



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

**MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 27TH FEBRUARY, 2018**

- PRESENT:** Councillor Page (in the Chair)
Councillor Marianne Welsh (Vice-Chair)
Councillors Burns, Carr, Linda Cluskey, Pugh and
Lynne Thompson
- ALSO PRESENT:** Mr. B. Clark, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social
Care
Councillor Moncur, Cabinet Member – Health and
Wellbeing
Councillor Bill Welsh

40. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor McGuire and her Substitute Councillor Dodd, Councillor Owens and his Substitute Councillor Friel, and Roger Hutchings, Co-opted Member, Healthwatch.

41. DECLARATIONS OF INTEREST

The following declaration of personal interest was received:-

<u>Member</u>	<u>Minute No.</u>	<u>Reason</u>	<u>Action</u>
Councillor Carr	44 – Aintree University NHS Foundation Trust	Personal – his wife is employed by Aintree University NHS Foundation Trust	Stayed in the room, took part in the consideration of the item and voted thereon.

42. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 9 January 2018, be confirmed as a correct record.

43. MATTERS ARISING FROM THE MINUTES - SEFTON CLINICAL COMMISSIONING GROUPS - UPDATE REPORT / CABINET MEMBER REPORTS - SEASONAL FLU CAMPAIGN

Members of the Committee raised the following issues, in relation to the Seasonal Flu Campaign:-

- Was the flu vaccination programme offered in nursing/care homes? The Council's Public Health function took the lead on the flu vaccination programme. Residents of nursing/care homes were considered to be an "at risk" group and the vaccination was offered to both residents and staff within homes. Individual instances of the vaccination not being offered within homes could be reported to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.
- Anecdotal reports suggested that the flu vaccine only lasted three months. The flu vaccination lasted about twelve months, although it was not always 100% effective. Consideration could be given to emphasising the duration of the vaccine during next year's campaign.

RESOLVED: That

- (1) the information provided in relation to the Seasonal Flu Campaign be noted; and
- (2) Members of the Committee be requested to report any instances of the flu vaccination not being offered within residential and care homes to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

44. AINTREE UNIVERSITY NHS FOUNDATION TRUST

Mr. Steve Warburton, Chief Executive, Dr. Tristan Cope, Medical Director, and Mr. Fin McNicol, Director of Communications, Aintree University Hospital NHS Foundation Trust, were in attendance at the meeting to report on recent developments at the Trust. Apologies were received from Ms. Dianne Brown, Chief Nurse.

Update on Merger Proposals

Mr. Warburton reported on merger proposals between Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The two Trusts were working with NHSI

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(NHS Improvement) and other regulators in order to produce compliance work, including the development of the Full Business Case. In due course, a Patient Benefit Case would be submitted to the Competition and Markets Authority, the Government agency that reviewed mergers, which could potentially restrict competition. The aim was to have the merger in place by 1 April 2019, although the collapse of the construction services company, Carillion, had not been foreseen and was an added complication. A lot of work would be required ahead of the merger, including the provision of a new electronic patient system to be put in place.

Dr. Cope emphasised that the merger process had been clinically-led and merger was considered to be the most effective way of developing single services and benefitting patients. Quality was an important factor in how services would be led across the Liverpool city area.

A Member of the Committee raised the following issue:-

- What liabilities had the merger proposals produced?
Although the collapse of the construction services company, Carillion, had not been foreseen, the NHS was protected from liability. The two Trusts concerned considered they would be better placed to deal with clinical services as one organisation.

Winter Pressures

Mr. Warburton reported on winter pressures at the Trust and the significant challenges due to large increases in patients being admitted. It was considered that the Trust had coped slightly better this winter than the previous winter, due to a large number of additional beds being opened and increased numbers of junior doctors joining the Trust. Pressures remained largely around staffing numbers and nurses in particular.

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

- What was the current number of vacancies at the Trust?
There were currently a total of about 1500 nurses required at the Trust. There had been about 95 vacancies for nurses in October with about 40 or so due to commence shortly. There was currently a shortfall of about 25 nurses.
There were both national and local shortages in some areas of consultancy with vacancies in both acute medicine and elderly care at the Trust.
- A&E waiting times. Reference was made to waiting times and the need for paramedics to wait with patients until they were admitted to hospital, preventing paramedics from attending other incidents.
The average ambulance turnaround at the Trust was 18 minutes, although winter pressures had produced increased demand for ambulances in general across the NHS. Some patients from the Ormskirk and Aughton areas were being diverted to the Trust to

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reduce pressure at Southport and Ormskirk Hospital NHS Trust. Elective work at the Trust had been cancelled during the first two weeks in January in order to support A&E services. No one wanted to see patients waiting in corridors and paramedic teams were now “doubling up” in order to care for two patients while they waited at A&E and allow some paramedic teams to respond to further incidents.

