

Healthy Staffordshire Select Committee

Monday, 16 September 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
6 September 2019

AGENDA

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 15 July 2019** (Pages 1 - 14)
 - (a) 15 July 2019 10am
 - (b) 15 July 2019 2pm
4. **Adult Learning Disability 2022 Community Offer** (Pages 15 - 72)

Report of the Deputy Leader and Cabinet Member, Health Care and Wellbeing.
5. **CCGs Annual Assessments 2019** (Pages 73 - 92)

Report of the Clinical Commissioning Groups.
6. **62 day target on cancer services** (Pages 93 - 104)

Report of the Clinical Commissioning Groups.
7. **Preparations for Leaving the EU with No Deal** (Pages 105 - 112)

Report of the Clinical Commissioning Groups.

8. **District and Borough Health Scrutiny Activity** (Pages 113 - 116)

Report of the Scrutiny and Support Manager.

9. **Work Programme** (Pages 117 - 122)

Report of the Scrutiny and Support Manager.

10. **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	Dave Jones
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

Note for Members of the Press and Public

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

Minutes of the Healthy Staffordshire Select Committee Meeting held on 15 July 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Janet Johnson
Tina Clements	Dave Jones
Rosemary Claymore (R Ford Sub)	Paul Northcott (Vice-Chairman)
Janet Eagland	Jeremy Pert
Ann Edgeller	Carolyn Trowbridge
Maureen Freeman	Ross Ward
Phil Hewitt	Victoria Wilson
Barbara Hughes	

Apologies: Richard Ford, Kath Perry, Bernard Peters and Ian Wilkes

PART ONE

7. Declarations of Interest

The Chairman, Councillor McMahon declared an interest in item 4 "Patients with Complex Care needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership". He felt that he may have met one of the patient's parents in a professional capacity. He remained in the meeting but did not Chair the meeting during that item.

8. Minutes of the last meeting held on 10 June 2019

RESOLVED: That subject to the spelling change below, the Minutes of the Meeting held on 10 June 2019 be confirmed as a correct record and signed by the Chairman.

- Page 5 paragraph 4 should read Brompton not Brampton.

9. Patients with Complex Care Needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership

Councillor Paul Northcott took the chair for this item. Councillor McMahon remained in the meeting and took part in the discussion.

Jenny Napier-Dodd, Quality Improvement Manager and Lynn Tolley, Head of Nursing, Quality and Patient Safety, attended the meeting to present the report and answer questions.

The Committee heard that following the Winterbourne scandal in 2014, the Transforming Care Programme (TCP) had been introduced across the whole country in

every Clinical Commissioning Group (CCG) area which aimed to reduce the number of patients in specialist NHS beds and get them into appropriate community care provision close to home. Staffordshire's target for the end of 2019 had been 13 Out of County placements, however, unfortunately this had not been met and was currently 25. Escalation meetings had been held with NHS England and a new trajectory had been set for March 2020 at 16. It was stated that this was a very challenging target. Reasons for the increased number of patients was explained as: there were more new younger patients with autism; a number of patients had completed the treatment programme but were a risk to themselves or others so needed to remain in placement: and some patients have a legal issue so could not be relocated.

Members were informed that along with the new trajectory came some extra funding, but this was for project teams to source providers etc rather than to meet the long term needs of patients with complex health issues.

The Committee was informed that the TCP had brought together teams; individuals; information; visit data; and other information sources but also quality assurance data; training information; infection control information all of which could all be used to establish a clear picture of care standards.

Following a question on the confidence of the CCG that Out of County hospital beds were safe; of a good quality; and met patient's needs, it was explained that Whorlton Hall had been visited by the Care Quality Commission (CQC); CCG officers attended regular meetings; patients and patients parents were met; there had been discharge plans in place agreed by all parties, and yet problems were only highlighted by undercover reporters. The treatment of patients at Whorlton Hall had been a complete surprise to all parties. No concerns had been raised by professionals or parents.

There were six facilities based in Staffordshire that were registered for patients with complex learning disabilities. All of these were being quality assured by the Local Authority. However, not all were used by this Local Authority and it presented a need for all commissioners to work closely together so that all had consistently high standards. One of the benefits of getting people closer to home was that more visits could be made, and a closer relationship built. Members were encouraged to hear that providers were approaching the Local Authority to ask for support/guidance on how they can organise themselves in order to stop deep seated issues such as recruitment, training and shift patterns so that workers don't form groups. Whistle blowing and encouraging staff to come forward were also ways of collecting information.

The growing number of Autistic individuals was discussed, and it was felt that cases were becoming more complex and higher risk.

The robustness of the complaints scheme was described. If the CCG received a complaint, they aimed to investigate within 3 days. They also received copies of complaints sent directly to providers and their response and also from partners and Local Authorities.

Assurance plans were in place as were discharge plans for all those patients currently in hospital care who could either go home or live in the community with support. Six patients remained without any clear pathway, as these patients were thought to have no

legal framework for them to come back into the community as providers could not always support patients which such high level need.

RESOLVED: That a briefing note be prepared for the Committee, with details of the quality assurance plans; the TCP plans for the future; and, what lessons had been learnt due to the Whorlton Hall investigation.

10. Nexus Care

The Chairman resumed the Chair for the remainder of the meeting.

Helen Trousdale, Lead Commissioner, Clair Muldowney, Chief Operating Officer NEXXUS and Andrew Felton, Non Executive Director for NEXXUS attended the meeting to present the report and answer questions.

NEXXUS was established in 2011 as a Local Authority Trading Company and was developed to form a Care Agency stream in 2017. In 2018 Allied Healthcare become subject to provider failure and the Council transferred the contracts to NEXXUS and provided over 3,000 hours of home care, with 100% staff transfer through TUPE.

Unfortunately, within 3 to 4 weeks of the transfer NEXXUS was inspected by the CQC and was rated “requires improvement” due to issues of paper work and proof of procedure being followed. Officers were confident that these issues had now been addressed. The main risk was identified as being staff recruitment. It was acknowledged that NEXXUS only operated in certain parts of the County although there were plans to expand into the Newcastle area.

The Chairman reminded Members that the scrutiny of governance arrangements for the company fell within the remit of the Corporate Review Committee.

A Member asked if the consequences of expanding had been forecast, for example into Newcastle and the effect this would have on other smaller providers and the unintentional consequential effect on patients or carers, such as members of staff leaving companies for better salaries only to move again a few months later. In response it was felt that recruitment and new employees were coming from other sectors rather than other care providers. NEXXUS were working alongside providers with the aim of providing additional capacity and not replacing it. The company was still very local and building relationships and working in partnership was important. It was important to know the market and mitigate and be robust enough to deal with any risks e.g. unexpected growth by picking up contracts such as Allied Healthcare. All decisions have to be agreed at Board level and follow a rigorous decision making process.

Contracts with NEXXUS were monitored by Staffordshire County Council.

A Member asked if there were plans to expand into other geographical areas or extra care contracts. In response, it was stated that opportunities were always being looked at for example the Newcastle rural areas which could be managed through the Stafford branch and work was taking place in the Staffordshire Moorlands area with small providers to ensure a robust provision. With regard to Extra Care specifically, there

were always opportunities to work with providers to provide care and use the local extra care hubs as a base to open up the scheme to more users.

When patients were discharged from hospital into the reablement service there was work taking place to ensure that assessments are carried out in the home are carried out and patient profiles completed. Any issues raised with patients and worked through to resolve. There had been teething problems when the contract was first taken on, but partnerships have been developed and the situation has progressed significantly.

Work was also taking place with MPFT to ensure that patients in the reablement service go through one single assessment process and are provided with care from one holistic care team rather than numerous organisations. Weekly reviews were done with service users, with an additional six monthly survey for home care recipients. There was also a robust complaints/compliments system which was reviewed regularly.

Following a question on finance, Members were informed that NEXXUS have to generate profit to pay back the setup loan. Once this has been repaid any profit will be passed back to the Local Authority. The Board keep profits to a minimum in order not to overcharge.

RESOLVED: That the report be noted.

11. Healthwatch Staffordshire Performance Report

Jackie Owen, Healthwatch Manager; Wendy Tompson, Interim Operational Insight Manager and Alan White, The Deputy Leader and Cabinet Member for Healthcare and Wellbeing attended the meeting to present the report and answer questions.

The County Council had a statutory responsibility for commissioning a local Healthwatch in the county. Following a procurement process, the contract was awarded to Engaging Communities Staffordshire for 2018-21. The contract was monitored quarterly and reported to this Committee annually.

The Healthwatch Manager gave a brief presentation covering the Healthwatch Vision, annual priorities; activities and events; and main outcomes.

The priorities for year one had been:

- Non-Emergency Patient Transport
- Learning Disability Day Services
- Prison Healthcare Engagement Standards Framework
- Young People Emotional Wellbeing
- Discharge to Assess

Year Two Priorities were:

- Finalise Learning Disability Day Services, Young People Emotional Wellbeing and Discharge to Assess.
- Continuation of 'Together We're Better' consultation support and advice.
- Access to social care assessments and services across Staffordshire.
- Review of Care Home Commissioning in Staffordshire.

- Working with partners to understand impact of long term substance misuse.
- Support Healthy Staffordshire Select Committee work programme.
- Explore opportunities to shape social care commissioning.

Following a question on what changes had taken place over the last 12 months, the Healthwatch Manager informed the Committee that there had been a reduction in staff numbers; smarter ways of working e.g. use of social media; better choice of priorities of work activity areas; more use of volunteers; and, challenging the choice of work topics to ensure value was achievable.

Through the use of Social Media younger people had been encouraged to participate. There was also more thought given to different ways of consulting, like Instagram, students, visits, group work etc.

A question was asked regarding the patient transport consultation and whether it had considered transport to and from out of county hospitals. In response, only the Staffordshire Hospitals had been considered initially but the conclusions had highlighted the need for more consideration of out of county transport particularly return home arrangements.

There had been a link between mental health issues in young people at Multi Agency Centres and spikes of demand at certain times of the year, e.g. exams, school holidays etc. Healthwatch were looking at the lower level service needs and provision.

It was acknowledged that there had been a significant reduction in budget. As part of a wider review, advocacy services had moved to “Voiceability” which was now providing services for a number of Local Authority Departments, not just those concerning NHS advocacy.

RESOLVED: That the Performance report be noted and that the next update report be considered by the Committee on 28 October 2019.

12. 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.

Cannock District Council’s first meeting had received a report on the merger of the CCG’s.

South Staffordshire District Council’s Committee had considered reports on Lifestyle roadshow which the council is taking to all Parish Councils.

Stafford Borough Council’s next meeting had moved to 31 July 2019 and would be considering rough sleepers and homelessness.

Staffordshire Moorlands District Council had received a report on the merger of the CCG’s.

Tamworth Borough Council had not yet had its first meeting.

RESOLVED: That the report be received

13. Work Programme

The Scrutiny and Support Manager presented the work programme. Members were reminded that there was an additional meeting scheduled for 2pm that afternoon.

