



**OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE AND HEALTH)**

**MEETING HELD AT THE TOWN HALL, SOUTHPORT
ON TUESDAY 4TH SEPTEMBER, 2018**

PRESENT: Councillor Page (in the Chair)
Councillor Marianne Welsh (Vice-Chair)
Councillors Brough (Substitute Member for Bliss),
Brodie-Browne (Substitute Member for Councillor
Dawson), Carr, Doyle, Pugh, Roscoe and Bill Welsh

ALSO PRESENT: Mr. B. Clark, Healthwatch
Mr. R. Hutchings, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social
Care

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bliss and Dawson and Councillor Moncur, Cabinet Member – Health and Wellbeing.

14. DECLARATIONS OF INTEREST

No declarations of pecuniary interest were made.

The following declarations of personal interest were received:-

<u>Member</u>	<u>Minute No.</u>	<u>Reason</u>	<u>Action</u>
Brian Clark, Co-optee	23 – Work Programme Key Decision Forward Plan, insofar as an item on Healthwatch Sefton appeared on Appendix C, the Key Decision Forward Plan	Personal – he is a Co-opted Member on the Committee, representing Healthwatch	Stayed in the room and took part in the consideration of the item;
Roger Hutchings, Co-optee	23 – Work Programme Key Decision Forward Plan, insofar as an item on	Personal – he is a Co-opted Member on the Committee, representing Healthwatch	Stayed in the room and took part in the consideration of the item.

Healthwatch
Sefton appeared
on Appendix C,
the Key Decision
Forward Plan

15. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 26 June 2018, be confirmed as a correct record.

16. SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST - THE ACUTE SUSTAINABILITY PROGRAMME

Silas Nicholls, Chief Executive, Southport and Ormskirk Hospital NHS Trust, was in attendance from the Trust to report on recent developments at the Trust and to give a presentation to the Committee.

Mr. Nicholls gave a presentation on the Acute Sustainability Programme that outlined the following:-

- The Case for Change;
- The Clinical Senate Report;
- Acute Sustainability – Workshop Structure;
- Emerging Clinical Scenarios; and
- Delivering Transformation for Sefton and Cheshire and Merseyside.

Mr. Nicholls reported on his background and experience within the NHS, indicating that he had been approached by NHS Improvement to work at the Trust. He hoped to bring stability to the organisation and to improve clinical performance, as some concerns were held particularly around A&E and older people's care.

Mr. Nichols made reference to the recent open letter he had shared with key stakeholders and to the most recent Care Quality Commission rating for the Trust of "requires improvement". Some questions regarding viability surrounded certain services provided by the Trust such as maternity, which fell short of the number of births per year for a clinically viable service. The Trust had also faced challenges to maintain good outcomes regarding stroke services as it was particularly reliant on a single clinician, which could leave the Trust in a vulnerable position if that clinician left the Trust. The demographics of the area also brought challenges to the Trust with numbers of over 65s predicted to represent one in three in a few years' time. Numbers aged 85 and above were also rising, together with

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the challenges this presented as this age group tended to have multiple long-term conditions.

The financial situation of the Trust was causing concern as the Trust was facing a deficit of some £28m which had caused a gradual degradation of services with services not being invested in. Vacant posts in Orthopaedics had not been recruited to and this was now considered to be a false economy, the vacant posts now having gone out to recruitment.

Reference was made to the positive approach that Mr. Nicholls was taking, particularly regarding staff morale and the need to emphasise in future that staff were an important asset and that the Trust was a good place to work, with a good quality of life in the area.

The Southport site required re-development although a new development would have its advantages as it could provide a blue-print for future district general hospitals in England. An initial meeting had been held with NHS England and NHS Improvement and a positive reaction had been received. The next meeting would take place on 14 September 2018 and a further meeting would take place with NHS England on 25 October 2018. If agreement was reached regarding investment, consultation with the public could commence in late May/early June 2019, with a possible commencement of April 2020 for any changes. The Clinical Commissioning Groups would lead on the consultation, if changes proceeded. This Committee would need to be consulted if substantial variations to services took place.

