

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.

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
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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.

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.

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Appendices:

The following appendix is attached to this report:

- Appendix A - Liverpool University Hospitals Clinical Services Reconfiguration Proposals

Background Papers:

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

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.