

Minutes of the Healthy Staffordshire Select Committee Meeting held on 10 June 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Dave Jones
Janet Eagland	David Leytham
Ann Edgeller	Paul Northcott (Vice-Chairman)
Maureen Freeman	Kath Perry
Barbara Hughes	Jeremy Pert
Alan Johnson	Carolyn Trowbridge
Janet Johnson	Ross Ward

Apologies: Richard Ford, Phil Hewitt and Victoria Wilson

PART ONE

1. Declarations of Interest

- a) Councillor Dave Jones declared an interest in item 5, University Hospital North Midlands, as his wife works for the hospital in a clinical capacity and for their Unison branch.
- b) Councillor Kath Perry declared an interest in item 4, the Adult Learning Disability Community Offer 2022, as she was a friend of an organisation supporting people with learning disabilities.

2. Minutes of the last meeting held on 19 March 2019

RESOLVED: That the Minutes of the Meeting held on 19 March 2019 be received as a correct record and signed by the Chairman subject to the following amendments:

- a) Minute 62 - page 3 paragraph 1, post code should be ST17 not SK17.
- b) Minute 62 - page 3 paragraph 4, delete the word not after 'counter intuitive of.
- c) Minute 65 - page 7 final paragraph add the words "due to the link between deafness and dementia" after the words "people healthy"

NOTE BY CLERK: Upon checking SK17 was correct and should remain in the minutes.

3. Adult Learning Disability (ALD) Community Offer 2022

Councillor Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing; Richard Harling, Director of Health and Care; Amy Evans, Commissioning Manager, Learning Disabilities Commissioning Team; and, Cathy Prendergast, Head of

Nursing for Learning Disabilities were present at the meeting to present the report and answer questions.

The Committee considered a report of the Cabinet Member for Health, Care and Wellbeing on the day opportunities for people with learning disabilities and/or autism. The report was due to go to Cabinet on 19 June for consideration and the Select Committee was being asked for comments prior to decision. The Cabinet report was attached to the agenda for members to consider.

The purpose of Staffordshire's Adult Learning Disability Community Offer 2022 Programme was to establish the eligible care and support needs of adults with a learning disability and/or autism and ensure that there are appropriate and sustainable services across the county to meet them.

The programme included considering the future of day opportunities. Engagement had taken place with key stakeholders the outcome of which had now been completed and used to analysis the options. In addition, the paper provided an overview of the remaining Learning Disability Services that are currently provided by the County Council and the externally commissioned respite service, whose contract was due to expire on 31st March 2020.

Reassurance was requested over the quality of services and how this was monitored, particularly since the national light touch regime introduced in 2015. In response, the Committee was informed that whichever method of procurement the local authority chose to use, be it; a single provider; a framework which was a range of providers appointed for a set contract period; or a dynamic purchasing system, where providers are appointed at the outset, and new providers could be appointed during the life of the contract. Whichever method is chosen, the local authority would want a clear set of standard specifications and range of standards to measure performance against.

A Member expressed concern that some of the more rural areas of the County, e.g. Staffordshire Moorlands had a limited number of providers and little transport links between communities. It was acknowledged that it is always likely to be more difficult to find providers to serve a rural areas, however a procurement offered an opportunity for the Council to clearly specify the services required and attract new providers or existing providers into new areas

A question was asked on whether the tightening up of standards and increased monitoring could lead to a reduction in the number of providers prepared to work in rural areas. Again, the challenges of providers operating in rural areas was acknowledge, but it was stressed that it was essential to hold providers to account against an objective set of standards. Transport availability and its costs would be looked at

The funding rate for certain tasks such as personal assistants hadn't increased for a number of years and it was felt that this was putting families under financial pressure. The Committee asked what consultation was taking place with carers. It was explained that they were a vital part of the engagement and redesign of the service. Their needs would also be taken into account.

The report implied that respite would be more difficult to arrange and it was felt by Members that if anything this should improved. It was explained the it was important to balance the needs of individual carers against the need to rebalance the 'weekend heavy' demand for services which made staffing difficult and services potentially unsustainable.

It was felt that staffing in residential care services was also a concern particularly as decisions made by Cabinet in 2017 were still live but not implemented. This created uncertainty over the long term future of certain facilities. It was explained that Cabinet in September would be considering an options appraisal and recommendations which should give some clarity to staff and service users.

