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

DATE: Tuesday, 27th July 2021

TIME: 6.00 pm.

VENUE: Ballroom, Town Hall, Bootle

## Member

Councillor  
Cllr. Carla Thomas (Chair)  
Cllr. Greg Myers (Vice-Chair)  
Cllr. Iain Brodie - Browne  
Cllr. Linda Cluskey  
Cllr. Sean Halsall  
Cllr. David Irving  
Cllr. Terry Jones  
Cllr. John Joseph Kelly  
Cllr. Nina Killen  
Cllr. Michael Roche  
Brian Clark, Healthwatch  
Roger Hutchings, Healthwatch

## Substitute

Councillor  
Cllr. Anne Thompson  
Cllr. Robert Brennan  
Cllr. Dr. John Pugh  
Cllr. Andrew Wilson  
Cllr. Christine Howard  
Cllr. Maria Bennett  
Cllr. Joe Riley  
Cllr. Paul Tweed  
Cllr. Veronica Webster  
Cllr. Christine Maher

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer  
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**See overleaf for COVID Guidance and the requirements in relation to Public Attendance.**

**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.

## **COVID GUIDANCE IN RELATION TO PUBLIC ATTENDANCE**

In light of ongoing Covid-19 social distancing restrictions, there is limited capacity for members of the press and public to be present in the meeting room indicated on the front page of the agenda at any one time. We would ask parties remain in the meeting room solely for the duration of consideration of the Committee report(s) to which their interests relate.

We therefore request that if you wish to attend the Committee to please register in advance of the meeting via email to [debbie.campbell@sefton.gov.uk](mailto:debbie.campbell@sefton.gov.uk) by no later than **12:00 (noon) on the day of the meeting.**

Please include in your email –

- Your name;
- Your email address;
- Your Contact telephone number; and
- The details of the report in which you are interested.

In light of current social distancing requirements, access to the meeting room is limited.

**We have been advised by Public Health that Members, officers and the public should carry out a lateral flow test before attending the meeting, and only attend if that test is negative. Provided you are not classed as exempt, it is requested that you wear a mask that covers both your nose and mouth.**

# **A G E N D A**

## **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. Hyper-Acute Stroke Service**

(Pages 5 - 16)

Report of the Chief Legal and Democratic Officer

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<b>Report to:</b>	Overview and Scrutiny Committee (Adult Social Care and Health)	<b>Date of Meeting:</b>	27 July 2021
<b>Subject:</b>	Hyper-Acute Stroke Service		
<b>Report of:</b>	Chief Legal and Democratic Officer	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Health and Wellbeing		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

## Summary:

The Overview and Scrutiny Committee (Adult Social Care and Health) is requested to consider if the proposals for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire constitute a substantial development/ variation in services for Sefton residents.

## Recommendation(s):

The Committee is requested to determine whether the proposals detailed in the Appendix to the report constitute a substantial development/ variation in services for Sefton residents.

## Reasons for the Recommendation(s):

NHS bodies have a legal duty to consult local authority Health Overview and Scrutiny Committees on proposals that could be deemed to constitute a substantial variation in services.

Proposals have been received for the reconfiguration of the hyper-acute stroke services across North Merseyside and West Lancashire.

The Council's Constitution allows the Overview and Scrutiny Committee (Adult Social Care and Health) to formally respond to consultations by relevant NHS bodies and relevant service health providers on substantial reconfiguration proposals (Chapter 6 refers).

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

None considered. The Committee needs to determine whether the proposals for hyper-acute stroke services constitute a substantial variation or not.

## What will it cost and how will it be financed?

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There are no direct financial implications for the Council as a result of the proposals.

**(A) Revenue Costs**

Not applicable

**(B) Capital Costs**

Not applicable

**Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> None	
<b>Legal Implications:</b> Section 244 of the Health Act 2006 requires NHS bodies to consult relevant Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. Consideration of the proposals ensures that the local authority complies with its statutory duties under the Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013.	
<b>Equality Implications:</b> There are no equality implications.	
<b>Climate Emergency Implications:</b>  The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report.	

**Contribution to the Council’s Core Purpose:**

Protect the most vulnerable: None directly applicable to this report. Monitoring of the proposals will contribute towards protecting 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 Executive Director of Corporate Resources and Customer Services (FD.6469/21.....) and the Chief Legal and Democratic Officer (LD.4670/21.....) have been consulted and any comments have been incorporated into the report.

### (B) External Consultations

Section 242 of the Health Act 2006 places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate. This is quite separate from the duty to consult local Overview and Scrutiny Committees.