It was felt that the short notice of some of the reports was making work programming a challenge. It was hoped that in future the Committee would be informed of Consultation exercises in advance so that appropriate time could be allocated.

RESOLVED: That the work programme be approved.

Chairman

Minutes of the Healthy Staffordshire Select Committee Meeting held on 15 July 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Dave Jones
Tina Clements	Paul Northcott (Vice-Chairman)
Janet Eagland	Jeremy Pert
Maureen Freeman	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Victoria Wilson
Janet Johnson	

Apologies: Ann Edgeller, Richard Ford, Kath Perry and Ian Wilkes

PART ONE

14. Declarations of Interest

The Chairman declared an interest in item 4 'Single Strategic Commissioning Organisation' as he had previously Chaired a Clinical Commissioning Group board.

15. Single Strategic Commissioning Organisation

Sally Young, Director of Corporate Governance, Communications and Engagement and Anna Collins, Associate Director of Communication & Engagement attended the meeting to present the report and answer questions.

The Committee were being asked by the Staffordshire Clinical Commissioning Groups (CCG's) to provide feedback on the proposal to become a single Strategic Commissioning Group. All stakeholder consultation feedback would be reported to the CCGs GP membership during their consideration. The GP recommendation would then be conveyed to the CCG's governing body. Any application to merge would then have to be made to NHS England with a view for it to commence in April 2020.

The consultation had started in May and would conclude in July 2019. A number of public meetings had been held and the CCG website had links to the documents.

15 other groupings of CCG's in the Country were also going through this process at the same time.

The potential benefits of merging were outlined as:

To the public

- Local delivery, through Divisions, working to keep patients at the centre of all they do.
- Help reduce variations in patient outcomes and improve patient experiences.
- Stronger patient engagement (e.g. focussing on services and improving outcomes).
- Reduced duplication - doing things once, not multiple times (as envisaged by the Long Term Plan).
- Help deliver care closer to home by strengthening community services.
- Strengthen providers and commissioners working together.

To GPs

- Stronger primary care voice with providers within the Divisions.
- Enable GPs to do things once.
- Free up time for staff to deliver once rather six times.
- Clarity in decision making processes.
- A focus on Divisions deciding how they will implement a single strategy.
- Support GPs working together.

To Commissioners

- Focus on outcomes by strengthening our Divisions and giving delegated responsibility for local decision making to Divisional Committees.
- Quicker and simpler decision making.
- Better relationships with providers.
- Higher quality strategy.
- More efficiencies which can reduce costs and our deficit.

To Providers

- Better relationships and integrated working.
- Quicker and simpler decision making.
- More control over the design of services and also about working together as a system.

An overall advantage was that one single CCG would align with the Sustainability and Transformation Partnership (STP).

Currently the options available were:

1. Keep the current arrangements of six separate CCGs under a single leadership team
2. Develop a new, single CCG

If NHS England were not in favour of option 2, the CCGs could relook at alternatives next year.

With regard to the recent NHS England's CCG assessments, Members asked if five of the six CCG's rated as "inadequate" would reduce the number of "inadequate" CCGs to one and was this a national motivator to encourage mergers. The Committee was informed that there were 5 different domains covered in the assessment process. However, if the financial domain is viewed as inadequate the overall rating would always reflect this, regardless of the findings in the other areas.

There was concern that the move was financially led and one consideration that hadn't been mentioned was commissioning policies. A question was asked on if the merger took place, would all commissioning policies align, for example hearing aids or would the local areas have the ability to continue to commission based on local need. In response, it was confirmed that a single CCG would align policies, and this had already commenced and discussed at a previous Committee meeting.

The Committee were concerned that the North and South of the County had very different population needs, and it was felt that local differences should be recognised.

A Member of the Committee felt that the Staffordshire NHS system was challenging, and little transformational change had happened in recent years to make the patient pathways sustainably viable and clinically more effective. It was asked how one CCG was going to address this. An example of a benefit was given as commissioners and suppliers meeting weekly to work together and draw up plans for an intelligence fixed price system which would move towards a more block contract approach where an agreed amount is paid and anything above that is agreed.

It was acknowledged that one CCG would change the way services were financed but not necessarily change the system for the patients benefit. It was asked how this was going to make the system transformative. In response, the Committee were informed that bringing all parties together would help but local knowledge would still be needed for local decisions.

There was concern around hard to reach groups and how they would access the consultation. On a wider issue, the Committee asked how many consultations were taking place at the current time across the county and could this lead to consultation overload especially as the documents were quite long and sometimes complicated. In response, it was informed that there were quite a few significant consultations taking place, but the CCG had an obligation to consult and public feedback and comments were needed in order to inform service design and decision making. It was acknowledged that there were also a number of Local Authority and Police and Crime Commissioner consultations all competing for attention. Summary documents were available and social media was used whenever possible.

In response to a question on what the STP thought about the proposed merger, the Committee were informed that a response had not yet been received. University Hospital North Midlands (UHNM) had indicated their support and a summary of all responses would be available at the end of the consultation.

It was felt that cultural change was needed more than changing the structures.

RESOLVED: That the Committees concerns, as listed below be fed into the consultation:

- a) There was concern that the move was financially led and that commissioning policies hadn't been mentioned. The Committee were concerned that the North and South had a very different population need and local need should be recognised. There was a concern that commissioning policies would be changed to the detriment of the public.

- b) It was felt that cultural change was needed more than changing the structures.

16. George Bryan Centre Engagement Plans

Lisa Agell, Head of Mental Health Services, Midlands Partnership NHS Foundation Trust and Nicola Harkness, Managing Director, South East Staffordshire CCG's, attended the meeting to present a report in relation to the engagement plans for the George Bryan Centre.

A fire at the Centre earlier in the year had led to the transfer of patients to St Georges Hospital, Stafford. It had since been decided to close the East Wing and the West Wing closed temporarily pending consultation about the future service provision for South Staffordshire.

The Committee was informed that the facility was a short stay service with an average stay was 21 days. The current capacity at St Georges was 12 short stay beds. Following the fire, patients were moved to St Georges, but no patient was discharged early or without a discharge plan.

The consultation process was described.

Security to the building was being provided until discussions with local partners were held to decide if there was a temporary use for the buildings. There were proposals to house the Community Mental Health services which is currently located in the Sir Robert Peel building. There were also discussions taking place over the Milford Ward which is normally used to support hospital winter pressures and the affect this would have on reducing capacity.

Members expressed concern that patients and families had to make a 60 mile round trip from Tamworth to Stafford and this was not acceptable, they felt that the need was in Tamworth and patients needed to be treated in their own communities.

A question was asked on the current location of the "Place of Safety" This was a facility where people who are at risk to themselves are placed but for a temporary measure until assessed. The facility can only be assessed by the Police. In the South of the County there were three assessment rooms and one in the North. There was no national guidance on the amount of facilities needed, it depended on local demand.

Following a question on the capacity of the ward prior to the fire, the Committee was informed that the George Bryan Centre was never 100% full.

RESOLVED:

- a) That the CCGs and Midlands Partnership Group be informed that the Committee felt that the 12 bed based facility, should remain in Tamworth.
- b) That following the consultation, the CCG should bring detailed proposals to the Committee for consideration.

17. East Staffordshire CCG Community Services Procurement

Nicola Harkness, Managing Director South East Staffordshire CCG's, attended the Committee to explain the commencement of the procurement process to secure a provider to deliver community services, following the termination of the Improving Lives contract by Virgin Healthcare Services Limited in April 2019.

Following a question on funding for the contract, it was explained that the CCG had carried out a benchmarking exercise with other CCGs and there was confidence that there was sufficient funding to commission community services.

A Member felt that this was a window of opportunity to address some of the cross boundary issues in South Staffordshire, with different systems between primary and community care. Members questioned how the whole community hospital relationship process would be made more seamless. It was explained that the procurement process was underway and the potential bidders would be known in November 2019. One of the key areas of inquiry as part of the bidding process would be to understand how each bidder would aim to better integrate services as this was a key part of the NHS Long Term Plan.

The Committee were informed that the reasons for the termination of the contract had been explored and any learning from this information would be used to inform the development of the procurement process.

RESOLVED: That the report be received.

18. Integrated Urgent Care (GP Out of House and NHS 111 services)

Redecca Scullion, Deputy Director of Commissioning and Operations for Staffordshire and Stoke on Trent CCG's and Ashley Shatford, Urgent Care Strategic and Operations lead for the six CCG's attended the meeting to present the report and answer questions.

The Committee was informed of the plans to deliver the new national service specification for Integrated Urgent Care which included the integration of GP Out of Hours and NHS111 services. The service would be more aligned to a single point of access. The procurement process and timetable were explained. The new service would be operational from 1 October 2020.

It was explained that the current service was made up of a number of services which were difficult to navigate for patients. This confusion and lack of access to urgent care appointments often lead to an over reliance on A&E services. During the development of the specification, small pilots had been in operation in order to test the impact on patients and services.

A Member expressed concern that if the procurement was due to the mandate of a national specification and also a realignment with the STP model, would it fully integrate with all partners such as the West Midlands Ambulance Service (WMAS) and Mental Health Services, as full integration of both services and information was needed. It was also asked if there had been any analysis of the failures of the current services to access and if patients were in the wrong service and which partner had referred them. It was felt that this would highlight the problem areas, which could be addressed without the need for re-procurement.

It was explained that services such as WMAS and Mental Health were part of the Integrated Urgent Care and overall delivery and as part of the procurement process they would be consulted to see how they could support the integration of the 111 service in order to provide a system integration.

The current system was operated on a binary process and any future service needed to see a more clinical judgement. This should be possible through access to patient information records which could lead to better alternatives found in the community.

A Member asked, if integration was vital what was being procured and wouldn't it make more sense to procure a facilitator organisation to bring together the services. In response, it was explained that due to the European procurement rules, the contracts were due to expire so the services listed below had to go through a procurement exercise:

- 111 service.
- Call handling.
- Clinical validation of the calls and clinical support
- GP Out of Hours for Staffordshire with the except of Seisdon area which is under the Wolverhampton CCG.
- Urgent Care Centre at Royal Stoke A&E.
- Out of Hours prison service.
- Systems response and how it is all pulled together through the Urgent Care Board and the aligning in it with the Primary Care Board.

A Member felt that it appeared that this was an exercise to reduce A&E attendance by using different care pathways. If this was the case, how successful would it be and how will it be measured. In response, it was explained that it was greater than just reducing the number of people accessing A&E and more to do with getting people to the right place with less contact rather than being bounced around the system. Work was taking place with all partners in form of mini pilots, but the service needs to be delivered at an STP level as this will bring greater benefits.

NHS 111 works on clinical algorithms which were very defensive and often resulted in referring patients to A&E. The Committee were informed that the algorithms were national, but the CCG was looking at the Clinician completing the process by checking the responses and making the decision based on patient history and information. The algorithms will have to remain, but the new working method would stop it making a clinical decision.

The new service would also allow access to direct booking in primary care through the new GP contract.

