



OVERVIEW AND SCRUTINY COMMITTEE
(ADULT SOCIAL CARE AND HEALTH)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 15TH OCTOBER, 2019

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

ALSO PRESENT: Mr. B. Clark, Healthwatch
Mr. R. Hutchings, Healthwatch
Councillor Cummins, Cabinet Member – Adult Social
Care

22. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Howard.

23. INTRODUCTIONS

Introductions took place.

24. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declarations of personal interest were made and the Members concerned remained in the room during the consideration of the item:

| Member | Minute No. | Nature of Interest |
|----------------------|---|---|
| Councillor Carr | Minute No. 26 - Merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospital NHS Trust | His wife is employed by Aintree University Hospital NHS Foundation Trust; |
| Councillor Roscoe | Minute No. 28 - NHS Sefton Five Year Place Plan | She is an Administration and Support Officer for the British Lung Foundation. |

25. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 3 September 2019, be confirmed as a correct record.

26. MERGER OF AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST AND THE ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST

The Committee received a presentation from Steve Warburton, Chief Executive, Liverpool University Hospitals NHS Foundation Trust, on the merger of Aintree, Broadgreen and the Royal Liverpool Hospitals.

The presentation outlined:

- Progress on coming together as Liverpool University Hospitals NHS Foundation Trust:
 - Transaction and Integration Update;
 - Statutory Board posts;
- Phase 1 Integration:
 - Quality Assurance Outcome;
- Engagement Update:
 - The Engagement Process; and
 - Key Findings – Patients, Public and Wider Stakeholders.

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

- Would the new-build Royal Liverpool Hospital be a private hospital with consultants only undertaking private work.
No. Although the new-build Royal would have single rooms, it would belong entirely to the new Trust and there were no moves to privatisation. Private healthcare took place at Spire Liverpool Hospital.
- Clinicians were reportedly unhappy regarding the changes being implemented.
Plans for developments were clinically-led. Every specialist area had put their own proposals forward. Operating theatres had been refurbished and proposals to move facilities associated with trauma care were necessary to accommodate orthopaedic proposals. There had been some issues with scheduling/timetabling for theatres. Care of older patients would be maintained across all three sites.
- There were staffing issues across the North Mersey area, particularly given that bursaries were no longer available to nursing students.

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Staffing was one of the biggest issues for the Trust and a campaign had been launched for recruitment and retention. Financially, the Trust was unable to support bursaries.

- Further to Minute No. 11 (6) of 25 June 2019, the risk of social isolation for older people at the new-build Royal, due to the single rooms, was raised. Could the structure be changed to mitigate this risk?
The new-build had been planned during the mid-2000s. At the time, this had been considered as the preferred option due to factors such as patient dignity, etc. Mitigating the risk of social isolation, particularly for older patients would be a challenge for the Trust. The structure of the new-build could not be changed.
- Parking charges were now being applied to people with disabilities at Aintree Hospital. This was unfair, particularly as it took such individuals longer to get to their required location.
The Trust would prefer not to have to apply car parking charges, but the multi-story car park had been built at Aintree Hospital due to high demand and charges helped to pay for the facility. People with disabilities were treated the same as everyone else.
- Some departments at Aintree Hospital now had self check-in, although a staff member was present.
Most GP practices now had self check-in, although it was necessary to maintain a degree of assistance for some patients.
- Would haematology and oncology be shared across the three sites?
This would eventually be managed by the new Clatterbridge facility and would be delivered by the Royal Hospital.
- Staff parking used to be an issue at Broadgreen Hospital and the local authority had had to introduce a residents' parking scheme. Aintree Hospital had worked with the local authority and part-funded a residents' parking scheme. All the parking spaces at Aintree were owned by the Trust, whereas the Royal Hospital had out-sourced some parking facilities to National Car Parks (NCP).
- Would the old hospital site at the Royal be used for parking once the new-build was completed?
The Trust would work with the local authority as to the best use. It was not intended to sell the land.
- Were staff asked how improvements could be made at the Trust and were their views taken into consideration?
The Trust tried to listen to staff views and implement suggestions, as appropriate.
- Could underground parking be implemented by the Trust?

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Underground parking would be extremely expensive and the Trust was facing severe financial restraints.

