

## **Healthy Staffordshire Select Committee**

Monday, 10 June 2019

**10.00 am**

Oak Room, County Buildings, Stafford

John Tradewell  
Director of Corporate Services  
31 May 2019

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### **A G E N D A**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 19 March 2019** (Pages 1 - 8)
4. **Adult Learning Disability Community Offer 2022** (Pages 9 - 42)  
Report of the Director for Health and Care.
5. **University Hospital North Midlands** (Pages 43 - 50)  
Report of the Chief Executive of the University Hospital North Midlands.
6. **District and Borough Health Scrutiny Activity** (Pages 51 - 54)  
Report of the Scrutiny and Support Manager.
7. **Work Programme** (Pages 55 - 64)  
Report of the Scrutiny and Support Manager.
8. **Exclusion of the Public**  
The Chairman to move:-  
That the public be excluded from the meeting for the following items of

business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

### **Membership**

Charlotte Atkins	Johnny McMahon (Chairman)
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Jeremy Oates
Richard Ford	Kath Perry
Maureen Freeman	Jeremy Pert
Phil Hewitt	Bernard Peters
Barbara Hughes	Carolyn Trowbridge
Alan Johnson	Ross Ward
Janet Johnson	Ian Wilkes
Dave Jones	Victoria Wilson
David Leytham	

**Scrutiny and Support Manager:** Nick Pountney Tel: (01785) 276153

## Minutes of the Healthy Staffordshire Select Committee Meeting held on 19 March 2019

Present: Johnny McMahon (Chairman)

### Attendance

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Deb Baker	Jeremy Oates
Ann Edgeller	Jeremy Pert
Phil Hewitt	Bernard Peters
Barbara Hughes	Carolyn Trowbridge
Janet Johnson	Ian Wilkes
Dave Jones	

**Also Present:** Jackie Owen, Healthwatch

**Apologies:** Jessica Cooper, Janet Eagland, Alan Johnson and Victoria Wilson

### PART ONE

#### 60. Declarations of Interest

1. The Chairman, Councillor J McMahon declared an interest in Item 6 'Progress report on Palliative and End of Life Care' as he was the Clinical Advisor for the programme. He did not Chair this part of the meeting.
2. The Chairman, Councillor J McMahon declared an interest in Item 7 'Excluded and Restricted Procedures (including hearing aids)' as he was a hearing aid service user. He did not Chair this part of the meeting.
3. Councillor Dave Jones declared an interest in item 7 'Excluded and Restricted Procedure (including hearing aids)' as his daughter was a hearing aid service user.
4. Councillor Charlotte Atkins declared an interest in item 9 'Work Programme' as she is the Vice Chairman of the British Fluoridation Society.

#### 61. Minutes of the last meeting held on 4 February 2019

**RESOLVED:** That the Minutes of the Meeting held on 4 February 2019 be received as a correct record and signed by the Chairman.

#### 62. Proposal for the Provision of an Integrated stroke service at University Hospitals of Derby and Burton

Nicola Harkness, Managing Director for South East Division (Staffs Clinical Commissioning Groups) (CCG), Dr Magnus Harrison, Executive Medical Director, Dr

James Scott, Senior Stroke Physician, Neil Radford, Divisional Director, Medicine, and James Hender, Director of Integration attended the meeting to present the paper and answer any questions.

The Select Committee had been requested to consider the proposal to integrate stroke pathway at the University Hospitals of Burton and Derby (UHBD).

The proposal was for the hyper acute stroke medicine (first 72 hours) to be delivered via a centralised service in Derby, and a single referral point for Transient Ischemic Attack (TIA). Patients would be transferred back to Burton for acute care, rehabilitation and discharge closer to home.

The case for change was explained in the report and was in line with national direction and best practice.

Prior to members asking questions, Healthwatch were asked if they had any information on the service at Burton or Derby Hospitals which would help the Committee in their deliberations. They responded that they had been involved in this development pathway when the two hospitals were merging. The main concern from the public had been travel times from areas such as Lichfield.

A Member asked how patients would be moved between the two sites. In response, the Committee was informed that patients would only be transferred if they were fit to be moved and if it was safe and appropriate to do so. A robust co-ordination process had to be involved. The Trust was working with the Ambulance services to negotiate a different contract to enable Paramedics to take the patient to the most appropriate hospital and not necessarily the closest. It was explained that patients local to Burton would be transferred back as soon as they were able to be, which would normally be within 72 working days.

Following a question on who makes the decision on which hospital a patient is taken to, Members were informed that the Ambulance services normally take patients to the closest hospital that can meet their needs and ensure the quickest turnaround time for the vehicle. Negotiations had to take place to enable that to change. It was explained to patients that they may be traveling further away from home, but it is for more specialist care and would only be for a short time until the patient was able to transfer back to their local hospital for clinical need.

It was informed that during the hospital merger consultation and pre-engagement events, the proposal to change service delivery had been discussed.

A Member asked if the drugs prescribed whilst under a consultant at Derby Hospital could be refused when the patient is moved back to Staffordshire if the Staffordshire CCG do not fund them. It was confirmed that this only happened in a very small number of cases, but not generally within the stroke service where medication was fairly standard. Reassurance was requested that there was sufficient capacity at Derby to accommodate all those needing treatment. It was explained that the number of beds required had been estimated following detailed modelling and research into the type of Strokes and the level of provision needed. There had been a capital programme

planned for the additional beds and this could be expanded in the future if needed. Currently only 11 extra beds were required.

The post code SK17 seemed to be the worst affected area with journeys taking up to 56 minutes. Again, the Committee was informed that the Ambulance service took patients to the closest Hospital unless a different pathway had been agreed either between the services generally or for that particular patient. The Committee was reminded that if the West Midlands and East Midlands Ambulance Trusts reconfigured their services, patient destinations may change anyway. The main aim was to get people to the right place to treat their needs. It was noted that the proposed merger was not having any impact on the Hospitals or patients.

A question was asked on the number of patients currently seen at both Derby and Burton Hospitals. It was noted that Burton saw approximately 500 patients, with Derby seeing close to 1,000. The recommended patient level was between 1,000 and 1,600.

A question was asked on TIA and were would patients be referred to as it was normally Burton during the week and Derby at the weekend. It was explained that there was a single point of contact, so this should not concern the patient as they would be referred to the best place for their needs. The TIA may be one of the services that needed more evolution as provision on both sites was provided. From a practice point of view the symptoms for a TIA and a stroke or so similar that the patient would probably end up at Derby anyway. From the 1<sup>st</sup> October 2019, it was hoped that the Vascular service would also be located at the Derby site which would further streamline the service and ensure efficiencies.

The Chairman felt that what the Committee had heard makes clinical sense and is the national direction of travel. It was felt that there was something counter intuitive of not offering a Catheterization laboratory for those with heart disease in Burton and Officers were asked to consider this.

The consultation process was discussed, and the Committees view sought on either a full 12-week consultation or a shorter 8-week consultation. It was felt that an 8-week consultation, concentrating on travel times in particular would be appropriate. It was also suggested that the language barrier in some areas must be considered and the possible use of bilingual hospital staff to help with the communication barrier.

**RESOLVED:**

- a) That the Committee support the integration of stroke services at University Hospitals of Derby and Burton (UHBD) as set out in the report.
- b) That the UHBD be informed that the Healthy Staffordshire Select Committee suggests an 8-week public consultation period for this service change and that they concentrate on travel times and distance travelled by some patients and relatives.

**63. Cancer Services and the STP Cancer Transformation Plan 2019/20**

The Chairman had declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

Becky Scullion, Deputy Director of Commissioning and Operations, Staffordshire and Stoke-on-Trent CCGs and Gina Gill, Commissioning Officer North Staffordshire CCG attended the meeting to present the report and answer questions.

At a previous meeting of the Select Committee, Members asked for information on the Sustainability and Transformation Partnership (STP) Cancer transformation plan and how this would improve the cancer service. Both the Cancer and End of Life service programmes came to an end in 2017 when no bidder was able to meet the minimum criteria set by the programme. Following this the CCGs agreed an ambitious plan to improve cancer services and this was now part of the STP planned care work stream.

The report outlined the key priorities and summarised current performance and ways to improve. During the presentation it was explained that there were three key areas to the Cancer Transformation Plan and these were: 1) detection, 2) referral to treatment and 3) diagnosis. The screening programmes were nationally drive and aimed at increasing take-up. This included national advertising campaigns and information awareness adverts. Locally, Staffordshire residents had been reluctant to go to the GP with concerns, even if they spot the signs or changes in their bodies. Targets are set nationally and included a 62-day period from the GP visit through to identification, specialist consultation (no longer than 2 weeks), referral for treatment (31-day pathway), and intervention (62-day period). It was reported that the targets were being achieved generally with the exception of the 62-day intervention target. A number of areas were being looked at in order to increase performance in this particular pathway and this included all tests being done on one day and the recruitment of more specialist staff. There has been some success with this.

There was a question on the recruitment of specialists such as oncologists and radiologists, and what was being done to support the Trusts, also who a patient could expect to see when they are referred, would it be a registrar or a consultant. In response, it was confirmed that there were staffing shortages in some areas both locally and nationally and the aim was to promote Staffordshire as a desirable place to both work and live. With regard to seeing a consultant or registrar it was felt that this was a clinical decision based on who was available and who managed the clinic. Consultants would normally be involved in the more complex cases.

There was a debate on getting appointments with a GP which caused frustration and delays, with patients putting off visits. The workstream around Primary care was briefly discussed and the use of practise by other professionals such as special nurses which may reduce the pressure on GPs.

The cancer target fluctuated across Staffordshire from 68 days to 72 days. The Committee was informed that a more in-depth analysis was available if required.

A Member asked what the National target of diagnosis was for stage 1 and 2 cancers. Could this be forwarded to the Committee and does this relate to areas where gaining appointments at GPs was challenging.

Most of the specialist services are provided by NHS England. The targets for picking up referrals were 3% currently 5% and 5 years ago 10%. Members felt that this must have involved a massive increase in diagnostic capacity in order to deliver this. What is the

relationship with NHS England in terms of funding to deliver. In response, the Committee was informed that the relationship was very positive. The West Midlands Alliance had already given funding for improving diagnostics. There had been a 30% increase in demand. The CCG were continually putting in bids for additional funding.

With regard to screening, a Member asked if screening was provided locally as in some remote areas travelling to regional sites was difficult. It was explained that there were different methods of testing being developed such as home testing kits which could increase take up rates. Schools and Social Media were also being used to promote awareness. It was suggested that school governors could be used to promote within schools. The over 70's were no longer invited for testing but if requested they were available. This was in line with national guidance and was based on genetic risk. The Scrutiny and Support Manager reminded the Committee that information on the Breast screening service had been requested and would be reported as soon as it arrived.

A Member suggested that there wasn't enough information in some of the tables in the report to properly analyse what was happening. For example, there was no assessment of the data used to identify the reasons why people don't attend screening appointments. In response, it was confirmed that more information could be provided to the committee but no single activity or initiative would solve the problems, a wide range of activities were needed and regular evaluation. Patient experience and complaints also needed to be factored into the evaluation process.

A Member of the Committee shared their recent experience of the new system which was designed to streamline the diagnosis and provide tests and results on the same day. In their experience this had not been the case and they had to wait up to four weeks for results, therefore missing the 62-day target. The Committee were concerned that this was an example of where the system can fail with potentially serious consequences. It was felt that the one stop shop was a good idea, but it need everyone to work together for it to be successful. The Councillor was asked to contact officers with more information so that the experience could be tracked back to discover the reason for failure.

**RESOLVED:** that the following information be provided to the committee:

- a) The performance on cancer targets for all regions in Staffordshire including the in-depth analysis.
- b) The National target figures for diagnosis for stage 1 and 2 cancers. This should include information on areas where gaining appointments at GPs was challenging if possible.
- c) National and local target figures for different types of cancers, both diagnosis and treatment.

#### **64. Progress update on Palliative and End of Life Care**

The Chairman declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

The Staffordshire and Stoke on Trent End of Life procurement of services ceased in June 2017. Following this a Programme Board was established to take forward the

palliative and End of Life priorities. National guidance was used to develop the work stream alongside the West Midlands Clinical Senate blueprint.

The main areas of work undertaken were:

- Palliative Care registers
- Electronic Palliative Care Co-ordination systems
- Admission avoidance
- Care homes
- Children and young people
- Voluntary sector engagement

A Care Quality Commission (CQC) review recently stated that partnerships needed to improve and highlighted a number of actions to be developed.

Officers explained that the main issues surrounded:

1. Higher than average admissions into the service. There was work underway with care homes so that hospitals were not a default when patients reach the end of their lives. There was a pilot scheme with GP's supporting at St Giles and Catharine House.
2. There were gaps in some services e.g. district nurses and the need to support palliative care. There needs to be a consistent offer e.g. the same focus, systems that talk to each other, and supporting people to die when and where they want to.

A Member asked a question on how quickly a person could go home with all the right equipment and support e.g. bed, equipment etc. In response, it was explained that the Integrated Care teams would address these issues and be able to support people not to be readmitted into hospital. There were gaps in the services but with better communication a wraparound service was achievable. The Integrated Care Teams would be in place, in localities within the next 12 months.