When asked how other parts of the Country were addressing this, Members were informed that some areas were going through this is part but not in full. The Chairman suggested looking at the "Celtic fringe" as these tended to be ahead of England.

Concern was expressed over the transfer of patients to Primary care and Community care which were services that were also overburdened, and it was felt that more emphasis needed to be on patient behaviour changes and preventative care.

RESOLVED: That the Committee be kept informed of the outcome of the procurement process.

Chairman

Local Members Interest
N/A

Healthy Staffordshire Select Committee - Monday 16 September 2019

Adult Learning Disability 2022 Community Offer:

A. Staffordshire County Council directly provided Learning Disability Services

B. Carers Strategy: 'All Together for Carers'

Recommendations

- a. The Cabinet for Health, Care and Wellbeing recommends that the Healthy Staffordshire Select Committee:
- b. Considers the engagement feedback received and evidence based options appraisal for the future delivery of directly provided Learning Disability services.
- c. Endorses the recommendations for the future delivery of directly provided Learning Disability services.
- d. Considers the engagement feedback received on The Carers Strategy.
- e. Endorses the draft revised Joint Carers Strategy: 'All Together for Carers' in preparation for presentation to Cabinet on 16th October 2019; and subsequent recommendation for delegated decision to the Lead Member for Health, Care and Wellbeing for final sign off and implementation.
- f. Endorses the recommendation for development of a detailed evidence-based options appraisal for the future delivery of Carers Services, including engagement with impacted key stakeholders.

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

Summary

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

Part A: Staffordshire County Council directly provided Learning Disability Services

1. The Healthy Staffordshire Select Committee is being asked to consider the engagement feedback and evidence-based options appraisal for the future delivery of directly provided Learning Disability Services, as per the Draft Cabinet Report (Appendix 1).

2. Following consideration of this report, The Healthy Select Committee is being asked to endorse the subsequent recommendations (as per the Draft Cabinet Report and specified in Report Background – Point 6).

Part B: Carers Strategy ‘All Together for Carers’

3. The Healthy Staffordshire Select Committee is being asked to consider the engagement feedback received and endorse the revised draft Joint Carers Strategy: ‘All Together for Carers’ in preparation for presentation to Cabinet on 16th October 2019; with delegated decision to the Lead Member for Health, Care and Wellbeing for final sign off and implementation.
4. In addition, The Healthy Select Committee is being asked to endorse the recommendation for development of a detailed evidence-based options appraisal for the future delivery of Carers Services, including engagement with impacted key stakeholders.

Report

Background

Part A: Staffordshire County Council directly provided Learning Disability Services

5. The Healthy Staffordshire Select Committee is being asked to consider the engagement feedback and evidence-based options appraisal for the future delivery of directly provided Learning Disability Services, as per the Draft Cabinet Report (Appendix 1).
6. Following consideration of this report, The Healthy Select Committee is being asked to endorse the subsequent recommendations:
 - a. Approves commissioning of a Supported Living service (care and accommodation), from the independent market, to replace the residential service currently provided by the Council at Greenfields House in Staffordshire Moorlands.
 - b. Approves the commissioning of a Supported Living service (care only), from the independent market, to replace the care currently directly provided by the Council at Horninglow Bungalows in East Staffordshire.
 - c. Approves consultation with staff (and recognised Trade Unions) on the proposed changes for Greenfields House and Horninglow Bungalow.
 - d. Approves the revised Service Charter for the Complex Needs Day Services, including rebranding to “Staffordshire County Council Specialist Day Opportunities.
 - e. Delegates the authority to implement any future changes to staffing and accommodation for the Staffordshire County Council Specialist Day

Opportunities to the Cabinet Member for Health, Care and Wellbeing, in consultation with the Director for Health and Care.

- f. Approves an extension to the contracts for two block-booked residential replacement care services with the current provider until July 2020.
- g. Requests that proposals for the remaining directly provided learning disability services and the long-term future of block-booked residential replacement care services be presented to Cabinet in October 2019.

Part B: Carers Strategy 'All Together for Carers'

- 7. The Council and the five Staffordshire CCGs have developed a Joint Staffordshire Carers Strategy: 'All Together for Carers'.
- 8. The Strategy sets out the statutory duties of the Council and the NHS for Carers under the Care Act 2014, Children and Families Act 2014 and the NHS Constitution and is an All Age strategy.
- 9. In brief the Carers Strategy 'All Together for Carers' is based on the following principles:
 - a. To work in partnership with carers, health and social care providers, communities and employers to develop a society that is carer friendly which values and supports carers to fulfil their caring role and maintain their health and wellbeing and manage their caring role safely, enabling the Council to target resources for those who are most in need of support.
 - b. To prevent, reduce or delay dependency on health and care services by increasing the resilience of individuals and communities in line with Staffordshire's Whole Life Disability Strategy and the Council's vision for Health & Care.
 - c. A clear single point of contact and access, underpinned by a clear and equitable pathway, ensuring those with eligible need received the right support, at the right time with plans to reduce or delay longer term support needs. We will do this in a way which is safe and financially sustainable.
- 10. The Strategy sets out seven priorities, based on national research, the NHS 10 Year Plan and learning from earlier consultations with carers:
 - a. Improving information, advice and guidance;
 - b. Identifying carers;
 - c. Staying healthy;
 - d. A life outside of caring;
 - e. Assessment and support;
 - f. Crisis Management;
 - g. Recognition and value.

11. Following development of an initial Strategy, a 12-week consultation was undertaken (29th April – 22nd July 2019) with a range of key stakeholders, including carers.
12. The consultation was advertised through the Council's webpages and social media and promoted through a number of public, private and voluntary organisations. There were multiple ways for people to have their say.
13. In addition, the Strategy was presented and discussed in multiple forums and boards including the Health and Wellbeing Board (two approaches), local carer organisations and a young carers specific consultation, undertaken by The Voice Project.
14. A total of approx. 250 direct individual responses were received in response to the engagement (please note this figure does not include attendance to various professional boards and meetings).
15. The overwhelming feedback from the consultation was that the seven priorities are sensible and laudable and are reflective of how the Council and CCGs should be providing information, advice and support to further enhance the lives of carers across Staffordshire.
16. A range of views emerged during the consultation and these are reflected in the final (current) version – the most prominent suggestions were:
 - a. The Council and the CCGs should review the carers pathway to ensure a single gateway and an equitable approach – this review has begun;
 - b. The Council and the CCGs should review currently commissioned services for carers to ensure that they are able to deliver the ambitions set out within the Strategy. With current commissioned arrangements expiring Sept 2020, a review of the Carers hub has already commenced.
 - c. The Council and the CCGs should consider how to strengthen relationships and joint working with the voluntary and community sector to improve collaborative working and to ensure that "All Together For Carers" becomes a reality in the coming years.
17. After taking into consideration the feedback received on the presentation, length and format of the Strategy the document has been significantly redrafted; noting the core information and priorities remain the same.
18. The Healthy Select Committee is being asked to endorse the draft Joint Carers Strategy: 'All Together for Carers' in preparation for presentation to Cabinet on 16th October 2019; with delegated decision to the Lead Member for Health, Care and Wellbeing for final sign off and implementation.
19. The request for the decision to be delegated to the Lead Member for Health, Care and Wellbeing to sign off and implement the strategy is to enable the relevant CCG Boards, to consider and endorse the joint strategy, which will be facilitated across

September and October 2019, as per the required CCG Governance arrangements.

20. In addition to endorsement of the joint strategy, The Healthy Select Committee is being asked to endorse the recommendation for development of a detailed evidence-based options appraisal for the future delivery of Carers Services, including engagement with impacted key stakeholders.
21. The Carers Hub, operated by People Plus was commissioned in 2015, to offer assessments and support to carers, as per The Care Act (2014). The service was commissioned jointly by Staffordshire County Council with Stoke on Trent City Council and the six CCGs to support carers of all ages, including Young Carers.
22. The service has been operating for four years and is now in its fifth and final year of the contract. Officers are in the process of conducting a service review and mapping The Carer's Pathway.
23. Three potential high-level options have been identified so far for Staffordshire's future carers offer:

Option One: Externally commission one or more 'provider(s)' to deliver carers assessments and support services;

Option Two: Bring carers assessments and support services in-house;

Option Three: Hybrid model – deliver some services in-house and commission one or more provider to deliver the remainder.
24. The evidence based options appraisal will be presented to Healthy Select Committee and Cabinet in February 2020 for consideration of the findings and subsequent recommendations for the future provision of services.

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;
- c. The Whole Life Disability Strategy

Link to Other Overview and Scrutiny Activity

The Programme has been presented to the Healthy Staffordshire Select Committee on multiple occasions.

The Carers Strategy has been presented to and considered by Staffordshire's health and Wellbeing Board on 2 separate occasions.

List of Background Documents/Appendices:

Appendix 1: DRAFT Adult Learning Disability 2022 Community Offer: The Future of Learning Disability Services directly provided by Staffordshire County Council: 18th September 2019 Cabinet Paper

Appendix 2: Adult Learning Disability 2022 Community Offer: The Future of Learning Disability Services directly provided by Staffordshire County Council – Community Impact Assessment & Supporting Executive Summary.

Appendix 3: DRAFT Carers Strategy: ‘All Together for Carers’

Appendix 4: DRAFT Carers Strategy – Community Impact Assessment & Support Executive Summary.

Contact Details

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Cabinet Meeting on Wednesday 18 September 2019

Adult Learning Disability 2022 Community Offer: The Future of Learning Disability Services directly provided by Staffordshire County Council



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

“After consultation with users, it is clear that our services for adults with a learning disability need to change to ensure that they are sustainable.

“We have developed a series of recommendations to modernise these services so that they can continue to meet people’s needs now and in the future.

“The way we support people in the future needs to be about ability, not disability, about focussing on what people can do and building on these strengths so that they can live full and independent lives for as long as possible.”

Report Summary:

The purpose of Staffordshire’s Adult Learning Disability 2022 Community Offer 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.

In June 2019, Cabinet requested that proposals for the future of services directly provided by the Council for adults with a learning disability and/or autism be developed and evaluated.

This report includes these proposals along with proposals for the residential replacement care services currently provided by Lifeways, as the current contractual arrangements will expire on 31 March 2020.

The proposals have been developed following engagement with a range of key stakeholders (including users, staff and carers), current and anticipated future demand, the current state of the market, and the quality of current services.

The proposals will ensure that the Council continues to meet peoples assessed eligible care and support needs. The Council will commission services where we are confident the market can offer quality and value for money; and continue to provide services directly where necessary, with modernisation of directly provided services to improve quality and reduce operating costs.

