

Healthy Staffordshire Select Committee

Monday, 15 July 2019

10.00 am

Oak Room, County Buildings, Stafford

NB. Members are requested to ensure that their Laptops/Tablets are fully charged before the meeting

John Tradewell
Director of Corporate Services
5 July 2019

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 10 June 2019** (Pages 1 - 10)
4. **Patients with Complex Care needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership** (Pages 11 - 16)
Report of the Clinical Commissioning Groups
5. **Nexus Care** (Pages 17 - 32)
Report of the Deputy Leader and Cabinet Member, Health Care and Wellbeing
6. **Healthwatch Staffordshire Performance Report** (Pages 33 - 42)
Report of the Deputy Leader and Cabinet Member, Health Care and Wellbeing
7. **District and Borough Health Scrutiny Activity** (Pages 43 - 44)
Report of the Scrutiny and Support Manager
8. **Work Programme** (Pages 45 - 50)

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

Note for Members of the Press and Public

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

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

Present: Johnny McMahon (Chairman)

Attendance

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

Apologies: Richard Ford, Phil Hewitt and Victoria Wilson

PART ONE

1. Declarations of Interest

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

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

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

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

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

3. Adult Learning Disability (ALD) Community Offer 2022

Councillor Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing; Richard Harling, Director of Health and Care; Amy Evans, Commissioning Manager, Learning Disabilities Commissioning Team; and, Cathy Prendergast, Head of Nursing for Learning Disabilities were present at the meeting to present the report and answer questions.

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

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

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

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

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

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

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

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

heavy' demand for services which made staffing difficult and services potentially unsustainable.

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

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

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

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

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

4. University Hospital North Midlands

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

It was reported that staffing levels and retention of nursing staff was currently 90% which was particularly good for a Hospital Trust. There were work areas where consultants were difficult to recruit, such as care for the elderly, respiratory and A&E, but this was similar throughout the Country. Effort had been made to develop new roles such as advanced nurse practitioners and increasing the number of apprentices, but this

did take time to train people to the required levels. The use of agency staff was low as the hospital had a bank of hospital staff who it called on as a first option. A Member asked why Administration and Clerical staff had a relatively high turnover. In response, it was felt that this could be due to promotion or people leaving the area. The Trust had also recently gone through a “Management of Change” exercise which may have created anxiety for some staff.

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

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

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

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

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

1. A national programme which would see less serious cases attended to by advanced nurse practitioner; and,
2. A discussion with consultants on whether there is any spare capacity or if things could be done differently to increase time.

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

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

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

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

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

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

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

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

- The position would immediately improve by c£10 million as a result of no fines and penalties due to the agreed contract with commissioners
- £30 million of Trust schemes:
 - Procurement savings
 - Pharmacy
 - Review of transport
 - Productivity e.g. theatres, Outpatients
 - Reducing locum and agency spend
 - Review of corporate admin and back office functions

- Non elective demand management
- Digitalisation (robotics and automation)

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

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

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

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

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

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

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

The Committee had raised concerns with UHNM that in a recent Care Quality Commission (CQC) report it had been documented that the hospitals priorities were not aligned with those of the Sustainability and Transformation Partnership (STP) and they asked for assurances that this was not the case. The Committee was informed that as the Service reviews took place, all partners would be engaged and currently nothing was running contrary to STP priorities.

Mrs Bullock asked for examples to be sent to her of where this was the case. Mrs Bullock advised that the only change that had taken place had been the development of

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

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

RESOLVED:

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

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

5. District and Borough Health Scrutiny Activity

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

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

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

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

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

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

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

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

RESOLVED: That:

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

6. Work Programme

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

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

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

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

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

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

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

RESOLVED: That:

- a) The Work Programme be noted
- b) That the Scrutiny and Support Manager write to all the Health partners reminding them of the need to keep the Committee informed of events and service changes.
- c) The 15th July afternoon meeting be added to the work programme to consider the proposed CCG merger: the CCG commissioning and quality monitoring; and, the re-procurement of the Improving Lives Community Services provision.
- d) That an item on Mental Health service provision (adult and CAMHs) be included in the Work Programme.

Chairman

Local Members' Interest
N/A

**Healthy Staffordshire Select Committee
Monday 15th July 2019**

**Staffordshire and Stoke-on-Trent Transforming Care Partnership
Progress Update Report – Patients with Complex Care needs**

Recommendation: That the Healthy Staffordshire Select Committee is asked to be consider the progress being made in delivering the requirements of the national 'Building the Right Support' plan through the Staffordshire and Stoke-on-Trent Transforming Care Partnership (TCP). This report will include the following information:

- Progress towards meeting the discharge trajectories set by NHS England
- Commissioning and monitoring of in-patient facilities.
- Commissioning and monitoring of community placements.
- Additional quality and safety assurance measures being implemented following the TCP becoming aware of the findings of the Panorama programme regarding Whorlton Hall.

Summary

1. Staffordshire TCP did not achieve the end of programme trajectory set by NHS England for either the number of patients in a CCG commissioned bed or for the number of patients in a specialised commissioned bed, which includes young people in a T4 bed and patients in secure beds.
2. This was a very similar situation as seen in very many TCP areas and as a result the TCP programme has been extended and new trajectories have been set. Currently Staffordshire are rag rated as green against this new trajectory set by NHS England.
3. Robust measures are in place to ensure effective commissioning of both hospital beds and community placements which meet the individual needs of individuals in this programme and robust monitoring processes are in place to monitor the safety and quality of these facilities.
4. Additional quality and safety assurance measures have been put in place following the Panorama programme.

Report

Background

5. People with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with dignity and respect. They should expect, as people without a learning disability or autism expect, to live in their own homes, to develop and maintain positive relationships and to get the support they need to be healthy, safe and an active part of society.