A question was asked on the integration of patient records and how the systems linked together. It was explained that procurement was in process and systems will be able to talk to each other.

Healthwatch informed the Committee that from the information they had on End of Life care there were two trends that continually came up with patients and these were:

- Equipment - lack of it, not in time, inappropriate etc; and
- The quality of care and training of care staff to deliver services at the end of a patient's life.

Member asked what was being done to identify where the system was failing and how this could be improved. In response, it was admitted that there had been a lack of co-ordination across the professions and paper-based systems did not enable integration. Care homes were also being supported to train their staff.

Following on from this response the Member asked if there was a way of identifying staff who consistently ignore patient wishes and don't follow the system or patient's wishes. It was acknowledged that this may be an area that needed further work.

**RESOLVED:** That the report be accepted.



## **65. Excluded and Restricted Procedures (including Hearing Aids)**

The Chairman and Councillor Jones declared non-pecuniary interests in this item but remained in the meeting and took part in the debate.

The report explained that the CCGs need to priorities resources and align commissioned services across the six Staffordshire and Stoke on Trent CCGs. These services included:

- Assisted conception
- Hearing aids for non-complex hearing loss
- Male and Female sterilisation
- Breast Augmentation and reconstruction
- Removal of excess skin following significant weight loss.

The CCG proposed a formal consultation for these areas and this would start in August/September 2019 for 12-week period.

The Select Committee had requested the report on hearing aids and the service provision in the North of the County. It was established that nothing would happen to any of the services until the consultation had taken place and a formal decision had been made.

The Committee felt that it would have been useful for the report to have contained information on which areas received what services so that they could establish the extent of the realignment, the cost and the numbers of patients involved. The Members were informed that this information would be produced as part of the consultation process.

A Member asked if this was all the services that needed to be realigned or if there were more due to come forward. In response, officers explained that the policies had been written to reflect local need and that the CCG was now trying to bring everything together and in line with NICE guidance. Services would continually change and as this happened the CCG's would need to look at the realignment across all areas.

The Committee felt that hearing aids should not be on the list as they were integral to keeping people healthy and were not an 'excluded or restricted procedure'.

### **RESOLVED:**

- a) That the public consultation on the excluded and restricted procedures should be for a 12-week period.
- b) That the CCG Accountable Officer be informed that the Select Committee do not believe that Hearing Aids should be on this list of consultation items as they were not an 'excluded or restricted procedure' but are as essential part of keeping people healthy.

## **66. 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 the at the last meeting of East Staffordshire District Council Health Committee they had looked at the impact of plastic waste.

The next meeting of the Lichfield District Council Health Committee was to be held on 25 March and would be looking at the 12-week referral rate between Community Hospitals.

Newcastle Borough Council had recently completed a report into Monkey Dust. This had been written with the help of Keele University. A copy of the report would be sent to all members for information.

South Staffordshire District Council reported that the Breast Screen facility was now back and operational.

Tamworth Borough Council reported that they had recently received a letter from George Bryan Centre outlining the temporary closure.

**RESOLVED:**

- a) That the report be received
- b) That a copy of the report completed by Newcastle Borough Council into Monkey Dust be sent to all Members of the Committee for information.

**67. Healthy Staffordshire Select Committee Work Programme 2018/19**

Councillor Atkins declared an interest in this item as she was the Vice Chairman of the British Fluoridation Society

The Scrutiny and Support Manager presented the Committee Work Programme report. The next meeting of the Committee was scheduled for 10<sup>th</sup> June 2019 where the STP workstream on Child care and Maternity services would be considered. The Chief Officer of the University Hospital North Midlands would also be invited to attend to discuss the Quality and Improvement programme, Cancer targets and Financial deficit.

At the meeting on the 12 August NEXXUS would be discussed and the provision of services and quality of care provided.

A Member asked if the new STP workstreams would be added to the work programme which included Dentistry. The Chairman agreed to discuss this with the CCG.

**RESOLVED:** That the Work Programme be approved.

**Chairman**

Local Members' Interest
N/A

## **Healthy Staffordshire Select Committee - Monday 10 June 2019**

### **Adult Learning Disability Community Offer 2022:**

#### **Day Opportunities for Adults with a Learning Disability and/or Autism**

#### **Staffordshire County Council Learning Disability Services (direct provision)**

#### **Recommendations**

The Cabinet Member for Health, Care and Wellbeing recommends that the Healthy Staffordshire Select Committee:

- a. Considers the engagement feedback received from all key stakeholders about the future options for the delivery of day opportunities for Adults with a Learning Disability and/or Autism;
- b. Endorses the recommendations for the future options for the delivery of day opportunities for Adults with a Learning Disability and/or Autism;
- c. Endorses the recommendation for development of an evidence-based options appraisal for the future delivery of directly provided Learning Disability services, including engagement with impacted key stakeholders, thus determining the councils position in the marketplace.

#### **Report of Cllr Alan White, Cabinet Member for Health, Care and Wellbeing**

#### **Summary**

#### **What is the Select Committee being asked to do and why?**

1. The Healthy Staffordshire Select Committee is being asked to endorse:
  - a. The following recommendations for the future of Day Opportunities for Adults with a Learning Disability and/or Autism, following consideration of the feedback, in advance of a recommendation to Cabinet on 19 June 2019:
    - i. The council continues to provide building-based day opportunities for adults with complex needs;
    - ii. The council further considers the re-design of the current building-based day opportunities, taking into consideration local needs and the future of other directly provided Learning Disability services;
    - iii. The council introduces a contracting arrangement with the independent marketplace (Dynamic Purchasing System) with a range of rates payable to meet assessed eligible care and support needs;

- b. The recommendation for development of an evidence-based options appraisal for the future delivery of directly provided Learning Disability services, including engagement with impacted key stakeholders, thus determining the councils position in the marketplace.

## **Report**

### **Background**

1. The Healthy Staffordshire Select Committee is being asked to consider the draft June 2019 Cabinet paper which sets out recommendations for the future of day opportunities for adults with a learning disability and/or autism.
2. Comments made by the Healthy Staffordshire Select Committee will inform the final paper and the decision by Cabinet

### **Link to Strategic Plan –**

The Programme links with the following:

- a. Leading for a Connected Staffordshire: The County Council Strategic Plan 2018-2022;
- b. The Health & Care plan for Staffordshire County Council;

### **Link to Other Overview and Scrutiny Activity**

The Programme links with the following:

- a. The Whole Life Disability Strategy

**Community Impact –** *See associated documentation*

### **Contact Officer**

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**Cabinet Meeting on Wednesday 19 June 2019**

**Adult Learning Disability Community Offer 2022 Programme:**

**(a) Day Opportunities for Adults with a Learning Disability and / or Autism**

**(b) The future of Staffordshire County Council directly provided Learning Disability Services**

**Feedback of Engagement**

**Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing said,**

“In January 2019, we undertook extensive consultation with people with a learning disability and autism, asking them their opinions about the options for building based day services as part of our Adult Learning Disability Community Offer. We wanted their opinions on what currently works, and how services could potentially work in the future. More than 300 people responded, and from the feedback we gained, it became clear that our community offer needs to change so they are fit for the future.

“We want to redesign the day services the council provides for people with complex needs and work better with the independent marketplace, so we can ensure people’s eligible care and support needs are being met. This means looking at the options available to us to design services that really make a difference to people’s lives, helps them achieve the independence they have told us they want, and prevents the need for long-term reliance on social care services.”

**Report Summary:**

The purpose of Staffordshire’s Adult Learning Disability Community Offer 2022 Programme is to establish the assessed 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 includes consideration the future of day opportunities for adults with a learning disability and / or autism.

In January 2019, Cabinet considered the issues and a range of options for building based day opportunities for Adults with a Learning Disability and / or Autism and resolved to commence proportionate further engagement with key stakeholders and consider the outcome of this engagement in April 2019.

This engagement has now been completed and the feedback has been used to inform further analysis of the options, and recommendations of preferred options.

In addition, this paper will provide an overview of the remaining Learning Disability Services that are currently provided by Staffordshire County Council and our externally commissioned respite service, whose contract is due to expire on 31<sup>st</sup> March 2020.

## Recommendations

I recommend that Cabinet:

In respect of Building Based Day Opportunities:

- a. Considers the proposed options and outcome of further engagement for building based day opportunities for adults with a learning disability and / or autism.
- b. Approves the redesign of day services for people with complex needs building based day opportunities, directly provided by the Council, ensuring they are consistent with peoples assessed eligible care and support needs.
- c. Approves the development of a contracting arrangement under the Light Touch Regime (in accordance with Public Contract Regulations 2015) for building based day opportunities from the independent marketplace, and the decision to proceed with these contracting mechanisms be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.
- d. Approves the development of a pricing strategy for the purchase of building based day opportunities from the independent marketplace (including a period of engagement with key stakeholders as appropriate), and the decision to introduce a pricing strategy be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.

In respect of all Learning Disability Services directly provided by the Council:

- e. Approves the development of an evidence based options appraisal to consider the future operating model of all Learning Disability services currently directly provided by the Council.
- f. Requests the evidence based options appraisal is presented to Cabinet in September 2019.

<b>Local Members Interest</b>
N/A

## **Cabinet – Wednesday 19 June 2019**

### **Adult Learning Disability Community Offer 2022 Programme:**

**(a) Day Opportunities for Adults with a Learning Disability and / or Autism**

**(b) The future of Staffordshire County Council directly provided Learning Disability Services**

### **Recommendations of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing**

I recommend that Cabinet:

In respect of Building Based Day Opportunities:

- a. Considers the proposed options and outcome of further engagement for building based day opportunities for adults with a learning disability and / or autism.
- b. Approves the redesign of day services for people with complex needs building based day opportunities, directly provided by the Council, ensuring they are consistent with peoples assessed eligible care and support needs.
- c. Approves the development of a contracting arrangement under the Light Touch Regime (in accordance with Public Contract Regulations 2015) for building based day opportunities from the independent marketplace, and the decision to proceed with these contracting mechanisms be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.
- d. Approves the development of a pricing strategy for the purchase of building based day opportunities from the independent marketplace (including a period of engagement with key stakeholders as appropriate), and the decision to introduce a pricing strategy be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.

In respect of all Learning Disability Services directly provided by the Council:

- e. Approves the development of an evidence based options appraisal to consider the future operating model of all Learning Disability services currently directly provided by the Council.
- f. Requests the evidence based options appraisal is presented to Cabinet in September 2019.

### **Report of the Director of Health and Care**

## Reasons for Recommendations:

### Adult Learning Disability Community Offer 2022 Programme

1. The purpose of Staffordshire's Adult Learning Disability Community Offer 2022 Programme is to establish the assessed 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.
2. The programme will also support people to maximise their independence, in line with Staffordshire's Whole Life Disability Strategy and the Council's vision for Health & Care.
3. In July 2018, Cabinet agreed the vision, scope and approach of the programme. The scope of the programme includes:
  - a. Building based day opportunities for adults with a learning disability and/or autism – including directly provided services from Staffordshire County Council for adults with complex needs and services provided by the independent market;
  - b. Building based respite for adults with a learning disability and/or autism -including directly provided services from Staffordshire County Council and services commissioned from the independent market;
  - c. Other directly provided services:
    - i. Horninglow Bungalows - Supported Living
    - ii. Hawthorn House – Residential Care
    - iii. Greenfields – Residential Care
  - d. Carers services.
4. The approach being taken is:
  - a. Understanding the needs and demands of the people in the scope of the Programme;
  - b. Understanding the current market for services;
  - c. Engagement and consultation with key stakeholders as appropriate; and
  - d. An options appraisal based on the above.
5. The outcomes to be achieved by the programme are:
  - a. To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes, ensuring we continue to gather meaningful feedback and engagement;



- b. To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed eligible care and support needs (as per the Care Act 2014) – promoting choice and control, but not at any cost;
- c. To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance;
- d. To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace;
- e. To support people and services to shift from community presence to genuine community inclusion; and
- f. To contribute towards the £3.7million savings required for the Medium Term Financial Strategy (by 2021/22). Note that these savings are across the full scope of the programme, not just in day opportunities for adults with a learning disability and / or autism.

