



OVERVIEW AND SCRUTINY COMMITTEE  
(ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY, 25TH FEBRUARY 2020

PRESENT: Councillor Doyle (in the Chair)  
Councillor Roscoe (Vice-Chair)  
Councillors Carr, Cluskey, Howard, Irving, Jones,  
Myers, Pugh and Waterfield

ALSO PRESENT: Mr. B. Clark, Healthwatch

**46. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr. R. Hutchings, Healthwatch and Councillor Cummins, Cabinet Member – Adult Social Care.

**47. DECLARATIONS OF INTEREST**

In accordance with Paragraph 9 of the Council’s Code of Conduct, the following declaration of personal interest was made, and the Member concerned remained in the room during the consideration of the item:

| Member            | Minute No.  | Nature of Interest   |
|-------------------|---|--|
| Councillor Roscoe | Minute No. 51 – Liverpool University Hospitals NHS Foundation Trust | She is an Administration and Support Officer for the British Lung Foundation |

**48. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

That the Minutes of the meeting held on 7 January 2020, be confirmed as a correct record.

**49. INTRODUCTIONS**

Introductions took place.

**50. MERSEY CARE NHS FOUNDATION TRUST - LOW SECURE UNIT PROJECT**

The item was withdrawn from the agenda.

**51. LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION**

## TRUST - UPDATE

Further to Minute No. 34 (2) of 15 October 2019, the Committee received a presentation from Steve Warburton, Chief Executive, and Dr. Tristan Cope, Executive Medical Director, Liverpool University Hospitals NHS Foundation Trust, on developments at the Trust. The presentation outlined the following:

- The merged Trust;
- Trauma and Orthopaedics Reconfiguration;
- Winter; and
- New Royal progress.

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

- What was the Knifesavers campaign?  
This was an innovative campaign to provide bleeding control packs in public spaces, such as pubs and clubs, as prompt action to stop bleeding following a knife attack could help save lives.
- Which former Trusts were now part of the newly merged Hospital Trust?  
The Liverpool University Hospitals NHS Foundation Trust was comprised of the former Royal Liverpool University Hospital, which included St Paul's Eye Unit, Aintree University Hospital, Broadgreen Hospital and Liverpool University Dental Hospital. The Walton Centre, the Clatterbridge Cancer Centre, Liverpool Women's Hospital and Alder Hey Children's Hospital, remained independent NHS Trusts.
- Had the assets and liabilities of the former Hospital Trusts now merged?  
The total deficit for the newly merged Hospital Trust was now about £75m. This would be largely offset by sustainability funding to be obtained during the following financial year.
- How would the new Trust cope with surges for demand?  
The merger provided benefits for both elective and non-elective patients and was better able to meet demand. Capacity had been identified on the Broadgreen site for step-down patients, during a surge for demand.
- Was the cladding on the new-build Royal causing problems?  
Specifications and requirements had all massively increased in recent years and the cladding would need to meet all fire safety standards, etc.
- Would there be more than 1 cancer site?

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The main Clatterbridge Cancer Centre would be on the new-build Royal site, in the future. The current Wirral site would become a satellite site, comparable to that at the Aintree Hospital site.

- Could details of the Knifesavers campaign bleeding control packs be provided?  
Details would be obtained and provided to Members of the Committee.

RESOLVED: That

- (1) the presentation be noted, and the representatives of the Liverpool University Hospitals NHS Foundation Trust be thanked for their attendance; and
- (2) the Senior Democratic Services Officer be requested to obtain and circulate details of the Knifesavers campaign bleeding control packs to Members of the Committee, in due course.

### **52. COMMUNITY SUBSTANCE USE**

Further to Minute No. 21 (2) (c) of 3 September 2019, the Committee received a presentation from the Council's Public Health Lead on Community Substance Use on the Sefton Drug and Alcohol Treatment System. The presentation outlined the following:

- Substance Use Treatment System Challenges for Sefton;
- Substance Use Treatment Population Challenges for Sefton;
- Successful Treatment Outcomes (Adults);
- Sefton Drug and Alcohol Treatment System;
- Sefton Integrated Drug and Alcohol Pathway;
- Better Treatment Through Collaboration;
- Better Treatment Engagement Through Stronger Collaboration;
- Increasing Access to Effective Hepatitis C Treatment;
- Reducing Drug Related Deaths; and
- Drugs, Alcohol and Justice Cross-Party Parliamentary Group Recommendations.

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

- Clarification was sought on the 14% successful treatment completions, as a proportion of the total number in treatment. This reflected those in treatment who successfully exited treatment and did not return to the service.
- Were figures available for those users who exited treatment and were no longer using drugs or alcohol?  
It was difficult to obtain such information. There was an assumption that users would return to the service if it was required.

