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Sefton Council



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

DATE: Monday, 31st January 2022

TIME: 6.00 p.m.

VENUE: Ballroom - Bootle Town Hall, Trinity Road, Bootle, L20 7AE

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
Diane Blair, Healthwatch
Brian Clark, 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
Telephone: 0151 934 2254
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E-mail: debbie.campbell@sefton.gov.uk

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 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. Clinical Services Integration - Liverpool University Hospitals NHS Foundation Trust

(Pages 5 - 22)

Report of the Chief Legal and Democratic Officer.

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|--------------------------------------|---|----------------------------------|------------------------|
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) | Date of Meeting: | Monday 31 January 2022 |
| Subject: | Clinical Services Integration - Liverpool University Hospitals NHS Foundation Trust | | |
| Report of: | Chief Legal and Democratic Officer | Wards Affected: | (All Wards); |
| Portfolio: | Health and Wellbeing | | |
| Is this a Key Decision: | No | Included in Forward Plan: | No |
| Exempt / Confidential Report: | No | | |

Summary:

To consider each of the proposals in relation to the next phase of clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust and to determine whether the proposals constitute a substantial development or variation for Sefton residents.

Recommendation(s):

The Committee is requested to determine whether each of 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 in relation to the next phase of clinical service integration for a number of services delivered by Liverpool University Hospitals NHS Foundation Trust.

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 clinical services integration constitute a substantial variation or not.

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What will it cost and how will it be financed?

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:

| | | | | | | | | |
|---|------------------------|----|-----------------------|-----|------------------------|----|---|-----|
| Resource Implications (Financial, IT, Staffing and Assets): None | | | | | | | | |
| Legal Implications: 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. | | | | | | | | |
| Equality Implications: There are no equality implications. | | | | | | | | |
| Climate Emergency Implications: The recommendations within this report will <table border="1"><tr><td>Have a positive impact</td><td>No</td></tr><tr><td>Have a neutral impact</td><td>Yes</td></tr><tr><td>Have a negative impact</td><td>No</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Yes</td></tr></table> There are no direct climate emergency implications arising from this report. | 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 |
| 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 | | | | | | | |

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. |

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|---|
| 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.6675/22) and the Chief Legal and Democratic Officer (LD.4875/22) 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.

| | |
|-------------------------|-------------------------------|
| Contact Officer: | Debbie Campbell |
| Telephone Number: | Tel: 0151 934 2254 |
| Email Address: | debbie.campbell@sefton.gov.uk |

Appendices:

The following appendix is attached to this report:

- Appendix A - Liverpool University Hospitals Clinical Services Reconfiguration Proposals

Background Papers:

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There are no background papers available for inspection.

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. Consideration 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 3 or | 3 | Chair (Councillor Thomas) and Vice Chair (Councillor Myers) of the O & S |

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| | | |
|---|---|--|
| less local authorities request the scrutiny of a substantial variation to a service) | | Committee (Adult Social Care) and one Conservative Member (Councillor Brough) (Lab 2/Con 1) |
| Joint Health Scrutiny Committee (where 4 or more 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) |

3.4 In this instance, the proposals impact on residents across more than one local authority boundary and therefore the proposer is obliged to consult all those authorities whose residents are affected by the proposals. The areas impacted are:

- Knowsley MBC
- Liverpool CC
- Sefton MBC

3.5 Each authority needs to determine whether each of the proposals represent a substantial development or variation for their residents. This proposal is being considered by Liverpool on 24th January 2022 and Knowsley on 25 January 2022.

3.6 Whilst each local authority must decide individually whether each of the proposals represent a substantial development/variation, it would only be the statutory joint health scrutiny committee that could then formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.

4. **Proposal – Clinical Services Integration - Liverpool University Hospitals NHS Foundation Trust**

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.

4.2 Each proposal will be considered separately. However, if all areas determine that each proposal is substantial then only one joint committee would be formed to consider all five proposals. If different decisions are made on the proposals, then an assessment of next steps would need to be made following this meeting on 31 January 2022.