**Building based day opportunities for Adults with a Learning Disability and / or Autism.**

- 6. Building based day opportunities are not required to be registered with CQC.
- 7. Building based day opportunities for adults with a learning disability and/or autism include services directly provided by the Council for adults with complex needs, and services externally commissioned from the independent market. A summary of activity and expenditure in building based day opportunities is shown in Table 1. More detail was presented previously in the 16 January 2019 Cabinet report

**Table 1: building based day opportunities expenditure**

<b>Service</b>	<b>Number of people</b>	<b>Total expenditure (per year)</b>
Directly provided services for adults with complex needs	62 approx. (Staffordshire Residents)	£2.7 million
Services provided by the independent market (Predominantly non-complex)	469 approx.	£5.8 million

- 8. The January 2019 Cabinet report highlighted a number of issues with day opportunities for adults with a learning disability and / or autism, most notably that the pathway following an assessment of need, including the subsequent service offer, is neither consistent or clear for either directly provided services or services commissioned from the independent market
- 9. For directly provided services for adults with complex needs:

- a. Services are nearing capacity due to either constraint of the workforce and / or the building;
  - b. There is an ageing staff cohort – meaning there will be a recruitment and training consideration in future to keep the services operational
  - c. Compatibility of needs, when considering new referrals, is more difficult to achieve because of the constraints of the building and / or the workforce;
  - d. The equipment used will require significant financial investment.
10. For services commissioned from the independent market:
- a. The Council currently pays between £25 to £325 per person per day, with the price not commensurate to the level of need or the quality of the service;
  - b. There are no contractual or quality monitoring arrangements in operation.
11. On 16 January 2019 Cabinet considered a range of options for day opportunities for adults with a learning disability and / or autism and noted the comments and recommendations made by the Healthy Select Committee on 03 December 2018. Cabinet resolved to commence proportionate further engagement with key stakeholders and consider the outcome of this engagement in April 2019.
12. This approach was delayed until June 2019 to ensure the careful consideration of the high level of feedback received and to allow the Healthy Staffordshire Select Committee consider the outcome of the engagement and subsequent proposals.

### Further engagement

13. In the wake of the 16 January Cabinet decision, further engagement with key stakeholders commenced on 28 January 2019 and concluded on 15 March 2019. In addition to this engagement, the Council has continued work to detail needs and demand for services as well as the supply from the independent market.
14. Engagement activity is summarised in Table 2.

**Table 2: summary of engagement activity**

<b>Engagement activity</b>	<b>No. of responses / attendees</b>
Complex Needs Staff Session	67
Locality Drop in events (x8) – open to all key stakeholders	83
User Forum / Group visits	75
Independent Market Provider Session	16
1:1 Telephone Conversations	16
Written submissions (post or email)	17
Citizen Space Survey Portal – individual survey for users/carers, SCC employees and providers	84
<b>TOTAL</b>	<b>358*</b>

*\*The figures are responses received for each activity: a number of stakeholders may have submitted several responses through different activities. Therefore, the*

*unique number of responses is estimated at 275 (due to being able to submit responses anonymously).*

15. In general stakeholders commented positively about the approach of the Programme including the openness of approach and the number of opportunities to engage. A few key stakeholders commented that they had found the options difficult to understand. A small number commented that the engagement was likely tokenistic with no impact on the final decision.
16. Common themes echoed those from previous engagement, including:
  - a. The provision of day opportunities is critical to the health and wellbeing of both the people who directly attend these services and their carers, acting as a form of carer relief / respite;
  - b. Without the provision of these services, it may not be possible for a number of people in the cohort to remain living with the relatives – thus requiring increased care and support in alternative accommodation settings, thus at a higher cost to the Council; and
  - c. People who use services and their carers are concerned about service closure or reduction, with a strong desire for longevity and security of arrangements.
17. Predominantly, the majority of people using services and their carers were happy with the current care and support they received; however service improvements suggested included:
  - a. Clarity about what is included in their care and support package what any provider is required to deliver (i.e. a Service Specification);
  - b. Equity and consistency across the board in respect of personal financial contributions and transport arrangements;
  - c. Greater consideration of compatibility of needs, particularly in respect of those with 'complex needs' and communication difficulties; and
  - d. Greater variety in terms of meaningful activities and occupation (and flexibility of operation).

### **Directly provided services for adults with complex needs**

18. Five options were presented for consideration. Feedback is summarised below with further details included at Appendix 1.
19. **Option 1: maintain the status quo.** The Council would continue to own and operate the complex needs service as is, without significant change.
  - a. This option had broad support – particularly from carers whose relatives access the service and are concerned about the impact of change on wellbeing.

- b. A number of respondents highlighted risks including sustainability of the workforce (given that it is ageing) and the quality of some of the estate. They also noted the absence of a clear service charter and concerns about a repeat of such exercises in future.
  - c. A number of respondents noted this option created a risk that the services were not consistent with people's needs, and that the services are not very visible to new users (with limited consideration of future needs and demand).
20. **Option 2: increase capacity.** The Council would continue to own and operate complex needs services and would:
- a. Utilise the current existing 'vacancies' across the services; and
  - b. Consider increasing up to a maximum of 90 people (including current attendees) as per the current mapped needs.
21. This option also had broad support – particularly from carers whose relatives currently attend the service and wish to increase their attendance but are unable to do so due to current capacity and from carers who felt their relatives would benefit from such a provision. As per Option 1, some carers of current attendees were concerned about the impact of change – however the service feels that any change could be positively managed for the current attendees, but consideration of compatibility and service delivery model is key.
22. As per Option 1, a number of respondents highlighted risks in respect of the service charter, sustainability of the workforce and quality of the estate, with 2 services not being able to increase their capacity currently.
23. A number of respondents noted this option removed the risk that the services were not consistent with people's needs and would be accessible to meet the needs of new / future users.
24. **Option 3: redesign and/or explore alternative delivery model.** The Council would redesign the current complex needs services and consider alternative ways to deliver the service including Local Authority Trading Company, Community Interest Company, or Mutual Co-operative.
- a. As per the January Cabinet paper, this option would likely take into consideration increasing capacity of the service (as per option 2).
  - b. This option also had broad support – with both positives and concerns / risks voiced as per option 1 and 2 remaining pertinent.
  - c. A number of respondents highlighted potential benefits including a clear service charter, an equitable footing in the marketplace with greater visibility of the services, facilitating expansion, as well as greater autonomy for staff.

- d. A number of respondents asked for further information about the alternative ways to deliver a service to aid their understanding and what this specifically meant for them.
25. **Option 4: decrease capacity.** The Council would continue to own and operate the complex needs services and decrease capacity.
- a. This option did not have broad support – with carers of relatives who currently attend the services expressing concern that the previous design of services and current service charter was neither clear, transparent or equitable in its application and were worried this option could result in future closure.
  - b. The principle concern of a number of respondents was the ability of the independent market to be able to meet the needs of people with complex needs.
  - c. Current providers who can support people with complex' needs, have either limited or no capacity to increase the number of people they support due to the size and facilities of their buildings and ideally would be seeking investment from SCC (either capital or in the provision of accommodation) in order to meet these needs – with expressions of interest comparatively limited.
26. **Option 5: cease direct provision.** The Council would cease to directly provide complex needs day services and would instead source these services from the independent market.
- a. This option was not supported – with carers of relatives who currently attend the services expressing concern about the ability of the independent marketplace to meet the needs of people with complex needs. A number noted this option would likely mean their relative could not remain living in the family home with them, as they were concerned the loss of quality care would impact on their own caring role.
  - b. As per Option 4, the current independent marketplace noted their limited capacity and requirement for investment from the Council, with expressions of interest comparatively limited.
27. Having taken into account this feedback, and consideration that the services in their current format are not sustainable in the medium / long term, the recommendation is to pursue a combination of Options 2 and 3. These are the options that have the greatest potential achieve to achieve the programme outcomes, based on a full analysis as set out in Appendix 2.
28. The services would be redesigned to ensure that they were consistent with people's assessed eligible care and support needs, with a clear service charter to reflect these needs and to make the offer clear to current and new users. Other changes would be considered including: increased capacity; revised operating times; the potential for synergies with other learning disability services directly provided by the Council; and the support these service could give to other services - e.g. training.
29. The services could either be directly provided by the county council, or provided through a Local Authority Trading Company, along with other Learning Disability

Services. The merits of these two options would be considered through a further evidence based options appraisal, with a recommendation considered by Cabinet in September 2019

### **Services commissioned from the independent market**

30. Two options were presented for consideration. Feedback is summarised below with further details included at Appendix 3.
31. **Option 1: maintain the status quo.** SCC would continue to work with the independent marketplace 'as is' with no significant change.
  - a. There was some support for specific aspects of this option – primarily from carers whose relatives attended these services who were worried about the impact of change on the provision of services.
  - b. However, a number of respondents highlighted a range of issues with current arrangements, including but not limited to:
    - i. Lack of clarity and consistency of the service offer – including referrals, sharing information about local providers and personal financial contributions;
    - ii. Rates are not reflective of need and/or quality, fair or equitable in all cases;
    - iii. There is no regulatory oversight
  - c. In addition, this option is not wholly compliant with the Care Act, as the Council is not wholly ensuring, to the best of their ability, there is a sustainable marketplace in operation.
32. **Option 2: introduce rates and proportionate contracting.** The Council would devise and implement a clear service specification which would include a formal procurement process, contracting and quality assurance arrangements.
33. There was some support for of this option, with benefits highlighting including:
  - a. Quality monitoring and oversight;
  - b. Equity of referrals / all providers having the opportunity of considering new business;
  - c. Fairness and equity across the marketplace; and
  - d. Clarity of service offer (and accountability).
34. However, a number of respondents highlighted some concerns about this option:
  - a. Rates may not be sustainable for providers or representative of needs;
  - b. Concerns about reduction in customer choice;
  - c. Compromising autonomy and creativity of providers – thus negatively impacting attendees; and
  - d. Onerous processes in respect of procurement and contracting (including monitoring arrangements).

35. Having taken into account this feedback the recommendation is to pursue Option 2 as this has the greatest potential to achieve the programme outcomes, based on a full analysis as set out in Appendix 4.
36. A Service Specification, to underpin our contractual arrangements with the independent marketplace, will be developed (in co-production) to:
- Ensure there is a fair, clear and consistent offer for everybody who uses these services (including existing users and new users);
  - Reflect users assessed eligible care and support needs;
  - Promotes the choice and control of the user (as far as possible);
  - Minimise bureaucracy (as far as possible) for all key stakeholders from the point of assessment onwards; and
  - Further develop a competitive, sustainable marketplace.
37. Contractual Arrangements under the Light Touch Regime (in accordance with Public Contract Regulations 2015) will be developed – taking into consideration the feedback received from respondents during engagement.
38. A pricing strategy will be developed taking into consideration the feedback received from respondents during engagement – including setting a range of rates to meet eligible needs. These are likely to be a minimum of:
- Low Needs: £30 per day
  - Medium Needs: £49 per day
  - High Needs: £58 per day
39. In addition, the pricing strategy will consider the amount payable for persons who are eligible to receive support with transport.
40. If a user is not eligible in respect of transport, the Provider will be entitled to enter into a private arrangement with the user (if requested by the user).

**Other services directly provided by the Council for adults with a learning disability and/or autism and respite services commissioned from the independent market**

41. These services are summarised in Table 3.

**Table 3: services directly provided by the Council for adults with a learning disability and/or autism and respite services commissioned from the independent market**

Service	Service Type	Provider	Location	Number of users	Cost (annual revenue)
Douglas Rd	Residential respite	County Council	Newcastle	13 beds	£1.1 million
Woodland View	Residential respite	Lifeways	Cannock	10 beds	£1.1 million

Silverbirch	Residential respite	Lifeways	East Staffs	5 beds	
Hawthorn House	Residential care	County Council	Lichfield	18	£1.8 million
Greenfields	Residential care	County Council	Moorlands	9	£1.1 million
Horninglow Bungalows	Supported Living	County Council	East Staffs	15	£0.9 million

## Residential respite

42. The Council provides residential respite from Douglas Road in Newcastle. This 13 bed home is rated 'good' by the Care Quality Commission. The estate is in a fairly good state of repair, however due to the increased complexity of need of users the downstairs of the accommodation is oversubscribed with the upstairs significantly underutilised, with this position predicted to worsen.
43. There are currently high staff sickness levels in this service which is threatening its viability. Historically, there has been some speculation about whether the Council would continue to provide this service which may have contributed to the sickness levels.
44. The Council commissions Lifeways to provide residential respite from Woodland View and Silverbirch. Both services are rated 'good' by the Care Quality Commission. The contracts are due to expire on 31 March 2020. The beds are block booked but appear to be underutilised.
45. Both Douglas Road and Lifeways report the following issues / concerns:
- Services are 'weekend heavy', affecting their staffing and capacity; and
  - Services are underutilised during the week day – with a number of attendees still accessing their day opportunity; thus meaning the Council is in effect 'double funding' on such occasions.
46. Initial feedback from respondents notes that the quality of support is variable and there appears to be disparity in the utilisation and expectations across the two providers.

## Hawthorn House

47. Hawthorn House is a residential care home. The service is rated 'good' by Care Quality Commission, however due to the poor state of repair of the estate it is unlikely to achieve 'outstanding'.
48. The service is registered to accommodate 29 residents – however the property could not accommodate this number in its current condition, nor is it staffed to this level.
49. There are currently 18 residents (aged 45 – 87 yrs old) accommodated across two buildings, thus requiring high staffing ratios. The Adult Learning Disability Team



have confirmed that the majority of residents will likely require ongoing residential care:

- a. The bottom house accommodates 12 residents – whose needs are predominantly complex physical health needs; and
  - b. The top house accommodates 6 residents – whose needs are predominantly 'behaviours that may challenge'.
50. The 2007 Cabinet decision to reprovide this service remains live. Carers / relatives of the residents and staff in the service are frustrated with the duration of the process thus far and are anxious about the independent market's ability to provide quality care and support.

