



**JOINT MEETING OF OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE AND HEALTH) AND
OVERVIEW AND SCRUTINY COMMITTEE
(CHILDREN'S SERVICES AND SAFEGUARDING)**

**MEETING HELD AT THE TOWN HALL, BOOTLE
ON THURSDAY 12TH OCTOBER, 2017**

PRESENT (From the Overview and Scrutiny Committee (Adult Social Care and Health):
Councillor Page (in the Chair)
Councillors Carr, Linda Cluskey, Dams, Jones, Owens, Roche (Substitute Member for Councillor Burns) Lynne Thompson and Marianne Welsh
Mr. Brian Clark, Healthwatch Representative

PRESENT (From the Overview and Scrutiny Committee (Children's Services and Safeguarding):
Councillor Bennett, Hands, Keith, Murphy, Brenda O'Brien, Pitt, Spencer and Thomas (Substitute Member for Councillor Carragher)
Mrs. C. Palmer, Parent Governor Representative.

ALSO PRESENT: Councillor Moncur, Cabinet Member – Health and Wellbeing
Councillor Michael O'Brien
4 members of the public

1. ELECTION OF CHAIR

RESOLVED:

That Councillor Page be elected Chair for the Joint Meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) and the Overview and Scrutiny Committee (Children's Services and Safeguarding).

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following:-

Councillors Bradshaw, Burns, Carragher, McGuire and her Substitute Dodd, Webster and her Substitute Brennan;

Co-opted Members Father Des Seddon, and Stuart Harrison, Education Added Members; Libby Kitt and Roger Hutchings, Healthwatch Representatives; and

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Cabinet Members Councillor Cummins, Cabinet Member – Adult Social Care and Councillor. John Joseph Kelly, Cabinet Member – Children, Schools and Safeguarding.

3. DECLARATIONS OF INTEREST

The following declarations of personal interest were received:-

| <u>Member</u> | <u>Minute No.</u> | <u>Reason</u> | <u>Action</u> |
|--|--|--|---|
| Councillor Linda Cluskey | 4A – Update on Review of Services Provided by Liverpool Women’s Hospital and 4B - Review of Services Provided by Liverpool Women's Hospital - Issue of Substantial Reconfiguration | Personal – she is the Council’s representative on the Council of Governors at Liverpool Women’s NHS Foundation Trust | Stayed in the room, took part in the consideration of the item and voted thereon; |
| Mrs. C. Palmer, Parent Governor Representative | 4A – Update on Review of Services Provided by Liverpool Women’s Hospital and 4B - Review of Services Provided by Liverpool Women's Hospital - Issue of Substantial Reconfiguration | Personal – she is a Fitness to Practice Chair for the Medical Practitioners Tribunal Service | Stayed in the room, took part in the consideration of the item and voted thereon. |

4A. Update on Review of Services Provided by Liverpool Women's Hospital

Further to Minute No. 47 of the meeting of the Overview and Scrutiny Committee (Adult Social Care and Health) of 28 February 2017, the Committee considered the report submitted by the Healthy Liverpool Programme on progress in the review of services provided by Liverpool Women's Hospital (LWH), including new clinical evidence that the report considered to support the proposal, and the milestones and timescales for formal public consultation.

The report set out the context of the review of women's and neonatal services provided by LWH; the clinical case; the financial case; next steps in the process; and the public consultation framework.

Key milestones to date of the review of services were set out at Appendix 1 to the report.

A review undertaken by the Northern England Clinical Senate in May – June 2017 on services provided by the Liverpool Women's Hospital was set out at Appendix 2 to the report and this set out the background; methodology; key issues and views expressed during the review; analysis and discussion; together with conclusions and recommendations.

At present Liverpool Women's Hospital is one of just two stand-alone specialist Trusts in the country, providing care exclusively to women and babies. The case for change was that LWH was at increasing risk of not being able to provide critical care to women, the transfer of women requiring such care to another hospital being a high risk clinical activity in itself.

