



OVERVIEW AND SCRUTINY COMMITTEE  
(ADULT SOCIAL CARE)

MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY 1ST MARCH, 2016

PRESENT: Councillor Page (in the Chair)  
Councillor Dams (Vice-Chair)  
Councillors Burns, Gatherer, Grace, Hale, Welsh  
and Dan T. Lewis (Substitute Member for Councillor  
Thompson)

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

**51. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor David Barton,  
Councillor Dawson and his Substitute, Councillor Keith, and Councillor  
Thompson.

**52. DECLARATIONS OF INTEREST**

No declarations of pecuniary interest were made.

**53. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

That the Minutes of the meeting held on 5 January 2016, be confirmed as  
a correct record.

**54. UPDATE ON PRACTICES OPERATED BY SSP HEALTH LTD. IN  
SEFTON**

Further to Minute No. 16 of 1 September 2015, the Committee considered  
the joint briefing report of NHS England, NHS South Sefton Clinical  
Commissioning Group and NHS Southport and Formby Clinical  
Commissioning Group, providing an update on GP Practices operated by  
SSP Health Ltd. in Sefton. The briefing paper set out its purpose;  
background information; suitability of SSP Health Ltd. as interim provider;  
the appointment of interim providers; the Maghull Practice;

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communications; the complaints process; and the procurement of substantive services.

A Member of the Committee advised that Healthwatch Sefton was currently undertaking a piece of work regarding complaints related to Sefton GP surgeries. It was anticipated that this would be completed prior to the next meeting of this Committee.

A Member of the Committee raised concerns regarding the number of GP surgeries assigned to one interim provider, as outlined within the briefing paper.

Anthony Leo, Director of Commissioning, Cheshire and Merseyside Area Team, NHS England and Alan Cummings, Senior Commissioning Manager, Cheshire and Merseyside Area Team, NHS England, introduced the item, explaining the background so far, together with future intentions for the relevant GP practices. SSP Health Ltd. had originally been appointed as contractor for eight GP practices in south Sefton and one in the Southport and Formby area, with effect from 1 March 2013, on a three year contract, with a two year potential option to extend the contract. One year's notice had been required to extend the contract which had not been taken up by SSP Health Ltd. and NHS England had been required to seek alternative interim providers for the practices concerned. Expressions of interest had been sought from the market and potential providers had bid for between two and seven of the practices concerned. Although some concerns had been raised regarding one provider running a number of practices, the provider concerned had a board running the practices and this offered some assurances. The interim contract would be for one year and the interim providers would simply keep the GP practices running. Regular meetings had been held with SSP Health Ltd. and the organisation was being co-operative, with various issues having been shared with interim providers, together with the opportunity for interim providers to meet privately with SSP Health Ltd. Contracts had been signed for interim providers to run the practices concerned from 29 February 2016 until 31 March 2017, and staff members and patients had been made aware of developments. Furthermore, the NHS England representatives gave assurances that the GP practices concerned would not be left to their own devices, rather that attempts were being made to stabilise the practices and to continue with communication and engagement. The interim provider assigned with a number of GP surgeries was in the process of engaging consultants to undertake a Care Quality Commission style enquiry, to ensure the practices were running satisfactorily.

A Member of the Committee raised concerns regarding the Maghull practice, which was currently located in a property belonging to Park Haven Trust, and the specialised dental services provided there in particular. Mr. Leo indicated that the practice had been served notice by the landlord who wished to take possession of the building as soon as possible, although there was no wish to evict the practice until suitable alternative premises were identified. NHS England did not wish to move

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any group of patients unnecessarily, and agreement had been reached with Park Haven Trust to extend the lease until the end of March 2016, with a verbal agreement reached to extend further to June 2016. Specialised dental services would also remain with the GP practice.

A Member of the Committee indicated that local Ward Councillors had consulted with a member of the Park Haven team and assurances had been given that the lease for the Maghull practice would be extended for twelve months, providing sufficient time to seek alternative suitable accommodation. Mr. Leo indicated that contact would be made by NHS England with the Park Haven team.

