

Sefton Health and Social Care Forum

Wednesday 21st July 2021

12.00pm till 1.30pm



Present: Pinto Arts; SWAN, Venus, Tom George, SPOC, Sefton Advocacy, OPERA, Mersey Care, Sefton Council, We Are With You, People First, Beacon Counselling; Parkinson Society, Autism Initiatives; Crisis Café, ECM, CAB

Presentation:

Ellie Moulton -Integrated Social Care and Health Manager from Sefton Council provided an overview of the current stage of development for the Sefton Integrated Care Partnership (ICP) and the outline of the Integrated Care System Design Framework (ICS), additionally she gave an overview of the headlines from the Health and Care Bill. This was followed by a presentation from Rory McGill, Consultant in Public Health, on the development of priorities for the ICP in Sefton.

Both presentations are embedded with this document for further consideration and reflection



The following notes are not verbatim, but provide an insight into the presentations and discussions which took place at the forum.

Ellie reminded the Forum about the meeting in April at which Deborah Butcher gave an overview of 'Place Based' development. The timetable for development of an ICP is set. It is proposed that the new structure will replace the existing health and care architecture in April 2022.

Legislation has been published setting out the requirements and structure for the new systems. Cheshire and Merseyside will be part of one Integrated Care System (ICS) made up of nine ICPs.

Primacy of Place makes clear the intention that decisions about local services will be made at a local level.

ICPs are intended to engage a wide range of stakeholders in the development and delivery of a local system that supports health, care and wellbeing. It is envisaged that services like housing, police and the breadth of the VCFSE sector will be partners in the ICP. Co-production is critical to the new model of working.

In February a White Paper was published that set out requirements for ICPs to have a clear understanding of the local needs. The Joint Strategic Needs Assessment (JSNA) and the work of public health and other partners will be used to inform the development of a shared vision for Sefton.

The ICS will oversee hospital and specialist services that will be commissioned on a larger footprint. Much of the ICP work will focus on the resource of community support and community services. Pooled resources will support the integration of health, wellbeing and care across agencies.

In June the Integrated Care System Design Framework was published setting out the core features of the ICS system.

An Integrated Care Board (ICB) will be established, membership will be NHS. A wider Health Partnership will inform the work of the Board. A shared vision at both ICS and ICP will be essential.

By law it will be the duty of the ICS to make decisions that take account of, health and wellbeing, quality, efficiency and sustainability. There is also a reduced requirement for procurement and tendering, giving greater opportunity to make decisions about funding based upon local knowledge and systems rather than one size fits all commissioning.

Information sharing responsibilities will change helping partners to make the right decisions about sharing information to help meet the health and care needs of individuals.

Discussion:

Question: We have long established working relationships and a vibrant VCFSE sector in Sefton. How will the proposed changes affect the VCFSE sector relationships, will these changes weaken or damage the existing good relationships?

Decision making for Place will be devolved. There will be a duty to prove how we are working locally. The intention is to work away from a medical model, putting more emphasis on community, assets and pulling together what we've got. We anticipate there will be more opportunities locally. Place Board will build on the work of the Health and Wellbeing Boards. CCGs won't exist after April 2022 but there will be a Sefton Commissioning Hub, or similar. Local staff, some that you already work with will probably transfer into the new structure. The method of development and delivery is

based on co-production; this is a key pillar of the ongoing development of the ICS and ICP system. There will, I believe, be more opportunities than risk for the VCFSE sector within the new system

The 80/20 rule is being applied to the current working meaning that we anticipate that 80% of commissioning will take place locally, and where possible, that will be locally co-produced rather than commissioner provider.

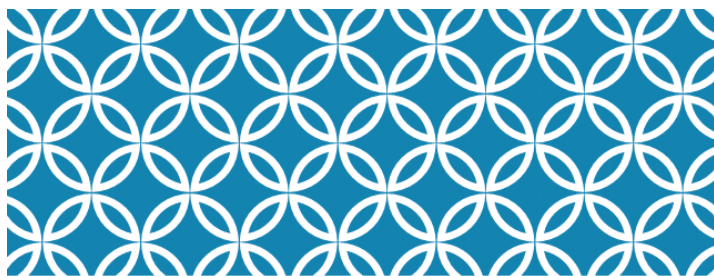
Question: At present short term funding makes planning for the future difficult are there any plans to look at this?

