



OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE)

MEETING HELD AT THE TOWN HALL, SOUTHPORT
ON TUESDAY 5TH JANUARY, 2016

PRESENT: Councillor Page (in the Chair)
Councillor Dams (Vice-Chair)
Councillors David Barton, Burns, Dawson, Gatherer,
Grace and McGuire (Substitute Member for
Councillor Welsh)

ALSO PRESENT: Mr. Brian Clark, Healthwatch
Mr. Roger Hutchings, Healthwatch
Councillor Cummins, Cabinet Member - Adult Social
Care
Councillor Moncur, Cabinet Member – Health and
Wellbeing
1 member of the public

37. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Hale, his Substitute
Councillor Brennan and Councillor Welsh.

38. DECLARATIONS OF INTEREST

The following declaration of personal interest was received:-

<u>Member</u>	<u>Minute No.</u>	<u>Reason</u>	<u>Action</u>
Councillor David Barton	44 – Adult Social Care – Assessment and Eligibility	Personal – He is a Senior Manager at a nursing home in Southport	Stayed in the room, took part in the consideration of the item and voted thereon.

39. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 20 October 2015, be confirmed as
a correct record.

**40. DATA ON PERFORMANCE - FOLLOW-UP TO QUALITY
ACCOUNTS - LIVERPOOL COMMUNITY HEALTH NHS TRUST**

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Following a review of draft Quality Accounts by various NHS Trusts during the summer of 2015, Members had requested certain Trusts to present update information at this meeting. Information had been received from Liverpool Community Health NHS Trust, Southport and Ormskirk Hospital NHS Trust and Mersey Care NHS Trust.

The information submitted by Liverpool Community Health NHS Trust outlined data on the organisation; a locality update on the South Sefton Management Team; progress following the last inspection by the Care Quality Commission (CQC) and future visits by the CQC; Patient and staff experience; and future service changes.

Judith Malkin, Locality Associate Director and Nicky Orr, Locality Clinical Lead, presented the information on behalf of Liverpool Community Health NHS Trust and indicated that collaborative working was now embedded within the south Sefton area, with increased collaborative working with the local Clinical Commissioning Groups. Following the last inspection of the Trust by the CQC, the Trust was continuing with its Improvement Plans and a planned inspection by the CQC was arranged for 2 – 4 February 2016. With regard to Patient and Staff experience, staffing within the Trust had reduced without the need for compulsory redundancies, although investment had been made in increasing front line staff. Uptake of the Friends and Family Test within south Sefton remained lower than elsewhere and the Trust was working towards making the Test more user-friendly. The Trust representatives outlined data in relation to complaints received by year end, and serious incidents, including those for the most serious high graded pressure ulcers. With regard to future service changes and challenges, the Trust would no longer be providing the Home Oxygen Service from March 2016, and a new provider would shortly be confirmed by the Clinical Commissioning Groups, following a procurement process. In relation to Podiatry Services, the Trust had been working closely with Healthwatch Sefton and the two organisations had established a joint quality group to monitor the service. Dental Services provided by the Trust were currently undergoing a transitional process and in response to a query from a Member of the Committee, the Trust representatives undertook to provide further information on the duration of the current contract.

RESOLVED: That

- (1) the information received from Liverpool Community Health NHS Trust be noted and the Trust representatives be thanked for their attendance at the Committee; and
- (2) the Trust representatives be requested to provide further information on the duration of the current contract for Dental Services provided by the Trust.

**41. DATA ON PERFORMANCE - FOLLOW-UP TO QUALITY
ACCOUNTS - SOUTHPORT AND ORMSKIRK HOSPITAL NHS
TRUST**

Following a review of draft Quality Accounts by various NHS Trusts during the summer of 2015, Members had requested certain Trusts to present update information at this meeting. Information had been received from Liverpool Community Health NHS Trust, Southport and Ormskirk Hospital NHS Trust and Mersey Care NHS Trust.

The information submitted by Southport and Ormskirk Hospital NHS Trust outlined data on infection control; maternity services; and safe staffing levels.

No one was present from Southport and Ormskirk Hospital NHS Trust to present the information submitted.