Members of the Committee asked questions/raised matters on the following issues:-

- Were women choosing alternative locations for maternity services? Not significantly. Birth rates were falling in the Southport and Ormskirk area. If necessary, transfers to Liverpool Women's Hospital NHS Foundation Trust took place in emergencies and a greater alliance could be built with Liverpool for higher risk cases.
- Reference was made to patient choice for elective services. GPs, particularly in West Lancashire, were choosing to transfer patients elsewhere, partially due to waiting times and the reputation of the Trust. There was a need to win some of this financial income back and to improve clinical efficiency in order for patients to have a good experience.
- What was the plan to claw back some of the deficit? There was a need to improve the cancellation rates for procedures and to consider improvements for efficiency in the schedules in theatre. The Ormskirk site was currently under-utilised in terms of beds, etc. and could be a planned elective treatment centre, providing procedures to neighbouring areas too.
- What challenges faced the Trust as an NHS hospital, other than

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NHS pensions?

There was a need to keep services sustainable with a clear accountability framework and a more comprehensive clinical workforce strategy.

- In light of the deficit at the Trust, did auditors voice concerns regarding the Trust's financial position?
It was estimated to take 4-5 years to make a significant impact on the deficit, with the Trust having to borrow finance at the moment. There was a need to look at the bigger picture across the region and to recognise that issues would not be solved in isolation, such as the need to influence GPs as to where to send patients.
- Had Mr. Nicholls faced similar problems at his last post in Manchester?
Some core problems were universal for hospital trusts, although staff morale was probably worse at Southport and Ormskirk Hospital NHS Trust.
- Reference was made to the slide on "Emerging Clinical Scenarios" and further information was requested, such as distances patients would be required to travel for the different scenarios.
- Staffing issues were raised, together with the link to Edge Hill University for training purposes.
Mr. Nicholls had previously worked at Wigan and had built up the relationship with Edge Hill university then. Staff at the Trust would be receiving a message of investment and a vision of the future of the Trust. Shared job plans with Liverpool hospitals could be considered in the future.
- The recently opened Discharge Lounge was mentioned and the fact that it operated from 9.00 a.m. – 5.00 p.m. during week days. The Discharge Lounge was predominantly catering for bedded patients and their discharge to nursing homes. Once the Trust was confident it was working well, it was hoped that a financial case could be submitted for extending the opening hours, probably into weekends.
- Reference was made to the hydro-therapy pool at the Southport Hospital site and its future use.
The pool was not open to staff, rather it was used for past and present patients with spinal injuries. Mr. Nicholls was open to looking at different options for use, provided use was appropriate for an NHS facility.
- The consultation undertaken by the Clatterbridge Cancer Centre NHS Foundation Trust during its review of services some time previously had been considered to be excellent in terms of its approach to change management.

RESOLVED:

That the document and information provided by the Chief Executive, Southport and Ormskirk Hospital NHS Trust, be noted and Mr. Nicholls be thanked for his attendance at the Committee.

17. COMMUNITY EQUIPMENT STORE

Further to Minute No. 10 of 27 June 2017, the Committee considered the report of the Director of Social Care and Health presenting proposals on a new service approach with regard to the Community Equipment Store.

The review of the Community Equipment Store had now concluded. During the review consultation and engagement with citizens had taken place. Taking into account the findings of the review and the feedback from citizens, the proposed new service model was now described within the report.

The report set out the background to the matter, together with details of the Section 75 Partnership Agreement; what the review examined; the consultation exercise undertaken with citizens; what a “good model” might look like; together with conclusions.

The review had examined:-

- The national policy context;
- The local policy context;
- The legal framework for equipment provision;
- Demand for community equipment;
- Number of deliveries;
- Collections by number of items;
- The budget arrangements for the provision of equipment;
- What equipment was provided; and
- Equipment and recycling.