## Implementation Date for the Decision

Immediately following the Committee meeting.

<b>Contact Officer:</b>	Debbie Campbell
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## Appendices:

The following appendix is attached to this report:

- Appendix A - Comprehensive Stroke Centre Proposal

## Background Papers:

There are no background papers available for inspection.

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## **1. Introduction/Background**

- 1.1 All relevant NHS bodies and providers of NHS-funded services are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.
- 1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.
- 1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 1.5 Those local authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.
- 1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the on-going obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore, the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.

## **2. Considering of Proposals for a Substantial Development / Variation**

- 2.1 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria, as issued by the Department for Health in July 2003:
  - Changes in accessibility of services: any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
  - Impact on the wider community and other services: This could include economic impact, transport, regeneration issues.



- Patients affected: changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- Methods of service delivery: altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- Potential level of public interest: proposals that are likely to generate a significant level of public interest in view of their likely impact.

### 3. Joint Committee Membership

3.1 In June 2014 the Council agreed the Protocol for the establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside. A copy of the Protocol can be accessed via the following link:

[Document Protocol for Joint Health Scrutiny Arrangements](#)

3.2 In accordance with the above Protocol, a joint committee will be composed of Councillors from each of the participating authorities in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

3.3 At its meeting on 24 June 2021, the Cabinet considered Appointments to Outside Bodies 2021/22 and agreed the following:

<u>ORGANISATION</u>	<u>NUMBER OF REPRESENTATIVES</u>	<u>REPRESENTATIVE(S)</u>
Joint Health Scrutiny Committee (where <b>3 or less</b> local authorities request the scrutiny of a substantial variation to a service)	3	Chair (Councillor Thomas) and Vice Chair (Councillor Myers) of the O & S Committee (Adult Social Care) and one Conservative Member (Councillor Brough) (Lab 2/Con 1)
Joint Health Scrutiny Committee (where <b>4 or more</b> local authorities request the scrutiny of a substantial variation to a service)	2	Chair (Councillor Thomas) and Vice Chair (Councillor Myers) of the O & S Committee (Adult Social Care)

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## **4. Proposal – Hyper-Acute Stroke Services**

- 4.1 The Committee should consider the information as detailed in the Appendix to the report and determine whether the proposals constitute a substantial variation as set out in paragraph 2 to the report.

## **5. Next Steps**

- 5.1 The next steps to be taken are dependent on the decision taken by the Committee.

NHS Knowsley CCG  
 NHS Liverpool CCG  
 NHS South Sefton CCG  
 NHS Southport and Formby CCG  
 NHS West Lancashire CCG

<b>Title of Report</b>	Comprehensive Stroke Centre Proposal
<b>Lead Governor</b>	Jan Ledward, Chief Officer, Liverpool CCG and C&M HCP Stroke Programme SRO
<b>Report Author</b>	Carole Hill, Director of Strategy, Communications & Integration, Liverpool CCG
<b>Summary</b>	The purpose of this paper is to present the proposal for a reconfiguration of hyper-acute stroke services across North Mersey and West Lancashire, adopting a new model of care to improve health outcomes for people who experience stroke
<b>Recommendation</b>	That the OSC: <ul style="list-style-type: none"> <li>➤ Notes the clinical case for change, the proposed new model of care and proposed service reconfiguration for a Comprehensive Stroke Centre;</li> <li>➤ Considers whether this proposal represents a substantial variation from the current delivery of hyper acute stroke services.</li> </ul>

## Comprehensive Stroke Centre Proposal

### 1 PURPOSE

The purpose of this paper is to present the proposal for the reconfiguration of hyper-acute stroke services across North Mersey and West Lancashire, adopting a new model of care to improve health outcomes for people who experience stroke.

### 2 BACKGROUND

A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the better the chance of recovery. Stroke strikes suddenly and can result in a devastating range of disabilities or death. It is one of the most significant public health issues of our time, with a profound and growing impact on society, our economy, individuals and families:

- Stroke is the leading cause of disability and the fourth largest cause of death in the UK;
- Stroke costs the UK economy £26 billion per year, including £3.2bn cost to NHS, £5.2bn to social care and £15.8bn in informal care. This is forecast to rise to between £61bn and £91bn by 2035. The cost of someone having a stroke over a year is over £45,000;
- There are 80,000 stroke admissions in England each year and over 1 million stroke survivors, half of whom have a disability resulting from their stroke;
- By 2035, the number of strokes will increase by almost half and the number of stroke survivors by a third;
- Half of stroke survivors are living with four or more other health conditions.