4.3 The case for change encompasses the next phase of clinical integration proposals, to establish single services and single teams within LUHFT for:

- General surgery
- Vascular services
- Urology services
- Nephrology services
- Breast services

4.4 These proposals are all aligned with the opening of the new Royal Liverpool Hospital, which is anticipated to take place in September 2022. Whilst these proposals form part of a long-term plan, for the purposes of health scrutiny they will each be deliberated separately as they have different impacts on stakeholders to be taken into consideration.

4.5 Full details of the five proposals are outlined in the Appendix A to this report.

5. Next Steps

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

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**Liverpool University Hospitals Clinical Services
Reconfiguration Proposals**

1 PURPOSE

This purpose of this report is to present the case for change in relation to proposals from Liverpool University Hospitals for the integration of a number of clinical services.

2 RECOMMENDATIONS

That the Overview and Scrutiny Committee:

- Notes the case for change for the proposals detailed in this paper;
- Considers whether each of the proposals represent a substantial variation in the delivery of these acute services, delivered by Liverpool University Hospitals;
- Notes the overview of the service change process, next steps and timescales for progressing these proposals.

3 BACKGROUND

People in North Mersey, which encompasses the boroughs of Liverpool, Sefton and Knowsley, experience amongst the highest levels of poor health outcomes and health inequalities, both within boroughs and compared to the rest of the country.

The configuration of hospital services in North Mersey is fragmented, which constrains the ability to provide care in a multi-disciplinary joined up way, sometimes resulting in sub-optimal outcomes and inequalities. The legacy of a fragmented hospital landscape also increases costs, due to duplication and inefficiencies.

The merger of Aintree University Hospital NHS FT (AUHFT) and the Royal Liverpool and Broadgreen Hospitals NHS Trust (RLBUHT) to form Liverpool University Hospitals Foundation Trust (LUHFT) took place in 2019. At the point of merger, the two trusts duplicated over 20 clinical services over three sites.

The Trust serves the populations of Liverpool, Sefton, Knowsley and, for some specialist services, extending to wider populations in Merseyside, Cheshire and North Wales.

The merger business case set out a model for single service teams delivering twenty four-hour, seven-day services, intended to improve patient experience and outcomes as well as facilitating greater opportunities for patients to participate in clinical trials, maximising research and development capability and helping attract and retain the best staff.

The Trust's integration plans are informed by the following principles: -

- Services will be delivered by teams of specialist professionals whose skill will meet the needs of patients;
- Services will be delivered by a sustainable workforce;
- Services will meet clinical standards and best practice;
- Variations in quality and standards of care will be eliminated;
- Services will be centralised whenever clinically necessary and local whenever possible.

The consolidation of services within LUHFT is one component of a long-term vision for all acute and specialist services for the North Mersey population; incorporating the city's Knowledge Quarter, home to the largest cluster of science, health, education, digital and cultural expertise in the region.

The first LUHFT service integration programme established a single trauma and orthopaedics service in 2019, with the orthopaedic trauma service located at Aintree and an elective centre on the Broadgreen site.

A proposal for a North Mersey comprehensive stroke centre is currently being progressed, with a public consultation underway which, subject to the findings from the consultation and commissioner approval, will see the establishment of a single hyper-acute stroke service co-located with major trauma and neurological services on the Aintree Hospital site.

4 STRATEGIC CONTEXT

The local health and care system first identified the case and provided support for acute clinical service integration between the two former acute trusts in 2013, through a Liverpool Mayoral Health Commission which reviewed health outcomes and healthcare services in the city.

The Healthy Liverpool Programme, from 2014-2017, endorsed the view of clinical leaders and set out a vision for '*single service, system-wide delivery, delivered through centres of clinical and academic excellence*'. This commitment was

confirmed by the whole North Mersey health and care system in the *One Liverpool* Strategy which was published in 2019. The strategy acknowledged the number and complexity of acute and specialist centres in the city, many of which provide outstanding care but are challenged in terms of service duplication, variation in quality, experiences of care and workforce capacity.

In endorsing the *One Liverpool* strategy, all North Mersey CCG commissioners and providers supported further integration of acute services, to ensure clinical and financial sustainability and improved health outcomes. Acute clinical integration is also aligned with the Cheshire and Merseyside Integrated Care System (ICS) strategy for integrated, improved care and outcomes for acute and specialist services.

The overarching rationale for the LUHFT clinical integration programme is to co-locate services in line with whether they deliver planned care or urgent care.

