Recommendation

1. That the Committee consider the content of the enclosed report and appendices to determine how to ensure effective Joint Scrutiny of health services.

Report of the Scrutiny and Support Officer

Summary

2. During the municipal year 2016-17, six Joint Health Scrutiny Accountability Sessions took place, one with each of the NHS Trusts in Staffordshire.

3. At the Healthy Staffordshire Select Committee meeting on the 2 December 2016, the Committee agreed that it wished to consider the outcomes of the Sessions and the future arrangements for them.

Background

4. The Health and Social Care Act 2001, as amended by the National Health Service Act 2006 conferred upon, local authorities with social services functions, powers to undertake scrutiny of health matters.

5. The County Council has responsibility for social services functions and therefore the responsibility for the scrutiny of health matters, however for the benefit of the inhabitants of Staffordshire, the County Council and the eight District/Borough Councils in the area have agreed to operate under joint working arrangements.

6. On 11 June 2003, a Code of Joint Working was approved and in December 2014 it was amended in response to the implications of the Francis Report and changes to the structure of Health services nationally and regionally. The Code (see Appendix 1) determines that the Healthy Staffordshire Select Committee may deal with, amongst others, matters pertaining to West Midlands Ambulance Service NHS Trust, the six Staffordshire Clinical Commissioning Groups, North Staffordshire Combined Healthcare NHS Trust, South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Burton Hospitals NHS Foundation Trust, University Hospital of North Midlands NHS Trust and matters relating to any other health body which commissions or provides services to inhabitants of Staffordshire.

7. The scrutiny of local NHS Trusts therefore falls within the agreed remit of the County Council’s Healthy Staffordshire Select Committee, however Joint Health Scrutiny Accountability Sessions have provided an opportunity for both District/Borough Health Scrutiny Members and the Healthy Staffordshire Select Committee to come together to collectively scrutinise health providers in Staffordshire.
Meeting Arrangements

8. For each Joint Health Scrutiny Accountability Session, a set number of District/Borough Health Scrutiny Members (in addition to the eight District/Borough Health Scrutiny Committee Chairmen co-opted onto the Healthy Staffordshire Select Committee) were invited to attend. Numbers of invitees were determined based on the locality of the services provided by each Trust. The number of District/Borough and County Council Members invited to each Session ranged from approximately thirty Councillors to the session with North Staffordshire Combined Healthcare NHS Trust, to over sixty Councillors to the session with University Hospitals North Midlands NHS Foundation Trust.

9. The Sessions have been held in public. People could access the papers ten working days prior to the meeting online, watch the meeting live or afterwards on the webcast or observe the meeting from the rear of the room. Attendees could also ask questions of the Trust during the public questions agenda item and Members were invited to submit written questions to the Trust in advance of the meeting.

10. The Sessions were scheduled to take place at 5pm to make it more convenient for Trust representatives and those who work during the day to attend. Where possible, meetings were scheduled to avoid District/Borough Council meetings.

11. The Sessions this municipal year were held in the Oak Room in County Buildings, Martin Street, Stafford. In previous years to encourage attendance, Accountability Sessions were held at District/Borough Council buildings. (Arranging meetings outside of the County Buildings creates a reliance on the availability of meetings rooms and facilities provided at the District/Borough Council locations and Members potentially having to travel long distances to reach meeting venues.)

12. Each Trust’s Chief Executive was requested to attend a Session to represent their Trust.

Evidence Gathering

13. In advance of each Session each Trust was invited to contribute a Self Assessment report using the template provided (see Appendix 2). This template focusses on quality and performance issues.

14. Links to the Trust Board papers, Care Quality Commission reports and the previous Accountability Session papers were provided in the Scrutiny and Support Manager’s Background Information report which was included in each of the Session’s papers.

15. In addition to the Self Assessment report, each Trust was invited to provide a presentation to accompany their report. Where concerns had been identified at the previous Accountability Session with the Trust or where there were emerging concerns, the Trust was asked to address these issues within their presentation. Each presentation was published following the meeting or circulated beforehand if it expanded significantly on the information provided in the Self Assessment report.

16. To further assist in providing a useful evidence base regarding the quality and performance of services, once the date of the meetings was confirmed, Healthwatch Staffordshire, the relevant local Clinical Commissioning Groups (CCGs), the County
Council’s Director of Health and Care and the Director for Families and Communities, and the Care Quality Commission were all invited to contribute written information. Committee Members were also invited to suggest organisations that Officers could approach who may wish to submit evidence. A targeted call for evidence was issued at the beginning of the municipal year (see Appendix 3).