### **Greenfields**

51. Greenfields is a residential care home. The service is rated 'good' by Care Quality Commission. The estate is in a good state of repair, however there is limited scope for change / improvements due to the position and size of land – situated between two schools.
52. The service is registered to accommodate 10 residents.
53. There are currently 9 residents (aged 46 – 68 yrs old) accommodated in a single building. Support is predominantly in relation to 'behaviours that challenge', however increasing support is being provided in relation to physical needs. Further discussions are required in respect of the required future models of care and support.
54. The 2007 Cabinet decision to reprovide this service remains live. Carers / relatives of the residents are frustrated with the duration of the process thus far and are anxious about the independent market's ability to provide quality care and support.

### **Horninglow Bungalow**

55. Horninglow Bungalows is a Supported Living Scheme. The service is incorrectly registered with the Care Quality Commission as a 'Homecare Agency' – however it is rated 'good'. The buildings are owned by Midland Heart
56. The service can accommodate a maximum of 16 tenants across 3 bungalows, depending on need and compatibility. 15 tenants (aged 34 – 81 yrs old) are currently accommodated with one vacancy.
57. There are currently high staff sickness levels in this service meaning a high usage of agency staff.
58. There has historically been a speculation about whether the Council will continue to provide the service.

### **Common themes in services directly provided by the Council**

59. Across the four sites the following common themes have been identified:
- a. The workforce is ageing with over half of the workforce is aged over 55;
  - b. There are higher than Council average sickness levels;
  - c. Services are typically not 'digital by default' – with poor ICT equipment and connectivity;
  - d. The buildings are not appropriate to people's needs and/or are in a poor state of repair.
60. Taken together these issues mean that the services are not sustainable in their current form.
61. Analysis to date suggests that the independent market:
- a. Is unlikely to be able to offer residential respite for people with complex needs at the required levels of capacity as a viable alternative (including consideration of a sustainable cost) to provision by the Council (either directly or through a Local Authority Trading Company);
  - b. Is unlikely to be able to offer residential care for people with complex needs in specific areas of the county (including consideration of a sustainable cost) to provision by the Council (either directly or through a Local Authority Trading Company);
  - c. Is better developed in respect of Supported Living and more likely to be able to offer a viable alternative to provision by the Council.
62. The recommendation therefore is to develop and evaluate options for the future of all services for adults with a learning disability and/or autism directly provided by the Council. This evaluation will include consideration of:
- a. the state of the market – further exploring the comments detailed in point 61;
  - b. the potential for synergies by closer working between services;
  - c. and options for future provision including direct provision by the Council or provision through a Local Authority Trading Company.
63. The Council would engage with users, carers and staff on these options, and bring the outcome along with recommendations to Cabinet in September 2019.

### **Scrutiny Feedback**

**Scrutiny Approach – 10<sup>th</sup> June 2019. Please note, this paper may be subject to change following presentation to Healthy Staffordshire Select Committee.**

### **List of Appendices:**

Appendix 1 – ALD Community Offer 2022 Appendix 1 Summary of Engagement on services directly provided by SCC

Appendix 2 - ALD Community Offer 2022 Appendix 2 Complex Needs Service Options Achievement of Outcomes

Appendix 3 - ALD Community Offer 2022 Appendix 3 Summary of Engagement on services provided by the independent marketplace

Appendix 4 - ALD Community Offer 2022 Appendix 4 Independent Marketplace Options Achievement of outcomes

Community Impact Assessment and Executive Summary

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DRAFT

## Appendix 1: specific feedback about options for directly provided services for adults with complex needs

<p><b>Option 1: Maintain the status quo.</b> The Council would continue to own and operate the complex needs service as is, without significant change.</p>	<ul style="list-style-type: none"> <li>• The majority of stakeholders commented that they felt this was a viable / highly desirable option as it would enable the continued delivery of a high-quality service to individuals with complex needs, with minimal disruption. A number of key stakeholder said “if it isn’t broke, then don’t fix it”.</li> <li>• The majority of key stakeholders commented the most critical factor is to maintain the current skilled and knowledgeable staff cohort. Subsequently, a number of respondents noted whilst this option granted job security, it was recognised there is an ageing staff cohort and there are currently recruitment and retention issues across the frontline of health and social care, with the cost for the provision of training is significantly increasing.</li> <li>• The majority of staff commented that they did not feel this service was used in a consistent manner across the county, noting they did not appear to have an equitable footing in the marketplace and visibility / awareness of the services was low, which made some ‘worry about the future’. In addition, a number went on to comment about the current ‘service charter’ not being accurate or representative of their services.</li> <li>• A number of key stakeholders commented that not all current buildings, equipment and resources were in a ‘fit state’ and would likely require significant financial investment.</li> <li>• A few key stakeholders commented that they felt not all current attendees were compatible in terms of communication and / or need – this could be impacted upon further by the design / layout of the building.</li> <li>• The majority of key stakeholders felt it would be positive for the Council to sustain a position in the marketplace.</li> </ul>
<p><b>Option 2: increase capacity.</b> The Council would continue to own and operate complex needs services and would increase capacity to accommodate up to 90 people who have complex needs.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented that they felt this would be a viable / desirable option as it would enable the continued delivery of a high-quality service to those who currently attend the service, and an increased number of individuals.</li> <li>• A number of key stakeholders commented that small services offer a more personalised experience and thus are concerned about services growing too large. The priority is to maintain the current quality of service and ensure compatibility of attendees.</li> <li>• A number of staff suggested either the operation of a number of ‘smaller services’ or using buildings that enabled smaller groups to operate independently of one another would be beneficial. A few carers noted that they would be concerned about the impact any level of change could have on their relative.</li> <li>• A number of key stakeholders commented this option would be positive in terms of future needs and demand.</li> <li>• As per option 1, the majority of key stakeholders commented on the current staff cohort and need to maintain them. This option would offer job security and increased employment opportunities, however the previous comments about recruitment and retention of appropriately skilled and trained staff remains prevalent when considering this option. A few key stakeholders queried if SCC has the desire and financial capacity to invest in increased staffing resources.</li> <li>• As per Option 1, there were concerns from staff about the visibility, utilisation and equity of the service in the marketplace remain prevalent – it would be critical to address this issue and revise of the current Service Charter for this option to be successful.</li> <li>• A number of key stakeholders commented that not all current buildings, including equipment and resources, were fit for purpose / would be able to accommodate increased number of attendees, thus potentially requiring a level of change. As</li> </ul>

	<p>per Option 1, a few key stakeholders questioned whether the Council had alternative buildings that could be used and the financial capacity to invest further, as required.</p> <ul style="list-style-type: none"> <li>The majority of key stakeholders felt it would be positive for SCC to both sustain and strengthen their position in the marketplace, particularly in respect of complex needs and in cases of crisis (including individual crisis and provider failure).</li> </ul>
<p><b>Option 3: redesign and/or explore alternative delivery model.</b> The Council would redesign the current complex needs services and consider alternative ways to deliver the service including Local Authority Trading Company, Community Interest Company, or Mutual Co-operative.</p>	<ul style="list-style-type: none"> <li>The majority of key stakeholders commented that they felt this would be a viable option as it would enable the continued delivery of a high-quality service to people who currently attend, and potentially an increased number of individuals.</li> <li>A number of key stakeholders commented that small services offer a more personalised experienced and thus they may be concerned about services growing too large, with the priority being maintain the current quality of service and ensuring compatibility of attendees. As per option 2, the same suggestion about the use of smaller or portioned buildings and the impact of change on people who use services was made.</li> <li>A number of key stakeholders commented that this option would be positive in terms of future needs and demand.</li> <li>As per options 1 and 2, the majority of key stakeholders commented on the current staff cohort and need to maintain them; noting the positive impact on job security but concerns about recruitment and retention of skilled and trained staff. In addition, a number of staff queried the impact this would have their existing terms and conditions, noting that changes could impact negatively on staff morale.</li> <li>A number of key stakeholders commented that this option would likely effectively address previously iterated concerns about visibility and equity within the marketplace. If an LATC, the service might be able to join any contractual arrangement operated by the Council and 'bid' for new business.</li> <li>A number of key stakeholders commented that this option could consider a change in the operating hours, generating income, using alternative contractors for the provision of support services, development of a new service charter and give the service / staff greater autonomy, which would likely have a positive impact for users and carers.</li> <li>A number of key stakeholders commented that not all current buildings, including equipment and resources, were 'fit for purpose' / would be able to accommodate increased number of attendees, thus potentially requiring a level of change. There were questions about the availability of alternative buildings and the financial resources to invest, with some staff asking how the provision of buildings would work within an alternative delivery model.</li> <li>The majority of key stakeholders felt it would be positive for the Council to both sustain and strengthen their position in the market, particularly in respect of complex needs and in cases of a crisis (including individual crisis and provider failure). A few key stakeholders commented an alternative delivery model could generate further competition in the marketplace.</li> </ul>
<p><b>Option 4: decrease Capacity.</b> The Council would continue to own and operate the complex needs services and decrease capacity to current staffing and</p>	<ul style="list-style-type: none"> <li>The majority of key stakeholders commented they did not feel this option was viable / desirable, with a number noting they would actively challenge this option if implemented.</li> <li>A number of key stakeholders commented whilst this option would be beneficial for those who continued to receive the quality support from the current trained and skilled staff cohort, it would be highly detrimental to those who no longer continued to receive this support and 'short-sighted' in respect of future need.</li> <li>The majority of key stakeholders commented this would only provide job security for a number of staff and would likely negatively impact on staff morale.</li> <li>The majority of key stakeholders commented they felt this option would lead to the eventual closure of these services.</li> </ul>

<p>attendee levels, as a minimum.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented this option would likely lead to an increased number of crises, resulting in increased dependency on costly services.</li> <li>• A number of key stakeholders commented that whilst this may result in an immediate saving, it is likely expenditure would increase in the future in terms of individual care and support needs and a number of the existing 'overheads' would remain, including buildings and equipment.</li> <li>• A few key stakeholders commented this option would work well for people who prefer small settings; this could result in an increased personalised service offer.</li> <li>• A number of key stakeholders commented this would weaken SCC's position in the marketplace and increase reliance on the independent marketplace.</li> </ul>
<p><b>Option 5: cease direct provision.</b> The Council would cease to directly provide complex needs day services and would instead source these services from the independent market.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented this was their least favoured option, as it was neither viable or desirable, with the majority noting they would seek to challenge the implementation of this option.</li> <li>• The majority of key stakeholders commented this would negatively impact on both the health and wellbeing of the people attending services and their carers, with a few noting loss of these services would likely result in their relative being able to remain in the family home.</li> <li>• A number of key stakeholders commented should we undertake a 'like for like' exercise as per the previous Modernisation Programme, as per previous Cabinet papers submitted, SCC will likely incur increased expenditure.</li> <li>• A few key stakeholders noted when they had previously explored the independent marketplace to provide care and support to a person with complex needs, they had been unsuccessfully in finding a suitable option (due to complexity of need) and feared this would be experienced once again, with the independent marketplace not having the sufficient skillset and training. Some key stakeholders commented on their distrust of the independent marketplace.</li> <li>• A majority of key stakeholders commented this was 'short-sighted' both in respect of current and future needs / demand.</li> <li>• The majority of key stakeholder commented this would result in job losses, impacting on staff morale regardless of the 'reprovision' option explored.</li> <li>• A number of key stakeholders commented, SCC would no longer have a position in the marketplace which may negatively impact during times of crisis (both individual and in terms of the marketplace) due to a reduced number of options for consideration.</li> </ul>

**Appendix 2: potential ability of options for directly provided services for adults with complex needs to meet Programme outcomes**

Outcomes	Option 1: maintain the status quo.	Option 2: increase capacity.	Option 3: redesign and/or explore alternative delivery model.	Option 4: decrease capacity	Option 5: cease direct provision
To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes.	Yes. This option had broad support from key stakeholders.	Yes. This option had broad support from key stakeholders.	Yes. This option had broad support from key stakeholders.	No. This does not have broad support from key stakeholders.	No. This is not supported by key stakeholders.
To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed eligible care and support needs.	No. The service charter is not clear and services may not be consistent with people's assessed eligible care and support needs.	Yes. A clear service charter would be developed to reflect these needs and to make the offer clear to current and new users.	Yes. A clear service charter would be developed to reflect these needs and to make the offer clear to current and new users.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support. There was limited interest from the independent market.
To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance.	No. Without a clear specification it is not possible to satisfactorily quality monitor / assure the services (implementing fair and equitable standards and treatment as per the independent market)	Yes. Quality assurance arrangements would be put in place based on the service charter.	Yes. Quality assurance arrangements would be put in place based on the service charter.	Yes. Formal arrangements for procurement, contracting and quality assurance could be put in place with the independent marketplace. Quality Assurance arrangements would be put in place based on the service charter.	Yes. Formal arrangements for procurement, contracting and quality assurance could be put in place.
To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace.	No. The cost of services is not based on eligible needs and is an historical calculation.	Yes. The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. Set rates could be introduced to reflect users assessed eligible care and support needs (see independent marketplace work). The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. Set rates could be introduced to reflect users assessed eligible care and support needs (see independent marketplace work).
To support people and services to shift from community presence to genuine community inclusion.	Yes. The service would continue to support people to access the community – however it is noted there are variations in current practice.	Yes. A requirement to maximise community inclusion could be written into the service charter.	Yes. A requirement to maximise community inclusion could be written into the service charter.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.
To contribute towards the £3.7million savings required for the Medium Term Financial Strategy.	No. Without change no savings are possible.	Yes. More effective ways of delivery could be explored and an extension of the offer could reduce expenditure in the independent market.	Yes. More effective ways of delivery could be explored and an extension of the offer could reduce expenditure in the independent market.	No. It is not clear that the cost of services provided to people would represent value for money.	No. It is not clear that the cost of services provided to people would be lower in the independent market and the impact could increase expenditure i.e. crisis support.