Bringing together planned services can enable capacity can be protected and enables dependent specialties to work better together.

Concentrating the majority of urgent care on another site enables acute services to provide improved trauma assessment and better access to specialist urgent care, so that patients have better access to the right expertise at the right time.

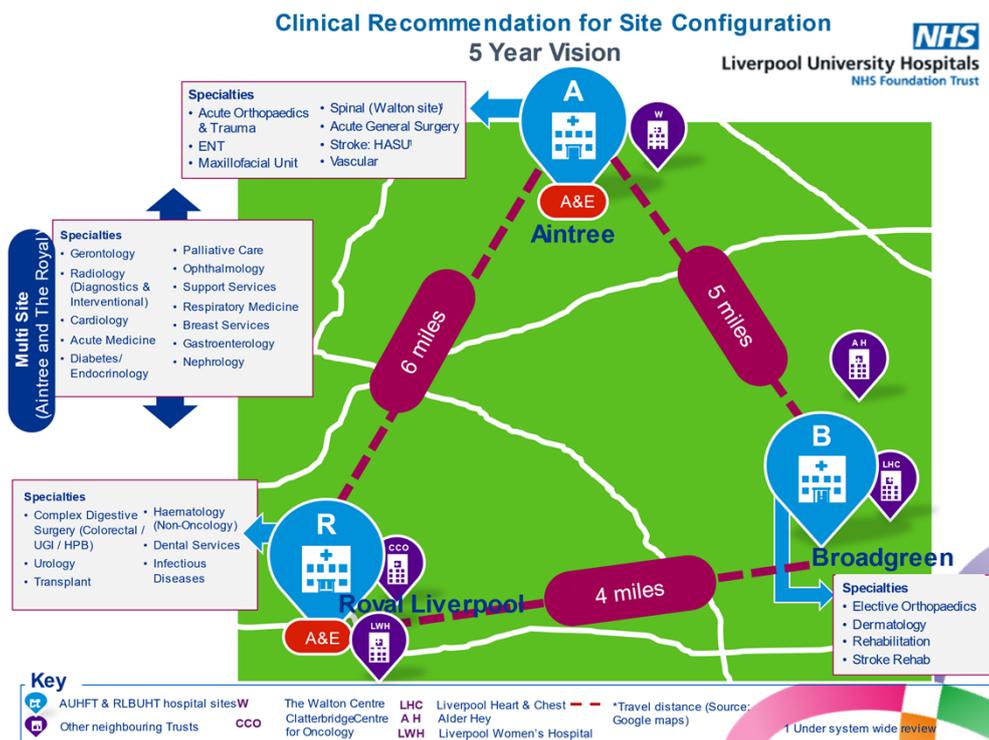
The Aintree Hospital site already brings together a critical mass of urgent and emergency care services, determined by being the Cheshire and Merseyside Major Trauma Centre and due to its co-location with the trauma-related neurology services delivered by The Walton Centre.

The new Royal Liverpool Hospital, co-located with the new Clatterbridge Cancer Centre and the city's Knowledge Quarter, provides opportunities to focus predominantly on complex planned care, including cancer care. The Royal Liverpool site would however retain an A&E service as the city requires this service across both acute sites.

Broadgreen is the predominant location for rehabilitation, as well as an elective service for orthopaedics.

Not all services will be located on one site, although the principle of single clinical teams will be implemented across all services.

The proposed configuration of services for LUHFT across specialties is illustrated below.



5 Overview of Proposals

This case for change encompasses the next phase of clinical integration proposals, to establish single services and single teams within LUHFT for the following specialties:

- General surgery
- Vascular services
- Urology services
- Nephrology services
- Breast services

The development of these proposals has been clinically led and they have emerged from robust option appraisal processes for each service.

In developing the proposed models of care, consideration has been given to how they would support LUHFT in achieving its vision and alignment to the Trust's strategic objectives of Great Care; Great People; Great Research and Innovation; and Great Ambition.

The proposals have also been assessed in the context of the impact on hospital estates and financial implications, including both revenue and capital costs.

A pre-consultation business case for these proposed service changes, providing a much greater level of detail, has been produced and would be presented at the next stage of the local authority overview scrutiny process, subject to a decision by OSCs

as to whether each of these proposals represents a substantial variation to the way services are currently delivered.