6. The aim of the Transforming Care Partnership (TCP) was to drive forward redesign and system-wide change to improve services for people of all ages with a learning disability, autism or both who display behaviour that challenges, including those with a mental health condition. Its aim was to enable more people to live in the community, with the right support, and close to home, in line with Building the Right Support (October 2015) – a national plan to develop community services and close inpatient facilities.
7. The challenge facing commissioners is as much about preventing new admissions and reducing the time people spend in inpatient care by providing alternative care and support, as it is about discharging those individuals currently in hospital.
8. The TCP programme formally began on 1st April 2016 and ended on 31st March 2019 (3 year programme). However, all activities are on-going and discussions are currently taking place to identify how this important initiative is integrated into a business as usual system going forward. Leadership of the TCP changed mid-way through the programme following the retirement of Andrew Donald. At this point the CCG Executive Director of Nursing and Quality, Heather Johnstone, took over the role of Senior Responsible Officer and she has strengthened the team to enable significant progress to be made in this key area.

Progress towards achieving trajectories

9. Staffordshire TCP did not achieve the end of programme trajectory set by NHS England for either the number of patients in a CCG commissioned bed or for the number of patients in a specialised commissioned bed, which includes young people in a T4 bed and patients in secure beds.
10. This was a very similar situation as seen in very many TCP areas and as a result the TCP programme has been extended and new trajectories have been set. Currently Staffordshire are rag rated as green against this new trajectory set by NHS England.
11. At the beginning of the programme there were 32 patients in CCG commissioned beds. Of these only 6 now remain in hospital. The reason for this is varied, some remain unwell and not ready for discharge but some are ready for discharge but despite on-going efforts it has not been possible to identify a community provider able to provide a suitable placement. This is due to the level of behaviour that challenges and/or the level of risk posed to self or others in the community.
12. One of these original patients, a gentlemen had been discharged successfully to the community but due to changes in legal framework requirements he has had to be recalled on his section. He remains living in his home on extended section 17 leave but technically he is not discharged and remains a hospital in-patient.
13. The TCP team continue to have discussions with providers to overcome these difficulties. Currently the Staffordshire CCG's are commissioning 28 in-patient facilities. It would appear that little progress has been made but this as identified above does not reflect the true picture. To date sixty seven patients have been discharged through this pathway as there are now ninety five patients on the overall cohort (in-patients plus patients discharged from hospital since April 2016 at the start of the programme).

14. As mentioned above the biggest challenge now is preventing the need for individuals to be admitted to hospital. These admission avoidance activities have increased over the last three years and are now absorbing a significant proportion of the team capacity
15. There has been a noticeable increase in the number of young person's 16-25 who are presenting with a high incidence of behaviours that challenge and that is not decreasing. This noticeable trend upwards and the lack of development of treatment and support pathways for adults and young people with ASD remains a concern. NHS England has also noted that this appears to be a National trend and that pathways are not in place to deliver the packages of care required by these individuals. NHS England has also noted that this appears to be a National trend. The TCP project team is meeting with local providers to explore the current processes and identify improvements which can be made in these pathways and the dedicated CYP case worker is working closely with community providers, social care and education to ensure these young people receive the community packages of care they require and the risk of re-admission is reduced.

Commissioning and Monitoring of In-patient Facilities

16. The delivery of admission avoidance strategies is now a clearly defined process within Staffordshire. The majority of individual's in the community with LD or Autism or both are known to either social care and/or health services. When either service become aware of a deterioration of health or behaviours or the potential breakdown of a placement the individual is referred to the Intensive Support Team (IST) provided by Midland Psychiatry Foundation Trust in South Staffordshire or North Staffordshire Combined Healthcare Trust in North Staffordshire. These teams support local teams with additional support as required. If this team assess admission is becoming a risk then contact is made with the TCP team and a community Care and Treatment Review (CTR) is arranged. The urgency of this is guided by the IST. At this forum members of the community multi-disciplinary team discuss current care and risks and agree a detailed action plan to reduce the risk. This may often prompt additional health or social care support and sometimes it is agreed that a move to a new community placement is required.
17. Currently there are on average three to four of these taking place per week. The instigation of this process has hugely reduced the number of new admissions to hospital of individuals in the community. Enhanced joint working between health and social care services and early intervention are the primary reasons for this improvement.
18. Following this process if it is agreed that admission has become unavoidable then the commissioning of the in-patient facility is led by the CCG TCP team. A detailed picture of the individual's needs and risks (Person Centred Care and Support Plan) is circulated to the TCP enhanced provider network. This is a group of known hospital bed providers with whom the TCP team have built trusted relationships with and are confident of the quality and safety of the services provided. This forum includes both NHS and independent providers of in-patient services and community residential and supported living services. In area beds are always sought and out of area bed is only selected if the services needed to meet the individual's needs are not available in area.
19. This is distributed anonymously to the provider forum and providers then come forward to assess the patient and put forward their care plan proposals which will meet the holistic needs of the individual. Costings are also submitted. These proposals are then rigorously evaluated by the TCP clinical team and the most appropriate provider selected. Where

possible the individual and family are part of this process and are fully involved in the selection process.

20. Transfer to this in-patient facility is also arranged by the TCP team if required. This process of clinical due diligence is now well established and is being very effective in finding the most appropriate bed for the individual patient.
21. Costings for the bed are sent to the TCP funding panel for approval. This panel meets monthly but is often virtual if the need for a bed is urgent. When the costing for the bed is high it is required that these costs are escalated to the CCG executive team for final approval.
22. A CCG TCP case manager is always allocated to any patients admitted to hospital and further CTR's regularly take place during the patients hospital stay. The first takes place within four weeks of admission and thereafter a minimum of every six months but this is often more frequent if requested by the case manager. In between these full reviews the case manager attends the hospital multi-disciplinary team meetings to ensure the care plan is being delivered as proposed and monitor the progress of the patient.
23. The TCP team have now reduced the number of hospitals being selected. Having a higher number of patients in fewer hospitals is ensuring a higher level of presence in these units (often 3 times per week). The team are also taking appropriate opportunities to repatriate patients out of area. This can only be completed if this move will fit into the care plan of the patient and if there is an appropriate bed available.