The Committee was subsequently advised that apologies had been received from representatives of Southport and Ormskirk Hospital NHS Trust and that the Director of Nursing, who had intended to attend this meeting, was on call at the Accident and Emergency unit which was heavily compromised that evening. Members of the Committee hoped that Trust representatives would be able to attend Committee meetings in the future.

RESOLVED:

That the information received from the Southport and Ormskirk Hospital NHS Trust be noted.

**42. DATA ON PERFORMANCE - FOLLOW-UP TO QUALITY
ACCOUNTS - MERSEY CARE NHS TRUST**

Following a review of draft Quality Accounts by various NHS Trusts during the summer of 2015, Members had requested certain Trusts to present update information at this meeting. Information had been received from Liverpool Community Health NHS Trust, Southport and Ormskirk Hospital NHS Trust and Mersey Care NHS Trust.

The information submitted by Mersey Care NHS Trust provided progress on the six priority improvement areas for the Trust from its last Quality Account.

Ray Walker, Director of Nursing, was present from Mersey Care to present the information submitted. Mr. Walker explained that the Trust was focusing on the six priorities developed as there were currently no good outcome measures nationally for mental health, and the intention would be to focus on the priorities for the forthcoming Quality Account. The Chair requested the next Quality Account to be submitted promptly.

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A Member of the Committee referred to the Trust's restraint policy, indicating that the figures did not appear to suggest any trends, and asked whether there was any further information. Mr. Walker reported that where awareness training had been rolled out, better experiences had resulted.

Further to Minute No. 34 (3) of 20 October 2015, Fiona Taylor, Chief Officer for the Sefton CCGs, referred to the informal briefing received by Members of the Committee prior to this meeting, and indicated that Members might wish to receive the next draft Quality Account from Cheshire and Wirral Partnerships, in respect of Improving Access to Psychological Therapies (IAPT).

RESOLVED: That

- (1) the information received from Mersey Care NHS Trust be noted and Mr. Walker be thanked for his attendance at the Committee: and
- (2) Cheshire and Wirral Partnerships be invited to submit its next draft Quality Account to Members of the Committee, for scrutiny.

43. MERSEY CARE NHS TRUST - CARE QUALITY COMMISSION REPORT

Further to Minute No. 32 (3) of 20 October 2015, the Committee considered information issued by the Care Quality Commission (CQC) on its recent report produced on Mersey Care NHS Trust, together with an overview of the CQC ratings for the Trust. The overall rating for services had been rated as "Good", although certain concerns had been raised within the report. The Committee had also been provided with an electronic link to the full version of the CQC report.

Mr. Ray Walker, Director of Nursing, was present from Mersey Care NHS Trust, to respond to the report produced by the CQC on the Trust's performance. The overall summary and rating for the Trust was rated as 'Good' and Mr. Walker commented that not many mental health Trusts received a 'Good' rating, although he acknowledged that certain aspects of the Trust's services required improvement. With respect to Irwell Ward at the Clock View facility in Walton, Mr. Walker indicated that staffing had been increased in order to address the concerns raised there. Safety was also an area requiring improvement and Mr. Walker indicated that although secure services were good in this area, failure to record observations following a restraint had contributed towards the rating in this area. In addition, ligature risks had not been carried out in garden areas and the Trust had now submitted an Action Plan to the CQC addressing the concerns held regarding safety.

A Member of the Committee asked about Improving Access to Psychological Services (IAPT), and Mersey Care's Liverpool IAPT Services, and how many cases the Trust should be dealing with within its contract. Mr. Walker responded that basic psychological therapies were

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provided on wards and that more specialist therapies were provided, as appropriate. The Trust recognised the need to invest in this area and the need to respond to people who self-harmed more effectively.

A Member of the Committee referred to ligature risks and access to ligature cutters. Mr. Walker responded that the Trust had disputed this issue as some confusion regarding wards may have arisen. The Trust had not considered it necessary to change its practices in this area and all wards had access to cutters.

A Member of the Committee referred to the Boothroyd Ward in Southport for older people with mental health problems and Mr. Walker indicated that the Trust had plans to develop an improved facility.