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- How were the alcohol-only users supported, particularly those who only used alcohol in structured treatment?  
Users were more likely to be successful in treatment largely due to the support offered, not only through services, but by family and friends. Where a mental health need was identified, this could be followed up.
- The rates of successful treatment outcomes suggested that after-care following treatment was limited.  
The service was previously measured in terms of harm reduction and now followed a predominant model of abstinence-based recovery. After-care plans varied by user.
- Did after-care plans include contact?  
Users could engage in services such as the Mersey Care Life Rooms facilities that offered low level community support.
- Reference was made to the transient nature of the user population, particularly in Southport. Did the Hospitals provide statistics on users, post-treatment?  
The treatment system was complicated, and Aintree and Southport Hospitals did not record information for the Treatment Programme.
- Did the Police and Probation service contribute with information concerning the transient user population, particularly given that petty crime was likely to fund drug and alcohol habits?  
There was some input by different services, although wider collaboration was required.
- The Marmot Review published in 2010 had outlined the scale of health inequalities. Some individual cases of users were able to reach out.  
Despite challenges to the funding, Public Health strived to ensure that services were immediate and responsive.

RESOLVED:

That the presentation be noted, and the Public Health Lead be thanked for his attendance.

### **53. SOCIAL PRESCRIBING IN SEFTON**

Further to Minute No. 21 (2) (b) of 3 September 2019, the Committee received a presentation from Tracy Jeffes, Director of Place, NHS South Sefton Clinical Commissioning Group; and Louise McDade, Programme Manager Living Well Sefton, Sefton CVS, on Social Prescribing and Social Prescribing Link Workers in Sefton. The presentation outlined the following:

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- What is Social Prescribing?;
- National Guidance;
- Collaborative Working in Sefton;
- Social Prescribing in Sefton's Place-Based Model;
- Sefton Social Prescribing Group;
- Role of Social Prescribing Link Workers (SPLW);
- Model for Social Prescribing;
- Not new in Sefton...;
- The Sefton Approach;
- The Sefton SPLW Service;
- Diagram of Model;
- Highlights of Progress to Date;
- Making a Difference; and
- Next Steps.

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

- The services/activities that people could be referred to were not identified. Were there any gaps?  
Work was on-going to build on the Living Well Sefton model and offer support particularly around social isolation and mental health. Work with the community activities available would help to identify gaps.
- Social isolation was a major issue. How could the effectiveness of social prescribing be measured?  
The Office for National Statistics was responsible for the development and study of such measures. Measures could include assessing whether individuals were visiting their GPs less. Measures could also be considered as part of future contracts.

RESOLVED:

That the presentation be noted, and Tracy Jeffes and Louise McDade be thanked for their attendance.

### **54. CLIMATE EMERGENCY - UPDATE REPORT**

Further to Minute No. 39 (3) of 7 January 2020, the Committee received a presentation from Stephanie Jukes, Section Manager Energy and Environmental Management, Corporate Resources, on Climate Emergency Information and initial baseline results. The presentation outlined the following:

- Climate Change;
- Greenhouse Effect;
- Carbon;
- Offsetting;
- International Context;

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- Quantifying Sefton's Emissions;
- Key Features;
- Scope 1 and 2:
  - Council Operations;
  - How the information was collected and what is included;
  - Big emitters, some examples;
  - What does 15,547 tonnes equate to;
- Scope 3 what is included:
  - Adult Social Care;
- Evaluating the Baseline;
- Next Steps;
- Contact Details;
- Why a CO2 Focus; and
- Offsetting - Diagram.

A Member of the Committee raised the following issue:

- If organisations were to reduce activities to net-zero carbon in the future, it would be necessary to educate and influence industries and big businesses, particularly in the USA. Reduction would require global action. The United Nations intergovernmental organisation was to hold a conference on the matter later in the year and pressure was mounting for action to be taken, including the withdrawal of investment in big oil companies.

RESOLVED:

That the presentation be noted, and the Section Manager Energy and Environmental Management be thanked for her attendance.

### **55. 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 Clinical Commissioning Groups (CCGs). The report outlined details of the following:

- Potential Merger with CCGs in North Merseyside;
- Dil welcomed to Governing Body;
- Women Urged to Attend their Cervical Screening;
- Children's Mental Health Week;
- NHS App; and
- Annual Patient and Community Engagement Assessment.