Longer term funding is certainly something we hope the new system will take on-board. The VCSFE feedback on the development work is advocating that longer term funding. Another thing the Health and Care Bill changes is that at the moment the health system is required to commission on a 12 month cycle; we hope this will change going forward.

There was a recognition from those present that, this is a real opportunity to do things differently.

Presentation:

Rory McGill provided an overview of the current evidence in respect of the health priorities in Sefton.



SEFTON ICP PRIORITIES
Population health, health inequalities and the impact of the pandemic.
Starting with what we know.

Dr Rory McGill
Consultant in Public Health

Sefton 2gether and the Health and Wellbeing Strategy pre date the pandemic but they set out the priorities with Sefton. Health Inequalities are a shared priority for us all. The focus of the new Health and Care Bill encourages us to focus on health inequalities and their impact on individuals.

A system level change is required to affect change on those most deeply impacted by inequalities. No one chose to be unhealthy. The cumulative impacts of disadvantage from childhood throughout life, can result in an increased likelihood of experience health inequality.

We can describe Covid as a Syndemic in the way it has compounded inequalities in society. Covid has unequally affected individuals in four different ways through increased risk of exposure, increased risk of susceptibility, increased risk of transmission, and increased risk of vulnerability.

None of us can know the true long term impact of Covid. Michael Marmot is due to start looking at the impact of Covid in Cheshire and Merseyside mirroring work he recently did in Greater

Manchester, where he demonstrated the unequal impact of Covid on the population of GM in comparison to other parts of the country.

Sefton ICP is focusing on “Adding life to year’s not just years to life”. It is clear that we want to support people to live well in Sefton, not just to live longer.

Sefton is a borough of contrasts, 5 areas are in the lowest 1% of lower super output areas (LSOA) in the country but equally 5 LSOAs are in the highest 1%. . While we may think we know where these patterns of inequality are in Sefton, which areas experience greatest inequalities, we need to be mindful that Covid may have shifted some of he impacts.

For example: Looking at access to free school meals as a proxy for childhood poverty we are conscious of the need to keep a close eye on these data as we come out of Covid.

Our life expectancy for both men and women are below the national average. Physical activity levels are low and alcohol related admission to hospital high. Childhood obesity is worrying, particularly when we consider the long term effects over the life course of childhood inequality. The slide s attached contains more detail on specific aspect of health inequality including those anticipated as a result of Covid.

Looking at what we already know, we believe that Mental Health, Obesity and Community Resilience will have the largest impacts over time; this is based upon what we knew before Covid and what we believe the impacts are likely to be from Covid and the syndemic.

At and ICS level they are working on the four pillars of population health: The Wider Determinant of Health, Behaviours and Life Styles, the Places People Live, An Integrated Health System. We need to ensure we also focus on these at an ICP level.

Going forward we need to continue to monitor changes in health outcomes and to shift our priorities in accordance with the changing priorities for Sefton.

Discussion:

Question: Can you provide a more pictorial presentation that is easier for people who find reading difficult

Rory explained that he will work with colleague in Sefton Council to develop more accessible presentations. Rory was invited to speak at a People First when these easy read materials are ready. He expressed his willingness to speak to any groups that would like to know more about health inequalities.

Question: With regard to the issues of health inequalities, these are the same issues we have been looking at for years. In your opinion what do we need to do differently to make an impact on these health inequalities? Secondly the life expectancy figures do not always tell the true story there is a danger that they simply perpetuate conceptions of inequality perhaps you would comment on those this as well.

Rory acknowledge the point raised and recognised the enduring nature of inequality, with regard to leverage to change the outcome he suggested that the content covered in Ellie’s presentation

about the increased focus on inequalities and wellbeing, the doing it differently was the key. Covid has put inequality issues front and centre. There is a greater emphasis on changing the system. Ellie came in and along with Rory agree that what needs to be addressed remains unchanged, what is different is the way in which it is intend to address the issues. Collaboration, joint intelligence and a more integrated approach are at the centre of the current proposals. The Health and Care Bill is an acknowledgement that there have been unintended barriers within the system hampering collaboration and that the intention of the Bill is to break down those barriers to improve collaboration and to deliver health improvements.