Commissioning and Monitoring of Community Placements

24. This process is also led by the TCP team but closely involves both hospital and community multi-disciplinary teams. Agreement has to be reached by both teams that discharge to the community is possible and that the patient is soon to be ready for discharge.
25. A similar process is followed. The Person Centred Care and Support plan is completed. This is required to be more robust as many more professionals will now be involved with delivering the package of care required in the community.
26. Once a community provider has been agreed they will then join the multi-disciplinary team meetings taking place in the hospital and be an integral part of the discharge planning.
27. A jointly funded Health and Social Care Deputy Senior Responsible Officer is in place and focusses on working alongside the community providers to drive forward the timely discharges of the TCP patients. There is a particular focus on patients who have been in a hospital environment for over 5 years.
28. The TCP team continue to meet weekly as a group to discuss the actions required to progress the discharge of each patient and ensure all requirements are in place to meet the needs of each individual.
29. The TCP team are continuing to seek appropriate placements for the remaining patients on the cohort who have no solution in place, however, some patients currently present a very high risk in the community and no provider has come forward and is willing to offer a

community placement. Discussions are on-going with NHSE to address this issue as this is an issue also shared with other TCP areas.

30. The TCP team are focussed on ensuring all community placements commissioned on behalf of these patients meet quality standards required. All supported living providers and residential home providers are required to meet CQC standards and are monitored accordingly.
31. All patients being placed in the community have a very detailed and robust 'Person Centred Care and support Plan' (PCCSP) completed which identifies all needs, goals and risks associated with the proposed care plan.

Additional quality and safety assurance measures post Panorama programme

32. The CCG were made aware of the planned screening of the Panorama programme and its content on 3rd May. At this point immediate actions were taken to establish whether local patients were involved and once this was confirmed further action took place.
33. Immediate actions taken by the CCG in response to the incidents at Whorlton Hall were to prioritise all individuals at establishments owned by this provider. Multidisciplinary meetings were held with all patients, with at least 1 or 2 professionals (external to the main Provider) whom had regular contact with the resident demonstrating independent assurances. This methodology worked well and will be used wider as the patients involved are not always receptive to the interaction with 'strangers'.
34. NHSE/I have made the decision that each CCG will have the responsibility for assuring the overarching quality & safety of all the independent hospitals in their local area through a reciprocal agreement. As a result all are being visited over the next 8 weeks to establish strong relationships and ensure they are aware of the CCG expectations going forward. This process has now already begun. The Executive Director of Nursing and Quality has also written to all other CCG Directors of Nursing requesting the same levels of assurance.
35. The initial visit is to build the relationship and to detail future expectations and to work with the providers to examine both internal and external assurance processes. The independent hospitals have the additional challenge as they are commissioned by multiple CCGs meaning there is no coordinated process. Therefore, Staffordshire & Stoke on Trent CCGs will lead on this process within the local health economy.
36. Six independent hospitals have been identified in Staffordshire and there are planned visits to them all over an eight week period, with follow up visits planned within 2 months with a strategy for each one.
37. The first of the six was visited on Monday 1st July 2018 by the Interim Deputy Director of Nursing & Quality and the Designated Nurse Adult Safeguarding. This independent hospital has had a recent CQC visit and the Interim Deputy Director of Nursing and Quality has been in contact with the CQC and asked if they can work together going forward with this and other independent hospitals. The CCG are attending the CQC team meeting in Birmingham on the 11th August to discuss and agree a more innovative way of working together in monitoring the quality and safety of these establishments.

Contact Officer

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Address/e-mail: Jennifer.Napier-Dodd@staffordsurroundsccg.nhs.uk

Presentation to: Healthy Staffordshire Select Committee

To be held on: 15 July 2019

Presentation Title:	Nexxus Overview					
Presented by:	Clair Muldowney (Nexxus) & Helen Trousdale					
Prepared by:	Clair Muldowney (Nexxus) & Helen Trousdale					
Recommendation:	For Decision	<input type="checkbox"/>	For Discussion	X	For Information	<input type="checkbox"/>
Recommendations / action required:						
Page 97	1. To note the current level of service delivery of reablement care and Home Care by Nexxus					
	2. To note the work undertaken to achieve improvements in CQC rating for services following transfer from Allied					
SLT Lead:	Dr Richard Harling	Cabinet Member Lead:	Cllr Alan White			



Nexus Care

Healthy Staffordshire - Nexus Overview

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Agenda

- Background
- Development of Nexxus Care
- Care Delivery and Performance Overview
- Priorities



Why Nexxus?

- SCC established Nexxus Trading Services Ltd as Local Authority Trading Company in 2011.
- The decision in 2017 to further develop to form a Care Agency stemmed from three issues:
 - The need for a contingency during the procurement of new Home Care Contracts (learning from another LA who was unable to award their contracts)
 - The new duties for provider failure from the Care Act 2014 and the need for a “provider of last resort”
 - The need for effective additional reablement capacity to support the urgent care pathway and reduce delayed transfers of care as part of the Better Care Fund agreement



Nexus Care – Background and Context

- Nexus was incorporated 5 January 2011 as a private limited Company, limited by share and 100% SCC owned.
- Nexus has a wide remit to trade above and beyond care delivery such as Transport, legal, financial HR as per the underlying Articles of Association.
- Nexus trades as an LATC (Local Authority trading company) wholly owned by SCC with a robust governance structure consisting of an overarching board.
- The Board is chaired by Helen Riley and consists of Cllr Mark Winnington, Cllr Mark Deaville, Andrew Felton and Robert Flinter. A replacement for the social care lead on the Board is currently being sourced.

Nexxus Care - Vision and Values

Vision

- To provide quality, cost effective and innovative care through a highly motivated and professional team enabling citizens to enjoy healthier, more fulfilled lives.