Outcomes from Joint Health Scrutiny Accountability Sessions

Attendance

17. No more than twenty County Council and District/Borough Members were in attendance at the Health Accountability Sessions this municipal year. This ensured that County Council Members, District/Borough Members, Officers supporting the Healthy Staffordshire Select Committee and Trust representatives could sit comfortably around the Committee table and engage in the discussion as there is a maximum of thirty microphones in the Oak Room, however the number of attendees was sometimes disappointing in relation to the numbers invited. More information is available at Appendix 4.

18. All Chief Executives have taken the opportunity to attend the Accountability Sessions and have invited colleagues to accompany them. Nine representatives from North Staffordshire Combined NHS Trust attended whilst two representatives from West Midlands Ambulance Service NHS Foundation Trust attended.

Information Presented

19. All Trusts used the Self Assessment template to some extent, however some Trusts also included copies of, or links to their Trust Board papers, rather than expanding on points within the report. The Self Assessment Reports ranged from five pages in length (University Hospitals North Midlands NHS Trust) to thirty nine pages (North Staffordshire Combined Healthcare NHS Trust). Where Members had to refer to Trust Board papers these were sometimes found to include unexplained acronyms and lengthy, detailed information.

Wider Engagement

20. Healthwatch Staffordshire have been proactive in providing information for each of the Accountability Sessions (examples at Appendix 5). As the Committee cannot consider personal experiences, nor is it appropriate or manageable for the Committee to take on individual complaints, it was anticipated that by receiving information from Healthwatch Staffordshire there would be the opportunity for the Committee to gain a wider insight into the experiences and views of service users, reasons behind any challenges that the Trust may face and the performance of services.

21. The Care Quality Commission referred Members to the inspection reports on their website and links to these documents were provided.

22. Public questions have been asked at two of the six Accountability Sessions. The existing room layout in the Oak Room meant that representatives from the Trusts were sat with their backs to the public which could be problematic when they were presenting material or trying to respond to public questions.
23. On a number of occasions District/Borough and County Councillor Health Scrutiny Members submitted written questions to the Trust in advance. A deadline for written questions was clearly stated on the meeting agenda to ensure that the Trusts had time to prepare the response in advance of the meeting. Written responses were tabled at the meetings.

Findings

24. Of the six Trusts, four have been rated by the Care Quality Commission as Requiring Improvement overall, South Staffordshire and Shropshire Healthcare NHS Foundation Trust was rated as Good overall and West Midlands Ambulance Service NHS Foundation Trust was yet to receive a rating however reported a good inspection and were hopeful of achieving a positive outcome.

25. Trusts referred to financial challenges however South Staffordshire and Shropshire Healthcare NHS Foundation Trust reported income and expenditure balance, West Midlands Ambulance Service NHS Foundation Trust had achieved its statutory financial duties and had delivered a relatively small surplus, and North Staffordshire Combined NHS Foundation Trust’s financial position at the end of 2015/16 was ahead of plan, with a favourable variance of £0.4m, against income of £78.6m. Burton Hospitals NHS Foundation Trust reported that by the end of October 2016 the Trust had marginally overspent by £169k against its year to date plan and was still forecasting that it would meet its year-end target of a £10 million deficit. Financial risks were highlighted in particular at the sessions with Staffordshire and Stoke on Trent Partnership Trust where the spread of financial risk facing the Trust was between £18.5 million and £23.5 million and University Hospitals North Midlands NHS Trust where by the Trust had placed itself into a financial recovery programme.

Resolved Actions

26. The Resolved Actions from each of the meetings are detailed within Appendix 6. There were no actions resulting from the meeting with South Staffordshire and Shropshire Healthcare NHS Foundation Trust other than a reminder that the Trust should inform the Committee of any future changes to services.

27. The Resolved Actions from each of the Accountability Sessions generally were requesting additional information however there were two pieces of follow up work.

   a) A petition was referred to at the Accountability Session with Staffordshire and Stoke on Trent Partnership Trust on the 24 October 2016, regarding the future provision of community beds at Bradwell Hospital which was a matter of high public interest. It was confirmed at the meeting that the Committee would consider the proposals relating to the hospital in more detail at the 7 November 2016 Healthy Staffordshire Select Committee meeting, when North Staffordshire CCG would be represented. The meeting resulted in a referral to the Secretary of State for Health on the matter.

   b) Due to concerns regarding the performance of University Hospitals North Midlands NHS Foundation Trust, it was agreed that the Trust’s Action Plans including the Business Plan, Financial Recovery Plan and the Accident and Emergency Recovery Plan be presented to the Committee in 2017. It has since been confirmed that the Trust will attend the Healthy Staffordshire Select Committee on the 21 March 2017 to provide more details.
Other opportunities to Scrutinise NHS Trusts

28. There has been scrutiny of NHS Trusts at the main Healthy Staffordshire Select Committee meetings in addition to conversations that have taken place at the Accountability Sessions. Responding to public concerns and/or requests from the Trusts to share information with the Committee, the following meetings have been held.