RESOLVED:

That the presentation and information provided on the merger of Aintree, Broadgreen and the Royal Liverpool Hospitals be noted and Mr. Warburton be thanked for attending the Committee.

27. REVIEW OF HYPER-ACUTE STROKE SERVICES

The Committee considered the joint briefing paper produced on behalf of the following Clinical Commissioning Groups (CCGs):

- NHS Knowsley CCG;
- NHS Liverpool CCG;
- NHS South Sefton CCG; and
- NHS Southport and Formby CCG.

The briefing paper presented the case for change for a re-design of hyper-acute stroke services across the North Mersey area, proposing the adoption of a new model of care that would transform health outcomes, meet clinical standards and eliminate unwarranted variation for the population.

The briefing paper set out the background to the matter; the context and challenges; the current position in the North Mersey area; the clinical case for change; the review of stroke services; an indicative timeline and milestones; proposed engagement and communications; together with a conclusion.

Dr. Paddy McDonald, a Consultant at Southport and Ormskirk Hospital NHS Trust, attended the meeting to present the briefing paper to the Committee, to highlight aspects of it, and to respond to questions put by Members of the Committee.

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

- Should every person with stroke-like symptoms be seen by a stroke specialist?
Paramedics carried out the FAST triage approach (face, arms, speech, time). Options were currently being explored as to the preferred approach for an acute stroke presentation.
- What would be the radius for any proposed comprehensive stroke centre?
Whilst there were no firm plans at this stage, a comprehensive stroke centre could serve the North Mersey area. For post-acute care, treatment could be available closer to patients' homes.

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- What was the estimated cost for the proposed comprehensive stroke centre?
Costings had yet to take place as work was on-going to determine any clinical models for the future.
- Performance on Transient Ischaemic Attack (TIA) (mini stroke) at Southport and Ormskirk Hospital NHS Trust was not currently meeting the target. This matter had been raised by the Committee previously.
The proposals were likely to assist with TIAs. The Chief Finance Officer and Deputy Chief Officer, South Sefton Clinical Commissioning Group (CCG) Southport and Formby CCG indicated that the TIA performance would be considered, with a view to providing a further update to the next Committee meeting.
- Stroke services at Aintree University Hospital NHS Foundation Trust were praised.
The proposals aimed to improve performance across the North Mersey area.
- Were the proposals clinician-driven?
Yes. A collaborative approach was required, partly due to the workforce issues in the NHS and stroke services in particular.

RESOLVED: That

- (1) the joint briefing paper on the review of hyper-acute stroke services be noted; and
- (2) the Chief Finance Officer and Deputy Chief Officer, South Sefton Clinical Commissioning Group (CCG) Southport and Formby CCG be requested to consider TIA performance at Southport and Formby Hospital NHS Trust, with a view to providing a further update to the next Committee meeting.

28. NHS SEFTON FIVE YEAR PLACE PLAN

The Committee considered the report of the Programme Director, Sefton Health and Social Care Transformation Programme, NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG), indicating that Sefton was currently engaging on the compilation of a draft Five-Year Place Plan for the local NHS. This was in co-operation with all local partners to support the delivery of Sefton's Health and Wellbeing Strategy and contributed towards the five-year plan for the Cheshire and Merseyside Health and Care Partnership. The report set out the background to the matter; the approach undertaken to prepare the draft plan; expected outcomes and foundations; ambitions; priorities; a future view of Sefton; patient expectations and population responsibility; together with the timeline of actions over forthcoming months. The report also set out feedback received to date; key issues and conclusions. A copy of the draft Plan was

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attached to the report. The Committee was invited to make comments on the content of the Plan, as part of the engagement process.

Cameron Ward, Programme Director, Sefton Health and Social Care Transformation Programme, attended the meeting to present the report and draft Plan to the Committee; to highlight aspects of it; and to respond to questions put by Members of the Committee.