Recommendations

I recommend that Cabinet:

- a. Approves commissioning of a Supported Living service (care and accommodation), from the independent market, to replace the residential service currently provided by the Council at Greenfields House in Staffordshire Moorlands.
- b. Approves the commissioning of a Supported Living service (care only), from the independent market, to replace the care currently directly provided by the Council at Horninglow Bungalows in East Staffordshire.
- c. Approves consultation with staff (and recognised Trade Unions) on the proposed changes for Greenfields House and Horninglow Bungalow.
- d. Approves the revised Service Charter for the Complex Needs Day Services, including rebranding to "Staffordshire County Council Specialist Day Opportunities.
- e. Delegates the authority to implement any future changes to staffing and accommodation for the Staffordshire County Council Specialist Day Opportunities to the Cabinet Member for Health, Care and Wellbeing, in consultation with the Director for Health and Care.
- f. Approves an extension to the contracts for two block-booked residential replacement care services at Woodland View and Silverbirch with the current provider until July 2020.
- g. Requests that proposals for the remaining directly provided learning disability services and the long-term future of block-booked residential replacement care services be presented to Cabinet in October 2019.

Local Members Interest
N/A

Cabinet – Wednesday 18 September 2019

Adult Learning Disability 2022 Community Offer: The Future of Learning Disability Services provided directly by Staffordshire County Council.

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

I recommend that Cabinet:

- a. Approves commissioning of a Supported Living service (care and accommodation), from the independent market, to replace the residential service currently provided by the Council at Greenfields House in Staffordshire Moorlands.
- b. Approves the commissioning of a Supported Living service (care only), from the independent market, to replace the care currently directly provided by the Council at Horninglow Bungalows in East Staffordshire.
- c. Approves consultation with staff (and recognised Trade Unions) on the proposed changes for Greenfields House and Horninglow Bungalow.
- d. Approves the revised Service Charter for the Complex Needs Day Services, including rebranding to “Staffordshire County Council Specialist Day Opportunities.
- e. Delegates the authority to implement any future changes to staffing and accommodation for the Staffordshire County Council Specialist Day Opportunities to the Cabinet Member for Health, Care and Wellbeing, in consultation with the Director for Health and Care.
- f. Approves an extension to the contracts for two block-booked residential replacement care services at Woodland View and Silverbirch with the current provider until July 2020.
- g. Requests that proposals for the remaining directly provided learning disability services and the long-term future of block-booked residential replacement care services be presented to Cabinet in October 2019.

Report of the Director of Health and Care

Reasons for Recommendations:

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; aligning with Staffordshire's Whole Life Disability Strategy and vision for Health and Care.
2. The scope, approach and outcomes to be achieved by the Programme are outlined in the June 2019 Cabinet report. Cabinet requested that proposals for the future of services directly provided by the Council for adults with a learning disability and/or autism be developed and evaluated, that the Council engage with users, carers and staff on these proposals, and that these proposals and the outcome of evaluation and engagement be brought back to Cabinet.

Scope

3. The learning disability services in scope of the Programme are outlined in Table 1 and Table 2.

Table 1: Directly provided service

Service	Service Type	Provider	Location	No. of users	Budget 2019/20
Greenfields House	Residential care	County Council	Staffordshire Moorlands	9	£1.028m
Horninglow Bungalows	Supported Living	County Council	East Staffordshire	15	£1.016m
Douglas Road	Residential replacement care	County Council	Newcastle under Lyme	13 beds	£1.109m
Hawthorn House	Residential care	County Council	Lichfield	18	£1.818m
Complex Needs Day Services	Building based day opportunities	County Council	6 locations	58	£2.545m
TOTAL COST					£7.516m

Table 2: Externally commissioned 'respite' services

Service	Service Type	Provider	Location	No of Users	Max. contract value	Actual spend 18/19
Woodland View	Residential replacement care	Lifeways	Cannock	10 beds	£1.015m	£0.534m
Silverbirch	Residential	Lifeways	East	5 beds		£0.232m

	replacement care		Staffordshire			
TOTAL COST						£0.766m

4. The services included in the scope of this report are:
 - a. Greenfields House;
 - b. Horninglow Bungalows; and
 - c. Complex Needs Day Services.
5. Proposals for the remaining directly provided learning disability services and the long-term future of block-booked residential replacement care services will be presented to Cabinet in October 2019.

Medium Term Financial Strategy (MTFS) requirements

6. The original MTFS savings target for the Adult Learning Disability Community Offer 2022 programme was £3.7m by 2021/22.
7. Savings of £0.9m have been achieved in previous years, with a further £1.0m expected to be achieved during 2019/20, leaving a balance of £1.8m to be achieved by 31 March 2022, as shown in Table 3:

Table 3: MTFS savings

	19/20 £m	20/21 £m	21/22 £m
Savings target	1.9	3.2	3.7
Ongoing savings achieved in 18/19	0.9	0.9	0.9
Expected savings in 19/20 onwards	1.0	1.0	1.0
Balance to be achieved		1.3	1.8

Evaluation

8. Options for each service have been evaluated following engagement with users, carers and staff; taking into account:
 - a. Current and anticipated future demand;
 - b. The state of the market; and
 - c. The quality and availability of current services (care and accommodation).
9. Recommendations are based upon the following principles:
 - a. The Council will commission services where we are confident the market can provide quality support;
 - b. The Council will directly provide services where necessary, with modernisation of directly provided services to improve quality and reduce operating costs.
10. The recommendations aim to ensure that all services, whether commissioned from the market or directly provided by the Council are:

- a. Statutorily compliant – meeting assessed eligible care and support needs, both current and future;
 - b. Acceptable to users and carers; and
 - c. Are sustainable and represent value for money.
11. Engagement with users, carers and staff is summarised in Table 4, with details of feedback included in Appendix 1.

Table 4: Engagement with users, carers and staff

Cohort / Mechanism	Total
People who use services and their carers – meetings / 1:1	77
Staffordshire County Council Provider Staff – briefing sessions	77
Adult Learning Disability Team's (ALDT) – briefing sessions	44
Citizen Space Survey's & written submissions	41
TOTAL	239
In addition, Lifeways carried out staff engagement at Woodland View and Silverbirch	

Adults with learning disabilities in Staffordshire

12. The number of adults with a moderate or severe learning disability is predicted to remain relatively stable over the next 10-20 years, as shown in Table 5.

Table 5: number of adults with a moderate or severe learning disability in Staffordshire (source: PANSI Population Statistics)

Age Range	2019	2020	2025	2030	2035
18-24	410	401	392	427	430
25 – 34	553	553	537	499	508
35 – 44	616	519	660	685	671
45 - 54	667	652	574	562	601
55 – 64	577	591	630	595	525
TOTAL	2824	2817	2795	2769	2735

13. The number of adults with a learning disability in receipt of a long-term service funded by the Council has remained relatively stable over the last few years, as shown in Table 6.

Table 6: number of adults with a learning disability in receipt of a long-term service

Report Month	Staffordshire North	Staffordshire South	Total
July 2017	868	999	1867
July 2018	840	994	1834
July 2019	843	990	1833

14. The number of young people supported to prepare for adulthood has also remained relatively stable, as shown in Table 7.

Table 7: number of young people preparing for adulthood

Report Month	Age (years)	Staffordshire North	Staffordshire South	Total
July 2018	14 – 17	30	37	67
	18	22	23	45
July 2019	14 – 17	26	35	61
	18	24	26	50

15. All of this suggests that the number of adults in receipt of long-term services funded by the Council will remain relatively constant over the next 10-20 years, although there may be an increase in the complexity of needs.

Supported Living

16. The proposal is for the Council to cease direct provision of Supported Living based on the ability of the independent market to offer a quality service, at a sustainable cost.
17. Countywide around 390 Council funded adults with learning disabilities are in Supported Living with around 15 new placements annually.
18. The Council has tried and tested arrangements for commissioning Supported Living and the independent market has experience in providing Supported Living for this group of clients and can offer a quality and cost-effective service.
19. Over 80% providers in the independent market are rated outstanding or good by the CQC. There have been no provider failures recorded in the last 24 months.
20. The Council contracts with 31 Supported Living providers. In addition, people are entitled to have a Direct Payment to purchase the care element from a provider of their choice.
21. The Council will shortly launch a new Dynamic Purchasing System for the purchase of Supported Living, expressions of interest in this process from the independent market have been positively received.
22. This proposal will affect the following services:
- Greenfields;
 - Horninglow Bungalows.

Greenfields

Service overview

23. Greenfields is a residential care home with 8 residents, located in Staffordshire Moorlands; the service is provided by the Council and rated 'good' by the CQC.
24. In 2007 Cabinet decided to reprovide this service by transferring residents to alternative care and accommodation arrangements and closing Greenfields. To date this decision has not been implemented. This is due to a change in

administration and personnel until 2017 and subsequently the decision to include Greenfields in the scope of the Adult Learning Disability Community Offer 2022.

Current and anticipated needs

25. Care Act Assessments have indicated that the needs of the current residents could best be met in Supported Living.
26. Carers of residents have also expressed a preference for Supported Living and the Registered Manager of Greenfields agrees that it would be the most appropriate care and accommodation arrangement:
 - a. Individuals would have their independence maximised (as per their individual needs and outcomes);
 - b. Individuals would have their personal income maximised, as typically their Welfare Benefit entitlement will increase due to a change in their accommodation status;
 - c. Individuals would benefit from being able to move freely around their adapted accommodation (unlike current restricted access to specific areas of the home).
27. In Staffordshire Moorlands 38 Council funded adults with learning disabilities are in Supported Living.
28. In addition to meeting the needs of the current residents of Greenfields, a Supported Living service would help to meet the needs of future residents in Staffordshire Moorlands as there is limited alternative provision in the area.

Recommendation

29. The recommendation is for the Council to commission a Supported Living service (care and accommodation), from the independent market, to replace the residential service currently provided by the Council at Greenfields House.
30. A competitive process to secure a Supported Living care provider for existing clients could commence in October 2019 using the Council's Dynamic Purchasing System. The start date would depend on how quickly the successful provider could secure appropriate accommodation (with no capital investment from the Council required).

Financial implications

31. The current residents are assessed as requiring 24-hour care and support. The Council's reference rate for Supported Living is £13.60 - £14.75 per hour. The future anticipated cost of care, subject to the layout of accommodation, is approximately £0.552m annually. This would allow a saving of approximately £0.476m annually compared to current costs.

Staff implications

32. Because the current service is residential care it is possible that Transfer of Undertakings (Protection of Employment) may not apply in which case there might be redundancies. Staff (and recognised Trade Unions) would be consulted on potential proposals and implications on their employment. The application of TUPE would be confirmed as part of the competitive process.
33. The anticipated cost of change, if applicable, is approximately £0.780m; the cost of which would be met from the existing Health and Social Care Budget.

Alternative options considered

34. The alternative option is for the Council to directly provide Supported Living. However, this option has not been pursued:
 - a. The Council has considerably less experience than the independent market in providing Supported Living;
 - b. It is not clear that the Council could provide this service for a similar quality or cost;
 - c. A separate accommodation provider would be required to satisfy the CQC preference for a clear distinction between the care and accommodation provider; and
 - d. The Council does not act in the capacity of landlord for any other Supported Living schemes.

Horninglow Bungalows

Service overview

35. Horninglow Bungalows is a Supported Living scheme accommodating 15 tenants, located in East Staffordshire; the service is provided by the Council and rated 'good' by the CQC – although it is registered as a Homecare, as opposed to Supported Living provision.
36. The accommodation is owned and operated by a Registered Social Landlord.