Four options had been developed for public consultation, as follows:-

1. Develop and enhance LWH's current Crown Street site;
2. Provide minimal upgrades to LWH's current Crown Street site to enable safer care and minimise emergency transfers;
3. Relocate all services to the Alder Hey Children's Hospital site (new build);
4. Relocate all services to the new Royal Liverpool Hospital site (new build) (the preferred option).

The preferred option from a clinical perspective was option 4, relocation to the new Royal Liverpool Hospital site, as clinicians considered this was the only option that would provide acute obstetrics and gynaecology services with direct access to the full range of acute services and associated facilities required to care for acutely deteriorating and critically ill women.

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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 Women's and Neonatal Services in Liverpool that outlined the following:-

Purpose:

- For the Sefton OSC to determine whether the proposal represents a substantial variation of service;
- For commissioners to provide an update on new clinical evidence which has informed a single option to be proposed;
- To represent impact of the proposal for the Sefton population; and
- To update on next steps in the process.

The Journey:

- Review objective is to propose a solution to deliver clinically & financially sustainable safe services, maximising patient outcomes and experience; and
- Milestones to date.

Impact for Sefton Residents

- Liverpool Women's hospital treated 83,219 patients in 2016/17 (episodes of care per speciality);
- 80% of activity was delivered for the population of North Mersey (Liverpool, Knowsley and South Sefton);
- South Sefton residents represented 14% of all activity delivered by Liverpool Women's;
- Southport and Formby residents represent 2% of all activity delivered by Liverpool Women's; and
- Remaining 20% of activity outside North Mersey represents mainly tertiary services provided to women and babies from across Merseyside, Cheshire, the North West and in some cases nationally.

Activity for North Mersey Population per Clinical commissioning Group, in terms of the following:

- Ophthalmology;
- Genetics;
- Neonates;
- Well babies;
- Maternity;
- Gynaecology;
- Gynae Oncology;
- Physiotherapy;
- Perinatal Psychiatry;

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- Radiology; and
- Allied Health Professional.

Options Development:

In January 2017, the draft Pre-Consultation Business Case (PCBC) set out four potential solutions:

1. Relocate women's and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital (the preferred option);
2. Relocate women's and neonatal services to a new hospital building on the same site as Alder Hey Children's Hospital;
3. Make major improvements to Liverpool Women's Hospital on the current Crown Street site;
4. Make smaller improvements to the current Crown Street site

NHS regulators were asked for independent clinical view and further work on finance.

Independent Clinical Review

- The Northern England Clinical Senate was asked to take an independent view; and
- The panel concluded that there was a strong clinical case for change, and highlighted:
 - Risks presented by isolated position of both Women's and Neonatal services at Liverpool Women's Hospital (LWH);
 - Recruitment and resilience of anaesthetic services is a risk;
 - Change is needed to ensure safety, quality and clinical sustainability. Aspects that need to be addressed include the provision of CT/MRI facilities, blood bank and intensive care; and
 - Moving alongside the Royal Liverpool Hospital would ensure these critical services are available for women.

Independent Clinical Review (Continued):

- In summary, the panel:
 - Agreed with the validity of the case for change and proposals;
 - Considered the relocation of services to a new hospital on the Royal site to be the most appropriate and sustainable of four options;
 - Considered that preferred option supports the strategic intent and policy direction of women's services nationally and women's and children's services locally; and
 - Did not consider the current "workarounds" and inherent clinical risks to be sustainable.

Finance:

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- NHS England and NHS Improvement requested further work on the financial and economic case;
- This included further details about potential sources of capital and evidence regarding affordability and value for money;
- A number of financing solutions were explored for the preferred way forward;
- LWH's analysis indicates that all available financing options would be affordable to the Trust; and
- The public consultation will set out the potential solutions for capital funding.