Some of the areas that had been explored were:-

- The increase in our older population and the increased demand for equipment;
- Same day requests for equipment; and
- Constantly looking at how the service could perform better.

A “good model” would need to address access to advice and information at an early stage and this would require a greater presence on the Council website. More could be undertaken during visits, to ensure that the service assisted in “making every contact count”. The key developments would be to offer the option to collect at store and to “gift” certain items on issue, as

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opposed to loan in circumstances where equipment was not suitable for re-issue on return or it was not cost effective to collect.

Sharon Lomax, Integrated Health and Social Care Manager, Social Care and Wellbeing, was in attendance to present the report and respond to questions put by Members.

Members of the Committee asked questions/raised matters on the following issues:-

- A resident had reported his numerous attempts to contact the Store by telephone as he had been unable to obtain a response. At present the Store had 2 incoming telephone lines and an email in-box. The Council would wish to have a better response to calls and encourage greater use of the email in-box. This required a shift in the internal resources and greater awareness of the possibility to email. This work was part of the operational improvement plan currently being progressed.
- Consideration should be given to targets for collection. End of life beds tended to be prioritised for collection and it was expected that targets for collections would be set, alongside the work to stop collecting all items.
- Reference was made to the fact that small aids had been removed from stock some time previously. The Council needed to consider sign-posting users and offer advice on where they could purchase smaller items and which items should be returned.
- Consideration should be given to marking/labelling more expensive items as some items got lost or were returned to different providers.
- Could anyone be referred to the Store?
No, access to equipment was by way of a request to supply by Community Nurses, Occupational Therapists or hospital staff. It was reported that 40% of the equipment issued was made by requests from Hospital Teams. Sefton Council was unusual in providing the service as other Local Authorities tended to use external providers or health run stores.

RESOLVED:

That the report, together with the “new model” for the Community Equipment Store, be noted.

18. EFFECTIVENESS OF LOCAL AUTHORITY OVERVIEW AND SCRUTINY COMMITTEES – GOVERNMENT RESPONSE TO DCLG SELECT COMMITTEE REPORT

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The Committee considered the report of the Head of Regulation and Compliance advising Members on the Government's response to the Communities and Local Government Select Committee report titled "Effectiveness of Local Authority Overview and Scrutiny Committees".

The report indicated that the Communities and Local Government (CLG) Select Committee, on 24 January, 2017 launched an inquiry into overview and scrutiny in local government; as the CLG Committee wanted to consider whether overview and scrutiny arrangements in England were working effectively and whether local communities were able to contribute to and monitor the work of their councils.

The report of the Select Committee, entitled "Effectiveness of Local Authority Overview and Scrutiny Committees" was published by the House of Commons on 15 December 2017, and a copy of the published report was attached to the report as Appendix 1.

The Government's response to the CLG report was published on 12 March 2018, and the 8 CLG recommendations and accompanying Government responses were set out in paragraphs 3.2 to 3.9 of the report. A full copy of the Government response was attached to the report as Appendix 2.

The proposed revisions to Government guidance on Overview and Scrutiny Committees contained in the report were set out in paragraph 2.2 of the report.

It has been established from a recent County/Unitary Scrutiny Network meeting that the Centre for Public Scrutiny (CfPS) was hoping to be commissioned to help the Government produce the updated statutory Scrutiny Guidance which was promised in the response to the CLG Select Committee's report on the Effectiveness of Local Authority Scrutiny. If so, the CfPS would seek to obtain the views of a wide range of interested parties during the drafting stage and there might be the possibility for the Council's Overview and Scrutiny Management Board and Committees to contribute, as part of the consultation phase.

RESOLVED: That

- (1) the report be noted;
- (2) a further update be submitted to the Committee once the Government has published updated guidance in respect of recommendations 1 (a) to (e) and 6 and further consideration has been given to recommendation 2; and
- (3) if consultations are allowed to be undertaken, as referred to in paragraph 4 of the report, then the views of the Overview and Scrutiny Management Board and individual Overview and Scrutiny Committees be obtained for inclusion in the consultation process.

19. SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT

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

- Latest CCG assessments highlight “innovative” work in Sefton;
- Update on financial performance;
- Annual reviews focus on transformation;
- Good results for primary care in latest GP patient survey;
- Extended access scheme prepares to launch;
- Community anti-coagulation services;
- NHS England nurses “impressed” during visit to Sefton;
- Safeguarding and looked after children inspection;
- Young people have their say on local NHS; and
- Next 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.

With regard to the item on “Extended access scheme prepares to launch”, Mrs. Taylor would provide a further update in due course on the GP services involved.

RESOLVED: That

- (1) the joint update report submitted by the Clinical Commissioning Groups be received; and
- (2) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to submit a further update to the Senior Democratic Services Officer on the GP services involved, for circulation to Members of the Committee.

20. 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, together with responses for the Friends and Family Test for both Southport

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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 in attendance to present the data, highlight key aspects of performance, and respond to queries from Members of the Committee. Mr. Silas Nicholls, Chief Executive, Southport and Ormskirk Hospital NHS Trust, was in attendance from the Trust to report on performance, insofar as it related to the Trust.

Mr. Nicholls reported that performance in relation to the Stroke Unit at Southport and Ormskirk Hospital NHS Trust had improved since the figures had been captured within the current data available.

Members of the Committee asked questions/raised matters on the following issues:-

- Why were responses to the Friends and Family Test for Southport and Ormskirk Hospital NHS Trust lower than for Aintree University Hospital NHS Foundation Trust? Actual figures rather percentages could be more informative.
As Aintree Hospital was a Foundation Trust, greater emphasis and resources were placed on collecting data than at Southport and Ormskirk Hospital NHS Trust. Text requests could be incurring charges for users and were not necessarily user-friendly for older patients. There was a need to capture feedback at the point of patient discharge.
- Members considered that facilities available within support services at Southport Hospital in relation to stroke services were not ideal and were much better at Aintree Hospital.
- Concerns had been raised some time previously that Maternity Services at Southport and Ormskirk Hospital NHS Trust had apparently looked at failing Trusts as a way to improve.
- A personal positive experience of Audiology had recently been received at Southport and Ormskirk Hospital NHS Trust.
- Concerns were raised regarding the 50% performance in relation to the 62-day screening at Southport and Ormskirk Hospital NHS Trust.
2 new consultant radiologists had now been appointed. Demand for this service fluctuated and more complex patients might be referred to other Trusts within the Liverpool city area.
- Did the Friends and Family Test apply to the Improving Access to Psychological Therapies (IAPT) service?
It was doubtful that the Test applied to the IAPT service and confirmation would be sought.

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RESOLVED:

That the information on Health Provider Performance be noted.

21. 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 the Cabinet Member – Health and Wellbeing, whose portfolios fell within the remit of this Committee.

The report indicated that an update on the Green Sefton element of the Cabinet Member – Health and Wellbeing’s portfolio was included and that this report would also be considered by the Overview and Scrutiny Committee (Regeneration and Skills) on 18 September 2018. The Overview and Scrutiny Management Board, at its meeting to be held on 25 September 2018, would consider which Overview and Scrutiny Committee issues associated with Green Sefton should be reported to. Following determination by the Management Board on the Green Sefton element of the Cabinet Member – Health and Wellbeing’s portfolio, the update would be reported to the appropriate Overview and Scrutiny Committee in the future.

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

- Delayed Transfers of Care and Interface with Aintree Hospital;
- Domiciliary Care Contracts;
- Sefton New Directions (SND);
- James Dixon Court;
- Consultation Plans;
- Consultation Plans on “The Lives We Want to Lead”;
- Community Equipment Store;
- Learning Disability Partnership Board; and
- Safeguarding - Barton Park Update.