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Trust</th>
<th>Topic</th>
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<tbody>
<tr>
<td>19 September 2016</td>
<td>University Hospitals North Midlands NHS Foundation Trust</td>
<td>County Hospital – Temporary Closure of the Children's Emergency Department</td>
</tr>
<tr>
<td>28 September</td>
<td>Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust</td>
<td>Options for acute clinical collaboration and potential partnership.</td>
</tr>
<tr>
<td>2 December</td>
<td>Staffordshire and Stoke on Trent Partnership Trust</td>
<td>Consultation on the Section 75 Agreement.</td>
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Joint Scrutiny of other NHS Trusts

29. Committee Members have regularly highlighted that Staffordshire residents access services from Trusts outside of Staffordshire and that people in Staffordshire are being provided with services from Trusts outside of the area.

30. Local authorities can appoint a discretionary joint health scrutiny committee to carry out all or specified health scrutiny functions and responding to requests from Members regarding the scrutiny of Royal Wolverhampton NHS Trust, an informal joint meeting of the Healthy Staffordshire Select Committee with the City of Wolverhampton Council’s Health Scrutiny Committee has been scheduled to take place on the 13 February 2017 to consider the performance of the Trust.

31. Establishing a Joint Committee with neighbouring authorities does not prevent the appointing local authorities from separately scrutinising health issues. However, there are likely to be occasions on which a discretionary joint committee is the best way of considering how the needs of a local population, which happens to cross council boundaries, are being met.

32. The Committee’s Work Programme includes possible consideration of services provided by the George Eliot Hospital NHS Trust, Walsall Healthcare NHS Trust, University Hospitals North Midlands NHS Trust and the Heart of England NHS Foundation Trust. The Committee has also considered early work between Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust who are considering collaborative working. Going forward there may be more opportunities to consider establishing formal Joint Committees with neighbouring local authorities.

Scrutiny of Clinical Commissioning Groups

33. Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are currently six CCGs operating in Staffordshire.
34. Items discussed by the CCGs at Committee meetings have had a high public profile and are of interest to the District and Borough Health Scrutiny Committees as they affect the services provided to residents. To date, this municipal year, East Staffordshire CCG has attended the Healthy Staffordshire Select Committee to discuss the Improving Lives Programme and proposals to move out of hours provision, and North Staffordshire CCG has attended to discuss the ‘My Care My Way’ consultation and proposals and the Commissioning of Hearing Aids.

**Future developments**

35. All health and care systems in England have been required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years to deliver better health, patient care and improved NHS efficiency. In addition to a focussed discussion on two occasions on the STP at the Healthy Staffordshire Select Committee meetings, Committee Members have used Accountability Sessions to query Trusts roles and views on the development of the Staffordshire and Stoke-on-Trent STP.

36. The local STP recognises that there are significant challenges which need to be addressed across health, social care, the voluntary sector and with communities in the area to make a difference to health outcomes and refers to a new model of care, with a shift of services and resources away from the hospital and bed based traditional services towards a locality focussed model. As a result there will be discussions regarding the best way to consult and proposals for changes to the way in which services are commissioned and provided in Staffordshire and Stoke-on-Trent which the Committee will want to have oversight of and the opportunity to scrutinise. Furthermore, legislation requires that the NHS provide information about the planning, provision and operation of health services to enable health scrutiny to be carried out and to consult on any proposed substantial developments or variations in the provision of the health service.

37. At the Healthy Staffordshire Select Committee meeting on the 11 January 2017, District and Borough Councils emphasised the importance of the implications of the STP on their residents and the need for them to be kept informed of progress. There was also recognition that as the STP model was based on locality working the way in which consultation is developed will need to reflect this. The Committee Chair however emphasised that information would be formally taken through the Healthy Staffordshire Select Committee and the Committee would take the lead on this matter.