A question was asked on future demand predictions and the types of service currently being accessed. It was explained that this information was available and would be include in the September Cabinet report.

A question was asked on the way that funding for carers' short breaks was calculated and offered. It was explained that this was calculated based on need and a reference price. Members felt that carers were critical, and as such the process should not be made more difficult. In response it was explained that there needed to be a clear policy that would be applied so that funding was allocated consistently and fairly, based on assessed eligible needs.

RESOLVED: That the Cabinet Report be noted and the following points be considered for inclusion in the development of the ALD 2022 Community Offer Programme:

- a) In respect of day opportunities purchased from the independent marketplace:
 - i. The Authority needed to develop a clear service specification, inclusive of quality standards, ensuring the delivery of safe, quality services;
 - ii. Further consideration should be given to the availability and provision of services in Staffordshire Moorlands and other rural communities (and supporting transport arrangements);
- b) Clarify needs to be established over what direct payments can purchase in respect of meeting eligible needs (including activities within day opportunities and respite / short breaks)
- c) In respect of all services in the scope of the Programme, consideration of the needs of carers should be of the utmost importance and regard;
- d) In respect of services directly provided by the Local Authority:
 - i. The Local Authority needs to understand both the current and future needs;
 - ii. There needs to be clarity about ambition and outcomes;
 - iii. The Local Authority needs to be clear about its position in the marketplace.

4. University Hospital North Midlands

The Chief Executive of the University Hospital North Midlands (UHNM) Tracy Bullock; Helen Ashley, Deputy Chief Executive and Director of Strategy and Performance; and Jonathan Tringham, Acting Chief Finance Officer attended the meeting.

It was reported that staffing levels and retention of nursing staff was currently 90% which was particularly good for a Hospital Trust. There were work areas where consultants were difficult to recruit, such as care for the elderly, respiratory and A&E, but this was similar throughout the Country. Effort had been made to develop new roles such as advanced nurse practitioners and increasing the number of apprentices, but this did take time to train people to the required levels. The use of agency staff was low as the hospital had a bank of hospital staff who it called on as a first option. A Member asked why Administration and Clerical staff had a relatively high turnover. In response, it was felt that this could be due to promotion or people leaving the area. The Trust had also recently gone through a "Management of Change" exercise which may have created anxiety for some staff.

The Committee asked if hybrid appointments (more than one partner involved) were being considered both at medical and nursing levels. The understanding of both cultures was important. In response, the Trust informed Members that they had explored this and had varying success. Conversations were taking place with the Midlands Partnership Foundation Trust about the rotation of Health Care Assistants and joint Consultant appointments were already in place between UHNM and Mid Cheshire and UHNM and Shrewsbury and Telford.

UHNM was asked if The County Hospital A&E was due to close. In response the Committee was informed that there were workforce challenges but there were no plans to close it. However, the service needed to be safe and sustainable which may mean that the service models needed to change. There were currently concerns over the usage of the Birthing Unit and the Trust was due to launch a campaign to increase the usage. Currently there were only 1 to 3 babies born there per month on average, when there should be 350 per year to remain viable. A Member asked if the number of people who could have used The County but hadn't was available. It was agreed that his information would be forwarded.

With regard to Paediatric provision, the only area discussed recently had been the minor injuries unit. There were continued instances when young children were taken to the Hospital for minor illnesses (not injuries) and had to be referred to a Primary care provider. This model hadn't changed for some time and there were no proposals to change services in the near future.

In relation to the treatment of cancer, the data in the report was considered and discussed. It was reported that the Hospital were looking at pathways so that only those who needed to see a consultant did so, and those people who needed less specialist advise would see less senior members of staff. This may be one area where improvements could be made. Another area was that of Community Services. In one GP practice, there was a pilot running on lung cancer. If this proved to be successful it may be rolled out. As this was such a small cohort there had been little effect on demand at the Hospital.

A Member asked if the delays in Endoscopy was due to staffing or a facilities demand problem. The Committee was informed that there were two pieces of work taking place in that area:

1. A national programme which would see less serious cases attended to by advanced nurse practitioner; and,

2. A discussion with consultants on whether there is any spare capacity or if things could be done differently to increase time.