A Member of the Committee asked about staffing levels at the Trust, considering that the Trust must be aware when staffing levels were insufficient. Mr. Walker responded that the Trust was required to report staffing information as a matter of course and that the Trust had both planned and unplanned levels of staffing. The process to recruit some 100 additional front-line staff had commenced prior to the CQC inspection.

A Member of the Committee referred to issues arising at Irwell Ward with the manner in which patients were treated and Mr. Walker responded that a new management team was now in place on the Ward and that increased monitoring and training of staff had taken place there. He acknowledged that the findings for Irwell Ward had been disappointing and that some changes had taken place to address certain challenges there, including design flaws of rooms.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), warmly welcomed the idea of a new facility in Southport. However, there were likely to be revenue challenges associated with any development. As responsible Commissioners the CCGs would need to ensure an appropriate affordable spend on mental health services.

RESOLVED:

That the information received in response to the report produced by the Care Quality Commission on Mersey Care NHS Trust's performance, be noted and Mr. Walker be thanked for his attendance at the Committee meeting.

44. ADULT SOCIAL CARE - ASSESSMENT AND ELIGIBILITY

The Committee considered the report of the Head of Adult Social Care updating the Committee on changes associated with the Care Act 2014 and the development of Adult Social Care services in relation to assessment and eligibility.

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The report set out the background to the matter; information on assessment and eligibility; risks and challenges faced by the Council; the need for policy change, communication and engagement; the Equality Act 2010 duty and impact assessments; and conclusions with regard to the need for the Council to deliver and implement the 2014 Care Act.

Copies of a presentation on Adult Social Care – Assessment and Eligibility had been circulated for consideration by the Committee, which outlined the following:-

- Background information, including the implementation of the Care Act;
- The impact to Adult Social Care;
- Legal versus ethical conditions, including differentiating between legal “conditions” and legal “principles”;
- Shared challenges faced by local authorities within the North West;
- Developments within Sefton, including total numbers for the following:
 - Adult Social Care Assessments;
 - Assessments where eligibility was met;
 - Carers who were assessed for care and support;
 - Carers who were assessed where eligibility was met;
 - Projected total year increase of around 500 on 2014/15;
 - Significant increase in contacts at the front door, leading to more signposting and information and advice;
- ASC Core Work Pathways, including totals for the following:
 - The top 6 contact reasons during the year; and
 - The episode count during the year for core activity areas.

Tina Wilkins, Head of Adult Social Care, reported that the Care Act had changed the way assessments were carried out, as carers were now assessed under the Act and a more personalised approach was being sought as part of the process. In addition, elements of safeguarding presented challenges as individuals could choose to remain at home, even if that choice put them at risk. The key priority arising from the Care Act was for the Adult Social Care Service was to obtain more information from the service user. Proportionate assessments were important as care packages provided could possibly be reduced, such as in instances where individuals leaving hospital convalesced and improved, presenting opportunities for Reablement. The Service had seen a significant increase in ‘front door’ contact and Ms. Wilkins indicated that she intended to report to the Committee on this aspect in the future. It was no longer the case that individuals had a social worker for life as people did exit the system, therefore cases were closed. When required, reviews were conducted to assess changing needs. With regard to Deprivation of Liberties (DoLs), significant progress had been made in this area and work on this would continue into 2016.

A Member of the Committee referred to the core work pathway set out within the report and considered that support delivery was not represented within the model, this inevitably leading to review. Ms. Wilkins

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acknowledged that this should probably be included within the model, although the whole commissioning element was not represented within the model, which would need to expand in the future to fully represent commissioning of services.

A Member of the Committee referred to the capping on funding for eligible service users and considered that this would contribute to the Council's financial burden. The Cabinet Member – Adult Social Care indicated that a decision on this area was not now anticipated until 2020 and Ms. Wilkins indicated that financial assessments continued to be based on existing financial limits. The Committee Member commented that he was impressed with the way that the Council had responded to the Care Act as the risks and challenges facing the Council included additional services to carers and the potential for significant budget pressures for the Council. The Director of Social Care and Health indicated that the Service had seen increases in demand for services and that additional finance provided by the Government had been used to increase staffing levels in order to meet statutory requirements. The Social Care Service was financially secure this financial year, although more would be known in due course once the Council received its financial assessment from the Government.