Transforming stroke care is a priority within the NHS Long Term Plan, which points to strong evidence that hyper acute interventions such as brain scanning and treatments such as thrombolysis are best delivered as a centralised hyper-acute stroke service delivered by a smaller number of well-equipped and staffed hospitals. This would see an increase in the number of patients receiving high-quality specialist care, meeting seven-day standards for stroke care which comply with national clinical guidelines.

In addition, mechanical thrombectomy<sup>1</sup> and thrombolysis<sup>2</sup> can significantly reduce the severity of disability caused by a stroke. Reconfiguring stroke services into specialist centres would increase the use of both treatments.

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<sup>1</sup> **Thrombectomy**, also known as mechanical clot retrieval, is the surgical removal of a blood clot in an artery. It is used to treat some strokes caused by a blood clot (ischaemic stroke) and it aims to restore blood flow to the brain.

<sup>2</sup> **Thrombolysis** is the breakdown of blood clots formed in blood vessels using medication.

The Long-Term Plan also proposes higher intensity care models for stroke rehabilitation in the community, delivered in partnership with voluntary organisations including the Stroke Association, to support improved outcomes to six months and beyond.

### 3 CURRENT POSITION IN NORTH MERSEY AND WEST LANCASHIRE

The current providers of inpatient stroke services are Liverpool University Hospitals (at both the Royal Liverpool and Aintree sites) and Southport & Ormskirk Hospitals NHS Trust. Tertiary neuroscience services are provided by The Walton Centre NHS Foundation Trust, which delivers regional thrombectomy services across most of the Cheshire & Merseyside footprint. The Walton Centre receives transfers of eligible patients for thrombectomy.

The most recent data on the number of confirmed strokes for each of the Hospital trusts providing hyper acute stroke services is as follows:

Strokes admitted - 19/20				
	Aintree	Royal	Southport	Total
<b>19/20 reported stroke numbers</b>	524	556	397	1477

### 4 THE CLINICAL MODEL OF CARE

The proposal for a Comprehensive Stroke Service should meet the following clinical standards:

- 90% of patients should be directly admitted to a specialist stroke unit;
- Patients should have access to specialist stroke care 24 hours a day, 7 days a week. This standard is not met in all sites;
- People with stroke should be treated on a specialist stroke unit for at least 90% of their hospital stay. For North Mersey this is only 62%;
- A specialist stroke unit should have at least 500-600 confirmed stroke admissions per year to provide the scale required to deliver effective and efficient 7-day services. Not all sites current achieve the minimum recommended number of strokes per annum;
- None of the 3 current North Mersey Hyper Acute Stroke Units (HASUs) at the Royal, Aintree and Southport hospital sites admit patients to the clinical standard of 90% of patients treated within 4 hours;
- Patients should be assessed by a specialist stroke consultant, stroke trained nurse and therapist within 24 hours. Currently there are insufficient numbers of stroke consultants and other specialist staff to meet this standard on all sites;

- Following a brain scan, suitable patients should have thrombolysis within 1 hour of arriving at hospital. In North Mersey thrombolysis was provided to 7.2% of patients in 2018/19, the target in the NHS Long Term Plan is 20% by 2025;
- Patients requiring medical thrombectomy should receive it as soon as possible and within 5 hours of arriving at hospital. In North Mersey 1.4% of patients received this in 2019/20, the NHS Long Term Plan target is 10% by 2022;
- After the first 72 hours, or once they are stable, patients should continue to be cared for on a stroke unit until they can be discharged with a comprehensive plan for ongoing rehabilitation, either to home or inpatient rehabilitation. In North Mersey, there is variation between CCG populations in the scope of the early supported discharge pathway

The proposed new model of care would mean that suspected acute stroke patients would be taken by ambulance or referred by GP directly to a new single comprehensive stroke centre, which would be co-located with acute neurosurgical and stroke thrombectomy services.

Patients self-presenting at other local A&E sites would be reviewed, with an on-site stroke specialist nurse, before being transferred to the stroke centre.

The model of care would require the establishment of an Acute Stroke Admission Unit, co-located with A&E which would receive patients directly at the front door. Patients deemed not to have had a stroke but in need of other care would be referred to A&E.

The service would have direct access to specialist scanners in order to maximise the number of patients who are able to receive thrombectomy and thrombolysis. Co-location with the Walton Centre thrombectomy service would significantly increase the number of patients that are able to access thrombectomy within the appropriate time window, which is crucial as outcomes are better the sooner this treatment is delivered.