A Member of the Committee asked when NHS England had first become aware of the difficulties associated with the lease at the Maghull practice; what action had been taken to seek alternative accommodation; and which services would be affected. Mr. Leo indicated that NHS England had been made aware of the position regarding the lease in June 2015; that alternative premises were being considered as alternative provision, bearing in mind the cost of clinical provision; and that the large reception area in Maghull Medical Centre was being considered. In order to facilitate this change, it was likely that administrative staff, of the speech and language therapy service, would be required to relocate. Assurances were provided that no patient facing services currently located at the practice would be affected by the relocation.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, acknowledged that the situation regarding the Maghull practice was not ideal and outlined her aspirations for transforming primary care across Sefton to deliver modern healthcare in purpose built accommodation, particularly in view of the Local Plan which could potentially provide additional residents and patients. For the time being, a further interim arrangement might be required for the Maghull practice. Regarding the interim provider assigned with a number of GP surgeries, Mrs. Taylor acknowledged that some concerns had been held initially, although they had now been allayed by NHS England. A number of GPs within Sefton were now approaching retirement age and this presented GP practices with workforce issues.

Mrs. Taylor also welcomed the opportunity for additional joined up approaches to the issue of NHS complaints. A Member of the Committee considered that some considerable amount of data appeared to be generated via complaints and that learning could be gained from them. He undertook to ensure that the Healthwatch Sefton survey currently being undertaken regarding complaints related to Sefton GP surgeries would be provided to Mrs. Taylor on completion.

RESOLVED:

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That the information provided on SSP Health Ltd. operated practices within Sefton be noted and the NHS England representatives be thanked for their attendance.

**55. PUBLIC HEALTH ANNUAL REPORT 2015**

Further to Minute No. 83 of the meeting of the Cabinet held on 14 January 2016, the Committee considered the report of the Interim Head of Health and Wellbeing on the 2015 Public Health Annual Report that focused on the measures taken to deal with the impact of austerity on people living in Sefton. The production of an annual report, highlighting the health of the local population, was a legal requirement by the Director of Public Health.

The Annual Report outlined key areas, namely a message from the Cabinet Member – Health and Wellbeing; an explanation of austerity; the impact of austerity on health; how national austerity policies have impacted on Sefton; greater teamwork in working together for better health; local stories in Sefton; taking thoughts and ideas forward to support families and better communities; and maintaining good health in tough times.

Margaret Jones, Interim Head of Health and Wellbeing presented the Public Health Annual Report 2015: Good Health in Tough Times, and indicated that a number of stakeholders had been invited to participate in an event on the matter. Although austerity did impact on health, with mental illness and suicide generally at increased levels, the picture was mixed as conversely, hazardous lifestyle choices such as drinking alcohol and smoking saw a reduction. Welfare systems, not just confined to the U.K., could mitigate some negative impacts, with Iceland being cited as an example. In addition, fiscal control in the U.S.A. had seen health improvement stalled. Austerity in the U.K. had produced problems with individuals unable to pay rent, an increase in fuel poverty and the use of food banks. Particular vulnerable groups were affected with people living in poverty and a publication “The Future of Family Incomes” was referred to. Emphasis was placed on more partnership working and how organisations could work more closely together with less silo working, to help people and communities help themselves. Work was required to identify how to measure austerity and to identify the barriers to making healthier choices.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, welcomed the 2015 Public Health Annual Report and the partnership approach. She also acknowledged Margaret Jones’ role as Interim Director of Public Health / Head of Health and Wellbeing as Margaret had maintained good working relationships with partner organisations throughout her role.

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A Member of the Committee referred to the consequences of austerity and the problems of it in health terms, together with the need to face such problems with an apolitical approach.

A Member of the Committee also referred to the initiative for “advice on prescription”, with GPs signposting patients for social advice, and welcomed the joint working approach.

RESOLVED: That

- (1) the content of the annual report of the Director of Public Health be noted; and
- (2) the fact that the Public Health Annual Report will be published be noted.

**56. SEFTON'S MENTAL HEALTH: A STRATEGIC PLAN FOR SEFTON 2015 - 2020**

The Committee considered the report of the Head of Adult Social Care seeking views and agreement from the Committee to the draft Sefton Mental Health: A Strategic Plan for Sefton 2015-2020.