RESOLVED: That

- (1) the report be noted; and
- (2) further updates be received in order for this Committee to scrutinise the work of Adult Social Care in Sefton.

45. HEALTH AND WELLBEING STRATEGY

The Committee considered the report of the Interim Head of Health and Wellbeing updating the Committee on the following:-

- the delivery on actions in the refreshed Health and Wellbeing Strategy “Living Well in Sefton 2014-2020”;
- the proposed changes to the Health and Wellbeing Board structure; and
- the next steps involved.

The report set out the background to the development and publication of the Health and Wellbeing Strategy and also sought feedback from the Committee on priorities or key areas that could help with the formulation of the next strategy. A 12 month delivery plan for the refreshed strategy was detailed in table 1 attached to the report.

Copies of a presentation on the Council's Health and Wellbeing Strategy had been circulated for consideration by the Committee, which outlined the following:-

- The purpose of submitting the Strategy to the Committee;

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- The background to the Strategy;
- Living Well in Sefton 2014 – 2020;
- Delivery Plan Highlights;
- Proposed changes to the Health and Wellbeing Board;
- Future Developments; and
- Conclusion.

Margaret Jones, Interim Head of Health and Wellbeing, reported that the Sefton Strategic Needs Assessment informed the Health and Wellbeing Strategy. Although the Council's Health and Wellbeing Board (H&WBB) did not have strong statutory powers, it did provide strong partnerships between the Council and other organisations, and the Delivery Plan set out within the report referred to the launch of key strategies. In addition, the Sefton Clinical Commissioning Groups (CCGs) published 5 year Plans. Despite reduced capacity across all key partners in recent years, consultation, engagement and development continued with regard to key Strategies. A recent proposal had been made to increase the membership of the Council's H&WBB to include Sefton Council for Voluntary Services and other key partners and also to have an executive group, with a separate group to oversee performance. It was anticipated that the review of membership of the H&WBB would be completed by March 2016, and although good progress had been made in achieving milestone outcomes, it was also considered important to have strong leadership on the H&WBB.

A Member of the Committee asked about engagement with the Sefton public and efforts made in this area. The Cabinet Member – Adult Social Care indicated that engagement did take place, although not necessarily directly from the H&WBB. The CCGs held their 'Big Chat' events around the Borough and these were well attended. Data with regard to demographics for the Borough was also used to inform the Strategy.

RESOLVED: That

- (1) the following be noted:-
 - (a) the progress by the Health and Wellbeing Board in delivering the 1 year action plan in the refreshed Strategy document;
 - (b) the proposed structure for the Health and Wellbeing Board for taking forward integration in Sefton;
 - (c) the next steps outlined by the Board going forward; and
- (2) no priorities for the next iteration of the Strategy be forwarded to the Health and Wellbeing Board from the Committee, on this occasion.

46. COMMUNITY SERVICES

Jan Leonard, Chief Commissioning and Redesign Officer, Southport and Formby Clinical Commissioning Group and South Sefton Clinical

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Commissioning Group (CCG) reported that the information on Community Services related particularly to Southport and Formby. A number of services, including district nursing, podiatry, etc. had transferred to the CCG in 2011 and the intention had been to create an Integrated Care Organisation (ICO), the contract being extended by 2 years to allow further development of the ICO.

There was now a legal requirement to go to the market as part of the Procurement, Patient Choice and Competition Regulations 2013 and a procurement process was now under way with an invitation to tender intended by March 2016. Engagement events had taken place during summer 2014 and the deadline for consultation with interested groups would be the end of January 2016. The finance involved would be £10m per year over a 5 year contract. The "Facing the Future Together Strategy" had been designed with West Lancashire CCG to inform the decision to go to the market and there was on-going engagement as part of process, with a survey available on the Southport and Formby CCG website and specific engagement with protected groups.