Councillor Cummins, Cabinet Member – Adult Social Care, was in attendance at the meeting to present his Update Report and highlight particular aspects of it. With regard to the item on “Consultation Plans on ‘The Lives We Want to Lead’ ”, Councillor Cummins reported that two open consultation events would take place the following week.

The Cabinet Member Update Report – Health and Wellbeing outlined developments on the following aspects of Public Health:-

- Service Plan;
- Workplace Wellbeing Charter;
- North Mersey Collaborative;

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- NHS Health Checks;
- Sefton Flu Planning Update:
 - Flu Planning Group;
 - Staff Flu Vaccinations;
- National Breast Screening Programme Incident;
- Healthy Weight Declaration;
- Workplace Statement;
- Teenage Pregnancy Event;
- Tackling Gambling Related Harm: A Whole Council Approach;
- Update on a System-wide Approach to Improve Falls Prevention and Care;
- Improving Resilience to Debt in Central Southport;
- Air Quality – update on development of AQ initiative with schools;
- National Clean Air Strategy Consultation – Options for Community Engagement; and
- Campaigns Activity.

The Cabinet Member Update Report – Health and Wellbeing outlined developments on the following aspects of Green Sefton:-

- Launch of Green Sefton;
- Apprenticeships Community Rangers;
- Community self-management/market testing of empty buildings;
- Community/Partnerships:
 - Hesketh Park;
- Flooding Issues;
- Bank Holiday/busy days;
- Capital schemes;
 - Buckley Hill playing fields - extension of car parking;
 - Ovington Drive and Smithy Green Play Areas;
- Benchmarking/ Awards:
 - Green Flag Award;
 - Green Flag Community Award;
 - Britain in Bloom; and
 - Bathing Water quality.

Councillor Moncur, Cabinet Member – Health and Wellbeing, had submitted his apologies for the meeting.

The Chair requested any queries or issues on the Cabinet Member Update Report - Health and Wellbeing to be directed to Councillor Moncur via the Senior Democratic Services Officer.

RESOLVED:

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

22. WORK PROGRAMME KEY DECISION FORWARD PLAN

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The Committee considered the report of the Head of Regulation and Compliance seeking the views of the Committee on its Work Programme for the remainder of 2018/19; requesting the identification of potential topics for scrutiny reviews to be undertaken by any Working Group(s) appointed by the Committee; and identification of any items for pre-scrutiny by the Committee from the Key Decision Forward Plan.

A Work Programme for 2018/19 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed.

Further to Minute No. 5 (3) of 26 June 2018, Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG, reported that she anticipated submitting the Primary Care Strategy to the next meeting of the Committee.

Further to Minute No.44 of 27 February 2018, the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group reported that the merger between Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust was likely to take place in July 2019, and undertook to keep the Committee informed of developments. Representatives of the Trust could be invited to attend a future meeting to update the Committee.

The Committee was invited to consider any potential scrutiny review topics to be undertaken during 2018/19. The Committee would consider the matter further once the Primary Care Strategy had been submitted to the Committee.

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

RESOLVED: That

- (1) the Work Programme for 2018/19, as set out in Appendix A to the report, be agreed;
- (2) the Primary Care Strategy be included as an agenda item for the next meeting of the Committee;
- (3) the appointment of any new Working Group(s) during 2018/19 be deferred, pending the submission of the Primary Care Strategy to the Committee; and

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- (4) the contents of the Key Decision Forward Plans for the periods 1 September – 31 December 2018 and 1 October 2018 – 31 January 2019, be noted.

23. MATTHEW ASHTON, HEAD OF HEALTH AND WELLBEING

The Committee was advised that Matthew Ashton, the Council's former Head of Health and Wellbeing, had transferred to Knowsley MBC and his replacement at Sefton was awaited.

RESOLVED:

That Matthew Ashton be thanked for his input into the work of this Committee and best wishes be accorded to him.