### Appendix 3: specific feedback about options for services commissioned from the independent market

<p><b>Option 1: maintain the status quo.</b> SCC would continue to work with the independent marketplace 'as is' with no significant change.</p>	<ul style="list-style-type: none"> <li>• A number of key stakeholders commented this option would result in minimal disruption and change for people who use services, their carers and providers.</li> <li>• A majority of key stakeholders commented they believed the services were already subject to inspection, due to the fact they are providing support to 'vulnerable people' and the level of expenditure and were 'shocked' they were not. A few key stakeholders asked if quality standards could be introduced without contracts – whilst this would theoretically possible there would be no grounds from compliance.</li> <li>• A number of key stakeholders commented that the price charged and the type of activities should be designed and implemented by the provider, as opposed to the Council, which would continue within this option. Noting their concern involvement from the council ay negatively impact the offer.</li> <li>• A number of key stakeholders commented they did not understand the current price differentials in services (noting they were unclear if they were driven by complexity or quality).</li> <li>• A number of key stakeholders commented they did not feel the current inequity in respect of individuals financially contributing to various aspects of the day was fair and should not continue.</li> <li>• A few key stakeholders commented this would align to their business model / plan. And continue to deliver their service.</li> <li>• A number of key stakeholders commented that they were concerned this option would continue to mean inconsistency and in equity of practice with people who are exploring services not being aware of all options to enable them to make an informed decision (this impacts negatively on providers and the individual).</li> <li>• A number of key stakeholders commented they either did not wish to manage a Direct Payment currently or in the future and wished for the Council to take over management of this budget – this would result in an increased number of 'invoice led' provision (non-contracted).</li> <li>• A number of key stakeholders commented the price charged for a number of day services had not increased / changed in several years, however this would likely require review for a number of people based on the pressures being faced in the marketplace – historically there has not been a single point of contact or consistent mechanism to resolve this and this option would continue this, which could be detrimental to the marketplace.</li> </ul>
<p><b>Option 2: introduce rates and proportionate contracting.</b> The Council would devise and implement a clear service specification with set rates and a formal procurement, contracting and quality assurance arrangements.</p>	<ul style="list-style-type: none"> <li>• A number of key stakeholders commented they felt the introduction of contracts would be positive: <ul style="list-style-type: none"> <li>○ Quality standards and monitoring;</li> <li>○ Clear Service Specification and Accountability;</li> <li>○ Clarity – what the offer does and does not include, meaning personal contributions are fair and equitable;</li> <li>○ All providers would be aware of future care packages and have an opportunity to respond (fair competition);</li> </ul> </li> <li>• A few stakeholders commented they were worried the introduction of contracts and different ways to buy the service would impact negatively on the autonomy and creativity of the providers and customers being able to exercise choice.</li> <li>• A number of key stakeholders told us they were worried about any procurement / tender / contract process being onerous and time consuming, which could negatively impact on the actual delivery of services.</li> <li>• A number of key stakeholders told us they would welcome the introduction of contracts as this would mean they would not need to manage a Direct Payment in future.</li> <li>• A number of key stakeholders commented they felt the introduction of set rates would be fair and equitable – and stressed the importance of these being representative of needs and sustainable.</li> </ul>



	<ul style="list-style-type: none"><li>• A few key stakeholders told us they were worried the introduction of rates would mean a change in their business model.</li><li>• The majority of providers told us the suggested rates included in the survey would not deliver a safe service.</li><li>• A number of key stakeholders told us they did not feel the introduction of one rate for all people, based on the different needs of people, would work.</li><li>• A few key stakeholders told us they were worried about who would decide the amount payable / banding awarded and the timeliness of this process.</li><li>• A few key stakeholders told us introduction of a rate would mean a reduction in the number of days they could attend a service.</li><li>• The majority of key stakeholders commented that a Dynamic Purchasing System would be the preferred procurement mechanism – primarily as it would allow providers to join at any time, thus not limiting choice.</li></ul>
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#### Appendix 4: potential ability of options for services commissioned from the independent market to meet Programme outcomes

Outcomes	Option 1: maintain the status quo	Option 2: introduce rates and proportionate contracting
To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes	No. Whilst there was some level of support for this proposal, concerns were raised about current arrangements including that the service offer is not clear, rates are not fair or equitable, and there is a lack of regulatory and quality oversight by the council.	Yes. This option had some support, although key stakeholders stressed the importance of rates being representative of needs and sustainable, and highlighted some potential risks including a reduction in customer choice, compromising the autonomy and creativity of providers, and potentially onerous processes of procurement and contracting
To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed care and support eligible needs	No. There are no service specifications and services may not be consistent with people's assessed care and support eligible needs. The council would not wholly be fulfilling their statutory duties.	Yes. A clear service specification would be developed to reflect people's assessed eligible care and support needs.
To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance	No. There are no proper contracting or quality assurance arrangements in place.	Yes. Formal arrangements for procurement, contracting and quality assurance would be put in place.
To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace.	No. The price for services varies massively and the prices are not consistently reflective of eligible needs or care; nor are they fair and consistent in regards of people's personal contributions.	Yes. Rate/s / a form of pricing strategy would be introduced to reflect users assessed eligible care and support needs.
To support people and services to shift from community presence to genuine community inclusion	Yes. The service would continue to support people to access the community – however it is noted there are variations in current practice.	Yes. A requirement to maximise community inclusion could be written into the service specification and monitored accordingly.
To contribute towards the £3.7million savings required for the Medium Term Financial Strategy	No. Without change no savings are possible.	Yes. Savings should be possible through introducing fair and equitable rates and avoiding overpayment whilst ensuring the sustainability of the market as a whole.

## Feedback from key stakeholders about the introduction of rates and contracting

In our last round of engagement we asked key stakeholders:

Question	Response Overview
Do you agree with SCC's proposal to advise of a rate to buy day services?	<p>There was mixed feedback – the primary concern was about these rates being sustainable and designed in partnership.</p> <p>A number of key stakeholders told us it would be good to know what should and should not be included / paid for – ensuring everybody makes the same personal contributions.</p> <p>A number of key stakeholders told us it is important that the offer is fair and consistent.</p>
Do you think there should be one rate or a number of rates i.e. based on needs?	<p>The majority of key stakeholders told us they did not feel the implementation of a single rate was the right thing, based on the diversity and range of needs.</p>
Do you think there should be a set rate or reference rates (like a range)?	<p>There was mixed feedback – noting the pro's and cons of both options from different stakeholder perspectives. For example:</p> <ol style="list-style-type: none"> <li>1. Set Rates: a customer can express a greater degree of choice and control; all providers are on an equal 'footing'.</li> <li>2. Reference Rates: a provider can have a greater say in respect of ensuring they can meet needs at a sustainable cost.</li> </ol>
<p>Could a quality service be provided for the following amounts?</p> <ol style="list-style-type: none"> <li>1. Low Needs: £30 per day</li> <li>2. Medium Needs: £49 per day</li> <li>3. High Needs: £58 per day</li> </ol>	<p>The majority of key stakeholders told us they did not feel a quality service could be provided for this amount – particularly in respect to the Low Needs.</p> <p>A number of key stakeholders told us they thought the medium rate and above may deliver a quality service, dependent on the needs of the person.</p>
Do you think there any circumstances where SCC needs to pay more i.e. rural locations?	<p>There was mixed feedback in response to this question.</p> <p>Some key stakeholders thought if we got the 'rate' right in the first place, the council would not need to think about paying more.</p>

	Some key stakeholders thought there might be times when we need to pay more to ensure a person receives the right support.
Do you think SCC should pay 51 weeks per annum?  Do you think SCC should pay for services if somebody does not attend i.e. respite or illness?	There was mixed feedback in response to these questions.  Some key stakeholders told us, regardless of when the services are open or closed or a person attends or not, the costs are proportioned over 52 weeks and so payment needs to be made to ensure businesses keep going.  Some key stakeholders told us, there should not be a charge when the services are closed or a person cannot attend, particularly when plenty of notice has been given.
What pressures are you facing in the marketplace?	Some key stakeholders told us the predominant pressures faced are:  1. National Living Wage Increases 2. Pension Contributions 3. Accommodation costs and associated utilities increasing (some people also told us the longevity of their accommodation wasn't always secure / known so this causes some worry).
Do you agree with the Council's proposal to introduce contract?  What type of contract... 1. Framework? 2. Dynamic Purchasing System? 3. Other?	The majority of key stakeholders agreed with this proposal because:  1. It would promote competition 2. People can still use a Direct Payment 3. It can monitor quality of services 4. Providers will have a point of contact to discuss day to day issues with – the contract could include annual increase discussions.  The primary concern is that people still wanted to express as much choice and control as possible.  The majority of key stakeholders told us they liked that a Dynamic Purchasing System allowed providers to join at any time.  A number of key stakeholders told us they were worried a Framework might be a bit 'restrictive'.  A number of key stakeholders told us it is really important any contract (and using it) needs to be clear from the outset about what is wanted and needed and not a huge / difficult task to use.  People said they would be willing to explore a contract / system that captured the above, as much as possible.



# Community Impact Assessment – Checklist and Executive Summary

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**Name of Proposal:** ALD 2022 Community Offer – Day Opportunities

**Project Sponsor (if applicable):**

**Project Manager (if applicable) or Lead:** Amy Evans, Commissioning Manager

**Date:** June 2019

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**Final Checklist** – Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/ SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed (tick)	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	✓	£3.7 M to be achieved by the Programmed in its entirety
It is clear what the decision is or what decision is being requested.	✓	Consideration of the range of options – including evidence and feedback from programme engagement.
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and <b>potential impacts are clearly identified and mitigated for</b> (where possible).	✓	Information included in the report and associated appendices (as appropriate)
The <b>aims, objectives and outcomes</b> of the policy, service or project have been clearly identified.	✓	The Programme will achieve 6 outcomes
The <b>groups</b> who will be affected by the policy, service or project have been clearly identified.	✓	Please refer to the Evidence Base referenced at relevant points in the main Community Impact Assessment document
The <b>communities</b> that are likely to be more adversely impacted than others have been clearly identified.	✓	Primarily people who are eligible to receive paid care and support, alongside providers.
Engagement / consultation has been undertaken, and is representative of the residents most likely to be affected.	✓	Please see a summary in the main CIA. Engagement has been ongoing for an 18 month period.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	Associated Programme members and all other key stakeholders who contributed during the course of engagement
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	✓	Please see Cabinet Report –As per the July 2018 cabinet approach an evidence-based options appraisal has been undertaken, including proportionate engagement.
<b>The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.</b>	✓	Please see PSED section
The next steps to deliver the project have been identified.	✓	Implementation will be subject to the recommended options.

**Executive Summary** – The Executive Summary is intended to be a collation of the **key issues and findings** from the CIA and other research undertaken. This should be completed **after** the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the **CIA template**. Where no major impacts have been identified, please state N/A.