The Plan summarised the national and local situation with regard to mental health; an outline of the Vision for the Borough; the aims, objectives and implementation of the Plan; preventative measures, treatment and recovery of mental health conditions; together with details of services and future commissioning intentions in order to achieve best outcomes.

Tina Wilkins, Head of Adult Social Care, presented the Strategy, indicating that mental health was of life-long importance, with the consequences of breakdowns in relationships, debt, etc. being potentially far reaching in individuals' lives. Emphasis was being placed on prevention, treatment and recovery, with the Clinical Commissioning Groups investing in early intervention with regard to psychosis. The Strategy had been reported to a number of organisations and it was acknowledged that a number of groups were achieving positive results in this area across the Borough, particularly as the consequences of austerity were really beginning to take effect.

RESOLVED: That

- (1) the content of the Strategic Plan, as described in the report, be noted; and
- (2) the Draft Strategic Plan and associated action plan be recommended to the Cabinet and the Council for approval.

**57. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT**

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The Committee considered the joint report of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) providing an update of the work of the CCGs. The report outlined details of the following:-

- Changes to South Sefton CCG Governing Body;
- Residents asked for views and experiences about community services;
- NHS events in support of World Cancer Day;
- Medicines waste campaign gains national interest; and
- Details of forthcoming Governing Body meetings.

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

Further to Minute No. 46 of 5 January 2016, a Member of the Committee asked about progress in relation to the Community Services tender. Mrs. Taylor reported that, with regard to the process for Southport and Formby, milestones had not been reached with the Integrated Care Organisation (ICO) and that she was obliged to go to the market as the contract was due to expire. The Pre-Qualification Questionnaire (PQQ) process had commenced on 19 January 2016, with the Invitation to Tender (ITT) process running from 11 April to 25 May 2016, after which time it would be known who the successful bidder was. The process would be finalised with a letter being submitted to the successful bidder, subject to a smooth legal process. This would lead to a 1 April 2017 mobilisation. It was hoped to finalise the award around 26 September 2016. The mobilisation plan would allow commencement of the new contract from 1 April 2017. With regard to the process in South Sefton, Liverpool Community Health (LCH) NHS Trust had indicated that it was not ready for Foundation Trust status in 2014, and this had led to a process of acquisition of services. Specialist Children's Services were currently provided by LCH and attempts were underway to consider suitable alternative providers, such as Alder Hey Children's NHS Foundation Trust. The Committee Member also asked whether the consideration of moving services would impact on the finances of Southport and Ormskirk Hospital NHS Trust. Mrs. Taylor affirmed that this would be the case, indicating that Community Services in Southport and Formby amounted to approximately £10m, with acute services amounting to some £100m. As responsible commissioners who were not necessarily seeing the service delivery they would wish to see, the CCGs were obliged to undertake certain actions in the interests of the population to ensure safe and sustainable services.

RESOLVED:

That the joint update report submitted by the two Clinical Commissioning Groups be received and the CCGs be thanked for the update report, together with the additional information provided on Community Services.

#### **58. 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 key performances.

A Member of the Committee raised concerns relating to capacity at Accident and Emergency at Southport Hospital following an incident reported to her of an individual being sent by ambulance by a GP and waiting 7 hours. Mrs. Taylor referred to the national pressures associated with Accident and Emergency, together with attempts being made locally to discharge patients where medically fit for discharge. The policy of patient choice on discharge, particularly for older patients, was impacting on discharge and slowing discharge quite considerably. Despite the mild winter, the demands on the system continued and Mrs. Taylor indicated that she was open to thoughts and ideas of how the system could be improved.

With regard to stroke performance, Mrs. Taylor indicated that some key issues remained about receipt of stroke care, as local as possible, and that there were now a dedicated number of beds at Southport Hospital. Committee Members still held concerns regarding facilities for stroke services at Southport Hospital, in that they considered the space to be inadequate. The Chief Nurse of the CCGs had been invited to visit the stroke ward and undertook to ensure the issue of space was raised with Southport and Ormskirk Hospital NHS Trust. A Member of the Committee considered the standard of care at Aintree Hospital regarding strokes to be approaching the highest standard possible. Mrs. Taylor considered that the best standard of care should be available for all following a stroke and that there was still some room for improvement at Southport Hospital.