With regard to the second part of the question, having an intelligence hub will enable local manipulation of the data to help get under the data to understand what's happening locally and to be able to respond.

Question: What was the Voluntary Sector development work you referred to earlier and how can organisations feed into this work?

The review that CVS are leading, it was acknowledge by the majority of the members present that they were aware and had been involved in this work. (HSCF and ECM facilitated a workshop at the end of 2020 as part of this consultation). Consultants, Warren Escadale has been working with the VCFSE sector to understand and reflect the opportunities and ambitions of the sector.

Comment: Looking at organisational data SWAN has seen 120% increases in referrals coming in comparing Q1 of 2019 to 2021. How do we feed in this local intelligence? Jan suggested that the MH Review currently underway, Lead by Stephen Williams, and the Community MH Transformation Funding developments were both opportunities to help shape the local developments. Both of these developments have been presented at Sefton In Mind. Additionally the potential within the Bill to look more flexibly at how funding can be targeted and used differently at local levels may bring more opportunities for flexible and sustainable funding for the VCFSE sector.

Action: share contacts and information with SWAN with regard to the above.

The forum thanked Ellie and Rory for attending and indicated a desire to continue an open dialogue on these developments. The next Forum will look at the communication and engagement strand of the ICP development.

Comments:

Voices from the forum gave a reality check with regard to the optimism expressed about the Bill. The directive of national government regarding health and care may appear positive but with no reference to Social Care and little chance of anything being spoken of in the short term there remains scepticism that this bill will deliver what it promises.

The presentations were really good, having that local insight into the impact of Covid on our whole population is vital.

We need to tell the stories of the people who use our services. The data is good but the stories of individuals are powerful. We need to make sure we feed this information in, to balance the data with the reality of the experiences of people we work with.

With demands on services growing, it would be good to have a mechanism that helps us to capture data to feed into the big picture. It would be amazing to have these mechanisms in place and a standardised ways in which we can capture the case studies and a way of feeding this into the data hub

A lot of what we do is prevention; it's difficult to count the impact of prevention. It is also the case that many of the people we work with have multiple issue. Again it's difficult to demonstrate the impact we have on the different factors that are affecting a person s life that would otherwise lead them to require services to intervene. We provide quality not necessarily quantity.

Understanding the data is important. It would be good to be able to capture and share core data across the collective agencies in the sector, possibly a core data a set.

It would be good to capture the real impact of Covid on services for example one service is reducing access to sessions, still offering a service but having to manage it differently because of the impact of the increase in demand.

Action: Explore opportunities for collective input of experiences regarding Corvid's impacts on service post lockdown.

Action: Share Marmot Slides form event - <https://www.champspublichealth.com/building-back-fairer-cheshire-and-merseysides-marmot-community-launch-event/>

Personal stories have been really important. Hearing the stories of people knocking on doors and sharing has been a really important response. We are now getting more referrals from people we didn't know before lockdown. It is important that we capture this and we are able to share this information within the system.

Having the opportunity to engage in activities has been critically important for the mental well being of people. There have been some positives from Covid, people have come out and want to be part of a community more so than before

The example give of a person identifying some ones needs is so important; in all the data that was just shared the neighbour who identifies a need won't appear. It is important that we are able to share that.

Action: consider ways in which we can capture the conversations and interaction of people in he communities we serve. People power is what makes the real difference.

Creativity gives first hand testimony to the voices of people, the arts give back-up to the data.

The disappointing thing is that the data shown illustrates the same problems what we have been looking at for years. What it shows is that whatever we have been doing it hasn't made it better; it hasn't improved obesity levels or life expectancy.

Alternatively has it just prevented it form getting worse?

Unfortunately Jan forgot to allow Lesley to make her final comment. Lesley wanted the Forum to know how amazing Joanne is and what a great Job she does.

Date and Time of Next Forum:

HSCF Wednesday 15th September 12.30 till 2pm.

Next Sefton in Mind 12.30 till 2.00pm 19th August