The Procurement Process included a clinical review of all specifications and services currently commissioned, together with work-streams responsible for communications and engagement, finance and estates. The pre-qualification questionnaire was issued on 14 December 2015, with the contract being awarded in the autumn of 2016. Mobilisation would take place during 2016/17 and the contract start date would be April 2017.

A Member of the Committee asked whether Members could view the specification for the tender and what the estimated cost to the CCG was to undertake the procurement. Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG, reported that the element of transactional and legal staffing costs associated with the process would be provided to Members of the Committee. With regard to Members having access to procurement documentation, it was publicly accessible through the procurement portal. The Member asked if the CCG would send details to individual Members. Mrs. Taylor indicated that she would clarify whether this was feasible, subject to the procurement rules.

Members of the Committee asked about the process in relation to South Sefton CCG and staffing of services. There were similarities to procurement, although the market was not being tested and there were technical legal differences. Services in the south of the Borough would be transferred to Liverpool Community Health NHS Trust. TUPE applied to staff involved and therefore continuity would be retained. This was an acquisition process led by the NHS Trust Development Authority.

RESOLVED: That

- (1) the information in relation to Community Services be noted; and
- (2) the Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG be requested to:-

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- (a) investigate whether individual Members of the Committee can be sent details out of the procurement portal; and
- (b) provide an estimate of the cost to Southport and Formby Clinical Commissioning Group to undertake the procurement, in terms of transactional and legal staffing costs associated with the process, to Members of the Committee.

47. 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:-

- Winter resilience;
- CCGs awarded for their work;
- Trinity Practice;
- Patient Transport Service;
- Only order what you need;
- Macmillan event; and
- Forthcoming Governing Body meetings.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, was present from the CCGs to present the update report to the Committee and respond to questions put by Members of the Committee.

A Member of the Committee raised concerns regarding the re-procurement of the Trinity Practice, based in Southport Centre for Health and Wellbeing. Jan Leonard, Chief Commissioning and Redesign Officer, Southport and Formby CCG and South Sefton CCG, indicated that the Practice covered a huge area, from Marshside to Birkdale and that any groups who felt they would be disadvantaged should approach the CCG which would work with them. The Trinity Practice had taken on a number of nursing homes and this would be considered as part of the review.

Mrs. Taylor indicated that the Planning Guidance was now available for 2016/17 and CCGs had to have a 5 year Strategic Transformation Plan, in addition to the usual operational plan. CCGs were required to consider within the Planning Guidance at what level the planning footprint should operate and work would continue in this area.

RESOLVED:

That the joint update report submitted by the Clinical Commissioning Groups be received and the CCGs be thanked for the update report.

48. 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 and the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust.

Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG, was present from the CCGs to present the data and explain it, and she highlighted certain performances. Mrs. Taylor reported that with regard to the 2nd page of the data performance, for Mental Health: Improving Access to Psychological Therapies (IAPT) 15% Access, the performance figure for Southport and Formby CCG should read as 0.7%.

A Member of the Committee raised concerns relating to capacity at Southport and Ormskirk Hospital NHS Trust Accident and Emergency waiting times the previous evening when no beds had been available. Mrs. Taylor acknowledged that there were no simple answers with regard to Accident and Emergency wards, particularly during the winter months and taking into account the aging population. The CCGs were working closely with the Council's Head of Adult Social Care and all providers, to try to manage the system. The Chair reported that she and the Vice-Chair had visited Southport and Ormskirk Hospital NHS Trust prior to Christmas and that the temporary Board arrangements were still in situ there.

A Member of the Committee referred to stroke performance at Southport and Ormskirk Hospital NHS Trust and commented that the figures appeared to be improving. Mrs. Taylor indicated that the Stroke Ward, now a dedicated unit of 22 beds, went 'live' prior to Christmas 2015, but there was still work to be done. The Chair considered that support services, dedicated to rehabilitation following a stroke, were still housed within an inadequate space.

RESOLVED:

That the information on Health Provider Performance be noted.