A Member of the Committee referred to the excellent treatment received on the stroke ward at Southport Hospital by a friend and the efforts made by the Hospital to discharge her in time for Christmas. Mrs. Taylor acknowledged that end of life care was improving year on year, with individuals coming to the end of their lives in the place of their choice.

RESOLVED: That

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- (1) the information on Health Provider Performance be noted; and
- (2) the Chief Nurse for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group be requested to raise the issue of space at the stroke ward, Southport Hospital, with Southport and Ormskirk Hospital NHS Trust.

**59. CARE SERVICES (DOMICILIARY) WORKING GROUP - FINAL REPORT**

The Committee considered the report of the Head of Regulation and Compliance formally presenting the final report of the Care Services (Domiciliary) Working Group which had been established by this Committee.

The Working Group, had undertaken a review on customer satisfaction and quality with regard to the provision of domiciliary care, against the background of a number of recent developments, and had produced a number of recommendations that required approval by both this Committee and the Cabinet.

The Lead Member for the Working Group outlined the difficulties encountered by the Working Group in obtaining information and acknowledged the feedback received, particularly by Sefton Carers and staff from Sefton New Directions. She considered that the largest area of complaint had been regarding lack of continuity of care and that the annual surveys produced by Providers should be considered by this Committee in future. She also welcomed the recent decision made by the Cabinet to implement Stage One of the Ethical Care Charter.

One of the Healthwatch Sefton representatives commented on errors in medicines management and indicated that Healthwatch Sefton would be building on the work commenced by the Working Group, in gaining views on home care.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), welcomed the report and indicated that the Head of Medicines Management from the CCGs was keen to engage on this finding, although this area fell under the remit of NHS England.

Councillor Cummins, Cabinet Member –Adult Social Care, complimented the Working Group on its final report and commented on the recent agreement to implement Stage One of the Ethical Care Charter. In addition, officers were currently examining proposals for outcome based commissioning and further information would be forthcoming in due course.



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The Chair thanked Members of the Working Group for their work towards the final report.

RESOLVED:

That the following recommendations be supported and Recommendation 1 be commended to the Cabinet for approval:-

- (1) That Commissioners of the Domiciliary Service in Sefton be requested to:-
  - (a) liaise with Care Providers to consider how increased continuity of care by care workers can be achieved;
  - (b) encourage Care Providers to consider providing care workers with a concise data log book of service users' basic care needs and daily routine, to facilitate increased continuity of care where different care workers are used;
  - (c) consider how increased partnership working with Care Providers can be achieved, in order to share common concerns, good practice, etc.;
  - (d) consider producing an Information Pack, containing general information on options available, such as direct payments, and a simple chart illustrating which organisations individuals can approach to raise issues, make complaints, etc.; the Information Pack to be provided to individuals entering the domiciliary care system, and to be made available at the Sefton Carers' Centre and Sefton Pensioners' Advocacy Centre;
  - (e) submit the annual questionnaire and survey results produced by Care Providers, together with any Annual Report produced by Commissioners, to the Overview and Scrutiny Committee (Adult Social Care), on an annual basis;
  - (f) encourage Care Providers to provide service users and relatives who are in direct contact with the Provider on a regular basis, with a named contact from the Provider;
  - (g) encourage Care Providers to provide more consistent training and induction for care workers;
  - (h) consider how communication can be increased between Care Providers, service users and their families, and Sefton Carers' Centre, particularly in the event of service users raising any concerns or issues;

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- (2) That the Head of Adult Social Care be requested to submit a report / presentation to a future meeting of the Overview and Scrutiny Committee (Adult Social Care), explaining:-
  - (a) the costs associated with provision of the different aspects of the Domiciliary Service;
  - (b) the impact of the Care Act 2014 on the provision of domiciliary care;
  - (c) the proposal to move towards outcome based commissioning with regard to the Service;
- (3) That the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to investigate how concerns raised during the course of this review, regarding errors in medicine management by pharmacies, can be addressed and report back to a future meeting of the Overview and Scrutiny Committee (Adult Social Care), explaining the outcome of those investigations;
- (4) That the recent decision made by the Cabinet to implement Stage One of the Ethical Care Charter and to consider Stages Two and Three of the Charter, be welcomed; and
- (5) That the Overview and Scrutiny (Adult Social Care) should receive a six-monthly monitoring report, setting out progress made against each of the recommendations outlined above.