The Proposal:

- Conclusions of the independent Clinical Senate review have informed the view that there is only one clinically viable option to consult on: to propose that services would be delivered from a new hospital on the Royal Liverpool Hospital campus;
- The consultation will present detailed information about the option and the other original shortlisted options, in order for people to have sufficient information to judge whether they support the proposal, to raise issues or concerns and to enable people to suggest alternative options, which will be given genuine consideration; and
- Commissioners consider the proposal to represent a substantial variation of service; option proposes all services are delivered from a new hospital co-located with adult acute services on the Royal Liverpool Hospital campus.

Next Steps:

- Planning now underway for formal public consultation, subject to final approval from NHS England
- Consultation could start as early as November, but more probably in January 2018; and
- Commissioners would wish to invite OSCs to comment on the consultation plan and materials prior to formal public consultation.

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

- What services do LWH provide currently?
Services included obstetrics, gynaecology; neonatal care, genetics;
- The preferred option was for a new build, which could be seen as an "add-on" at the Royal Liverpool Hospital site. Would it be the same size as the current site at Crown Street?
The new Clatterbridge facility was not an "annexe" to the Royal. Concerns from the public were anticipated and there was a need to undertake a good public consultation.

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- The report referred to “the isolated position” of LWH and the preferred option being “a compromise for neonatal services”. Co-location was the direction of travel within the NHS and Birmingham Women’s Hospital was to merge with children’s facilities. It was necessary to consider service improvements for both women and neonatal provision.
- Is there a move to promote more home births?
The review was about the future of services and securing those services. People should be allowed to make informed choices and home birth, as an option, would be promoted, if appropriate.
- Why had “external views/opinions” been taken into account?
A pre-consultation had been carried out in order to obtain a range of opinions, as all views and opinions were valid.
- Reference had been made to standards not being suitable for the future. How could standards be breached in the future and how could such breaches be avoided?
The NHS had to strive for the best possible standards. Certain techniques, such as blood transfusions, could be fragile, and there was a need for all clinical teams and facilities to be all on one site.
- Reference was made within the report to “national data supports poorer outcomes in neonates that undergo transfer”. Issues for babies who potentially required transfer to Alder Hey Hospital also had to be considered.
Co-location would reduce the number of transfers required as the same infrastructure would be available at the Royal Liverpool Hospital. Requests would also be made for some facilities currently at Alder Hey to move to any new facility. If the co-location proposal went ahead, certain challenges would still remain.
- Co-location had been carried out for some time and buildings did not necessarily make people better. What revenue would be raised from the Crown street site?
The Crown Street site could not be sold to raise money for a new facility and was only worth £5m. That facility should be retained for community use.
- Would staffing levels be maintained?
Some non-patient-facing areas may decrease.
- Parking at the Royal Liverpool Hospital site was a problem.
Parking was an important national issue and provided income across the NHS. Work would be undertaken with public transport networks.

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- As clinicians had said that safety was the most important aspect of the matter, was there a choice?
Clinicians felt there was not another viable choice as every part of the system had to strive to achieve the gold standard in care. However, it would be necessary to convince the public.
- The report referred to very good neonatal services at LWH “in spite of cramped conditions”. Concerns were held that a new facility would be an “add-on” and compromise. Would any changes represent an improvement for women, as the loss of any beds would be concerning.
If the decision was made to move to a new build it would be of the highest specification and would accommodate single rooms. Any decision would not be based on smaller bed space.
- The finance to be spent on a new build at the Royal Liverpool Hospital could be spent improving the current LWH and Alder Hey Hospital sites.
If services were moved it was because clinicians wished to improve them as this was about seeking the best clinical outcome to improve services. Currently, LWH did not have respiratory services and other high level clinical teams on site.
- Parking presented particular difficulties for women in labour. Drop-off zones, etc. would be available.
- How often did problems requiring specialists occur?
Unexpected occurrences were common place and presented risks every day that were unacceptable. Anaesthetists, etc. were not always on site.
- The report contradicted itself as it referred to the fact that it was “against national directive that neonates should be co-located with surgery and other paediatric specialities. Where was the cost analysis, the drawings for plans, etc.?
The question being posed was “does this represent the potential for change?” Structural change at the current Crown Street site would not produce sufficient improvement and there was a need to justify services and improvements with regulators. The proposals were financially viable and if drawings, etc. were developed, accusations would be made of pre-empting decisions.
- The additional specialists required would have to be found from somewhere.
Specialists were already in place at the Royal Liverpool Hospital site. When a woman at LWH had a problem she would be seen, eventually, which was almost denying her the care she required.