Current and anticipated needs

37. Care Act Assessments by the Adult Learning Disability Team have indicated that the needs of the current residents can continue to be met in Supported Living:
 - a. The service is well established and has well-established links with the local community;
 - b. Individuals have experienced improved outcomes, including maximisation of their independence; and
 - c. Individuals have a tenancy agreement with the landlord, thus protecting their accommodation rights.
38. Carers of residents have expressed strong support for the current service and its continuation, noting the quality of care and support provides "peace of mind".

39. In addition to meeting the needs of the current residents, the service will help to meet the needs of future residents in East Staffordshire, as it is anticipated, there will be an ongoing demand for Supported Living in the area.
40. In East Staffordshire 69 Council funded adults with learning disabilities are in Supported Living, including 15 additional contracted placements in the last 12 months.

Recommendation

41. The recommendation is for the Council to commission a Supported Living service (care only), from the independent market, to replace the care currently directly provided by the Council at Horninglow Bungalows.
42. A competitive process to secure a Supported Living care provider for existing clients could commence in October 2019 using the Council's existing dynamic purchasing system.

Financial implications

43. The current residents will require access to varying degrees to 24 hour care and support. The Council's reference rate for Supported Living is £13.60 - £14.75. The future anticipated cost of care is approximately £0.590m annually. This would allow a saving of approximately £0.426m annually compared to current costs.

Staff implications

44. It is likely that Council staff would transfer to a new Supported Living care provider under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Staff (and recognised Trade Unions) would be consulted on potential proposals and implications on their employment. The application of TUPE would be confirmed as part of the competitive process.
45. If TUPE was not applicable, the anticipated cost of change would be approximately £0.536m.

Alternative options considered

46. One alternative option is for the Council to directly provide Supported Living. However, this option has not been pursued because:
 - a. The Council has considerably less experience than the independent market in providing Supported Living for this group of clients – this is the only example of the Council providing a service of this type at a considerably higher cost; and
 - b. The independent market is able to offer a quality service, at a sustainable cost.
47. Another alternative option is for the Council to use Horninglow Bungalows as 'transitional' Supported Living with residents accommodated for the short / medium term with the aim of achieving full independence. However, this option has not been pursued because:

- a. Current and anticipated need is relatively unknown and at present insufficient;
- b. The current size and location of this specific service is not considered suitable to meet County Wide needs; and
- c. Consideration of the rights of the current tenants.

Complex needs day services

Service Overview

48. The Council currently directly provides services to 59 people across 6 locations countywide, predominantly supporting people with profound and multiple learning disabilities. The service includes provision of transport.
49. There are up to 31 more people with profound and multiple learning disabilities, currently supported by the independent market, who could benefit from the service. There are 3 vacancies in the service at the moment.
50. In June 2019, Cabinet approved the continued direct provision of complex needs day services, subject to a redesign to:
 - a. Ensure the service is consistent with assessed eligible care and support needs;
 - b. Ensure a revised Service Charter is reflective of the offer, to both current and perspective users; and
 - c. Increase capacity to accommodate a greater number of people, at a reduced average cost.
51. A revised Service Charter has been developed and is included at Appendix 2. Key highlights are:
 - a. The service will be known as Staffordshire County Council Specialist Day Opportunities;
 - b. The service will offer long-term support as well as short-term assessment; and
 - c. The provision of support will be subject to an annual review – taking into consideration needs and outcomes of the individual alongside the capability, cost and capacity of the independent market.
52. Appropriate staffing structures are being considered for the service. Staff (and recognised Trade Unions) would be consulted on potential proposals and implications on their employment; this information will likely be included in the subsequent October 2019 approach.
53. To date, the Council has explored a number of accommodation options; thus far these have been discounted as they are not financially viable. The Programme will continue to explore alternatives.
54. The recommendation is that authority to implement any future changes to accommodation, operating hours (including service closures), changes to the Service Charter and subsequent staffing for the Staffordshire County Council

Specialist Day Opportunities are delegated to the Cabinet Member for Health, Care and Wellbeing, in consultation with the Director for Health and Care.

Residential replacement care (Respite)

55. Residential replacement care is commonly referred to as ‘Respite’ by people who use these services and their carers.

Service overview

56. The Council currently commissions Lifeways to provide two residential replacement care services:

- a. Woodland View, Cannock – ten beds. The Council leases the accommodation from a Registered Social Landlord, following significant financial investment from the Council, as part of a wider development;
- b. Silverbirch, East Staffordshire – five beds. The Council owns the accommodation and funded the development;

57. The Council block books ten beds in total across the two services with the ability to spot purchase the remaining five beds and the maximum contractual value is £1.015m annually. Both services are rated ‘good’ by the CQC.

58. The current contract for the provision of care expires in March 2020. However, the lease arrangements for the accommodation with the current provider (included in the care contract) do not expire until July 2020.

Recommendation

59. The recommendation is to extend the contract for the provision of care with Lifeways at Woodland View and Silverbirch until July 2020 to coincide with the end of the lease arrangements for the accommodation. The extension would allow the Council to implement a revised Residential Replacement Care offer countywide, in a consistent and staged manner.

Anticipated financial savings

60. Table 8 combines the impact of the anticipated financial savings detailed in this report alongside the progress previously outlined in Table 3; thus reducing the gap to £0.822m.

Table 8: Revised MTFs Summary

	19/20 £m	20/21 £m	21/22 £m
Savings target	1.9	3.2	3.7
Ongoing savings achieved in 18/19	0.9	0.9	0.9
Expected savings in 19/20 onwards	1.0	1.0	1.0
Greenfields House saving		0.476	0.476
Horninglow Bungalows saving		0.426	0.426
Balance to be achieved		0.398	0.898

Risks and Mitigation

61. The anticipated risks and mitigating Actions are summarised in Table 9.

Table 9: Risks and mitigating actions summary

Service	Risk	Mitigating Action
All	Challenge and complaint (inc. judicial review) from impacted key stakeholders.	<ul style="list-style-type: none"> - The programme has sought to engage with all key stakeholders – inc. consideration of the range of options. - The programme (and proposals) continue to meet assessed eligible care and support needs; noting they are statutorily compliant. - In respect of impacted staff, the Programme will ensure on-going consultation with the staff cohort, their representative Trade Unions and ensure adherence to all appropriate processes in a timely manner.
All	Needs of the current cohort change	<ul style="list-style-type: none"> - The Programme has endeavoured to consider both current and future anticipated need – using a range of evidence sources which indicates continued levels of need county wide.
Supported Living - All	A failed competitive process to identify alternative care and support.	<ul style="list-style-type: none"> - Initial soft market testing has indicated interest from the independent market. - The Council has a mechanism and proven track record in purchasing care and support from the independent market.
Supported Living – Greenfields	Providers may not be able to source the desired accommodation model and/or location	<ul style="list-style-type: none"> - A second soft market testing exercise has indicated that accommodation can be sourced. - A further dialogue will be hosted with providers as part of the competitive process and all accommodation options considered, in partnership with key stakeholders, ensuring they meet the needs of both current and future tenants.
Day Opportunities	Providers from the Independent Market may challenge the Council's position in the market	<ul style="list-style-type: none"> - As per the Care Act, the Local Authority is fulfilling its statutory duty to ensure there is a vibrant and sustainable market. - The proposals predominantly seek to slightly reduce the overall presence in the market.

		- The Council is not seeking to remove competition or choice through maintaining a position in the market.
Replacement Care delivered by the independent market	The current provider may not wish to extend their current arrangements	- Officers will engage the current provider at the earliest opportunity to determine viability and seek an arrangement agreeable to both parties.
	The Council may be challenged by other providers in the independent market for the extension of the current arrangements	- The Council is seeking to implement a viable interim arrangement only. - Subject to the future recommended option, the Council may undertake a competitive process to deliver services at a future date.

Community Impact Assessment (CIA)

63. Please refer to Appendix 3 – for the Executive Summary, with the full CIA accessible as a Background Reference Document.

64. Table 10 summaries the key domains of the CIA:

Table 10 CIA Key Summary Points

Domain Impacted Parties	& Benefits	Risks
P.S.E.D - Disability - SCC Staff	People will receive appropriate support to meet their eligible care and support needs – in the most appropriate setting. A no. of people will retain paid employment with the Council	People may experience varying degrees of change in their care and support – <i>this will be minimised where possible, with transitional support and review to monitor.</i>
Health & Care - Healthy Lifestyles - Accidents & Falls Prevention - Access to Social Care - Independent Living		A no. of people may be at risk of redeployment and/or redundancy – <i>staff (and their representative Trade Unions) will be consulted, with appropriate process followed.</i>
Economy - Economic	The Council has clarified its position in respect of services they will directly provide, thus	There is a risk of failed competitive processes (as per Table 9) – <i>Soft market</i>

Growth - Poverty and income - Access to good quality jobs	helping the market to shape their business intentions and participate in subsequent competitive processes (as appropriate).	<i>testing and current state of the market indicates the risk is minimal.</i>
Environment - Built Environment / Land Use	The programme will seek to ensure it maximises the potential of the property portfolio / land for services provided	
Localities / Communities - Community Capacity / Development	As in accordance with SCC policy and vision, all services will be expected to support with the development, and contribute to, community development / capacity.	There is a high level of demand / expectation of the Community Capacity Agenda – with limited financial resource and officer capacity – <i>the programme will continue to engage and work in partnership with a range of key stakeholders</i>

Staffordshire Healthy Select Committee

65. The report was presented to the Staffordshire Healthy Select Committee on 16th September 2019. Feedback arising from this presentation, and subsequent changes, will be shared as a further Appendices in advance of presentation to Cabinet, due to the dates of publication.

List of Background Documents/Appendices:

Appendix 1: Summary of Engagement Feedback - Greenfields and Horninglow Bungalows

Appendix 2: Service Charter

Appendix 3: Community Impact Assessment

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Appendix 1

Engagement Feedback Summary – ALD 2022 Community Offer

The following information is compiled from the most common feedback received during the various Community Offer Engagement conversations.

Please note, engagement feedback about our Complex Needs Day Services are included in the relevant previous Cabinet papers. Detailed Feedback about Respite (Replacement care) and Residential will be included in the October 2019 Report.

Feedback has been received from people who use services, their carers / relatives, staff who work in the services, Adult Learning Disability Team members and other professionals.

Greenfields

The future...

Service continues 'As Is' – Residential Care provided by the council

- Some people told us they were worried the service would be 'reviewed' again in the future, causing further anxiety and worry.
- Some people told us this option was positive as the residents would stay living together.
- Some people told us there is perceived local need for LD Residential Care in the local Leek area.
- Some people told us the building was not wholly ideal – there is very limited scope for change and improvement in the future.
- Some people told us this would be positive for staff retention and consistency.
- Some people told us it would be positive for the council to maintain a position in the residential marketplace – to provide support in case of an emergency.