Page 22

Values

- Ambitious
- Courageous
- Empowering



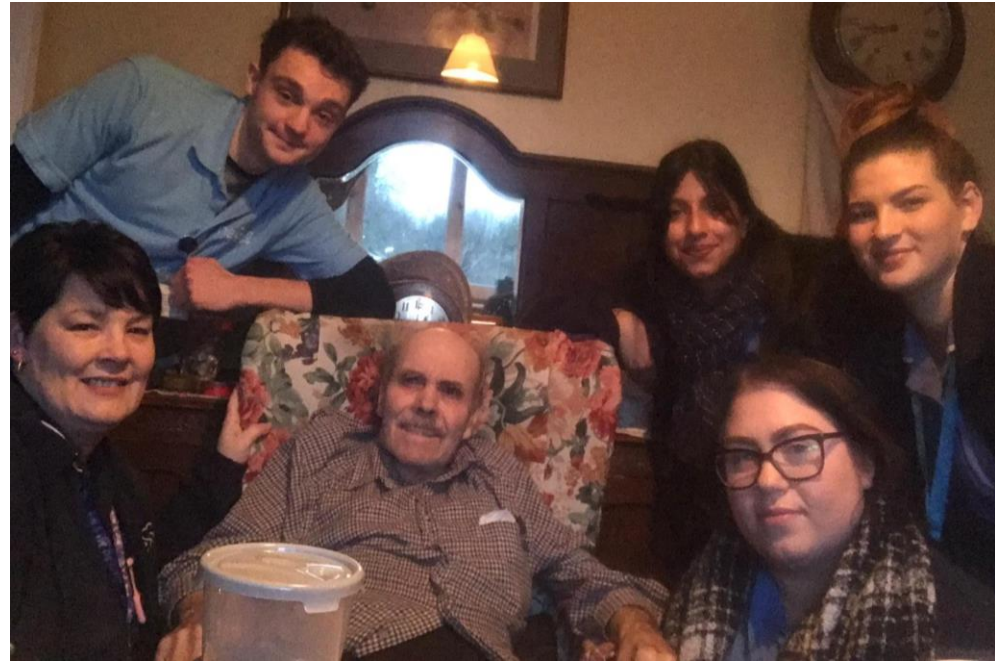
Nexus Care – Reablement Services

Reablement Services

- Started January 2018
- Contract Value £1m per annum, including social care assessments and therapy
- Service delivery of 614 hours per week across Burton Hospitals Footprint (includes Lichfield and Tamworth)
- Nexus receives on average 18 referrals a week to support people who are in the process of being discharged from hospital.



Nexxus Care – Case Studies



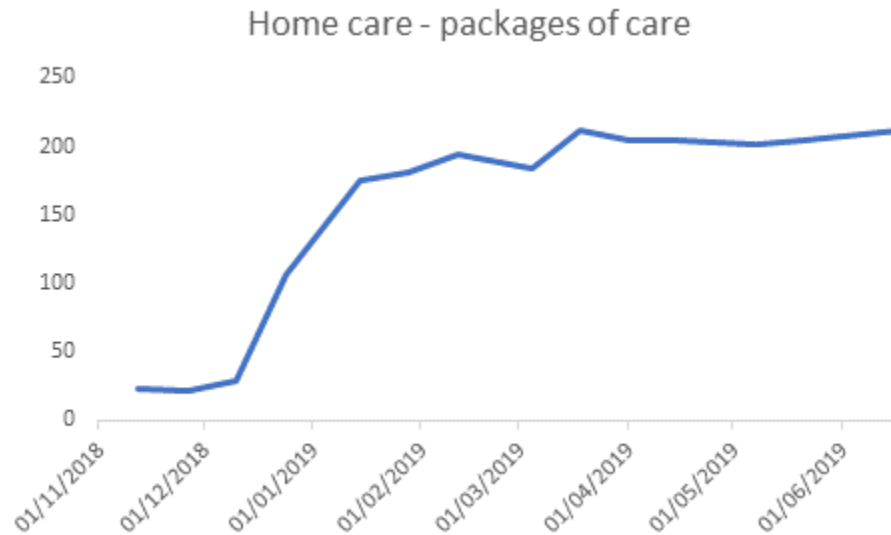
Nexxus Care – Home Care

- Home Care

- SCC transferred all contracts held by Allied Healthcare December 2018 following concerns raised nationally by CQC about the viability of Allied's services.
- TUPE transfer of 140 care staff and 29 office based staff.
- Contract Value £2.8m p.a
- Service delivery of 3,200 hours per week across Stafford, South Staffs, Cannock and Rugeley areas, delivered out of two branch offices in Cannock and Stafford.



Growth of Packages 2018-19



Nexus Care – Quality

- Nexus Stafford and Reablement were inspected by CQC in January 2019 with an overall ‘Requires Improvement’ outcome.
- This was in the context of the transfer of Allied Healthcare the previous month, and therefore related to a number of issues inherited from Allied Healthcare
- The issues identified as requiring improvement do not cause serious concerns. However, Nexus’s management has agreed and implemented an improvement action plan to respond to the points raised in the inspection.
- The action plan and progress is regularly shared with CQC and Commissioners.
- Cannock branch are currently awaiting inspection (imminent)



Nexus Care – Performance Overview

- Clair Muldowney (Chief Operating Officer) meets a minimum of once a month with the board and updates company performance information
- Key metrics are discussed such as volume of hours, quality concerns, financial projections, recruitment, relevant approvals are gained for business decisions and strategy discussed
- Meetings with commissioners are also monthly in order to discuss any relevant contract issues/performance/growth potential – key for relationship management
- Nexus currently deliver Reablement, Provider of last resort and Domiciliary home care within the community across Staffordshire.



Nexxus Care – Risk

- Like any business, Nexxus runs its own financial systems and processes, which include an external annual check to confirm that the business remains viable
- In addition, the model of Nexxus' ownership and contract (wholly owned by the Council) fundamentally ensures the stability of services and their viability



Commissioner and Provider Priorities for 2019/20

- Implementation of the Improvement Action Plan for Stafford and Reablement
- Ambition for CQC 'Good' rating across both services
- Improving the referral pathway from the NHS to enable people to leave hospital in a more timely way.
- Expanding Home Care delivery into Newcastle Borough area
- Consolidating home care services in the existing areas and increasing supply in Stafford Borough area.
- Developing new home care services within extra care schemes.



Opportunity for Questions?