The Chief Executive reiterated that in terms of detection rates, in her opinion capacity was not the issue, the problem was more to do with late presentation of symptoms.

A Member stated that it would have been really useful to have the range of times taken so that Members knew that if the 62-day target was missed that patients weren't waiting 150 dates for example. A further Member asked for national statistics and for a full 12 months period so that trends could be formed.

In terms of specialisms, a question was asked on whether such cases should be referred to other hospitals which may specialise; and, the impact of any delay can have on the patient.

The Committee was informed that some cancers are very difficult to diagnose, and so can take longer than the target period which explains why the target is not 100%. It was noted that delays can also be down to patient choice. Members were reminded that on every occasion where the 62-day target was breached, a Harm Review was carried out.

A Member asked if some patients were still sent to other areas such as Brompton in London. The Officers present were not able to answer the question but would ensure that the information was sent to the Chairman for consideration. A memorandum of understanding had been entered into with Christies Hospital in Manchester. This was to support workforce issues, to improve research and to enable experience to be shared.

In relation to mortality rates, the Committee was informed that the SHMI was within the expected band and was partly due to an increase in Palliative care coding. This was due to more patients being diagnosed with non cancer related illness. A member asked for the number of delayed discharges on death figures.

With regard to the financial position of the Trust, UHNM plan to breakeven at the end of the 2019/20 financial year. This is an improvement on the 2018/19 deficit of £63m. It was explained that the Trusts Control Total (CT) is to achieve a deficit of £32 million by March 2020 and if achieved the Trust would receive £32 million through the national Provider Sustainability Fund and national Financial Recovery Fund (FRF) which would deliver the breakeven position. The Committee were informed that the central grant funding was available each year whilst the FRF was new this year and only for Trusts in Financial Special Measures or with significant deficits. However, it was noted that each year the CT would be made more challenging to push the Trust to deliver more efficiencies.

Mr Tringham advised that to achieve the £32 million deficit that a cost efficiency programme of £40 million was required. In response to a question on how this would be achieved, Mr Tringham offered the following:

- The position would immediately improve by c£10 million as a result of no fines and penalties due to the agreed contract with commissioners
- £30 million of Trust schemes:
 - Procurement savings

- Pharmacy
- Review of transport
- Productivity e.g. theatres, Outpatients
- Reducing locum and agency spend
- Review of corporate admin and back office functions
- Non elective demand management
- Digitalisation (robotics and automation)

All clinical service areas were being reviewed to ensure that services are sustainable (financial and workforce), high quality, efficient, productive and maximising market share opportunities etc.

The selling of land at County Hospital was raised. The Committee were informed that in response to national directives surplus land at all sites were being looked at with a wide range of options available not just sale and discussions were already well underway with partners and other key stakeholders. Members encouraged the Trust to talk to partners prior to any decision being made and to consider using for medical or social care use. Mrs Bullock advised that such discussions were already underway.

In relation to future service changes, a Member asked if the Trust had considered meal preparation from The County site instead of it being contracted out. In response, this had been considered but was not economical for one site and not practical to deliver for both sites as the facilities were not large enough to produce enough food for the number of patients on both sites. Catering was also part of the PFI contract for Royal Stoke Hospital which would prohibit catering provision by others.

The Chief Executive informed the Committee that there weren't any plans to change services at the moment, however, all service areas would be reviewed with an aim of providing efficient, responsive, safe, sustainable and high quality services and this may result in changes being needed in the future. Where appropriate, consultation would be undertaken, and key stakeholders will be given the opportunity in due course to comment on any potential changes. UHNM would refresh its clinical strategy, the outcomes of which would enable delivery of the 2020/25 vision.

Dementia training was being given to all staff on both sites.

In previous years, Royal Wolverhampton Hospital provided a range of services which they now were not able to provide due to demand. One example was Glaucoma services which may have to return to The County. There may also be a range of other services that could move back once the staff and facilities were in place.

The Committee asked for a list of services which are currently provided at the County Hospital. The Committee was informed that work was taking place with partners, particularly GP's so that services at The County were offered to patients as part of the normal choice list (e.g. for x-rays).

The Committee had raised concerns with UHNM that in a recent Care Quality Commission (CQC) report it had been documented that the hospitals priorities were not aligned with those of the Sustainability and Transformation Partnership (STP) and they asked for assurances that this was not the case. The Committee was informed that as

the Service reviews took place, all partners would be engaged and currently nothing was running contrary to STP priorities.