49. CABINET MEMBER REPORTS

The Committee considered the report of the Head of Regulation and Compliance submitting the most recent Update Reports from the Cabinet Member – Adult Social Care, and also the Cabinet Member – Health and Wellbeing, whose portfolios fell within the remit of this Committee.

The Cabinet Member Update Report - Adult Social Care, outlined information on the following:-

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- Supported Living;
- Day Care Remodelling and Transport;
- Safeguarding Peer Review;
- Nursing Home Closure; and
- Personalisation.

Councillor Cummins, Cabinet Member – Adult Social Care, was present at the meeting and highlighted key aspects of his Update Report, particularly the Nursing Home Closure and the sensitive manner in which staff dealt with residents in closing the nursing home concerned. A Member of the Committee asked whether closure of the nursing home had led to a capacity impact on the Accident and Emergency Ward at Aintree University Hospital NHS Foundation Trust and was advised that this was not the case.

A Member of the Committee asked about the process of assessing people on direct payments and the Head of Adult Social Care advised that direct payments would be assessed as part of a report to the Cabinet.

The Cabinet Member Update Report – Health and Wellbeing outlined information on the following:-

- Procurement of residential medically managed detoxification substance misuse service;
- Commissioning of Integrated Wellness Service;
- Commissioning of 0-19 Healthy Child Programme;
- Sefton Council Staff Seasonal Flu Vaccinations; and
- Sefton Health Protection Forum.

Councillor Moncur, Cabinet Member – Health and Wellbeing, was present at the meeting and highlighted key aspects of his Update Report; particularly the Healthy Child Programme which was in progress and a report on the matter would be provided in due course.

A Member of the Committee referred to flu vaccination take-up amongst Council staff and indicated that this needed to be represented in terms of a percentage.

Margaret Jones, Interim Head of Health and Wellbeing, indicated that this could be provided in the future.

RESOLVED:

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

50. WORK PROGRAMME KEY DECISION FORWARD PLAN

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The Committee considered the report of the Head of Regulation and Compliance submitting the latest Key Decision Forward Plan and seeking the views of the Committee on its Work Programme for the remainder of the Council Year 2015/16.

Since the publication of the agenda for this meeting, a further Key Decision Forward Plan containing the Key Decisions that fell under this Committee's remit had been published and was circulated for the attention of the Committee. The Committee was invited to consider items for pre-scrutiny.

A Work Programme of items to be submitted to the Committee during 2015/16 had been compiled in consultation with relevant officers and was attached to the report at Appendix B. The work programme would be submitted to each meeting of the Committee during 2015/16 and updated, as appropriate.

The Committee had established a Working Group for 2015/16 to review the commissioning of services in relation to domiciliary care. The Working Group was comprised of Councillors David Barton, Dawson and Gatherer (Lead Member) and also Mr. Roger Hutchings, co-opted member from Healthwatch Sefton. The Working Group was focusing on customer satisfaction and quality with regard to domiciliary care, against the background of a number of factors which had implications for the future provision of the service. The Working Group had received a number of documents to consider and had met with two Providers of domiciliary care within the Borough and also with senior offices responsible for commissioning of the service.

Regarding site visits for Members of this Committee to health providers, arrangements had now been made for Members to visit Aintree University Hospital NHS Foundation Trust and the stroke services provision there. The visit would take place on 18 January 2016, 12 noon – 4.00 p.m.

The report also sought approval for the process to be undertaken for the scrutiny of a number of draft Quality Accounts from NHS Trusts during May/June 2016. The report set out the process adopted during 2015 and suggested following the same procedure for 2016.

RESOLVED: That

- (1) the contents of the Key Decision Forward Plans for the periods 1 December 2015 to 31 March 2016 and 1 February to 31 May 2016 be noted;
- (2) the work programme of items anticipated for the remainder of 2015/16 be noted;
- (3) the progress made to date by the Care Services (Domiciliary) Working Group be noted;

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- (4) the progress made in arranging a site visit to Aintree University Hospital NHS Foundation Trust, be noted; and
- (5) the process to be undertaken for the scrutiny of draft Quality Accounts in 2016, as set out at Paragraph 5.5 to the report, be approved.