Local Members' Interest
N/A

Healthy Staffordshire Select Scrutiny Committee – 15th July 2019

Healthwatch Staffordshire Performance Report

Recommendation/s

1. Consider and comment on the progress made by Healthwatch Staffordshire in delivering its work programme in 2018/19.
2. The Committee considers future joint working opportunities with Healthwatch Staffordshire in support of its year 2 work plan.
3. Agree how the Committee would like to receive further Healthwatch Staffordshire progress updates at future meetings.

Report of Deputy Leader and Cabinet Member for Health, Care and Wellbeing

Summary

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

4. The purpose of this report is to ask members of the Healthy Staffordshire Select Committee to consider the role of Healthwatch, review their progress to date and how we understand the impact it is having. Furthermore, it provides a forum for Committee Members to discuss with Healthwatch Staffordshire how it wishes to work together, and their potential to add value to the Committee's future work programme.

Report

National Context

5. The Health and Social Care Act 2012 set out duties for all local authorities to commission and establish a Local Healthwatch from April 2013.
6. In response to this Healthwatch Staffordshire was established as a new independent consumer champion for health and social care services in Staffordshire. Their aim is to work in the best interests of patients, service users and residents and utilise the intelligence gathered to influence commissioning and improve the overall quality of health and social care provision.

Healthwatch Role – The Legislation

7. The Health and Social Care Act 2012 stated that Local Healthwatch should be established from 1 April 2013 to be “the local consumer champion for patients, service users and the public”. Local Healthwatch is an independent organisation, able to employ its own staff and involve volunteers, to become the influential and effective voice of the public.

8. The Act allowed flexibility for councils to choose the commissioning route to achieve best value for money for their communities.

9. Healthwatch is not required to be a statutory organisation; however it does have a range of statutory functions that it must deliver, as set out below:

The Legislation - Healthwatch Statutory Functions

Function 1: Gathering views and understanding the experiences of all who use services, their carers and the wider community, including exercising its Enter and View Powers.

Function 2: Make people’s views known, including those from excluded and under-represented communities

Function 3: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised

Function 4: Recommending investigation or special review of services, either via Healthwatch England or directly to the Care Quality Commission (CQC)

Function 5: Providing advice, signposting and information about access to services and support for making informed choices

Function 6: Making the views and experiences of people known to Healthwatch England (and other Local Healthwatch) and providing a steer to help it carry out its role as national champion

Function 7: Provide access to a professional independent NHS Complaints Advocacy service (ICAS)

10. In doing this, Local Healthwatch has a seat on the statutory Health and Wellbeing Boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the re-authorisation of Clinical Commissioning Groups.

11. It is anticipated that a well-performing local Healthwatch, through its consumer champion role, will help drive up the quality of local services; resulting in improved experience and outcomes for people who use services.

Healthwatch Staffordshire - Background

12. Staffordshire County Council is statutorily responsible for commissioning a Local Healthwatch in the county, and in April 2013 Engaging Communities Staffordshire (ECS) was awarded the first Healthwatch contract. Engaging Communities Staffordshire is a Community Interest Company established in 2012 with its own Independent Chair and Board of Members.

13. In light of the contract expiring in March 2018, both a detailed review of the Healthwatch service and a value for money exercise was undertaken in 2017, with involvement from the Committee. Appendix 1 provides links to relevant Healthy Staffordshire Select Committee background papers, highlighting the Committee's input in the recommissioning of the service.

14. Based on a range of evidence it was agreed to recommission a more affordable Healthwatch prioritisation model, that focusses on smaller number of priorities and seeks opportunities for greater collaboration with other services and new ways of working. A summary visualisation of the current Healthwatch delivery model can be found at Appendix 2.

15. This decision factored in the significant financial challenges facing the County Council, with a much smaller financial envelope, of up to 50%, for the commissioning of a future local Healthwatch service. It was anticipated these efficiencies could be partially offset by new ways of working and a different delivery model for Healthwatch Staffordshire.

16. Following a competitive procurement process in 2017, the Healthwatch Staffordshire contract for 2018-2021 was awarded to the incumbent provider, Engaging Communities Staffordshire. The new contract will run for a period of three years, from 1 April 2018 to 31 March 2021, and is currently funded at £199,545 in Year 1, rising to £203,181 in year 2 and £205,338 in year 3. This represents a reduction of 52% based on the previous year's funding levels.

17. A recent analysis of Healthwatch spend across other local authorities, demonstrates that Healthwatch Staffordshire's spend per population head (23p per population head based on 18/19 contract value) is the lowest across all West Midlands authorities, and joint lowest with Leicestershire when looking at our statistical neighbour group. A Local Healthwatch summary financial position can be found at Appendix 3.

18. This year the wider Healthwatch network saw a third (56) of Local Healthwatch services reduce their funding. In addition, an overall reduction in funding has been seen nationally, with total annual Healthwatch funding falling by 35% since its inception in 2013.

19. With significantly reduced resources, Healthwatch used its first few months of the 2018-2021 contract developing a revised and slimmed down work programme, with a smaller number of priorities. This includes:

- 'Together We're Better' programme of support, including the pre consultation activity
- Discharge to Assess
- Learning disability day services
- Non emergency patient transport
- Young people's emotional wellbeing
- Improve patient engagement with largest prison healthcare provider

20. In addition to the above, Healthwatch has prioritised developing a more positive and closer working relationship with the Healthy Staffordshire Select Committee in 2018/19, meeting regularly with the Chair to share public intelligence, work plans and discussing potential joint working opportunities, such as the Healthwatch Enter and View programme. Members of the Committee have been offered training, with the potential to observe future Enter and View visits during year 2, in support of the Committee's work programme. Three Members have undertaken the training to date.

21. Quarterly contract monitoring arrangements are in place. Performance is monitored against both statutory Healthwatch outcomes, and reviewed alongside Healthwatch England's Quality Statements which outline what a successful Healthwatch looks like.