- Morale was low amongst staff, particularly amongst nursing staff, largely due to pressures at the Trust, and retention of staff should be of primary concern.
The Trust was the major trauma centre for Cheshire and Merseyside which created particular pressures and the Trust served a particularly high older population, many of which had additional needs, such as dementia. Competition was also high due to a large number of other Hospital Trusts within the area. The Trust did have some reliance on agency and bank nurses, although there was acknowledgement that staff had to be valued as they were the Trust’s most valuable resource and work was underway with NHS Improvement regarding retention. Caring staff had been recognised as one of the Trust’s best assets in the recent CQC inspection.
- Staff should be encouraged to suggest improvements at the Trust. Any good suggestions from staff regarding improvements and greater efficiency were welcomed and the Trust operated a “Dragon’s Den” scheme in order to encourage good ideas.
- Regarding social care and the discharge of vulnerable patients, how was joint work between the Trust and the Council performing?
Social care services were good and the longest waits for discharge of vulnerable patients had reduced, although challenges remained due to large numbers of patients waiting to access community services, placing pressure on those services.

Care Quality Commission (CQC) Inspection Report

The CQC had published its latest inspection report on Aintree University Hospital NHS Foundation Trust on 19 February 2018, the overall rating for the Trust being “Requires Improvement”.

Dr Tristan Cope, Medical Director, gave a presentation in relation to the Trust’s recent CQC inspection. The presentation outlined the following:-

Introduction

- The Trust was disappointed with the “Requires Improvement” rating but there were a lot of positives to report;
- The issues for improvement raised were fully accepted and the report enabled the Trust to focus on these areas;
- The CQC found the Trust had very caring staff, who were working in a very challenging NHS environment including high demand, high levels of patient acuity and national staffing pressures; and

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- The CQC praised the Trust's openness and honesty, and its responsiveness in addressing immediate issues which had been raised.

Service Level Ratings for the following:-

- Medical care (including older people's care);
- Urgent and Emergency Services (A&E);
- Surgery;
- Intensive/critical care;
- End of life care; and
- Outpatients.

Positive findings:-

- Caring staff in all areas, treating patients with compassion, dignity and respect;
- Surgery rated as Good in all areas;
- Outstanding practice in pharmacy; and
- All patients and carers said staff did everything they could to support them and more.

What our patients had to say - positive messages

Other positive findings:-

- The Trust had a clear structure for overseeing performance, quality and risk;
- Staff were very friendly and approachable and their feedback was open, honest and very forthcoming;
- Palliative and end of life care was provided by dedicated, caring and compassionate staff. It was planned and delivered in a way that took account of people's wishes; and
- Complaints and concerns were responded to in a timely and appropriate way.

Key Areas of Improvement – issues and action being taken to address:-

- Safeguarding processes needed to improve - Investing in a safeguarding team and providing additional safeguarding training;
- Governance processes could be inconsistent - In order to provide care at a consistently good standard, the Trust needed to develop a consistent approach;
- Staffing - Recruitment and retention activity continuing, with support from NHSI; and
- Medicines Management - Strengthening ward-based pharmacy team to further improve practice in medicines management.

In summary:-

"The staff have done you proud" – quote from Nick Smith, CQC Head of Hospital Inspection.

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

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- The number of smokers outside the main entrance to Trust premises comprised of patients, visitors and staff. Smokers were constantly “moved on” from the entrance, although this remained an on-going issue.
- The Care Act had put adult safeguarding on a par with that of children and this presented a challenge, with work on-going across the City Region.

RESOLVED: That

- (1) the representatives of Aintree University Hospital NHS Foundation Trust be thanked for attending the meeting of the Committee; and
- (2) the information provided be received.

45. 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:-

- Governing body changes;
- Cancer care improvements praised by Health Secretary;
- Good rating for CCGs’ diabetes performance;
- Think “pharmacy first”;
- Update on children’s community audiology service for Southport and Formby; and
- Next governing body meetings.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, was present from the CCGs to present the update report to the Committee and respond to questions put by Members of the Committee.

Mrs. Taylor referred to the financial allocations made to each CCG for 2018/19 from NHS England and indicated that this could be considered as an agenda item for the next meeting of the Committee, as she could provide an overview of what this would mean in terms of hospital and community NHS services provision for local populations.

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

- An update on the procurement process for Freshfield GP Surgery

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and Hightown Village GP Surgery.

The procurement process had now been completed and letters had gone out informing stakeholders of the outcome, with a bid received to run the Freshfield Surgery that would be implemented. However, a new Provider had not been found for the Hightown Surgery and the interim Provider had been requested to continue for the time being.