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

- Regarding the statements within the draft Plan, setting out responsibilities of Sefton residents, how could these be reconciled to those members of communities who are struggling to cope on a daily basis?
The Plan provided an opportunity to encourage the public to assist themselves and for services to be provided in the right way. Advice could be sought from Healthwatch Sefton and other partners as to how best to deliver such messages.
- The Plan appeared to be aspirational, as it did not contain many measurable targets.
There were some 900 targets within the Long-Term Plan. Progress from the original 2014 Shaping Sefton Strategy could be shared with Committee Members.
- Different Wards had different health issues and chronic obstructive pulmonary disease (COPD) was prevalent in some areas, with little help for sufferers. The air quality was poor in certain parts of the Borough which contributed to the condition.
There were numerous health issues across the Borough and the CCGs had made positive contributions to discussions on air quality.
- The lack of experience of learning to cook and create healthy food by children could be overcome by working with schools.
Engagement with schools remained on-going. The Living Well Sefton initiative had some such initiatives across the Borough.
- The Netherton Feelgood Factory was an example of good practice that could signpost people regarding different issues.
This was part of the Living Well Sefton initiative. Often the public were not aware of locally available facilities.
- Obesity and weight management appeared to be an issue across the Borough. Fast food outlets were a contributory factor.
This was a complex issue affected by a range of issues and Sefton was not unique in this respect. Some planning restrictions could be applied to fast food outlets.

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- A range of different services were available to the public. Were they all delivering as they should be?
The Council and the CCGs adopted an integrated approach and could hold providers to account through the commissioning process. A number of organisations were represented on the Provider Alliance in Sefton.
- How was the competition managed when organisations could be bidding against each other?
A collaborative approach was required to make the best use of resources and skills, and investment in voluntary organisations was encouraged.

RESOLVED:

That progress on the development of the Five-Year Place Plan be noted.

29. PROGRESS UPDATE ON THE DEVELOPMENT OF A NEW JOINT HEALTH AND WELLBEING STRATEGY FOR SEFTON 2020-2025

The Committee considered the report of the Director of Public Health providing an update on the development of a new Joint Health and Wellbeing Strategy for Sefton for 2020 – 2025, that was a legal duty under the Health and Social Care Act 2012. Development of the Strategy was shared by both the local authority and the Clinical Commissioning Groups (CCGs) and was overseen by the Health and Wellbeing Board. The report set out the background to the matter, together with the process and progress of the new Strategy; the policy context; public engagement; the proposed structure and content of the Strategy; areas that could benefit from further development; underlying assumptions and principles; the proposed outline; implementation, governance and oversight; and the next steps to be taken.

Matthew Ashton, Director of Public Health, attended the meeting to present the report to the Committee; to highlight aspects of it; and to respond to questions put by Members of the Committee.

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

- There was a possibility that Brexit could impact on society, resulting in a short period when the public and services could be struggling to cope.
Under such circumstances, the Health and Wellbeing Board would consider impacts and how to mitigate any risks.
- How would the Strategy be sustained beyond 2025?
There was a legal requirement for local authorities to have a Health and Wellbeing Board which would continue in the future and was tasked with driving improvements in the health and wellbeing of the

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local population, together with promoting the reduction of health inequalities.

- Were external factors taken into account?
The surrounding context was constantly changing.
- Regarding the most recent Public Health Annual Report (PHAR) 2018/19 on the issue of air quality in Sefton, how many “hits” had the animated film received and had there been any feedback on it? It had been considered that a short animation was a more engaging method to reach the public. The Director of Public Health would seek information regarding “hits” and feedback on the PHAR and this would be provided to Members of the Committee in due course.

RESOLVED: That

- (1) the continuing development of the new Joint Health and Wellbeing Strategy be supported and promoted; and
- (2) the Director of Public Health be requested to provide information regarding the number of “hits” received by the most recent Public Health Annual Report and whether any feedback had been received, to the Senior Democratic Services Officer for circulation to Members of the Committee.

30. 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:

- Your Views on Shaping Sefton 11;
- Biggest Chats Yet;
- Pharmacy “Hub” Goes Borough-Wide;
- CCGs Prepare Launch of Pilot Stoma Service;
- Speaking Out for Patient Safety;
- New Students Reminded to Register with a GP;
- Search for Patients’ Champion Underway as CCG bids Farewell to Gill; and
- Last Governing Body Meetings of 2019.

Martin McDowell, the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton CCG and NHS Southport and Formby CCG, attended the meeting to present the update report to the Committee and to highlight aspects of it.

RESOLVED:

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

31. 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), providing 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 also included within the data.

Martin McDowell, the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton CCG and NHS Southport and Formby CCG, attended the meeting to present the data to the Committee, to highlight aspects of it, and to respond to questions put by Members of the Committee.