Healthwatch Staffordshire Progress Update

22. Highlights and impacts from 2018/19 include:

- Independent voice on a number of key partnership boards/groups, including, being a standing member of the Communications and Engagement Steering Group for the future of Community Hospitals in North Staffordshire, advising on good practice consultation, equality impact and using its reach to promote consultation activity.
- Directly supported Healthwatch England's national work on the Long Term NHS plan, securing over 500 completed surveys and undertaking focus groups with carers and young people. This feedback, along with upcoming 'listening events', is being used to inform a number of options that will be subject to public consultation.
- Undertaken an engagement programme to understand issues with non emergency patient transport. This feedback was translated into a set of clear recommendations - better communication of delays, a review of the way journeys are planned, review of waiting areas and staff training. CCGs are working with the commissioned service to ensure recommendations are implemented.
- In early 2019 carried out a review of day services for people with learning and physical disabilities across Staffordshire, using its Enter and View powers to review 22 separate services. Positively, observations highlighted some positive service delivery. Where recommendations were made, these were implemented. Feedback is also being used to inform the commissioning of future learning disability day opportunities, looking across the quality and breadth of existing services.
- Healthwatch Staffordshire has spoken to over 570 new or expectant mums, as part of their work with the Staffordshire and Stoke-on-Trent Maternity Transformation Programme (MTP). They have helped recruit and train 15 Maternity Champions to be part of the Maternity Voices Partnerships, and are working closely with the MTP in the development of future maternity services.

- Support the North Staffs CCG in collating patient feedback on accessing mental health services in the north of the county, hearing from over 100 people. The feedback provided to MPFT about access to Mental Health Services led to a review of the access service.
- Healthwatch's 'independent' role has also supported a range of individuals with very specific issues, such as hospital discharge and dementia support, helping them to navigate the system and access the support required.

23. Below are a number of key measures achieved by Healthwatch Staffordshire in 2018/19:

- 776 people have shared their health and social care story
- Over 2,000 residents were supported with advice or information, and 613 people signposted to other services that provide support. Most common requests are GP services, hospitals, mental health, social care and care homes.
- 254 individual Healthwatch members, with a further 56 member organisations, signed up to receive updates and share information.
- 35 Enter & View visits completed, with 24 of these being in learning disability day services. The findings of the visits are reported to the Providers and Commissioners of services and where appropriate, to the regulators.
- Nearly 10,000 people engaged with Healthwatch through their website and social media.
- 74 volunteers help Healthwatch to carry out their engagement work, a number of which are using this as an opportunity to enhance their skills and relevant experience in support of their studies.

24. As part of the national Healthwatch Network 2018 Awards, Healthwatch Staffordshire received an award for their work with prisoners in 'championing diversity and inclusion', helping them to access community services. They were also Highly Commended for their work on 'helping people have their say'.

Healthwatch Staffordshire Year 2

25. Year 2 planning is underway, and we are currently in the process of supporting Healthwatch Staffordshire in the development of this, alongside community priorities. Discussions at this Committee will help to shape their work programme and extent of support.

26. Emerging priorities include:

- Discharge to Assess
- Access to social care assessments
- 'Together We're Better' consultation activity
- Discussions with social care Commissioners to establish key 19/20 commissioning activity
- Redevelop online mechanisms for gathering the views of patients and service users, linked more closely with those available nationally

Next Steps

27. With regards to monitoring Healthwatch Staffordshire's performance and activity, regular updates and opportunities for Committee involvement will be provided in line with the agreed recommendations.

Community Impact

28. Healthwatch Staffordshire strives to ensure that the diverse health, social care, cultural and all other needs of the population of its locality are represented as fully as possible by the organisation.

Contact Officer

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Appendices/Background papers

Appendix 1 - Healthy Staffordshire Select Committee Background Papers:
Recommissioning of Healthwatch Staffordshire
Appendix 2 - New Healthwatch Staffordshire Model (2018-2021)
Appendix 3 – Local Healthwatch Summary Financial Position

**Appendix 1: Healthy Staffordshire Select Committee Background Papers -
Recommissioning Healthwatch Staffordshire**

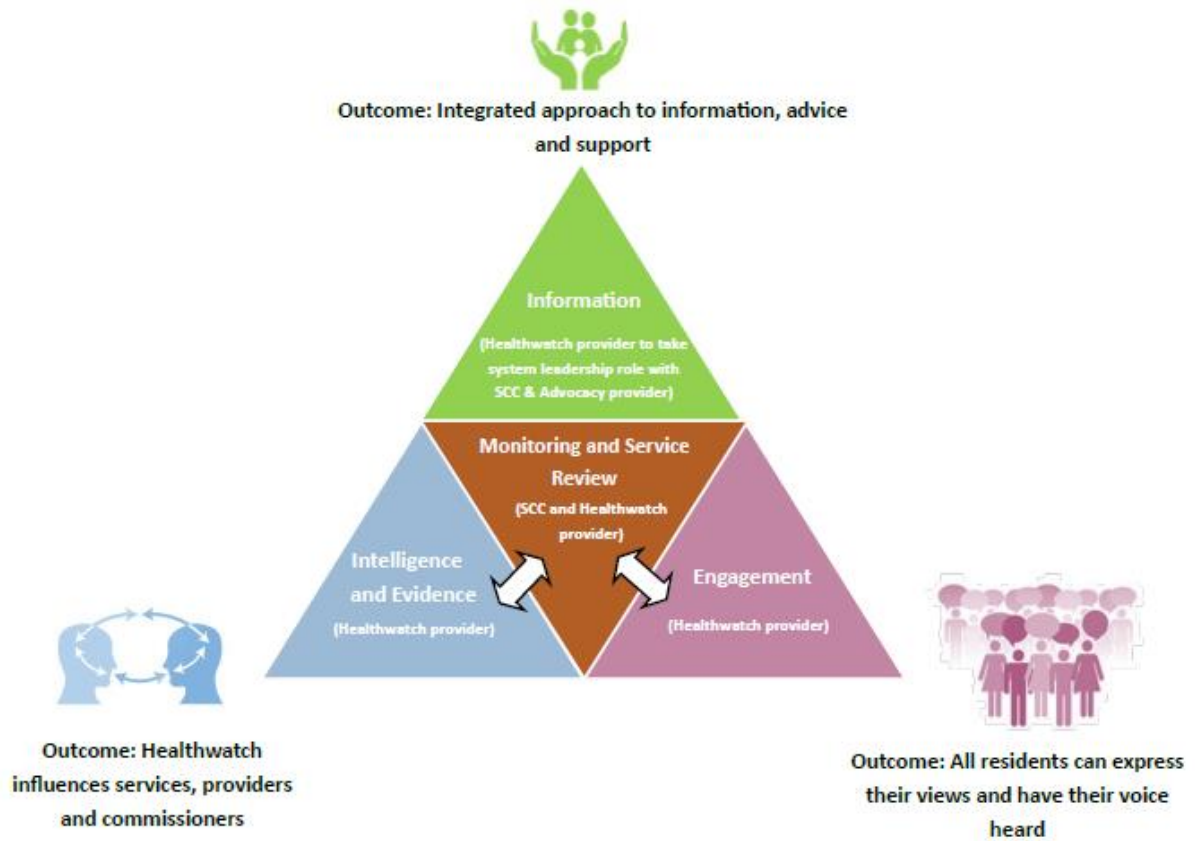
[Healthy Staffordshire Select Committee - 10th May 2016](#)