The Council's Health and Wellbeing Board had raised the matter with NHS England and it was acknowledged that securing reliable Providers for service provision of GP surgeries was an on-going issue.

- Issues had arisen for Sefton residents who were registered with GPs based within neighbouring CCG areas, as they were not able to access local South Sefton community health services. Rather, they were directed to services within the area of the CCG concerned.

Funding provision for services followed the registered population. Individual instances of the above occurrence could be reported to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

RESOLVED: That

- (1) the joint update report submitted by the Clinical Commissioning Groups be received;
- (2) the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to provide details of the financial allocations made to NHS South Sefton Clinical Commissioning Group and the NHS Southport and Formby Clinical Commissioning Group (CCG) for 2018/19 from NHS England, for inclusion as an agenda item for the next meeting of the Committee to be held on 26 June 2018; and
- (3) Members of the Committee be requested to report any instances of Sefton residents registered with GPs based within neighbouring CCG areas being unable to access local South Sefton community health services, to the Senior Democratic Services Officer who would request the Chief Officer for NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG to look into the matter.

46. SEFTON CLINICAL COMMISSIONING GROUPS - HEALTH PROVIDER PERFORMANCE DASHBOARD

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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 and the Friends and Family Test for both Southport and Ormskirk Hospital NHS Trust and Aintree University Hospital NHS Foundation Trust.

Fiona Taylor, Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), was in attendance to present the data and highlight key aspects of performance.

RESOLVED:

That the information on Health Provider Performance be noted.

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

- Regional Visit by Government - in relation to the Better Care Fund and Sefton's integration agenda;
- ICRAS (Intermediate Care and Re-ablement At Home) Progress;
- One Pathway - integrated health and local authority team across both community and bed base services;
- Budget, including:
 - Adult Social Care;
 - Employees;
 - Specialist Transport; and
- Proposed Fees and Charges 2018/19.

Councillor Cummins, Cabinet Member – Adult Social Care, was in attendance at the meeting to present his Update Report and highlight particular aspects of it. He also reported that the Council had purchased a residential care home from a housing association and it was being run by Sefton New Directions.

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

- Well Sefton Programme – funding for community projects;
- Living Well Sefton – extension of service;
- Health checks – universal / targeted approach;

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- Seasonal Flu Campaign – staff take-up;
- Drink Less Enjoy More Campaign
- Liver Disease – Policy interventions, including:
 - Alcohol;
 - Obesity; and
 - Hepatitis C community treatment clinics.

Councillor Moncur, Cabinet Member – Health and Wellbeing, was in attendance at the meeting to present his Update Report and highlight particular aspects of it.

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

- Liver Disease - Hepatitis C - What is the national average for prevalence of Hepatitis C?
Information would be sought from the Director of Public Health.
- Liver Disease – Obesity - What is the national average for the percentage of people who are overweight?
Information would be sought from the Director of Public Health.
Sefton had signed up to the Local Authority Declaration on Healthy Weight, to support local government to exercise responsibility in developing and implementing policies which promote healthy weight and work was on-going.

RESOLVED: That

- (1) the update reports from the Cabinet Member – Adult Social Care, and the Cabinet Member – Health and Wellbeing be noted; and
- (2) the Senior Democratic Services Officer be authorised to seek additional information from the Director of Public Health in relation to liver disease.

48. WORK PROGRAMME KEY DECISION FORWARD PLAN

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 2017/18; identification of any items for pre-scrutiny by the Committee from the Key Decision Forward Plan; and updating the Committee on the work of the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services), particularly on the public feedback consultation.

A Work Programme for 2017/18 was set out at Appendix A to the report, to be considered, along with any additional items to be included and agreed.

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

The report also outlined work undertaken by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services) and provided a link to the public consultation report. A further meeting of the Joint Committee was anticipated to be convened during May/June 2018 to consider the final proposals, taking into account the consultation findings.

RESOLVED: That

- (1) the Work Programme for 2017/18, as set out in Appendix A to the report, be noted;
- (2) the following additional item be added to the Committee's Work Programme for 2018/19, to be included on the agenda for the next meeting on 26 June 2018, as outlined in Minute No. 45 (2) above:-

the Chief Officer for NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group, be requested to provide details of the financial allocations made to NHS South Sefton Clinical Commissioning Group and the NHS Southport and Formby Clinical Commissioning Group (CCG) for 2018/19 from NHS England;

- (3) the contents of the Key Decision Forward Plan for the period 1 March - 30 June 2018, be noted; and
- (4) the progress to date by the Joint Health Scrutiny Committee for Cheshire and Merseyside (Orthopaedic Services), be noted.