A summary of the case for change and the proposed clinical model for each service is summarised below.

General Surgery

General surgery is a specialty that focuses on surgery of the abdominal area and intestines including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system of the human body. General surgery is one of the two largest surgical specialties across the UK, employing over 30% of the country's consultant surgeons.

General surgery is currently delivered at AUH and RLH sites, with both providing emergency surgical care and Broadgreen Hospital providing elective activity only. Each site provides different models of service. Both sites provide a 7-day consultant led service for emergency surgery.

The current clinical models across sites have limitations in terms of service provision with variation in clinical pathways and standards, and inequity in patient experience and outcomes.

The proposal underpinning the integrated model for general surgery is to consolidate similar services and patients onto the same site, establishing a non-elective site at AUH where dedicated teams are in place to carry out emergency surgery, and an elective service at the new Royal Liverpool hospital.

The separation of elective and non-elective general surgical care will allow both aspects of the service to be managed efficiently, improve availability of staff for pre and post-operative reviews, allow for patients to be seen in a timely manner and treated by appropriate specialists, and ensure that trauma and other emergency demands do not impinge on the ability to deliver elective general surgical care.

Vascular Services

Liverpool Vascular and Endovascular Service (LiVES) has been an established single service for several years and serves the Merseyside region as well as a tertiary service for parts of the North England, Isle of Man and North Wales. It is based on a hub and spoke model, with the main hub based at the RLH site, and 'spoke' sites based at AUH, Whiston and Liverpool Heart and Chest Hospitals (LHCH).

The greatest challenge within this service is that of capacity, both in terms of theatres and beds, as well as challenges due to the need for inter-hospital transfers and access to Interventional Radiology services. These challenges significantly impact the service's ability to provide timely access to care, which subsequently impacts patient outcomes and experience.

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APPENDIX A

The proposed clinical model would see the relocation of LiVES services to the AUH site. The proposal is to expand the service with additional theatre capacity and an optimum mix of intensive care and general acute beds, intermediate care beds, as well as access to a CT scanner, outpatient and vascular laboratory and research facilities.

Urology

Urology is another large surgical specialty and involves the treatment of conditions of the urinary tract and male genital tract. This includes some very common cancers including prostate cancer, bladder, kidney and testicular cancer and some common but debilitating conditions such as kidney stones. Urological services have been provided by two separate units based in each of the legacy trusts. The units have largely functioned as separate, duplicated services although a common leadership structure was established in 2020.

The proposed clinical model is to establish a single site inpatient urology base for both elective and non-elective care at the new RLH, with outpatient services and day case procedures to be provided at RLH and the AUH site.

Breast Services

The breast service provides diagnosis and treatment of benign breast disorders and breast cancer, currently being provided by separate units based in each of the legacy Trusts. The Elective Care Centre at AUH accommodates the Aintree Breast Unit and the Breast Unit at RLH site is situated at the Linda McCartney Centre.

Breast cancer is the most common type of female cancer in the UK with over 55,000 women (+370 men) diagnosed each year, accounting for 15% of all new cancer cases.

The current services have different clinical pathways, varying access to services as well as variation in patient experience.

The proposed model for the breast service is for all surgery, both cancer and benign, to be consolidated at the new RLH site with dedicated breast inpatient and day-case beds. Outpatients and diagnostic services would remain at both sites. The breast screening service would remain at the Broadgreen site as part of the national NHS Breast Screening Programme.

Nephrology

The LUHFT renal team provide all aspects of kidney care - acute kidney injury (AKI); chronic kidney disease (CKD); renal replacement therapy (RRT); constructive management of patients who choose not to have dialysis/transplant; and a

transplantation service for Merseyside, parts of Cheshire and North Wales. The service is currently provided at AUH.

The greatest challenge within the nephrology service is prompt and equitable access to kidney services for patients. There is an increasing prevalence of renal disease in the population and demands on current services – in particular dialysis services – which will increase in the next few years.

The proposed clinical model is to establish a Mersey and Cheshire renal service, centralising nephrology services at the new RLH site while providing in-reach consultant cover at AUH to ensure appropriate care for patients with kidney disease as a co-morbidity. The proposed model will ensure that all complex renal patients in the region have equitable access to a bespoke specialist service.