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The next generation of doctors were saying that women should not be disadvantaged because of location.

- Not so long ago experts were promoting LWH. What had changed? Sometimes it was necessary to travel further in order to access the best possible care, as over time, clinical practices advanced with greater understanding. For example, patients suffering major trauma from across Cheshire and Merseyside were now taken to the major trauma unit at Aintree Hospital which was the second best in the country in terms of outcomes.
- Reference was made within the report to two wards closing. How could the Joint Committee be convinced that changes were not due to services being phased out?
The proposals for change were not about reducing services, although office based work on gynaecology was moving out of LWH which was creating additional space.
- Were services safe now?
Services were safe now but they had not been “future proofed” when LWH was originally built, and it was difficult to state with certainty that services would be safe in 5 or 10 years’ time.
- Reference had been made to the clinical transfer of women due to complications. In 20 years’ time would we be considering the transfers of neonatal cases too?
Until adult and children’ care was on the same site, additional transfers for neonatal cases within Cheshire and Merseyside would continue to be a challenge.
- Reference was made to Birmingham Women’s Hospital, the other stand-alone specialist Trust that was also considering change, together with reference within the report indicating that there were more and more complex cases. Surely LWH had a duty to implement change before something went seriously wrong.
Current standards were very good and clinicians were managing the risks every day but the Trust had a duty to improve continuously.
- Front line staff were not supportive of the preferred option and would rather see investment in the current site.
The preferred option was not just preferred by the management team but also by clinicians.

The Chair expressed concerns regarding the pre-consultation that had taken place, particularly regarding the lack of events held within the Sefton area, until Healthwatch Sefton had become involved and initiated events.

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Discussion took place on the proposal(s) for change that would be taken forward for public consultation. Members expressed concerns regarding the lack of clarity surrounding the nature of the public consultation that was to take place and whether consultation would take place on all four options or on the preferred option only, in the event that they agreed a substantial variation of service.

RESOLVED:

That the Committee:-

- (1) notes the new clinical evidence to support the proposal; and
- (2) notes the next steps and milestones towards a formal public consultation.
- (3) determines whether the proposals for change represent a substantial variation of service, as set out under Minute No. 4B below.

4B. Review of Services Provided by Liverpool Women's Hospital – Issue of Substantial Reconfiguration

Further to Minute No. 4A above, the Joint Committee considered the report of the Head of Regulation and Compliance regarding the review of services provided by Liverpool Women's Hospital 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 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.

Discussion took place on the proposals for change that would be taken forward for public consultation. Members expressed concerns regarding the lack of clarity surrounding the nature of the public consultation that was to take place and whether consultation would take place on all four options or on the preferred option only, in the event that they agreed a substantial variation of service.

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A show of hands indicated there was agreement by those Members present that the proposals submitted by the Healthy Liverpool Programme, as outlined under Minute No. 4A above, did constitute a substantial variation in terms of the services provided by Liverpool Women's Hospital, by 11 votes to 1 with 5 abstentions.

RESOLVED: That

- (1) this Joint Committee considers that the proposals submitted by the Healthy Liverpool Programme constitute a substantial variation in terms of the services provided by Liverpool Women's Hospital, and the Council be requested to endorse this decision and confirm membership on the Joint Health Scrutiny Committee to be established to review the matter; and
- (2) in accordance with Rule 95 of the Council and Committee Procedure Rules of the Constitution, Councillor Spencer requested her abstention to be recorded, on the grounds that she was not clear on the proposals for change that she was being requested to vote on.