Service changes to Supported Living – provided by the council (directly or indirectly) or by the independent market

- All people told us the residents require 24/7 care and support.
- Most people told us that Supported Living was the best option for the current residents – noting the maximisation of independence and income, alongside the perceived benefits of a smaller and personalised accommodation model.

- Some people told us this option was positive as the residents would stay living together – either as a group or in smaller groups together / maintaining contact.
- Some people told us it would be beneficial for all concerned to have a positive outcome that has been discussed for several years, following the lengthy ‘reprovision’ process.
- Some people told us the residents would benefit from new and improved accommodation.
- Some people told us there was a perceived local need for LD Supported Living in the local Leek area.
- Some people told us they feel the independent market could provide the required support.
- Some people told us they were worried about the skills of staff employed in the independent market – as they were not sure about the training provided.
- Some people told us they were worried about the retention of quality staff in the independent market and as part of an LATC.
- Some people told us an LATC may not work because there could be a two-tier workforce.
- Some people told us they were worried the council would select ‘the cheapest’ provider which would impact on quality of care; noting they would prefer a provider was selected on quality not price.
- Some people told us they were worried that the council may not be able to provide support to others in a time of crisis if they did not provide the services directly.

Other ideas / things to think about

- Most people told us a decision and action is needed – as the on-going situation was causing anxiety and worry to all.
- A few people queried if an independent provider could ‘take over’ the building and continue to deliver residential care – concerns about the building and CQC requirements were noted.
- Most people told us it is important for people to stay living together in the central Leek area. A few people queried if other ideas should be explored.

Horninglow Bungalows

What’s working?

- Most people told us most staff were appropriately trained with the right skills, ethos, value and approach – “caring” “more than a job”.
- Most people told us they have ‘piece of mind’ about the quality of the care and support provided.
- Most people told us the bungalows were a ‘home’ to each of the tenants – with each of the properties personalised

accordingly.

- Most people told us the accommodation size, layout and appearance works well.
- Some people told us the service was personalised – including when thinking about new tenants and their compatibility with others and the increase in the skills and independence of some of the tenants.
- Some people told us the tenants have a good relationship with each other and tenants meetings work well – “like family”.
- Some people told us the tenants access the local community (accessible location) and have genuine / positive relationships.
- Some people told us there is continuity of staff – including the agency and casual staff used.
- Some people told us about the multiple ‘Dignity in Care’ Awards won and nominations.
- Some people told us about the links with a local Assistive Technology Call Centre works well.

What’s not working?

- Some people told us the needs of some of the current tenants are changing – so they may need a different model of care and support in future.
- Some people told us the scheme does not wholly operate as they anticipated a Supported Living scheme would.
- Some people told us the current issues around staffing levels, HR Policy and Process does not work well.
- Some people told us ‘compatibility’ based on needs, ages and interests can sometimes be difficult when thinking about ‘voids’.
- Some people told us that the Registered Social Landlord is not always responsive or understanding of needs.
- Some people told us the poor ICT equipment, connectivity and equipment means Assistive Technology cannot be used to the best of its ability to benefit and enhance delivery of care and support.

The future...

The service remains ‘as is’ – Supported Living provided by the council (directly or indirectly)

- Most of the carers / relatives told us they would like the services to continue ‘as is’.
- Some people told us the council should continue to be the direct provider of care and support at Horninglow Bungalows.

The service remains as a Supported Living – provided by the independent market

- Some people told us the independent market could be the provider of care and support at Horninglow Bungalows.
- Some people told us they were worried about the loss of the relationship between Douglas Rd & Horninglow which had benefitted a number of the tenants.
- Some people told us they worried about the skills of staff and retention in the independent market.

Other ideas / things to think about...

- Some people told us the continuity and quality of care is most important for the future.
- Some people told us they would like to offer more 'transitional' Supported Living – including supporting people to move into the community following a period of assessment and support.
- Some people told us there needs to more Supported Living opportunities – different models and varying levels of support.
- Some people told us they would like to build on the community presence and offer opportunities to both the tenants and other people – for example a form of Social Enterprise.
- A few people suggested considering converting the service to a Residential Care Model.

Service Charter

Staffordshire County Council Specialist Day Opportunities

Staffordshire County Council's Specialist Day Opportunities is a countywide social care provision across the county. The purpose of this service is to offer specialist support to people with Profound and Multiple Learning Disabilities (PMLD).

People with PMLD have more than one disability, the most significant of which is a profound intellectual disability. These individuals have great difficulty communicating and often require those who know them well to interpret their responses and intent. They frequently have other disabling conditions which may include physical disabilities that limit everyday tasks, sensory impairments, complex health needs such as epilepsy, diabetes, dysphagia, eating and drinking problems. Some may have 'coping behaviours' and therefore present behaviours that challenge.

A person who has PMLD will require consistent, timely support and interaction that is flexible and adaptive to any changes in a health and wellbeing, in a professional and responsive manner.

The ethos of the Specialist Day Opportunities service will be to provide a Person-Centred service which develops, and realises, outcomes, thus meeting individual need and promoting wellbeing. To achieve this, we will work closely with the people who use our services, their carers / relatives and colleagues across the Council to ensure that the most appropriate service is offered.

Our primary aim will be to create a culture that enables people who use the service, their carers and employees to use their talents whilst enabling them to feel safe, valued and appreciated. The service will offer a holistic approach and work alongside other professionals to offer the most appropriate opportunities to our customers.

A person may attend the service for an agreed assessment period so that person centred information can be gathered to inform Assessment and Care Management Teams to identify suitable community-based support in the future.

Staff will be fully trained to provide the service, including any specialist interventions required to maintain people's health and wellbeing.

Those people who require health interventions in addition to social care may be referred, and with appropriately trained staff and ongoing professional input, a placement may be available subject to agreement and payment by the appropriate NHS funding body, for example Clinical Commissioning Groups.

The service will provide opportunities which are responsive, enabling, community focussed, flexible and meet the assessed eligible care and support needs of the people who use the services.

Where there is an assessed eligible care and support need, and capacity within the service, transport will be provided.

Some activities that are in addition to the care and support required to meet peoples assessed eligible needs may be charged for.

The service will continue to modernise and evolve in order to meet assessed eligible care and support needs in the most responsive and efficient manner.

The service will:

- Develop, and implement, accessible Person-Centred Plans (accompanied by a range of other person-centred tools) – identifying both eligible needs and outcomes
- Offer individual annual Person-Centred Reviews – which can be used to inform the statutory assessment and review process
- Provide quality, specialist, skilled support to meet needs and achieve outcomes
- Be reactive and responsive to individual needs
- Implement Active Support Model
- Implement simple choice and decision-making tools
- Access local opportunities and resources, as appropriate to meet individual needs and outcomes with people being notified where there is a requirement to make a financial contribution for the provision of activities
- Work closely with carers, social care staff, commissioners and other professionals for the benefit of the people using the service
- Employ and implement digital solutions
- Adhere to and implement any relevant and applicable County Council Policy and Guidance

Community Impact Assessment – Checklist and Executive Summary

Page 43

Name of Proposal: ALD 2022 Community Offer: The future of Learning Disability services directly provided by the Council

Project Sponsor: Dr Richard Harling, Director for Health & Care

Project Manager: Amy Evans, Commissioning Manager, AAD & Mental Health Commissioning Team

Date: 18/09/19

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.	✓	The Programme supports with the delivery of: <ul style="list-style-type: none"> • Staffordshire's Vision specified in the Strategic Plan; • Medium Term Financial Strategy.
It is clear what the decision is or what decision is being requested.	✓	The Programme recommends: <ul style="list-style-type: none"> • The Council commissions the market to provide Supported Living for Greenfields and Horninglow, thus signaling the Councils' withdrawal from direct provision; • The Council continues to explore opportunities for the provision of Specialist Day Services.
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	✓	The Programme recommends on-going engagement with all impacted key stakeholders to ensure delivery of successful outcomes.
The aims, objectives and outcomes of the policy, service or project have been clearly identified.	✓	The Cabinet Paper clearly details the recommendations for transparency.
The groups who will be affected by the policy, service or project have been clearly identified.	✓	The potentially impacted parties include: <ul style="list-style-type: none"> • People who use the services and their carers / relatives; • Staff employed by the Council to provide these services; • Providers in the independent market.
The communities that are likely to be more adversely impacted than others have been clearly identified.	✓	
Engagement / consultation has been undertaken, and is representative of the residents most likely to be affected.	✓	The Programme has undertaken extensive engagement with impacted key stakeholders.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	Contributors to the CIA are: <ul style="list-style-type: none"> • People who use the services and their carers / relatives;

		<ul style="list-style-type: none"> • Staff employed by the Council to provide these services; • Providers in the independent market; • Assessment and Care Management Colleagues; • Commissioners; • Finance colleagues.
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.	✓	The report captures current and anticipated need whilst also taking into consideration the current position of the market.
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.	✓	The protected characteristics impacted are: Disability and Impact on SCC staff.
The next steps to deliver the project have been identified.	✓	Impacted key stakeholders will be briefed on the next steps accordingly.

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>PSED – What are the impacts on residents with a protected characteristic under the Equality Act 2010? <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>	<ul style="list-style-type: none"> Disability SCC Staff 	<p>All:</p> <p>People will receive appropriate support to meet their eligible care and support needs – in the most appropriate setting.</p> <p>Specialist Day Opportunities:</p> <p>Staff will continue to be employed by the Council – with further consideration of the job description and structure (October 2019).</p> <p>Horninglow:</p> <p>Staff currently employed by the Council will likely TUPE to the new Provider</p>	<p>Greenfields & Horninglow:</p> <p>People within these services may have increased support needs during periods of transition.</p> <p>Greenfields:</p> <p>Staff currently employed by the Council may be at a risk of redundancy or redeployment.</p>	<p>All:</p> <p>On-going engagement with all key stakeholders – to shape design and understand the impact.</p> <p>Annual Review of people in receipt of care and support, to ensure it continues to be appropriate to meet assessed and eligible care and support needs.</p> <p>Impacted staff (and their representative Trade Unions) will be consulted and engaged appropriately.</p>
<p>Health and Care – 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>	<ul style="list-style-type: none"> Healthy Lifestyles Accidents & Falls Prevention Access to Social Care Independent Living 	<p>All:</p> <p>The Council will continue to provide services (either directly or via commissioned arrangements) in order to meet assessed eligible care and support needs – that will promote health and wellbeing</p>	<p>Horninglow & Greenfields:</p> <p>People may require additional care and support to transition to their new care arrangements, for a time limited period.</p> <p>Respite – interim care:</p> <p>The current Provider may</p>	<p>All:</p> <p>On-going engagement with all key stakeholders – to shape design and understand the impact.</p> <p>Annual Review of people in receipt of care and support, to ensure it continues to be appropriate to meet assessed and eligible</p>