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

- The performance of the cancer 62 day – screening, cumulative year to date at Southport and Ormskirk Hospital, appeared to be low. Was best practice for this area being shared with the Trust? The numbers of patients being seen at Southport and Ormskirk Hospital were lower than at Aintree Hospital. The Chief Finance Officer and Deputy Chief Officer undertook to investigate the types of cancer screening programmes taking place.
- Representatives of Southport and Ormskirk Hospital had previously advised that a different approach for the Friends and Family Test had been procured. Had the new approach been rolled-out yet? Not as yet.

RESOLVED: That

- (1) the information on Health Provider Performance be noted; and
- (2) the Chief Finance Officer and Deputy Chief Officer, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, be requested to investigate the types of cancer screening programmes taking place at Southport and Ormskirk Hospital, if best practice for this area was being shared with the Trust, and advise the Committee of the outcome.

32. STATUTORY GUIDANCE ON OVERVIEW AND SCRUTINY IN LOCAL AND COMBINED AUTHORITIES

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Further to Minute No. 18 of 4 September 2018, the Committee considered the report of the Chief Legal and Democratic Officer on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny.

The report indicated that the Government's Statutory Guidance was comprehensive and was set out within the following chapters:

- Culture;
- Resourcing;
- Selecting Committee Members;
- Power to Access Information;
- Planning Work; and
- Evidence Sessions.

The report drew Members' attention to "Maintaining the interest of full Council in the work of the scrutiny committee" and "Communicating scrutiny's role to the public" where recommendations for change had been made.

The report concluded by detailing the up-to-date position regarding progress being made regarding the recent Local Government Association peer review in relation to Overview and Scrutiny receiving performance reports.

A copy of the Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities published by the Ministry of Housing, Communities and Local Government was attached as an appendix to the report.

Members of the Committee asked questions/commented on the following issues:

- It would be interesting to see how well Sefton is performing compared to the Guidance.

RESOLVED: That

- (1) the statutory guidance and the measures the Council takes in relation to the issues covered in the guidance be noted;
- (2) Overview and Scrutiny Working Group Final Reports and recommendations be submitted to Cabinet and then Council for final approval;
- (3) updates on Liverpool City Region Combined Authority Scrutiny be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting; and

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- (4) each Overview and Scrutiny Working Group consider if it is appropriate to seek the views of the general public on the matter under their consideration.

33. 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 this Committee.

The Cabinet Member Update Report - Adult Social Care, attached to the report at Appendix A, outlined information on the following:

- Strategic Commissioning:
 - Better Care Fund;
 - Single-Handed Care Project – Dignity at Home;
- Residential and Nursing Care Sector:
 - Payments to Care Homes;
 - Care Home Quality and Collaboration;
- Performance Highlights; and
- Financial Update:
 - Revenue.

Councillor Cummins, Cabinet Member – Adult Social Care, attended the meeting to present his Update Report and highlight aspects of it.

The Cabinet Member Update Report – Health and Wellbeing, attached to the report at Appendix B, outlined developments on the following aspects of Public Health:

- Health and Wellbeing Strategy:
 - Background;
 - Progress;
 - Engagement;
 - Next Steps;
- Applied Research Collaboration North West Coast; and
- Health Checks.

RESOLVED:

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

34. 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 the Work Programme for the remainder of the Municipal Year 2019/20; and identifying any items for

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pre-scrutiny scrutiny by the Committee from the Key Decision Forward Plan.

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.

Members of the Committee raised matters on the following issue:

- Further to Minute No. 26 above, a representative of Aintree University Hospital NHS Foundation Trust should be invited to the meeting of the Committee scheduled for 25 February 2020, to enable Members to further scrutinise developments following the merger of the three Hospitals.

There were four 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.

RESOLVED: That

- (1) the Work Programme for 2019/20, as set out in Appendix A to the report, be agreed;
- (2) the following item be included in the Committee's Work Programme for 2019/20:
 - A representative of Aintree University Hospital NHS Foundation Trust be invited to attend the meeting of the Committee scheduled for 25 February 2020, to enable Members to further scrutinise developments following the merger of the three Hospitals concerned; and
- (3) the contents of the Key Decision Forward Plan for the period 1 November – 29 February 2020, be noted.