[Healthy Staffordshire Select Committee – 5 July 2016](#)

Healthy Staffordshire Select Committee - 7th August 2017 (Public Exempt)

Appendix 2: New Healthwatch Staffordshire Model - 2018-2021

Healthwatch Staffordshire — A new prioritisation model



Appendix 3: Local Healthwatch Summary Financial Position

Note: Each table is ranked high to low on latest spend per head costs

Table 1: Comparison with Staffordshire's Statistical Neighbours:

CIPFA Authority Areas	Total Income 2017/18*	Total Income 2018/19*	Income difference from 2017/8 to 2018/19	Spend per head 2017/18	Spend per head 2018/19
Cumbria	£ 250,173	£ 250,173	£ -	£0.50	£0.50
Worcestershire	£ 289,000	£ 289,000	£ -	£0.49	£0.49
Cambridgeshire	£ 287,602	£ 287,602	£ -	£0.44	£0.44
Derbyshire	£ 321,114	£ 320,000	-£ 1,114	£0.41	£0.40
Lincolnshire	£ 300,000	£ 299,600	-£ 400	£0.40	£0.40
Warwickshire	£ 262,000	£ 215,000	-£ 47,000	£0.46	£0.38
Norfolk	£ 458,000	£ 338,000	-£ 120,000	£0.51	£0.38
Somerset	£ 198,000	£ 190,000	-£ 8,000	£0.36	£0.34
Lancashire	£ 438,000	£ 406,588	-£ 31,412	£0.36	£0.34
Gloucestershire	£ 219,907	£ 209,907	-£ 10,000	£0.35	£0.33
Kent	£ 511,000	£ 511,000	£ -	£0.33	£0.33
Essex	£ 420,000	£ 420,000	£ -	£0.29	£0.29
Northamptonshire	£ 245,000	£ 195,000	-£ 50,000	£0.33	£0.26
Nottinghamshire	£ 198,000	£ 198,000	£ -	£0.24	£0.24
Staffordshire	£ 415,109	£ 199,545	-£ 215,564	£0.48	£0.23
Leicestershire	£ 187,391	£ 156,570	-£ 30,821	£0.27	£0.23

Table 2: Comparison with West Midland Authorities:

West Midlands Authority Areas	Total Income 2017/18*	Total Income 2018/19*	Income difference from 2017/8 to 2018/19	Spend per head 2017/18	Spend per head 2018/19
Wolverhampton	£ 194,289	£ 194,289	£ -	£0.75	£0.75
Solihull	£ 157,573	£ 157,675	£ 102	£0.74	£0.74
Dudley	£ 206,000	£ 206,000	£ -	£0.64	£0.64
Stoke-on-Trent	£ 195,000	£ 162,500	-£ 32,500	£0.76	£0.64
Sandwell	£ 195,000	£ 195,000	£ -	£0.60	£0.60
Telford and Wrekin	£ 100,000	£ 100,000	£ -	£0.57	£0.57
Coventry	£ 195,616	£ 195,616	£ -	£0.54	£0.54
Walsall	£ 175,000	£ 150,800	-£ 24,200	£0.62	£0.54
Worcestershire	£ 289,000	£ 289,000	£ -	£0.49	£0.49
Shropshire	£ 191,487	£ 143,650	-£ 47,837	£0.60	£0.45
Birmingham	£ 445,382	£ 445,382	£ -	£0.39	£0.39
Warwickshire	£ 262,000	£ 215,000	-£ 47,000	£0.46	£0.38
Staffordshire	£ 415,109	£ 199,545	-£ 215,564	£0.48	£0.23
Herefordshire	£ 140,000	£ 140,000	£ -	#N/A	#N/A

Source: The above income data has been extracted from the State of Support - Local Healthwatch Finances 2018/19 Report, 1 November 2018, www.healthwatch.co.uk.
Please note: income figures may have been subject to change.

Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 15 July 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. A verbal update will be given at the meeting.

East Staffordshire Borough Council

6. The next meeting will be held on 10th July 2019. 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. On 19 June the Health, Wellbeing and Partnership Committee were consulted by the CCG on proposals to become a single strategic commissioning organisation and members of the Committee were updated on the progress of the Borough Safeguarding Workplan.

South Staffordshire District Council

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

Stafford Borough Council

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

Staffordshire Moorlands District Council

11. On 25th June 2019 a special meeting of the Health O&S Panel took place in relation to the proposal for a Single CCG Organisation. Members received a presentation introduced by Dr Alison Bradley – Clinical Chair and Anna Collins - Associate Director of Communication and Engagement. Following this, members had the opportunity to comment on the proposal and a formal response to the consultation was submitted on behalf of the Panel.