			<p>not wish to extend their current contractual arrangements – thus potentially meaning multiple periods of change for people who use the services or negatively impact their wider care and support arrangements.</p>	<p>care and support needs.</p> <p>The Council will continue to fulfil their statutory responsibility for the provision of services to meet assessed eligible care and support needs – through a range of mechanisms as required.</p> <p>Services provided by the independent market will be appointed via a competitive process and subject to contract monitoring.</p>
<p>Economy – How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire’s residents?</p>	<ul style="list-style-type: none"> • Economic Growth • Poverty and income • Access to good quality jobs 	<p>All:</p> <p>The Council will clearly specify its position in relation to the direct provision of Specialist Day Services and Supported Living.</p> <p>Horninglow & Greenfields:</p> <p>The independent market will be commissioned (via a competitive process) to provide services on behalf of the county – which will positively impact the economy and provision of quality jobs.</p> <p>Greenfields:</p>	<p>Horninglow & Greenfields:</p> <p>There is a risk of a failed competitive process.</p>	<p>Horninglow & Greenfields:</p> <p>Soft Market Testing and the launch of the DPS has indicated interest in a competitive process.</p>

		People's personal income will be maximised.		
Environment – How will the proposal impact on the physical environment of Staffordshire?	<ul style="list-style-type: none"> Built Environment / Land Use 	<p>All:</p> <p>Through a future reconfiguration of services directly provided the Council, the programme will seek to ensure it maximise the potential of the property portfolio / land appropriately</p>		
Localities / Communities – How will the proposal impact on Staffordshire's communities?	<ul style="list-style-type: none"> Community Capacity / Development 	<p>All:</p> <p>As in accordance with SCC policy and vision, all services will be expected to support with the development, and contribute to, community development / capacity.</p>	<p>All:</p> <p>There is a high level of demand / expectation of the Community Capacity Agenda – with limited financial resource and officer capacity.</p>	<p>All:</p> <p>Regular and meaningful engagement with key stakeholders and partnership working (internal and external).</p>

All Together for Carers

A Carers Strategy for
Staffordshire : 2019 - 2023



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Foreword

Every day, thousands of people in Staffordshire support an ill, frail or disabled family member, friend or partner. For most carers the experience of looking after someone close is rewarding, and many carers manage with help from their friends and communities.



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

Some might need some extra help, and turn to Staffordshire County Council or the NHS for advice and support. The aim of this strategy is to allow us to build on our continuing efforts to ensure carers can lead happier, healthier and more independent lives, whilst continuing to care for their loved ones.

D We shall seek to further strengthen our relationship with carers, communities and the organisations that support them, working collaboratively to empower communities, prevent, reduce and delay the needs of carers, and create a culture of genuine respect, trust and community collaboration. We recognise that carer support needs to be localised where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy.



Dr Alison Bradley
Co-Chair of the Staffordshire Health and Wellbeing Board

By working together with carers and key organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Staffordshire. We will achieve this by strengthening the current pathway and reviewing our commissioned arrangements to ensure they are fit and appropriate for the future. We want to further strengthen the support that carers access, making information and advice readily available to them, and responding to their needs earlier and in a more comprehensive way.

We shall seek to work with communities and organisations with which carers come into contact, educating them on the valuable role carers play and encouraging support from carers' own networks. We will promote opportunities for carers to gain assistance in their role without the need to rely on services themselves. We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown.



Mark Sutton
Cabinet Member for Children and Young People

Carers make a tremendous contribution to their families, communities, workplace and society. It is important that we continue to recognise and value this contribution, and that we work "All Together for Carers" in the future.



01

National Context

1.1 | Each year millions of people take on caring responsibilities as the population ages and the number of people with a limiting long-term illness increases, this means that caring will touch the lives of most people, as we either require care or provide care to loved ones, at some point in our lives.

1.2 | There were approximately 6.5 million people providing unpaid care in the UK in 2011, representing a growth of 620,000 unpaid carers since 2001. It is estimated that we will see a 40% rise in the number of carers needed by 2037, meaning that the carer population could reach 9 million.

1.3 | It is thought that one in five people are providing unpaid care, with the peak age for caring between 50-64.

1.4 | Whilst most carers want to provide care for their loved ones when they need it, the responsibility for providing care can have a wide-ranging health, wellbeing and economic impact. National research indicates that carers experience poorer health than the norm.

1.5 | Carers report that it has an impact on their mental wellbeing and physical health, yet many carers put off seeking medical help because of the demands of their caring role. The most common issues are fatigue (including lack of sleep), stress, depression and physical strain. Carers report feeling socially isolated and many lose touch with their families and friends.

1.6 | There are estimated to be at least 376,000 young adults with caring responsibility aged 16-25. Young adults with caring responsibilities appear to be more than four times more likely to drop out of their college or university course than their peers.

1.7 | Children are not exempt from caring. The average age of a young carer in the UK is 12, with some children as young as four undertaking a caring role. The Children's Society report that many young carers remain hidden for a number of reasons, including loyalty to family, stigma, bullying and not knowing where to go for support.

1.8 | In a survey by the Carers Trust, it was reported that only half of young carers have a designated person at school who recognises that they are a carer and provides support. Reportedly young carers on average miss or cut short 48 school days per year because of their caring role.



02



in Staffordshire according to census data 2011.

The number of people identified as carers is rising at the rate of **6% per annum** this means that the true number of carers may be nearer **148,000**

Almost 1 in 4 spend **50+ hours** caring every week.

57% of these carers are female, which aligns with the national trend of 58%.

The Local Picture

ADULT CARERS

- 22.01%** are supporting someone with Dementia
- 18.5%** care for someone with a physical disability
- 17.25%** care for someone with other physical illness
- 15.78%** Learning disability
- 14.3%** Mental health
- 48.44%** of adult carers just require access to IAG and
- 12.87%** need emotional/wellbeing support
- If just 20 carer breakdowns resulting in admission to residential care are avoided, the cost avoided to the public purse is **c.£0.5m per year**

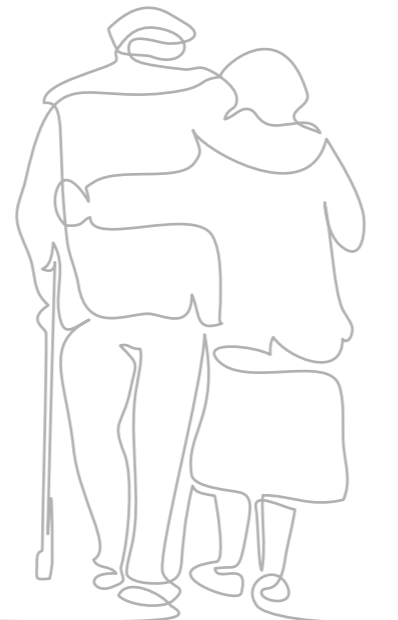
YOUNG CARERS

- The 2011 census identifies that there are **1,696** Young carers in Staffordshire
- but national statistics suggest that this is a significant under-representation this represents an increase of **15%** since the 2001 census.
- In Staffordshire, the number of young carers we know about is small. Many are not known until they, or their families, identify other issues which require intervention from statutory services.
- 28.68%** care for someone with a physical disability
- 18.45%** care for someone with other physical illness
- 18.29%** Mental health
- 17.67%** Learning disability
- Less than 1%** of young carers are caring for someone with dementia
- 52.87%** of young carers need to access social/leisure activities and
- 10.54%** need emotional/wellbeing support



03

This strategy has been developed by Staffordshire County Council and the NHS Clinical Commissioning Groups (CCGs) as a joint approach to supporting carers and commits us to working in partnership with carers, health and social care providers, communities and employers with the aspiration to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing.



Our Vision

3.1 | The value and importance of carers to Health and Social Care and broader society is ever increasing with our ageing population. For most carers the experience of looking after someone close is rewarding and has a positive impact on the people they care for, however, too often carers feel they are on their own, do not feel respected, valued and supported for the huge contribution they make.

3.2 | Many carers find that they cannot access the support they need to make their caring role more manageable, they navigate through complex systems and pathways that are not always equitable, clear, flexible and responsive, nor reflect the fact that carers can be at different stages in the caring journey. This can result in stress and isolation which can affect carers emotional and physical health. If left unchecked, this can be a pre-cursor to carer breakdown, in some circumstances requiring the emergency mobilisation of statutory services.

3.3 | The support which carers give is a vital part of the Health and Social Care system, particularly as local authorities, NHS and the wider public sector face financial challenges of an unprecedented scale. We have to consider sustainability and value for money in all our services, balancing demand and quality with cost. We must support local communities to develop to be strong and inclusive, be sustainable and support carers to help themselves, enabling us to target our resources for those who are most in need of support.

3.4 | This Strategy will support the ongoing development of communities to ensure a credible local offer and further explore the opportunities presented by technology to support carers, enabling them to keep well and manage their caring role safely. This is also addressed in wider strategies and plans such as the Whole Life Disability Strategy, Health and Wellbeing Strategy 'Living Well in Staffordshire' and as part of our Supportive Communities initiative.

3.5 | Our aspiration is to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing. Therefore, we have placed emphasis on prevention to avoid, reduce or delay dependency on health and care services by increasing the resilience of individuals and communities.

3.6 | We will help those carers who are eligible and provide support in times of crisis: we will ensure that they receive the right support, at the right time and develop plans to help reduce or delay longer term support needs. We will do this in a way which is safe and financially sustainable.

3.7 | We shall not overlook young carers. Many young carers in Staffordshire are 'hidden' unknown until they, or their families, identify other issues which require intervention from statutory services. We must therefore improve the way we work with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.

3.8 | This strategy reaffirms our commitment to working in partnership with carers, health and social care providers, communities and employers to support carers wellbeing and help carers to carry on caring. In Staffordshire, we have a strong voluntary and community sector which works effectively in partnership with statutory organisations. It is our wish to support the development of relationships between organisations, to foster meaningful partnerships underpinned by the priorities set out within this strategy, working towards a common goal, to strengthen the support to and recognition of carers.

3.9 | This Strategy commits us to working proactively together through financial challenges and ensuring the most appropriate use of resources to achieve the best outcomes for carers in Staffordshire. We cannot do this alone and therefore, this strategy includes a call to arms to community groups, businesses, schools and colleges, and the third sector for a shift towards a genuine collaborative approach.

