



OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE AND HEALTH)

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 21ST MARCH, 2017

PRESENT: Councillor Page (in the Chair)
Councillor Dams (Vice-Chair)
Councillors Burns, Carr, Linda Cluskey, Dawson,
McGuire, Owens and Pullin (Substitute Member for
Councillor Lynne Thompson)

ALSO PRESENT: Mr. R. Hutchings, Healthwatch
Councillor Moncur, Cabinet Member – Health and
Wellbeing

55. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Bliss and his Substitute Councillor Dutton, Councillor Lynne Thompson, Mr. B. Clark, Healthwatch and Councillor Cummins, Cabinet Member – Adult Social Care.

56. DECLARATIONS OF INTEREST

No declarations of interest were received.

**57 A LIVERPOOL ORTHOPAEDIC AND TRAUMA SERVICE (LOTS)
FEASIBILITY STUDY (FINAL DRAFT)**

Further to Minute No. 48 of 28 February 2017, the Committee considered the report submitted by the Healthy Liverpool Programme providing an overview of the process undertaken with regard to the Liverpool Orthopaedic and Trauma Service (LOTS) Feasibility Study; timelines; governance issues and risks relating to the proposed change of the trauma and orthopaedic service; and detailing the case for change and the preferred option.

At present the Trauma and Orthopaedic Services were delivered by both Aintree University Hospital NHS Foundation Trust (AUH) and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Following an options appraisal process the preferred option was Option 1 – a two-site option comprising both AUH and the Royal Liverpool and Broadgreen University Hospitals NHS Trust, with one site, AUH, for orthopaedic trauma and a separate site, the Royal, for elective procedures, and some

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Ear, Nose and Throat Services going to AUH from Broadgreen. Accident and Emergency Departments at both sites would continue to deliver trauma care, with AUH being the site for major trauma care.

The Feasibility Study was attached to the report.

Dr Chris Grant, Hospital Services Programme Director and Dr. Fiona Lemmens, Clinical Director for Hospital and Urgent Care, were in attendance from the Healthy Liverpool Programme to present the report and respond to questions posed by Members of the Committee.

Dr. Grant gave a presentation on the review of Orthopaedic Services that outlined the following:-

- Single Service, City-wide principles;
- Orthopaedic case for change;
- Options appraisal;
- The base case (current model);
- The considered options;
- The preferred option;
- Benefits of the preferred option;
- Ear, Nose and Throat (ENT);
- Public Consultation Plans; and
- Next Steps – timeframe.

Members of the Committee raised the following issues and a summary of the responses provided is outlined below:-

- Could the proposals potentially have major implications for the out-lying areas, such as Wirral and Southport?
There was acknowledgement that the proposals could have implications and impacts for out-lying areas and conversations were on-going with outlying service providers.
- What questions would be raised during the consultation process?
Specific questions had not been finalised and there was acknowledgement that there were potential pitfalls if questions were not carefully phrased.
- Is it Option 1 or nothing?
All the Options developed had been appraised and would continue to be considered. Clinicians considered that patient care would be compromised if the case for Option 1 was not presented as the preferred Option.
- Was there some acknowledgement that services from a single hospital site would be a better option?
A single hospital site might be preferable for hospital services but not necessarily for out-patients.

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- Where were patients taken from the Southport and Formby area?

In the case of a major trauma, patients in the north of the Borough were taken to the Major Trauma Service at AUH.

- Would the proposals have a negative impact on the North West Regional Spinal Injuries Centre, based at Southport Hospital?

The Spinal Injuries Centre provided chronic care and not acute care. The proposals would have no impact on the Centre.

- Were clinical staffing levels adequate for the future, particularly in light of potential implications following Brexit?

There was acknowledgement that there were concerns regarding clinical staffing levels for the future. Staff were more likely to want to work within the better units and this provided an incentive to make the proposals work well.

- Of hospital admissions, what percentage represented orthopaedics?

Some 33% of the surgical workforce represented orthopaedics and trauma, making it the biggest surgical speciality. This provided a reason to make a good service even better.

- Would anything be moved from AUH as a consequence of the proposals?

Minor changes to services could be required as a result of implementation of the proposals.

- The abbreviations within the documents provided were confusing and made reading difficult to follow.

A glossary of terms could be included with any future information provided.

- In developing a centre of excellence requiring clinical staff with specialisms, what risks and responsibilities were associated with the outlying areas where specialism drains could occur?