## **60. 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 came within the remit of this Committee.

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

- National Diabetes Prevention Programme (NDPP);
- Sefton Health Protection Priorities, including seven priorities for action;
- Sexual health services;
- Procurement of substance misuse residential detoxification services; and
- Commissioning of 0-19 Healthy Child Programme (HCP).

Councillor Moncur, Cabinet Member – Health and Wellbeing, was present at the meeting and highlighted key aspects of his Update Report, particularly in respect of the procurement of substance misuse residential

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detoxification services, as he indicated that the dates for the award of the contract and start of service would now be slightly amended from those contained within the report. He also reported on progress made in the appointment to the post of Consultant in Public Health for the Council and indicated that this should be finalised shortly. The Chair paid tribute to Margaret Jones for her role in acting as Interim Head of Health and Wellbeing.

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

- Day Care modernisation;
- Supported Living – tenancies and shared lives;
- Personalisation and the Personal Budgets Strategic Plan;
- Mental Health Team Restructure; and
- Care Act Update.

Councillor Cummins, Cabinet Member – Adult Social Care, was present at the meeting to present his Update Report.

RESOLVED: That

- (1) the update reports from the Cabinet Member – Adult Social Care and also the Cabinet Member – Health and Wellbeing be received; and
- (2) thanks and appreciation be extended to Margaret Jones for her role in acting as Interim Head of Health and Wellbeing.

### **61. WORK PROGRAMME KEY DECISION FORWARD PLAN**

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 had been circulated for the attention of the Committee. The Committee was invited to consider items for pre-scrutiny.

A Work Programme of items 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 had been 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

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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 had been 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 final report on the review was outlined under Minute No. 59 above.

Regarding site visits for Members of this Committee to health providers, visits to Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust, primarily to view stroke services, had taken place on 6 October 2015 and 18 January 2016, respectively, and Members were invited to comment on the recent site visit to Aintree Hospital. Arrangements had now been made for Members to visit Liverpool Women's NHS Foundation Trust and the visit would take place on 24 March 2016.

Members of the Committee considered that patient dignity had been somewhat compromised during Members' recent site visits to hospitals and discussion took place as to whether smaller groups should attend site visits and how political balance during visits could be achieved. The Chief Nurse and Quality Officer, NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group considered that the issue of privacy and dignity of patients was a valid one.

RESOLVED: That

- (1) the contents of the Key Decision Forward Plans for the periods 1 March to 30 June 2016 and 1 April to 31 July 2016 be noted;
- (2) the work programme of items for 2015/16 be noted;
- (3) the progress made to date by the Care Services (Domiciliary) Working Group be noted;
- (4) the outcome of the site visit to Aintree Hospital together with the progress made in arranging a site visit to Liverpool Women's NHS Foundation Trust be noted; and
- (5) the size of groups attending site visits be considered at the first meeting of this Committee during the next Municipal Year, 2016/17.

### **62. COUNCILLOR LYNN GATHERER - FINAL MEETING**

The Chair announced that this was the last meeting of the Committee for Councillor Lynn Gatherer, as she was not seeking re-election, and the Chair paid tribute to Councillor Gatherer for her input to the work of this Committee during the past four years.

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RESOLVED:

That thanks and appreciation be extended to Councillor Lynn Gatherer for her role as a Member of this Committee during the past four years.

**63. MERSEY CARE NHS TRUST**

The Chair reported that she had received a letter advising that Mersey Care NHS Trust had applied for foundation trust status and requested Committee Members to contact her in the event that they wished to submit any comments on the application.

RESOLVED:

That Committee Members be requested to contact the Chair of the Committee in the event that they wish to submit any comments on Mersey Care NHS Trust's application for foundation trust status.