After the initial 72 hours of stroke care, patients would continue to be managed at an acute stroke unit for further care at a hospital closest to home, if not suitable for discharge. It is expected that up to 50% of patients would be discharged from hospital with support from the ESD (Early Supported Discharge) team, supporting patients to recover in their own homes.

For those patients who require palliative care, there would be agreed pathways, designed with the palliative care teams of the two adult acute hospital trusts and with community services.

## **5 PROPOSAL FOR A COMPREHENSIVE STROKE CENTRE**

The proposal that has emerged has been co-designed by clinical staff from the three trusts that currently provide stroke care locally - Liverpool University Hospitals NHS Foundation Trust (LUHFT), Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust. Commissioners, patients who have experienced hyper acute stroke services and the Stroke Association have also been closely involved in the process.

The preferred clinical model that emerged from an options appraisal process was for a centralised **Comprehensive Stroke Centre on the Aintree Hospital site, co-located with specialist services provided by the Walton Centre and with post 72 hours care provided closer to home at either Aintree, Broadgreen or Southport hospitals.** This clinical model would bring together stroke clinicians across the system into one networked team, providing a single comprehensive stroke service for the populations of Liverpool Sefton, Knowsley and West Lancashire.

The development of the proposal was paused during the Covid-19 pandemic. In the autumn of 2020, the North Mersey Stroke Board, which has overseen this programme, reconvened to take forward the proposal and has completed a Pre-Consultation Business Case (PCBC), which sets out the model of care, the options appraisal process and the proposal for the configuration of new Comprehensive Stroke Centre.

As part of the NHS England assurance process, this proposal has recently been reviewed by an independent Clinical Senate to ensure there is a sound clinical evidence base and compliance with clinical best practice and standards. The Clinical Senate review endorsed the new model of care and the proposal for the reconfiguration of local hyper acute stroke services.

## 6 SCRUTINY AND ASSURANCE

NHS bodies have a legal duty to consult with local authority Health Overview and Scrutiny Committees (OSC). NHS commissioners for the populations of Knowsley, Liverpool, Sefton and West Lancashire are presenting the proposal to each local authority OSC to consider whether it represents a substantial variation in the way that services are currently delivered. If it is considered a substantial variation, OSCs will be required to convene a Joint OSC across the local authorities, to review the proposal.

Subject to NHS England being assured about the proposal and with agreement by OSCs that the proposal represents a substantial variation, there would be a formal public consultation on the preferred option for the future delivery of these services.

## 7 ENGAGEMENT AND COMMUNICATIONS

Patients, public and key stakeholders have and will be involved throughout every stage of this process. Effective involvement requires an open and transparent approach to explaining the proposal to change the delivery of hyper acute stroke services; providing opportunities to provide views and influence this change.

As part of the process to develop potential options for the future of services, stroke survivors were involved in co-design workshops, alongside clinical teams from the Royal, Aintree and Southport hospitals, and the Walton Centre.

Pre-consultation engagement was also undertaken to obtain valuable insights from people who have experience of hospital stroke services, also involving the Stroke Association which gave access to their network of support groups in every part of the catchment area.

The formal public consultation would take place over at least 12 weeks and would provide opportunities for people to give their views on the proposal, using a range of channels. There would also be focused engagement with stroke survivors, families and people with protected characteristics. A detailed consultation plan would be shared with the Joint OSC prior to the launch of the public consultation.

## 8 INDICATIVE TIMELINE AND MILESTONES

The table below sets out the key milestones and dates, which are acknowledged as ambitious and will therefore, be subject to ongoing review through the process.

	<b>Activity</b>	<b>Indicative Timescales</b>
	Pre-consultation Business Case Completed	June 2021
	Individual OSCs to consider whether proposal represents a substantial variation	July 2021
	NHS England Assurance Process	July 2021
	Joint OSC to review the proposal and consultation plan	August 2021
	Formal Public Consultation	August to October 2021
	Public consultation report and Equality Impact Assessment completed	November/ December 2021
	Final business case, informed by public consultation to Joint OSC	December/ January 2021
	Commissioners approve Final Business Case	January/ February 2021

## 9 CONCLUSION

This paper sets out the clinical case for change and the service reconfiguration proposal for a Comprehensive Stroke Centre to deliver hyper acute stroke services for the people of Knowsley, Liverpool, Sefton and West Lancashire. This proposal is designed to improve outcomes for people who experience stroke by centralising stroke services delivered by a networked team of specialist clinicians, providing the consistently high-quality stroke care 24/7, regardless where people live across this catchment area.