Lessons had been learnt as a result of the major trauma centre at AUH as surrounding hospitals provided trauma units with a hub and spoke model in operation. In order to provide quality care, services had to work well across an area rather than provide pockets of mediocrity. This could result in patients travelling further to access good quality care.

- AUH was largely the hospital used by residents of south Sefton and Knowsley Boroughs. What were the likely impacts for patients having to access services at other sites?

A significant number of patients accessed services at AUH. Most routine care would continue to be provided at all hospital sites and the length of time for in-patient stays was reducing.

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Members of the Committee acknowledged that the proposals could be perceived as having negative outcomes and that complex decisions regarding care services could have negative, as well as positive, impacts.

Committee Members agreed to reflect the concerns raised regarding the impact of the proposals on outlying areas within the Resolutions below.

RESOLVED:

That the Committee:-

- (1) Notes the clinical and financial case for change and the content of the report for trauma and orthopaedic services;
- (2) Approves the continuation of the proposal development towards patient and public engagement and formal consultation, leading to a decision regarding the future delivery of trauma and orthopaedic services;
- (3) Determines whether the proposals for change represent a substantial variation of service, as set out under Minute No. 57b below; and
- (4) Recognises:-
 - (a) that the changes proposed have substantial potential ramifications for services provided in other hospitals in the sub-region; and
 - (b) that the proponents of the changes understand these ramifications and will reflect this in their consultation processes.

57 B REVIEW OF ORTHOPAEDIC SERVICES - ISSUE OF SUBSTANTIAL RECONFIGURATION PROPOSALS

Further to Minute No. 57a above, the Committee considered the report of the Head of Regulation and Compliance regarding the Liverpool Orthopaedic and Trauma Service (LOTS) Feasibility Study and requesting the Committee to formally determine whether the proposals submitted by the Healthy Liverpool Programme constituted a substantial variation in services or not.

The report indicated that there was a statutory requirement on providers of health services to consult local authority health overview and scrutiny committees on any proposals for significant development or substantial variation/reconfiguration in health services. Further to Minute No. 20 of 3 June 2014, the Council had approved the Protocol for Establishment of

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Joint Health Scrutiny Arrangements for Cheshire and Merseyside and a copy of the Protocol was attached to the report at Appendix A. Guidance issued by the Department of Health on the consideration of substantial variations was outlined and further to Minute No. 42 (2) of 25 September 2014, the Council had agreed that any final decision on substantial variations would be taken by the full Council.

A show of hands indicated that there was unanimous agreement by those Committee Members present that the proposals submitted by the Healthy Liverpool Programme, as outlined under Minute No. 57a above, did constitute a substantial variation in terms of the Orthopaedic and Trauma Service.

RESOLVED:

That this Committee considers that the proposals submitted by the Healthy Liverpool Programme constitute a substantial variation in terms of the Orthopaedic and Trauma Service and the Council be requested to endorse this decision.

58. SCRUTINY OF DRAFT QUALITY ACCOUNTS - PROCESS TO BE UNDERTAKEN DURING 2017

Further to Minute No. 54 (5) of 28 February 2017, the Committee considered the report of the Head of Regulation and Compliance seeking approval for the process to be undertaken for the scrutiny of a number of draft Quality Accounts from NHS Providers during May / June 2017. The report set out the background to the matter; the timescale for the consideration of Quality Accounts; the process undertaken during 2016; an event to be held by the Sefton Clinical Commissioning Groups on 5 May 2017, to which eight NHS Providers would be invited to give presentations on their draft Quality Accounts; together with matters for the Committee to consider.

Some discussion took place on which draft Quality Accounts from NHS Providers could be considered.

RESOLVED:

That, with regard to the process to be undertaken for the scrutiny of draft Quality Accounts in 2017, an informal daytime meeting be convened to consider four draft Quality Accounts, the details of the meeting to be determined in consultation with the Chair of the Committee, a representative of the Clinical Commissioning Groups (CCGs) to be requested to attend the meeting, together with Healthwatch representatives, the draft Quality Accounts from the following NHS Trusts to be considered:-

- Southport and Ormskirk Hospital NHS Trust;

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- Mersey Care NHS Trust;
- Aintree University Hospital NHS Foundation Trust; and
- Liverpool Women's NHS Foundation Trust.

59. RESIDENTIAL AND CARE HOMES WORKING GROUP - FINAL REPORT

Further to Minute No. 54 (2) of 28 February 2017, the Senior Democratic Services Officer reported that work remained on-going for the Residential and Care Homes Working Group and it was anticipated that the Final Report would be submitted to the meeting of the Committee to be held on 27 June 2017.