The Panel has added the following items to its Work Programme:-

- Public Health initiatives in North Staffordshire;
- Regular item “Reports from Healthwatch”;
- Mental Health.

Tamworth Borough Council

12. The next meeting is on 23 July 2019. A verbal update will be given at the meeting.

Appendices/Background papers (i) No email received Cannock Chase (ii) No email received Stafford Borough Council (iii) email from Newcastle Under Lyme Borough Council 1 July 2019 (iv) email from Staffordshire Moorlands District Council 4 July 2019 (v) email from Tamworth Borough Council 2 July 2019. (vi) No email received South Staffordshire (vii) No email received from Lichfield District Council. (viii) email from East Staffs Borough Council 4 July 2019.

Contact Officers

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WORK PROGRAMME – 15 July 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

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	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Page 46	10 June 2019 Adult Learning Disability 2022 Community Offer	Pre decision scrutiny	<p>RESOLVED: That the Cabinet Report be noted and the following points be considered for inclusion in the development of the ALD 2022 Community Offer Programme:</p> <ul style="list-style-type: none"> a) In respect of day opportunities purchased from the independent marketplace: <ul style="list-style-type: none"> a. The Authority needed to develop a clear service specification, inclusive of quality standards, ensuring the delivery of safe, quality services; b. Further consideration should be given to the availability and provision of services in Staffordshire Moorlands and other rural communities (and supporting transport arrangements); b) Clarify needs to be established over what direct payments can purchase in respect of meeting eligible needs (including activities within day opportunities and respite / short breaks) c) In respect of all services in the scope of the Programme, consideration of the needs of carers should be of the utmost importance and regard; d) In respect of services directly provided by the Local Authority: <ul style="list-style-type: none"> a. The Local Authority needs to understand both the current and future needs; b. There needs to be clarity about ambition and outcomes; c. The Local Authority needs to be clear about its position in the marketplace.
	University Hospital North Midlands meeting with new CEO and Finance Director. To cover: <ul style="list-style-type: none"> • Quality and Improvement • Cancer targets • Financial deficit 	Suggested at the 3 December 2018 Committee meeting	<p>RESOLVED: That the information provided by UHNM be noted and the following be requested in writing:</p> <ul style="list-style-type: none"> a) The number of people who could have used The County's Birthing Unit but chose to use an alternative provision. b) In relation to cancer targets, the range of time for those patients who miss the 62-day target before they are treated; this to include specialisms and whether these cases were referred to other hospitals which specialised in this area; and, the impact of any delay had had on the patient. c) National Cancer statistics for a full 12 months period. d) Details of patients sent to other geographical areas for specialist cancer services such as Brampton in London. e) Delayed discharges on death figures. f) A list of services which are currently provided at The County Hospital.

	Work Programme – Background report and work programme		RESOLVED: <ol style="list-style-type: none"> 1. That the Scrutiny and Support Manager write to all the Health partners reminding them of the need to keep the Committee informed of events and service changes. 2. The 15th July afternoon meeting be added to the work programme to consider the proposed CCG merger: the CCG commissioning and quality monitoring; and, the re-procurement of the Improving Lives Community Services provision. 3. The an item on Mental Health service provision (adult and CAMHs) be included in the Work Programme.
15 July 2019 10am Page 7	Healthwatch Staffordshire Performance report Cabinet Member for Health Care and Wellbeing - Alan White	Contract renewal	
	NEXXUS Care	Item raised at Triangulation meeting.	
	Staffordshire and Stoke-on-Trent Transforming Care Partnership Progress Update Report – Patients with Complex Care needs		
15 July 2019 2 PM	GP Out of hours and 111		
	Re-procurement of the Improving Lives Community Services provision		
	CCG proposed Merger	10 June Select Committee	
	George Bryan Centre		
<u>Work Shop</u> 12 August 2019	STP 5 Year Strategy refresh		
Joint Committee with Stoke on Trent City Council Date to be confirmed	North Staffordshire Community Services Consultation		
16 September	Adult Learning Disability 2022 Community Offer	Pre decision scrutiny	

2019			
	UHDB Stroke services - Consultation	CCG Consultation	
DATE TBC	Midlands Partnership NHS Foundation Trust (MTFT)		
	Impact of Respite care changes. Drugs and alcohol Prevention (to be confirmed)	Chairman's request following triangulation Merch 2019	
	Carers Strategy including the development of Hubs		
28 October 2019	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	
2 December 2019	Children and Adolescent Mental Health Strategy – update - include a briefing on the Trailblazer bid.	Suggested at the 3 December 2018 WP item	
	Autism Implementation Plan	Item raised at Triangulation meeting.	
3 February 2020			
17 March 2020	Staffordshire Healthwatch Contract Update		

Suggested Items	Background	Possible Option
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	
Delayed transfer of care	Raised at triangulation June 2019	
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 – including Urgent care systems	TBD	
Better Care Fund	Waiting for guidance, also raised at triangulation June 2019	
Funding Formula Changes	Raised at informal meeting with Anna CCG	
Public Health England – ring fenced budgets.	To include the referral from Corp Review -- Healthy Lifestyles, also raised at triangulation June 2019	
Integrated care systems – STP	Raised at triangulation June 2019	
Sustainability of GPs	Raised at triangulation June 2019	
Ambulance service – attend and treat	Raised at triangulation June 2019	
Fixed price contracts – move from payments by results	Raised at triangulation June 2019	
Mental Health service provision (adult and CAMHs)	Raised under Work Programme 10 June 2019	

Chairman's Activity since the last meeting

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.	Reported to 10 June meeting
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.	Reported to 10 June 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 were patients. The Chairman suggested that Derbyshire County Council be consulted as the majority of patients were from that area.	Reported to 10 June meeting

Working Groups/ Inquiry Days/Briefing Papers :

Adult Learning Disability 2022 Community Offer	To be sent in August 2019	
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Membership

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

Charlotte Atkins
Tina Clements
Janet Eagland
Phil Hewitt
Dave Jones
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
15 July 2019
12 August 2019
16 September 2019
28 October 2019
2 December 2019
3 February 2020
17 March 2020