the best way to protect yourself from flu).