	Which groups will be affected?	Benefits	Risks	Mitigations / Recommendations
<p><b>PSED</b> – What are the impacts on residents with a protected characteristic under the <b>Equality Act 2010</b>? <i>Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision and this can be supported with robust evidence.</i></p>	<p>Disability: Adults with a learning Disability and/or Autism, and carers.</p> <p>Staff employed in the Complex Needs Services (owned and operated by SCC)</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• People would receive support to meet their assessed eligible social care needs.</li> <li>• As per the Care Act, SCC would endeavour to facilitate choice / preference and personalisation where possible. This choice would not be at any cost.</li> <li>• The Programme has reviewed the current offer and would seek to ensure ‘sustainability’ of these services in future as per the option descriptor.</li> </ul>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• Risk of complaint and challenge.</li> <li>• People may be required to ‘change’ providers, subject to the preferred option implemented and impact on both the individual and the provider.</li> </ul> <p><b>Ind. Market Opt 1:</b></p> <ul style="list-style-type: none"> <li>• Continuation of inequity of practice, lack of transparency and no quality monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>• Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>• TUPE of staff may be applicable in certain circumstances.</li> <li>• Partnership working to ensure any new ways of working are sustainable and ‘fit for purpose’.</li> </ul>
<p><b>Health and Care</b> – How will the proposal impact on residents’ health? How will the proposal impact on demand for or access to social care or health services?</p>	<p>Disability: Adults with a learning Disability and/or Autism, and carers:</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• People would receive support to meet their assessed eligible social care needs – this would include the</li> </ul>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• Risk of complaint and challenge.</li> <li>• People may be required to ‘change’ providers, subject to the preferred</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and communications about the progress of the programme, the</li> </ul>



	<p>Mental Health &amp; Wellbeing</p> <p>Healthy Lifestyles</p> <p>Access to Social Care</p> <p>Independent Living</p> <p>Safeguarding</p>	<p>consideration of personalised outcomes.</p> <ul style="list-style-type: none"> <li>As per the Care Act, SCC would endeavour to facilitate choice / preference and personalisation where possible. This choice would not be at any cost.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>Introduction of contractual arrangements, including quality monitoring</li> </ul>	<p>option implemented and impact on both the individual and the provider.</p>	<p>outcomes and the impact</p> <ul style="list-style-type: none"> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>TUPE of staff may be applicable in certain circumstances.</li> <li>Partnership working to ensure any new ways of working are sustainable and 'fit for purpose'.</li> </ul>
<p><b>Economy</b> – How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?</p>	<p>SCC Complex Needs staff &amp; Ind. Marketplace:</p> <p>Economic Growth</p> <p>Workplace</p> <p>Access to jobs</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>The Programme would undertake (and keep updated) a needs / demand profile to support the marketplace.</li> <li>SCC would clarify its position in respect of complex needs – aiding both the internal workforce and shaping the independent marketplace.</li> </ul> <p><b>Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>The Programme would introduce a fair and competitive process</li> </ul>	<p><b>Ind. Market Opt 1</b></p> <ul style="list-style-type: none"> <li>Continuation in current inequity of practice and process.</li> </ul> <p><b>Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>Providers have expressed concerns the rates may not be sufficient / sustainable and will impact on numbers attending, including through reduction of 'choice'.</li> </ul>	<ul style="list-style-type: none"> <li>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>TUPE of staff may be applicable in certain circumstances.</li> <li>Partnership working to ensure any new ways of working are</li> </ul>

		(with supporting contractual arrangements), including rates payable, thus helping providers with their business plan.		sustainable and 'fit for purpose'.
<b>Environment</b> – How will the proposal impact on the physical environment of Staffordshire?	All key stakeholders:  Transport	<p><b>All Options:</b></p> <ul style="list-style-type: none"> <li>The Programme would encourage consideration of a range of transport options and solutions.</li> </ul> <p><b>All Complex Needs Opt &amp; Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>People would receive support to meet their assessed eligible social care needs – including the provision of transport (where eligible).</li> </ul> <p><b>Ind. Market 2:</b></p> <ul style="list-style-type: none"> <li>SCC would calculate the cost of transport separately from care and support for eligible persons.</li> </ul> <p>People not eligible to receive support with transport would be entitled to enter into a private arrangement with the Provider.</p>	<p><b>All Complex Needs Opt &amp; Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>Risk of challenge and complaint.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>Providers would potentially make a financial loss in respect of transport.</li> <li>People have expressed concerns in respect of affordability / loss of transport negatively impacting on them.</li> </ul>	<ul style="list-style-type: none"> <li>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>Partnership working to ensure any new ways of working are sustainable and 'fit for purpose'.</li> </ul>

**Localities / Communities –**  
How will the proposal impact on Staffordshire's communities?

All key stakeholders:

Community Development/  
Capacity

Leisure and Culture

Volunteering

Rural Communities

**All options:**

- SCC can seek to stimulate and build community capacity through specifications.
- The provision of day opportunities would support and enable people to explore meaningful opportunities.

**Ind. Market Opt 2:**

- Consideration would be given to the payment of enhanced rates to providers to provide support to people living in rural communities may enhance the local offer

**All Opts:**

- Previous iterations of the 'Modernisation' Programme have failed to sufficiently develop and maintain community capacity.
- There are concerns local opportunities are not accessible without support and not inclusive.

**Ind. Market Opt 2:**

- Regardless of the payment of enhanced rates, Providers may opt not to service hard to reach / rural areas.

- Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact – inc. with voluntary, third sector and community organisations.



Local Members' Interest

## Healthy Staffordshire Select Committee – 10 June 2019

### University Hospital North Midlands

#### Recommendation/s

1. To consider the information provided and constructively challenge the Trusts performance.

#### Report of University Hospital North Midlands

#### Summary

#### What is the Scrutiny Committee being asked to do and why?

2. At the meeting of this Committee held on 3 December 2018, Members requested that the University Hospital North Midlands (UHNM) attend a future meeting to discuss the following:

- The current financial deficit and how this is being addressed,
- Any services changes being considered,
- Cancer target rates and the plans to improve performance.

3. Subsequent to this request, a small working group of members were established to consider the Trusts quality accounts. Whilst reviewing the document, additional information was requested on:

- The Impact the financial position is having on the quality and performance of the services provided.
- Staffing levels and retention – what is the current position and what work is taking place to address any issues.
- Death rates – The % of deaths with palliative care coded at either diagnosis and/or specialty level has increased by 4.3%. How many of these cases were on a discharge pathway and were delayed? Is this a reflection of the Trust admitting more palliative cases and if so why?
- Specific information on the 62 day Cancer target. Details of performance broken down by tumour sites.
- UHNM priorities - How alignment of priorities between UHNM and the STP is being addressed.

#### Contact Officer:

Mandy Pattinson

Scrutiny and Support Officer

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**Healthy Staffordshire Select Committee – 10<sup>th</sup> June 2019**

**1. Staffing levels and retention**

Response: The Trust is fortunate in that we don't have significant turnover or stability problems in many of our roles; however we continue to recruit to posts, with on-going recruitment campaigns for nursing staff at Stoke and the County, and for medical positions.

The Trust has a strategy of "growing our own" staff wherever we can by recruiting apprentices, associates and trainees who we can support and develop into other roles. We also look at introducing new/redesigned roles to support recruitment in those "hard to fill" positions, particularly with junior medical posts where we sometimes have difficulty recruiting.

Nursing

- 7% vacancy or lower
- Retention highest nationally at over 90%
- Agency lowest at under 1%
- Specific recruitment days well-attended

**Stability Index** **Period 01/05/18 to 30/04/19**

		Start	End	Remain	Index
Add Prof Scientific and Technic	Headcount	396	402	360	90.91%
Additional Clinical Services	Headcount	2,492	2,482	2,181	87.52%
Administrative and Clerical	Headcount	2,013	1,907	1,748	86.84%
Allied Health Professionals	Headcount	503	528	443	88.07%
Estates and Ancillary	Headcount	606	593	540	89.11%
Healthcare Scientists	Headcount	323	318	295	91.33%
Medical and Dental	Headcount	683	699	569	83.31%
Nursing and Midwifery Registered	Headcount	3,276	3,267	2,979	90.93%
Students	Headcount	4	0	0	0.00%
<b>Trust Level</b>	<b>Headcount</b>	<b>10,296</b>	<b>10,196</b>	<b>9,115</b>	<b>88.53%</b>

**Turnover by Staff Group** **Period 01/05/18 to 30/04/19**

Staff Group	Leavers Count	Leavers FTE	Avg FTE	Turnover Rate (FTE) %
Add Prof Scientific and Technic	33	28.30	359.74	7.87%
Additional Clinical Services	203	166.04	2,179.80	7.62%
Administrative and Clerical	265	225.13	1,721.65	13.08%
Allied Health Professionals	58	51.22	468.91	10.92%
Estates and Ancillary	70	46.73	459.12	10.18%
Healthcare Scientists	30	25.82	291.66	8.85%
Medical and Dental	108	100.29	652.49	15.37%
Nursing and Midwifery Registered	227	191.87	2,891.33	6.64%
<b>Trust Level (based on FTE)</b>	<b>994</b>	<b>835</b>	<b>9025</b>	<b>9.26%</b>

Nb Turnover based on headcount for this period is 9.66%

## Notes and Caveats

<b>Dates</b>	Data covers the period 01/05/18 to 30/04/19
<b>Assignment category</b>	Fixed Term Temp and Permanent only ( <b>excludes Bank only Staff</b> )
<b>Leaving Reason</b>	<p><b>Excludes the following reasons for leaving:</b></p> <ul style="list-style-type: none"> <li>Bank staff not fulfilled minimum work requirement</li> <li>Death in Service</li> <li>Has not worked</li> <li>Initial pension ended</li> <li>Merged Organisation - duplicate record</li> <li>Employee Transfer</li> <li>End of Fixed Term contract - completion of training scheme</li> <li>End of Fixed Term contract - external rotation</li> </ul>
<b>Job Role</b>	<p><b>Excludes Doctors in Training:</b></p> <ul style="list-style-type: none"> <li>Foundation Year 1</li> <li>Foundation Year 2</li> <li>House Officer - Post Registration (Closed)</li> <li>Senior Dental Officer</li> <li>Specialty Registrar</li> </ul>
<b>Primary Assignments only</b>	Primary Assignments only ( <b>excludes Bank posts held by substantive staff</b> )

### Medical and Dental Labour Turnover Rate Grouping

Period 01/05/18 to 30/04/19

All Job Role, All reasons for leaving							Turnover Rates	
Job Role	Avg Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Associate Specialist (Closed to new entrants)	12.75	12.12	0		2	1.45	15.69%	11.92%
Clinical Assistant	3.00	0.36	0		0		0.00%	0.00%
Consultant	496.08	476.82	33	29.65	53	47.86	10.68%	10.04%
Dental Officer	5.42	5.42	8	8.00	8	8.00	147.69%	147.69%
<b>Foundation Year 1</b>	68.67	68.29	69	69.00	14	14.00	20.39%	20.50%
<b>Foundation Year 2</b>	72.42	72.02	25	25.00	70	69.80	96.66%	96.92%
Salaried General Practitioner	10.58	3.08	0		1	0.30	9.45%	9.74%
Specialty Doctor	93.33	87.32	23	21.29	14	12.08	15.00%	13.83%
<b>Specialty Registrar</b>	299.75	290.91	213	208.65	209	204.29	69.72%	70.22%
Trust Grade Doctor - Career Grade level	4.00	3.15	0		0		0.00%	0.00%
Trust Grade Doctor - SHO Level	1.30	1.30	0		0		0.00%	0.00%
Trust Grade Doctor - Specialty Registrar	67.08	66.22	53	52.73	38	37.66	56.65%	56.87%
<b>Doctors in Training</b>								
<b>Stability Index</b>								
			Start	End	Remain	Index		
Medical and Dental	Headcount	1,138	1,131	739	64.94%			
	Assignment Count	1,138	1,131	730	64.15%			



## 2. Cancer

### **Cancer Strategy with the STP and Cancer Performance Improvement**

The National cancer plan maps out a route to achieve world class cancer outcomes in England by 2020. The UHNM cancer plan aims to deliver this plan for the population of Staffordshire in collaboration with the West Midlands Cancer Alliance who are custodians of the STP plan.

Examples of strategy alignment and collaborative working with the STP include Medical staff providing educational support to primary care to ensure early and appropriate referral; outreach early diagnosis projects one example being the recent initiation of a community lung cancer screening pilot project run by UHNM staff using West Midlands Cancer Alliance funding. This follows an innovative approach to direct CT scanning in symptomatic patients that is to be adopted nationally.

The UHNM Strategic Cancer Plan will use Cancer Alliance funding to introduce best practice diagnostic pathways for patients suspected to have lung, prostate, colorectal and upper GI cancer during 2019. The Trust is traditionally an early adopter of new diagnostic pathways especially in lung and prostate pathways. It is developing new pathways to use FIT for the detection of GI cancer- this will go beyond the national role out of FIT for screening, but will use FIT to guide pathway decisions.

A high quality modern service increasingly relies on specialist services and technology. UHNM has positioned itself to become one of a handful of large cancer centres, building on its robotic surgical programme, which is already providing Urological, colorectal and Gynaecological services. Increased caseload makes the programme more resilient and is expected to drive use in other specialities and forming alliances with other acute provider hospitals within the Region.

The Trust will form further strategic alliances to strengthen specialised services, guided by local need and complying with national cancer and GIRFT plans. This includes both surgical and oncological services. Indeed oncological services are under increasing pressure with a large number of new treatments, which can improve prognosis and/or reduce side effects of treatment. The Trust radiotherapy strategy is to develop links to the West Midlands radiotherapy network. It also has a memorandum of understanding with the Christie Hospital to investigate how the oncological services of the 2 Trusts can collaborate to provide a more resilient service and to improve access to research studies for the local population.

UHNM sees itself as one of the future dominant cancer centres in the region. It will drive quality and improve patient experience and provide improved outcomes by developing and increasing specialised treatments by collaborating with other local hospitals.

### **Cancer performance and improvement/sustainability plans**

- The Trust has had a number of significant challenges in the first half of the year which our Divisional Teams are continuing to model and manage, especially with the prospect of the 28 day faster diagnostic standard, April 2020.
- exponential increase in referrals in the first half of the year for breast, urology and colorectal services which impacts on the downstream capacity to diagnose and treat to timescale.
- significant diagnostic capacity challenges in endoscopy and cross sectional imaging (CT and MRI), consistent with the national experience.
- Medical/clinical skills gap in certain cancer modalities, which again is consistent with the national workforce challenge experience.