Some discussion took place on the NHS Feedback Working Group, established by this Committee during 2016/17. It had not been possible to identify a date convenient to all concerned in order to convene an initial meeting. The Working Group could be reconvened during 2017/18 and the Senior Democratic Services Officer and the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group undertook to discuss the issue of availability of representatives, around clinical practice.

RESOLVED: That

- (1) progress made to date by the Residential and Care Homes Working Group be noted; and
- (2) progress made on the NHS Feedback Working Group be noted.

60. PROPOSED MERGER OF LIVERPOOL, SOUTHPORT AND FORMBY, AND SOUTH SEFTON CLINICAL COMMISSIONING GROUPS

The Committee considered two briefings prepared by the Clinical Commissioning Groups for Liverpool, Southport and Formby and South Sefton.

The first briefing paper set out the background to the proposed merger of Liverpool, Southport and Formby, and South Sefton Clinical Commissioning Groups (CCGs); the case for change; the way forward; the establishment of a Joint Committee across the three CCGs for the period to April 2018; timescales for establishing the Joint Committee; merging the CCGs and steps required; joint working with local authorities; public engagement; practice member engagement; challenges and risks ahead; together with next steps and timescales. A discussion paper to explore future working arrangements across Liverpool, South Sefton, and Southport and Formby CCGs was attached to the briefing paper.

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The second briefing paper set out a briefing for partners; explaining why the merger was happening; how the CCGs would work towards a merger; together with next steps and timescales.

Fiona Taylor, Chief Officer for NHS South Sefton CCG and NHS Southport and Formby CCG; Dr. Andy Mimmagh, Chair of NHS South Sefton CCG; and Dr. Rob Caudwell, Chair of NHS Southport and Formby CCG, were present from the CCGs to present the briefing papers and respond to questions put by Members of the Committee on the proposed merger.

Members of the Committee expressed some concerns regarding how the proposals would operate in practice, particularly regarding issues of accountability and given that efficiency savings were required by NHS bodies.

Mrs. Taylor indicated that the proposals would be discussed at the forthcoming Governing Body meetings for each of the Sefton CCGs. In the event that the Governing Bodies approved the proposals, a process would be followed, including a formal request to the Council for views. Healthwatch would also be invited to share views. Whilst the CCGs affected were seeking to avoid duplication and be as cost effective as possible in future operations, maintaining aspects of each CCG, including culture and ethos, was also considered important.

Members of the Committee referred to Appendix 4a of the first briefing paper and expressed some concerns regarding the results of the options appraised by each Governing Body, particularly given that "Better Health" tended to achieve lower scores. Mrs. Taylor explained that the criteria for assessing the options were set out within the briefing paper.

A Committee Member asked about the possibility of the merger of the two Sefton CCGs as a way forward. Mrs. Taylor indicated that that possibility had been ruled out as an option due to the size of the North Mersey footprint and commissioning capacities required in the future, against the background of current deficits in budgets. A bigger commissioning organisation could deliver services, such as dermatology, more collectively which would result in maintaining service delivery at lower costs. Stroke Services was another area under consideration where a better deal for the population could be achieved.

The Chair considered that the matter could be considered further at a Special Meeting of the Committee, at some point in the future.

RESOLVED:

That the briefing papers, together with information on the proposed merger of the Liverpool, Southport and Formby, and South Sefton Clinical Commissioning Groups be noted.

61. CARE AT THE CHEMIST SCHEME

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) advised the Committee that the financial allocation for the “Care at the Chemist” scheme had been halved for this financial year. The CCGs were in the process of advising pharmacists about the changes and some had indicated that they were still happy to participate with 50% of previous funding. Mrs. Taylor considered that Members of the Committee could receive queries from residents through their surgeries regarding the matter.

RESOLVED:

That the information regarding the “Care at the Chemist” scheme be noted.

62. NHS HOSPITAL TRUSTS - ISSUES ARISING

Further to Minute No. 51 of 28 February 2017, a Committee Member referred to the difficulties encountered regarding regular car parking at Aintree University Hospital NHS Foundation Trust. The Council’s representative on the Council of Governors, the Cabinet Member – Adult Social Care, had undertaken to raise the matter with the Trust.

Further to Minute No. 48 and the issue of different uniforms worn by different members of staff within hospital environments and the confusion this could cause, a suggestion had been made to exhibit a photograph of the different types on every ward/department explaining the roles of varying staff. The Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG) reported that the matter had now been raised with NHS Hospital Trusts.

RESOLVED:

That the progress regarding issues arising, related to NHS Hospital Trusts, be noted.