38. As the local STP will potentially have an impact on the existing services commissioned and provided in both Stoke-on-Trent and Staffordshire and authorities are required to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals, there will be a need to consider if joint scrutiny of the STP proposals with the Stoke-on-Trent City Council Health Scrutiny committee would appropriate. In addition the STP will potentially result in more requests from NHS Trusts and CCGs to present information to the Healthy Staffordshire Select Committee which will require inclusion on the Work Programme and potentially joint scrutiny with District/Borough Health Scrutiny colleagues.
Conclusion

39. The Committee has a heavy workload with approximately twenty meetings likely to have being held this municipal year. Taking into account the resources available to support the Committee, it is important for the Committee to consider the Work Programme carefully, and to prioritise activity, particularly as there may be more meetings required as a result of the STP process.

Opportunities for Joint Scrutiny

40. The Healthy Staffordshire Select Committee will take the lead on the scrutiny of the STP however in light of the STP referring to the importance of localities and that this may be reflected in the way in which consultation is undertaken, there may need to be consider how District/Borough and County Council Health Scrutiny Members can come together to collectively scrutinise the STP consultation plans and proposals.

Suggestion 1 – That consideration be made of the scheduling of Joint County and District/Borough Council Health Scrutiny Sessions to collectively scrutinise the STP.

41. Following the informal Joint Scrutiny Committee meeting with Wolverhampton Health Scrutiny Panel, scheduled to take place on the 13 February 2017, if Joint Health Scrutiny Sessions are to continue with neighbouring authorities, the arrangements for these meetings may need to be considered. Going forward if Members wish to scrutinise the STP for example, which covers both Staffordshire and Stoke-on-Trent, a clear joint terms of reference could be developed with Stoke-on-Trent Health Scrutiny Committee to provide the opportunity for the effective joint health scrutiny of proposals.

Suggestion 2 – That following discussion with Members, if required, the Scrutiny and Support Manager investigates with Officers from neighbouring authorities the opportunities for the formal setting up of terms of reference for Joint Health Scrutiny Committees with neighbouring authorities and report back to the Committee at the first meeting of the 2017-18 municipal year.

The future of Joint Health Scrutiny Accountability Sessions

42. Trusts were reminded at Accountability Sessions to keep the Committee informed of progress and any future developments.

Suggestion 3 - At the beginning of the new municipal year, the Committee writes to each of the NHS Trusts in Staffordshire, reminding them of the Healthy Staffordshire Select Committee’s contact details and encouraging them to report changes in performance and any proposals regarding the future provision of services to the Committee as soon as possible.

43. Calling in all Trusts to discuss performance, in addition to discussing specific issues at Healthy Staffordshire Select Committee meetings may not be the best use of the Committee’s time if it does not result in useful outcomes. Members may therefore prefer to prioritise which Trusts they would like to hold to account rather than scheduling Accountability Sessions with each Trust in Staffordshire as a matter of course.

Suggestion 4 – That Committee Members determine which NHS Trusts to hold to account in the new municipal year, taking into consideration;
- Issues raised by members of the public directly with County and District/Borough Councillors.
- Information provided at previous Accountability Sessions, and the outcomes from these meetings.
- The views of District and Borough Council Health Scrutiny Committees, Healthwatch Staffordshire, the CQC and neighbouring local authority Health Scrutiny Committees.
- Other opportunities to scrutinise the Trust’s performance already scheduled on the Committee’s Work Programme.

44. The arrangements for future Accountability Sessions need to be agreed.

**Suggestion 5 – That the Committee determine;**
- The location of the Sessions.
- The timing of meetings.
- The invitees from District/Borough Councils.
- The room layout
- The content of the Self Assessment report.
- Who to contact regarding written information requests.

**Appendices**
Appendix 1 – Code of Joint Working
Appendix 2 – Self Assessment Report Template
Appendix 3 – Targeted Call for Written Evidence
Appendix 4 – Attendance at meetings
Appendix 5 – Healthwatch Staffordshire evidence example
Appendix 6 – Resolved actions from meeting

**Link to Other Overview and Scrutiny Activity**
Access to the minutes, agenda and papers of all Healthy Staffordshire Select Committee meetings, including the Joint Health Scrutiny Accountability Sessions can be found at [http://moderngov.staffordshire.gov.uk/ieListMeetings.aspx?CommitteeId=871](http://moderngov.staffordshire.gov.uk/ieListMeetings.aspx?CommitteeId=871)

**Background papers**
Local Authority Health Scrutiny. Guidance to support Local Authorities and their partners to deliver effective health scrutiny, Department of Health, June 2014.
Staffordshire and Stoke-on-Trent STP – October 21st 2016 Submission

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