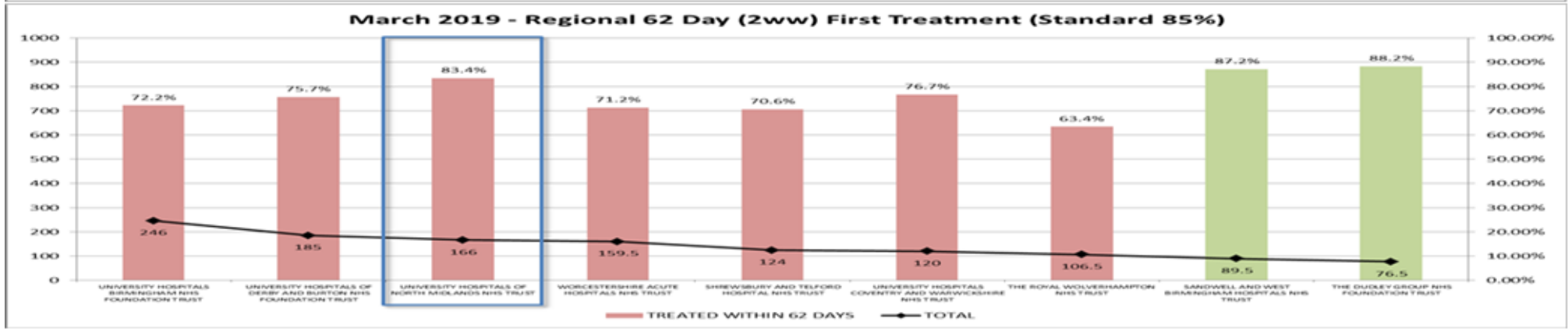
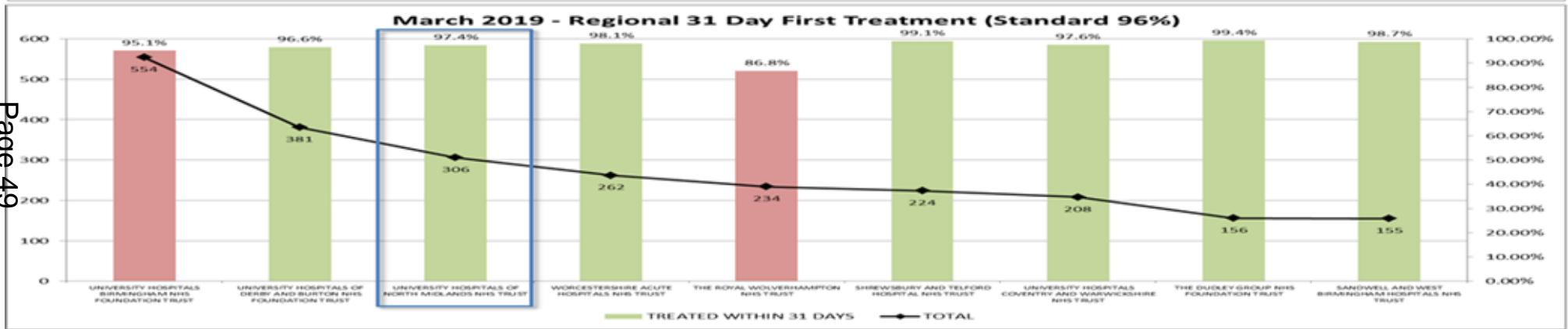
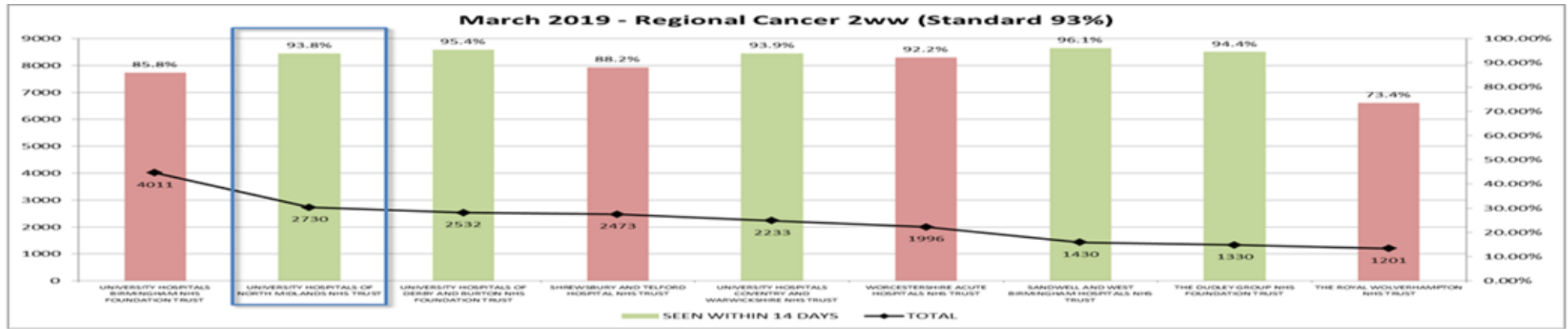
Details of Performance by Tumour Site for Quarter 4 of 2018/19 are detailed below.

Confirmed Diagnosis:	Quarter 4 2018/19	
	Cancer Site	Total
Brain/CNS	1	100.00%
Breast	71	81.69%
Colorectal	44	75.00%
Gynae	36	83.58%
Haematology	27	88.68%
Head & Neck	20	70.00%
Lung	35	47.62%
Other	5	60.00%
Sarcoma	9	23.08%
Skin	112	91.07%
Upper GI	38	61.97%
Urology	120	71.55%
<b>Trust</b>	<b>518</b>	<b>76.38%</b>

The improvement initiatives cited within our cancer delivery plan for 2019/20 outline how our current cancer pathways will be reconfigured to support earlier diagnosis and expedited treatment plans for our patients.

Oncology service developments include treatments for patients within their post code catchment, (Wolverhampton) and a Specialty doctor now working with our Consultant teams from 1<sup>st</sup> May to give additional support.

UHNM Cancer Performance for March 2019 is shown below. Whilst UHNM performance has been at variance for some modalities, we do compare favourably with our respective peer Trusts and we have been working with colleagues in the Intensive Support Unit to assist with future modelling of our service demand and capacity in order to ensure we can deliver and sustain our cancer services in accordance with the UHNM vision to deliver best in peer outcomes for the local population we serve.



### **3. Death rates**

The death rates are in relation to published SHMI and relates to 2017/18 figures. There has been increase in the number of patients with palliative care being coded within their diagnosis from 39.5% to 43.8%. Within the calculation of SHMI, palliative care coding does not have any impact therefore does not have impact on our overall SHMI which is within expected band 2 at 1.06.

I am unable to identify how many of these cases were on a discharge pathway and were subsequently delayed in discharge. The increase would be that there are more patients which are being identified by the clinicians as requiring palliative care input during their inpatient stay in 2017/18 compared to 2016/17.

The NHS Digital website is currently closed until Wednesday 5th June 2019 so cannot check any details behind this figure until then.

### **4. Financial Position**

Verbal update to be provided by the team at the meeting on the 10<sup>th</sup> June 2019.

### **5. Service changes**

Verbal update to be provided by the team at the meeting on the 10th June 2019.

### **6. UHNM / STP priorities**

Verbal update to be provided by the team at the meeting on the 10th June 2019.

Local Members' Interest
N/A

## Healthy Staffordshire Select Committee – 10 June 2019

### District and Borough Health Scrutiny Activity

#### Recommendation

1. That the report be received, and consideration given to any matters arising, as required.

#### Report of the Scrutiny and Support Manager

#### Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee dealing with health scrutiny matters that have a specifically local theme. The Healthy Staffordshire Select Committee will continue to deal with matters that impact on the whole or large parts of the County.
4. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the beginning of their municipal year.

#### Cannock Chase District Council

5. The Wellbeing Scrutiny Committee met on 29 January 2019 and again on 04 March 2019. Items considered focussed on the 2018-19 Committee Review of Obesity in the District and the actions taken to address it. In these meetings the Committee:
  - Received and considered a presentation from Staffordshire Public Health which outlined the role of public health and the current actions and programmes aimed at tackling obesity in the District;
  - Received and considered a presentation from Inspiring Healthy Lifestyles (the Council's Leisure provider) which outlined various programmes and initiatives being pursued in the District to encourage increased physical activity and healthy lifestyle choices;
  - Received local Healthwatch updates;
  - Reviewed progress with the main work programme item of a review into obesity levels in the District (see above)

#### East Staffordshire Borough Council

6. A verbal update will be given at the meeting.

#### Lichfield District Council

7. A verbal update will be given at the meeting.

## Newcastle-under-Lyme Borough Council

8. At the 4 March meeting members of the Committee received a presentation from Staffordshire Police on Monkey Dust. The Cabinet Member subsequently wrote to the Home Office to ask for this drug to be reclassified at Category A. A copy of this letter was sent to the Staffordshire Commissioner for Police, Fire and Crime.

Representatives from the Clinical Commissioning Group presented to members on the future of local health services and members concluded that Option 5 was the most cost effective in the long term with an investment cost of £1.5m.

Finally, members received feedback on the Active Lives Children's Survey undertaken by Sport England and have asked Cabinet to look at the link between obesity and deprivation by ward and, with partners coordinate a Borough wide strategy to improve take up of out of school and physical activity opportunities by young people.

## South Staffordshire District Council

9. The next meeting will be held on 11<sup>th</sup> June.

## Stafford Borough Council

10. The last meeting of Stafford Borough Council's Community Wellbeing Scrutiny Committee was held on **Tuesday 12 March 2019** during which the following items were considered:-
- **Healthy Staffordshire Select Committee** – a report back on the previous meeting of the Healthy Staffordshire Select Committee held on 4 February 2019.
  - **Health in All Policies – A Progress Update** – a report updating the Committee on the progress of the integration of the Health in All Policies strategy throughout Stafford Borough Council
  - **Performance Reporting 2018-21** - a detailed analysis of the performance and financial monitoring of those services within the remit of the Scrutiny Committee for the quarter 3 period ending 31 December 2018
  - **Work Programme** – a report outlining the Committee's Work Programme for meetings up to March 2020.

The next scheduled meeting of the Committee is due to be held on **9 July 2019**.

## Staffordshire Moorlands District Council

11. The next meeting will be held on 22 May 2019. A verbal update will be given at the meeting.

## Tamworth Borough Council

12. The last meeting was held on the 4<sup>th</sup> April 2019. The main item of business covered Safeguarding Children and Adults at Risk of Abuse and Neglect. The Children & Families Safeguarding Officer provided a biannual safeguarding update to the Health & Wellbeing Scrutiny Committee covering:
- The referral figures following the end of quarter 4 2018/19;
  - Safeguarding training which was now a rolling programme;
  - Taxi driving training which was focussed on issues relevant to the audience and had been well attended;

- Staffordshire Safeguarding Children Board and Staffordshire & Stoke on Trent Adult Safeguarding Board;
- Audit Safeguarding Board audit tool;
- Multi-Agency Partnership Working;
- Relevant checks when using third parties through Arts & Events;
- Suicide Procedure / Guidance.

The members of the Committee sought and received further information on the processes in place to deal with child sexual exploitation, which included working with other local authorities, awareness raising and the importance of early education and the work to build resilient children and families.

**Appendices/Background papers** (i) email from Cannock Chase 28 May 2019 (ii) email from Stafford Borough Council 4 May 2019; (iii) email from Newcastle Under Lyme Borough Council 29 May 2019 (iv) email from Staffordshire Moorlands District Council 10 May 2019 (v) email from Tamworth Borough Council 20 May 2019. (vi) email from South Staffordshire 1 May 2019 (vii) No email received from Lichfield District Council. (viii) email from East Staffs Borough Council 1 May 2019.

### **Contact Officers**

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[nicholas.pountney@staffordshire.gov.uk](mailto:nicholas.pountney@staffordshire.gov.uk)





Local Members' Interest
n/a

## Healthy Staffordshire Select Committee – 10 June 2019

### Work Programme Planning 2019/20

#### Recommendation

1. That the Healthy Staffordshire Select Committee consider and agree an initial list of priorities to form the basis of the work programme for 2019/20.

#### Report of the Scrutiny and Support Manager

#### Summary

2. The Healthy Staffordshire Select Committee is responsible for:
  - Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance including the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. In accordance with these Regulations the County Council has agreed for these regulations to be discharged through the designated Overview and Scrutiny Committee.
  - Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).
3. In fulfilling its remit, the Committee may hold accountable the NHS bodies serving the county and, primarily, the Cabinet Member for Health, Care and Wellbeing.
4. In developing a work programme the Committee is encouraged to identify issues that are a current priority for local people and communities and/or are a priority for the NHS, Council and partners. If a matter is a recurring issue for the people you collectively as Councillors represent, then the likelihood is that it is something the Committee should spend time on. The more relevant the issue is to local communities then the greater the likelihood of engaging those communities in the scrutiny process and of producing outcomes that will be visible to those communities. Members are encouraged to raise and discuss issues that should form the basis of the work programme and review these periodically throughout the year to ensure they remain relevant and will add value to what the NHS, Council and partners are doing.
5. The arrangements for scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area continue to include the county's

eight District and Borough Councils, with work programme planning being the mechanism for delegated scrutiny. Therefore, the Committee also has a role to advise on the choice of topics for health scrutiny across Staffordshire Councils.