The table below sets out the impact of the service change proposals in terms of physical movements across the three sites; which of these proposals would create increased capacity and opportunities for improved models of care and elimination of unwarranted variation:

| Specialty | Outline Service Model | Main impact of proposed change | | |
|--|---|----------------------------------|------------------------------|--|
| | | Transfer service to another site | Expansion/ Increase capacity | Align clinical standards to deliver single service model |
| Breast Services | <ul style="list-style-type: none"> Complex Elective inpatients at RL (mainly day case) Screening at both sites | ✓ | | ✓ |
| Nephrology | <ul style="list-style-type: none"> Nephrology main hub at RL Medical cover provided at AUH (non-elective) | ✓ | | ✓ |
| Vascular | <ul style="list-style-type: none"> Transfer of Vascular Services from RL to AUH site (to align to Stroke/IR and elective/ non-elective model) | ✓ | ✓ | |
| Urology | <ul style="list-style-type: none"> Urology main inpatient services delivered at RL Day surgery and Outpatient Services maintained at AUH & RL sites | ✓ | | ✓ |
| General Surgery (Acute/ Non-Acute split) | <ul style="list-style-type: none"> Acute/non acute split of Gen surgery subspecialties RL (elective /complex site). AUH (non-elective/benign) | ✓ | ✓ | ✓ |

6 OVERVIEW AND SCRUTINY

NHS bodies have a legal duty to consult with local authority Health Overview and Scrutiny Committees (OSC) when considering any proposal for a substantial development or variation in the way services are delivered, including in the context of access or location.

The four North Mersey CCGs, which represent the majority of patients that use services provided by LUHFT, will present the case for change for these proposals to Knowsley, Liverpool and Sefton OSCs in January 2022, for each to consider whether it represents a substantial variation.

This overview of the proposals for integration of these five clinical services is intended to provide the OSC with sufficient information at this stage to allow it to form a view on whether the changes are substantial.

If each of the three local authority OSCs consider that these proposals do represent a substantial variation, they would form a joint OSC to scrutinise the proposal development process, the detailed proposals contained in the pre-consultation business case and plans for engagement/consultation, to seek assurance that the NHS is complying with its statutory duties, including those relating to equalities and involvement.

7 PUBLIC CONSULTATION APPROACH

This a complex proposal in that it contains five separate service changes, each of which need to be considered in their own right. However, they are all informed by the same clinical objectives and an overarching vision and rationale for the delivery of services across one trust and its three hospital sites.

The approach to engaging and consulting with patients, public and stakeholders will be to articulate the overarching rationale and the consistent objectives driving the proposed changes, as well as setting out in detail the five proposals, to enable consideration of each one by patients, public and stakeholders.

The overview of the proposals does highlight that some of these service changes relate to specialist services that impact on populations beyond the North Mersey footprint. The consultation plan will incorporate activity to reflect the requirement to engage with wider populations for those elements of the proposal.

8 INDICATIVE TIMELINE AND MILESTONES

The table below sets out the key milestones and dates for the service change process.

| Activity | Indicative Timescales |
|--|------------------------------------|
| Pre-consultation Business Case Completed | December 2021 |
| Individual OSCs to consider whether proposal represents a substantial variation | January 2022 |
| NHS England Stage 2 Assurance Process | January 2022 |
| Joint OSC (if agreed that this represents a substantial variation) to review the pre-consultation business case and public consultation plan | May 2022 (post-election purdah) |
| Formal Public Consultation (subject to commissioner and OSC reviews) | May – July 2022 |
| Final business case, informed by public consultation to Joint OSC | August 2022 |
| Commissioners approve Final Business Case (ICB) | August 2022 |

9 CONCLUSION

This paper sets out proposals for the next phase of the clinical integration of services delivered by Liverpool University Hospitals for the populations of Knowsley, Liverpool and Sefton, and for some specialist services, across a bigger population.

The proposals align with the system vision for single service teams delivering twenty four-hour, seven-day services, to improve patient experience and health outcomes by eliminating unwarranted variation and duplication and establishing excellent clinical standards.

The OSC is asked to consider whether these proposals represent a substantial variation in the way these services are currently delivered.

Carole Hill
 Director of Strategy, Communications and Integration
 NHS Liverpool CCG

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