Mrs Bullock asked for examples to be sent to her of where this was the case. Mrs Bullock advised that the only change that had taken place had been the development of the strategy for County Hospital. This had previously been led by the STP and Chaired by a Council Leader and she felt that little progress had been made over the last 18 months. Mrs Bullock advised that the most appropriate facilitation of the development of the strategy for County Hospital was with UHNM, whilst noting she had advised all stakeholders that this would be done with their inclusion which would include the STP as they had a role to play in overseeing strategic developments across a wider area.

The Committee felt that there needs to be a unified approach with all partners so that there was one direction of travel for the system and that at the moment the best co-ordinator of that seemed to be the STP.

RESOLVED:

That the information provided by UHNM be noted and the following be requested in writing:

- a) The number of people who could have used The County's Birthing Unit but chose to use an alternative provision.
- b) In relation to cancer targets, the range of time for those patients who miss the 62-day target before they are treated; this to include specialisms and whether these cases were referred to other hospitals which specialised in this area; and, the impact of any delay had had on the patient.
- c) National Cancer statistics for a full 12 months period.
- d) Details of patients sent to other geographical areas for specialist cancer services such as Brampton in London.
- e) Delayed discharges on death figures.
- f) A list of services which are currently provided at The County Hospital.

5. District and Borough Health Scrutiny Activity

The Scrutiny and Support Manager presented the report which outlined the activity the Borough and District Councils since the last meeting.

It was reported that the first meeting of the East Staffordshire District Council Health Committee would be considering its work programme. A special meeting to discuss the Virgin care contract and local GP services would be held later in the year.

The next meeting of the Lichfield District Council Health Committee was to be held soon to discuss the work programme.

The Chairman noted that there had been a number of items in the District and Boroughs work programmes concerning the capacity of primary care.

Newcastle Borough Council were considering deprivation, obesity and the effect of school holidays (holiday hunger).

A member explained that there had recently been a presentation to the Health and Wellbeing Board

Staffordshire Moorlands had a new Committee which were currently considering their work programme and had received an update from Healthwatch and on Leek Hospital.

Tamworth Borough Council were considering a number of items which fell under the Safe and Strong Committee remit. The Chairman asked for the Safe and Strong Select Committee Chairman to be informed for information.

RESOLVED: That:

- a) The report be received
- b) The Chairman of the Safe and Strong Select Committee be informed of Tamworth's Work Programme for information.

6. Work Programme

The Scrutiny and Support Manager presented the Committees Work Programme report.

The Committee discussed its remit and different ways of scrutinising providers who were not within the Counties geographical area, such as Royal Wolverhampton Hospital which fell under the Wolverhampton City Councils Scrutiny Committee remit.

The Committee considered the draft work and felt that workforce planning was an important issue as was Mental Health, including Children and Adolescent Mental Health services which was currently due to be considered at Committee in December 2019. It was felt that this was too late and the Committee asked for this to be moved forward in the work programme.

The Committee were reminded that there would be an additional Joint Scrutiny meeting with Stoke on Trent City Council to consider the results of the North Staffordshire CCG consultation.

Members felt that there was sometimes a lack of information from some of the partners and they were not being kept up to date with all service changes that took place.

The Committee was informed that an afternoon meeting on the 15 July 2019 was now proposed to consider the CCG commissioning and quality monitoring and the re-procurement of the Improving Lives Community Services provision (Virgin contract). The Committee asked for the proposed CCG merger to be added to this session as there was concern that there may be a significant change if commissioning intentions.

The Committee were reminded that if there was an issue which was not on the work programme which they felt needed considering they could raise it at any meeting or with the Chairman or Officers.

RESOLVED: That:

- a) The Work Programme be noted
- b) That the Scrutiny and Support Manager write to all the Health partners reminding them of the need to keep the Committee informed of events and service changes.

- c) The 15th July afternoon meeting be added to the work programme to consider the proposed CCG merger: the CCG commissioning and quality monitoring; and, the re-procurement of the Improving Lives Community Services provision.
- d) The an item on Mental Health service provision (adult and CAMHs) be included in the Work Programme.

Chairman