## **Report**

### **Remit of the Healthy Staffordshire Select Committee**

6. Before considering this report, Members of the Committee have received a presentation on the health scrutiny function and the arrangements operating in Staffordshire, as well as the opportunity to discuss what working practices you may wish to adopt.
7. The NHS Constitution states that “the NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”

The Committee has a key role in providing a constructive challenge to the delivery of these outcomes for people in Staffordshire by the NHS - with the County Council and partners.

8. The scrutiny structures have been designed to ensure effective accountability for the delivery against the Council’s key outcomes as set out in Staffordshire County Council’s Strategic Plan 2019-24. The Healthy Staffordshire Select Committee is responsible for holding to account the Cabinet Member for Health, Care and Wellbeing.

The Healthy Staffordshire Select Committee has the power to make reports and recommendations to NHS bodies conferred by the Health and Social Care Act 2001.

The Healthy Staffordshire Select Committee may, within the scope of its allocated roles and responsibilities, respond independently to health related consultations from Government and external agencies.

9. The Committee will take the lead in scrutinising the work of the Health and Wellbeing Board and will develop a working relationship to enable this to be undertaken effectively.
10. In recognition that many District/Borough Council functions have an impact on health and wellbeing, the County Council has operated health scrutiny arrangements that include the District/Borough Councils in the county. Set out in the Code of Joint Working, the arrangements provide additional capacity (subject to effective work programme planning, co-ordination and delivery) to carry out work that leads to recommendations for improving access to and the quality of services - to reduce inequalities in health and wellbeing for people and communities in Staffordshire.

11. Whilst scrutiny cannot investigate individual complaints, it is there to challenge the NHS, Council and partners about increasing patient/service user and public involvement in the assessment and improvement of the quality of services. Scrutiny can contribute by investigating trends in community concerns, whether these are drawn from complaints data, councillor casework or identified local priorities.
12. In discharging its functions, the Committee has the power to make reports and recommendations to NHS bodies and the Council. It may respond independently to health related consultations.

### **Developing the Work Programme**

13. This meeting is an opportunity for the Committee to begin to identify and prioritise what it wishes to scrutinise during the current municipal year and beyond.
14. Whilst Members are encouraged not to be overly scientific in choosing topics for scrutiny, the Code of Joint Working includes criteria to help you choose topics for the work programme where you are most likely to make a difference. In preparing for the meeting, Members are encouraged to reflect on trends in issues that fall within the remit of the Committee. Scrutiny is one opportunity to investigate issues of local concern that cut across the county. If there is a growing concern for local communities then it is more likely that any scrutiny will be able to engage those communities and result in outcomes that will be visible to them.
15. When agreeing matters for your work programme you are encouraged to ask the following questions:
  - a. Is the matter of particular concern to local people? You may wish to reflect on topics raised with you when canvassing.
  - b. Is the issue an identified priority for the County Council or partners?
  - c. Does the issue relate to an area of service with a trend in weak performance? For example, has this issue been identified by external auditors or inspectors?
  - d. What difference could scrutiny make?
  - e. What would happen if you did not look at this issue?
16. District and Borough Council committees dealing with health scrutiny will also have their own views on what they wish to scrutinise. The co-ordination of scrutiny activity is important in regard to assuring the quality of scrutiny activity and making the best use of resources. Once this Committee has its initial list of priorities, there will need to be liaison with the District and Borough Committees, in particular to agree how to deal with any matters of common interest.

### **Matters from Last Year's Work Programme**

17. Whilst it is for the Committee to determine what they do and do not want to include in the work programme, there are some issues from last year that the Committee may want to consider. There is a draft Work Programme attached as Appendix 1.

Detailed below are issues which have been highlighted as potential items of work for the Committee to consider, both continuing items which have been commenced and new items which have been supported but not commenced.

- Staffordshire and Stoke on Trent Sustainability and Transformation Plan (STP) – update on progress
- Midlands Partnership NHS Foundation Trust – following the merger with the SSOTP
- Heathwatch Contract monitoring
- NEXXUS – the quality of the care provided.
- Modernising Adult Social Care Programme.
- CAMHs Strategy
- Autism Plan
- University Hospital Derby and Burton – consultation on the Stroke Service changes

### **Method of Scrutiny**

18. Once Members have identified the matters they wish to scrutinise, consideration needs to be given to the most appropriate timing and method of scrutiny for that issue (proposals for some items may be provided). Members may wish to:
  - consider an item at a single meeting;
  - consider an item over a series of meetings;
  - allocate the work to a small group of Members to look at over a period of 2-3 months; or
  - undertake an inquiry day.
19. The choice of method will depend in part on the scope of the matter, capacity and the opportunity for locality working and community engagement in the review. Experience suggests that single issue meetings and small task groups tend to deliver greater recommendations and outcomes than heavy agenda at scheduled committee meetings.
20. With abolition of the Primary Care Trusts and the establishment of the Clinical Commissioning Groups, the Committee need to consider how it wishes to develop scrutiny arrangements around their commissioning and delivery of health services, in conjunction with the Health and Wellbeing Board.

### **Reviewing the Work Programme**

21. There will be an opportunity to review the work programme at most Committee meetings. Members are encouraged to raise issues at any point during the year and this can be done by:

- completing the proposal form for work programme items (on line or in hard copy);
  - talking to the Chair / Vice Chair and Scrutiny and Support Team;
  - raising items under the 'Work Programme' item on meeting agenda; or
  - Councillor Call for Action.
22. The simplest method is to discuss the issue at the work programme item on the meeting agenda. In developing a work programme, Members do not need to set in stone the work programme for a full year. To prepare reports and for officers/ witnesses to attend meetings it is important to plan items for the next two to three meetings. Beyond that it is possible that new issues may have arisen that will take precedence; hence it is advisable to review the work programme quarterly and treat it as a fluid document. This way the Committee will be better able to respond to community concerns as and when they arise.

### **Link to Strategic Plan**

23. The remits of the Council's Select Committees link to the strategic priorities set out in the County Council Strategic Plan 2014-18. Work programmes should link to community priorities or strategic outcomes if they are to deliver noticeable outcomes for local communities and the organisation.

### **Link to Other Overview and Scrutiny Activity**

24. Select Committees are encouraged to identify whether any of the issues for their work programmes are 'cross cutting' and would benefit from joint working.

### **Equalities and Legal Implications**

25. The County Council has a responsibility to undertake adequate Equality Impact Assessments to ensure services do not have a negative impact on any one section of the community and the scrutiny committees have a role in ensuring that this responsibility is fulfilled, particularly in regard to health impact. Scrutiny as a function must also comply with the relevant legislation. When considering work programme items, especially when undertaking reviews of policy, the scrutiny committees must always consider whether their recommendations may impact differently on various individuals / sections of the community.
26. The Select Committees will be updated as necessary on any matters affecting their operation that relate to legislation, regulations, and the County Council's Constitution.

### **Resource and Value for Money Implications**

27. Work programmes which are effectively prioritised will ensure that scrutiny activity is focused where it can be of greatest benefit.

### **Risk Implications**

28. The key aspects of risk management in regard to scrutiny work programmes are:

- ensuring that there are clear outcomes from the scrutiny process that impact positively upon the people and communities of Staffordshire and link to corporate priorities; and
- that there is adequate capacity for the select committees to complete the work that has been agreed.

### **Climate Change Implications**

29. The Committee will need to consider the implications for climate change of any recommendations it makes in relation to those issues included on the work programme. The Committee should also consider the implications of the scrutiny methods it decides to utilise – for example, travelling for best practice visits.

### **Contact Officer**

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### **Appendices/Background papers**

Appendix 1 - Draft Work Programme

## **WORK PROGRAMME – 10 June 2019**

### **Healthy Staffordshire Select Committee 2019/2020**

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2019/20.

The Healthy Staffordshire Select Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

#### **Link to Council's Strategic Plan Outcomes and Priorities**

Be healthier and more independent

A joined up approach to **Health, Care and Wellness** that encourages people to take responsibility for their own health and plan for their future, so that we can support those who really need it.

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

**Councillor Johnny McMahon**

**Chair of the Healthy Staffordshire Select Committee**

If you would like to know more about our work programme, please get in touch with Nick Pountney, Scrutiny and Support Manager on 01785 276153 or [nicholas.pountney@staffordshire.gov.uk](mailto:nicholas.pountney@staffordshire.gov.uk)

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Healthy Staffordshire Select Committee is made up of elected County Councilors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Healthy Staffordshire Select Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

## Work Programme 2019-20

Date	Topic	Background/Outcomes	
<b>Committee Meetings, Reviews and Consultations</b>			
		Background	Outcomes from Meeting
<b>10 June 2019</b>	Adult Learning and Disability 2022 Community Offer	Pre decision scrutiny	
	University Hospital North Midlands meeting with new CEO and Finance Director. To cover: <ul style="list-style-type: none"> <li>• Quality and Improvement</li> <li>• Cancer targets</li> <li>• Financial deficit</li> <li>• Issues raised in the Quality Account</li> </ul>	Suggested at the 3 December 2018 Committee meeting	
	Work Programme – Background report and work programme		
<b>15 July 2019</b>	Staffordshire Healthwatch Contract update report	Contract renewal	
	Cabinet Member for Health Care and Wellbeing - Alan White NEXXUS – Home Care Update	Item raised at Triangulation meeting.	
<b>Work Shop 12 August 2019</b>	STP 5 Year Strategy refresh		
<b>16 September 2019</b>	University Hospital Derby and Burton - Stroke services Consultation	CCG Consultation	
<b>28 October 2019</b>	Staffordshire Healthwatch Contract Update		
	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Child Care and Maternity services	Suggested at the 3 December 2018 Committee meeting	
<b>2 December 2019</b>	Children and Adolescence Mental Health (CAMH) Strategy update - include a briefing on the Trailblazer bid.	Suggested at the 3 December 2018 WP item	



<b>3 February 2020</b>			
<b>17 March 2020</b>	Staffordshire Healthwatch Contract Update		
<b>Suggested Items</b>	<b>Background</b>		<b>Possible Option</b>
Role of Community Hospitals	The Committee wish to explore the role of the Community Hospitals within the wider Health Economy		North of the County – Part of the consultation with the Joint Committee with Stoke on Trent South of the County – Part of the STP consultation
Young people acting as carers for sick or disabled parents or other family	The Committee to consider what is being done to identify and support such young people in Staffordshire		
Consideration of the range of approaches to sharing information between PCTs (Now CCGs) and education.	Referral from the Education Scrutiny Committee Closing the Gap Scrutiny Review Scrutiny and Support Manager to undertake further work and report to the Committee		
Midlands Partnership NHS Foundation Trust (MPFT)	How is the MPFT working with the LA following the merger. Finance and culture (and communication strategy) were the main issues raised at the last meeting (10 May 2018). Chairs suggestion. Also cover the questions raised during the consideration of the Quality Accounts.		
Modernising Adult Social Care Programme An update, containing an evaluation of the introduction of the service - back to the Healthy Staffordshire Select Committee in October 2019	October 2019 – agreed at the workshop – 29 November 2018		
Progress of STP workstreams	TBD		
Carers Strategy			
Virgin Care Community Services Contract	Contract ends in April 2020. Email from East Staffs CCG		
<b>Chairman's Activity since the last meeting</b>			
May 2019	Quality Accounts	Quality Accounts – Small groups of committee members held informal groups to respond to the Quality Accounts for the West Midlands Ambulance Service, University Hospital Derby and Burton, University Hospital North Midlands, North Staffordshire Combined Health Care Trust, Midlands Partnership Foundation Trust. Responses were sent to the Trusts for inclusion.	
May 2019	Proposed CCG merger	Consultation on the merger of the CCGs was circulated to all members of the Committee for their comment. A verbal update will be given at the 10 June Committee meeting.	
May 2019	Proposed closure of a GP surgery – Derbyshire	Derbyshire CCG consulted with the chairman over the proposed closure of a GP surgery in Derbyshire as a small number of patients lived in East Staffordshire. The Chairman suggested that Derbyshire County Council be consulted as the majority of patients were from that area.	

**Membership****County Councillors**

Johnny McMahon (Chairman)  
Paul Northcott (Vice-Chairman)

Charlotte Atkins  
Janet Eagland  
Phil Hewitt  
Dave Jones  
Jeremy Oates  
Kath Perry  
Jeremy Pert  
Bernard Peters  
Carolyn Trowbridge  
Ross Ward  
Victoria Wilson

**Borough/District Councillors**

Maureen Freeman (Cannock)  
Ann Edgeller (Stafford)  
Barbara Hughes (Staffordshire Moorlands)  
Richard Ford (Tamworth)  
Alan Johnson (East Staffordshire)  
Janet Johnson (South Staffordshire)  
David Leytham (Lichfield)  
Ian Wilkes (Newcastle-under-Lyme)

**Calendar of Committee Meetings**

at County Buildings, Martin Street, Stafford. ST16 2LH  
(at 10.00 am unless otherwise stated)

10 June 2019  
8 July 2019  
12 August 2019  
16 September 2019  
28 October 2019  
2 December 2019  
3 February 2020  
17 March 2020