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

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- What progress had been made regarding the potential merger with CCGs in North Merseyside?  
The matter had been put to the Governing Bodies for both Sefton CCGs at their meetings held in February 2020. The potential merger would require the support of the CCGs' GP practice memberships and they would be balloted on the proposal. The outcome would inform a further paper to the Governing Bodies, expected in April 2020, as to whether the CCGs should pursue an application to NHS England to merge with counterparts in North Merseyside from April 2021. Knowsley and Liverpool CCGs were undergoing a similar process.
- What would happen if the proposed merger was not supported?  
Whichever future configuration of the CCGs was supported by the Governing Bodies and approved by their memberships would be implemented.

### RESOLVED:

That the update report submitted by the Clinical Commissioning Groups be received.

### **56. 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), that provided data on key performance areas, together with responses for the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust. Information on the monitoring of the new 7-day GP extended access scheme for both CCGs was included within the data. Information on the transient ischaemic attack (TIA) (mini stroke) performance at Southport and Ormskirk Hospital NHS Trust was also provided.

Further to Minute No. 43 (2) of 7 January 2020, Steve Christian, Chief Operating Officer, Southport and Ormskirk Hospital NHS Trust, attended the meeting to discuss transient ischaemic attack (TIA) (mini stroke) performance at the Trust. Mr. Christian provided information on the clinical definition of TIAs; the designated TIA clinics; the service available outside clinics; performance; and the validation process. Where patients chose to attend the service the day following symptoms, this would affect performance figures, particularly as the number of cases at the Trust were small.

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

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- Was Aintree University Hospital NHS Foundation Trust using the same standard as Southport and Ormskirk Hospital NHS Trust for TIAs?  
All organisations used the same standard.
- What were the symptoms of a stroke?  
The FAST (Face, Arms, Speech, Time) campaign was generally used to raise awareness of the signs of a stroke.
- It was considered that, in the past, the responses to the Friends and Family Test for Southport and Ormskirk Hospital NHS Trust had not always reflected the good work carried out by the Trust.  
Responses to the Friends and Family Test at the Trust had noticeably improved.

### RESOLVED:

That the information on Health Provider Performance be noted.

## 57. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer 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 the Committee.

The Cabinet Member update report – Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Strategic Commissioning:
  - Single-Handed Care Project - Dignity at Home;
  - Extra Care Housing;
- Residential and Nursing Care Sector:
  - Payments to Care Homes;
  - Care Home Quality and Collaboration;
- Financial Update:
  - Revenue;
  - Capital;
- Safeguarding:
  - Developments with Trading Standards Work;
- Merseyside Safeguarding Adults Board;
- Sefton's Safeguarding and Care Governance Board;
- Operational Safeguarding Performance;
- Progress on Integration:
  - Integrated Commissioning;
  - Integrated Teams; and
- Key High-Level Outcomes.

Councillor Cummins, Cabinet Member – Adult Social Care, had submitted his apologies for the meeting.



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The Cabinet Member update report – Health and Wellbeing, attached to the report at Appendix B, outlined information on the following:

- Young People and Families Substance Use Service – Exercising Extension Options;
- Renewal of Dynamic Purchasing System (DPS);
- Sefton In Mind;
- Health and Wellbeing Communications Update;
- Leisure Performance Update:
  - Early Intervention and Prevention;
  - Health and Wellbeing Delivery;
  - Leisure Centres;
  - Aquatics;
  - Activate Fitness; and
  - Future Developments.

RESOLVED:

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

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

The Committee considered the report of the Chief Legal and Democratic Officer, seeking the views of the Committee on its Work Programme for the remainder of 2019/20; identification of any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; requesting the arrangements made for the scrutiny of draft Quality Accounts for 2020 to be agreed; and receiving an update on the Liverpool Combined Authority Overview and Scrutiny Committee.

A Work Programme for 2019/20 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed. It was anticipated that items on Adult Social Care would be included within the Work Programme for 2020/21.

There was just one Decision within the latest Key Decision Forward Plan, attached to the report at Appendix B, that fell under the Committee's remit, and the Committee was invited to consider items for pre-scrutiny.

The report outlined the proposed process to be undertaken for the scrutiny of draft Quality Accounts during May 2020. In addition to the three Trusts identified, it was proposed that Lancashire Care NHS Foundation Trust, insofar as it related to community health service provision in the north of the Borough, should also be included.

The report also updated on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

RESOLVED:

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- (1) the Work Programme for 2019/20, as set out in Appendix A to the report, be noted;
- (2) the Interim Director of Adult Social Care be requested to consider items for inclusion within the Committee's draft Work Programme for 2020/21;
- (3) the contents of the Key Decision Forward Plan for the period 1 March – 30 June 2020, be noted;
- (4) the arrangements made for the scrutiny of draft Quality Accounts for 2020, as outlined in paragraph 3.3 of the report, be approved, subject to the inclusion of Lancashire Care NHS Foundation Trust, insofar as it relates to community health service provision in the north of the Borough; and
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.