3.10 | We shall with our key partners respond to the immense commitment shown by carers, by committing ourselves to taking forward the priorities and actions in this strategy and come together with support organisations to make a real impact on the lives of local carers. We all shall come together for the benefit of our carers, so that we can honestly say that we are 'All Together for Carers'

04

What You Have Told Us

In a range of engagement across a raft of programmes and during 12 weeks of extensive engagement specifically around the initial draft of this strategy, you have told us:

- › Pathways and processes for Carers are at times inequitable, inconsistent and unclear, with no single point of initial contact to access.
- › Where carers utilise statutory services, they want these to work in a more joined up way, so that they don't have to keep repeating their story.
- › There is variable practice around Carers depending on the assessment and care management function that is working with the Carer and/ or the Cared for. The system was described by some as time consuming and challenging, often at a time of great stress.
- › Commissioned services were not widely known or used across the entire assessment and care management function, with inconsistent signposting practice.
- › Carers are not always clear what is on offer. Carers want information that is relevant to them, as and when they need it, in a format to suit them and their lifestyles, e.g. some carers would like to access information in the form of an App, whereas others do not want to access information online or via a smartphone and would prefer to simply talk to someone.
- › Some carers are concerned about their financial situation, so whilst Carers would welcome support, they worry about benefits being stopped.
- › Many carers find fulfilment in their caring role and would like to be able to balance caring with other commitments, such as work, education or training. Carers employers are not always understanding of their caring responsibilities.
- › Carers want a life outside of caring, often a break for a few hours to pursue interests or have social interaction is enough. Carers expressed that access to respite is complicated and inflexible.
- › Young carers report their highest need is for support to help them to manage at home in their caring role. More engagement is required with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.
- › Some Carers report that they would value informal support from the community to help with small tasks such as collecting prescriptions, transporting to medical appointments, gardening, and to prevent feelings of isolation and loneliness.
- › Self-directed support arrangements are unclear and some felt they are open to potential misuse. Carers want choice, control, flexibility and consistency, with up to date information and advice on their self-directed support options.
- › Some felt that we need to get better at identifying carers so that we help to avoid carer crisis. They also stated that no one person is the same, people are at different points and want to be treated as an individual and respond accordingly. They need to know where and how they can get help in an emergency if they can't continue to care
- › Many commented that there is a degree of "hostility" and "competition" between some providers of Carer Support, with a general feeling of not working collectively for the "greater good".
- › Many commented that it can be confusing for Carers when more than one organisation is providing the same support in the same area of the County. There was a general view that funding needs to be better spread amongst carer support organisations and across localities, with ways of working based on communities, avoiding duplication of support where possible.



05

In response to legislative requirements, local knowledge and stakeholder engagement we have developed the following seven priorities:

Improving information, advice and guidance

Identifying carers

Staying healthy: maintaining carer health and wellbeing

A life outside of caring

Assessment and support

Crisis management

Recognition and value

Our Priorities for Carers

5.1 | Improving Information, Advice and Guidance

Access to clear, concise, accurate and relevant information is a key requirement for carers and will help to avoid, reduce or delay the need for assessment and more intensive support. Carers also want to know when changes are made to services and understand what this means for them and the people they care for.

To achieve this, we will:

- › Use sources of information which are consistent, credible, reliable, accessible and up to date which gives Carers the best chance of knowing what is on offer in their communities to support them at any stage in their caring journey;
- › Provide information in a range of formats, making sources of information, advice and guidance easy to find and navigate;
- › Keep pace with technological change by developing and improving digital resources as a primary source of information, and utilising social networks to empower and enable collaboration within communities;
- › Ensure that carers are able to speak to someone if they need to;
- › Support carers to understand the implications of the cared for person's diagnosis when they are diagnosed and know where to get help and support;
- › Work to a principle of 'no wrong door'. Statutory agencies shall understand their respective roles, the types of support available to carers and will keep carers up to date on changes to their operations.
- › Make information available for professionals and any agencies who come into contact with carers, including young carers easy to access and signpost to;
- › Support young carers to obtain information safely and provide information which is tailored to their needs and level of understanding;
- › Acknowledge and develop the role of the third sector and community assets in providing peer support;

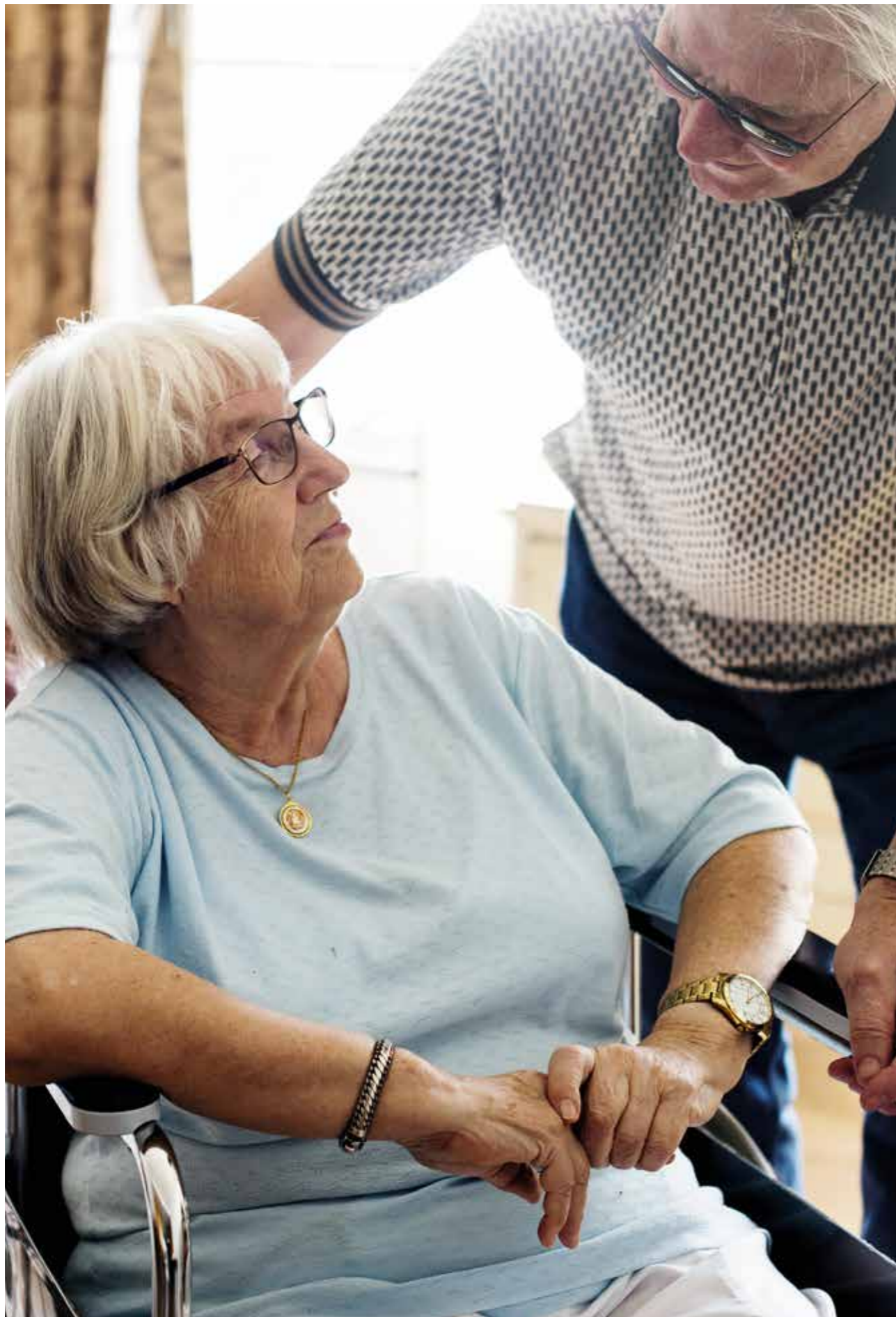
- › Signpost Carers who want more information about benefits, grants and financial management to relevant financial support and advice;
- › Review our personalisation offer for Carers to enable carers to have more influence over their lives and increased flexibility around how they use the resources they are eligible for.

5.2 | Identifying Carers

Many carers provide care within a family network and do not want or need additional support. However, some carers need support in order to prevent the escalation of their own needs, and those of the person they look after. Identifying carers early will help to ensure carers know where to go to when they require support, keeping them well for longer and helping to avoid crisis which necessitates involvement from statutory services.

To achieve this, we will:

- › Train professionals in NHS, social care and other agencies to identify, value and work with carers (particularly vulnerable carers who don't self-identify) in the course of their work and ensure "they make every contact count, working with, rather than doing to", underpinned by clear knowledge on where to get information and advice;
- › Focus on improved identification of young carers in schools and services which work directly with families, including our own frontline staff as well as commissioned providers;
- › Help GPs, often the starting point for a carer's journey, recognise carers and know where to refer them for support in their communities;
- › Optimise opportunities to raise the profile of caring to help people to self-identify, such as Carers Week and Carers Rights Day.



5.3 | Staying Healthy - Maintaining Carer Health and Wellbeing

Our carers deserve to remain in good health and experience quality of life, including juggling their caring role with other responsibilities, such as working or bringing up a family. For young carers, poor health impacts on their life chances. It is especially important therefore that they should have a fulfilled childhood, including the right to an education and the same life chances as other young people to achieve their aspirations. We intend to work in partnership with carers, health and social care providers, communities and employers to support carers to maintain good physical and mental health, to help carers to carry on caring.

To achieve this, we will:

- › Adopt as a principle that carers can expect to experience good health and a good quality of life;
- › Encourage carers to be known to their GP in order that appropriate support can be offered when required;
- › Ensure that schools and the Council know who their young carers are and that young carers know who to go to if they need support;
- › Train school and staff from other agencies to be alert to issues affecting the wellbeing of young carers and to respond appropriately;
- › Develop a culture where professionals working with cared for, acknowledge and respond to the needs of carers to maintain their health and wellbeing before reaching the point of crisis;
- › Ensure the assessment process fully considers the impact of caring on the wellbeing of carers, identifies carers' eligible needs and responds to them appropriately;
- › Ensure that, should a crisis occur, carers are supported as promptly as possible;
- › Make reasonable adjustments to NHS and Council services to enable carers to access services at times suited to their own needs and the needs of those they care for;
- › Make safeguarding paramount;
- › Increase the number of employers who are aware of Carers legislation, ensure mechanisms are in place to ensure more employers are made aware of an employee with caring responsibilities and that

employers can take simple, but effective action to enable carers to balance their caring and employment responsibilities;

- › Where possible influence businesses to consider what flexible working practices might help both the employer and employee;

5.4 | A Life Outside of Caring

Carers should be able to expect to be able to maintain their social relationships with family, friends and others. Remaining socially connected has an impact on our mental and physical health, therefore, identifying and developing opportunities for carers to meet others, either in the same situation or otherwise, is a key priority.

To achieve this, we will:

- › Support carers to be able to access social and leisure interests away from their caring role as they choose;
- › Identify and put carers in touch with other carers where they wish to do so, in order to establish new connections and a wider support network;
- › Promote digital solutions such as social media, to enable carers to form and sustain new networks of support;
- › Help hard to engage or reach carers, such as those in rural areas, to be better socially connected and experience fewer feelings of isolation;
- › Ensure that young carers have educational opportunities and the opportunity to experience activities outside school hours, that support them to develop and sustain friendships with their peers;
- › Help carers who want to access education, work and training to do so, and ensure that the education and life chances of young carers in particular are not compromised by their caring role;
- › Help working carers to remain in work where reasonable/possible and have a degree of work life balance to enable them to work, care and maintain their wellbeing;
- › Help carers who have eligible needs to have relief from caring to enable them to maintain their social and family networks.

5.5 | Assessment and Support

This strategy supports the discharge of the council's legal duties to adult carers, parent carers and young carers under the Care Act 2014 and the Children and Families Act 2014 respectively, and to parent carers where their child is approaching adulthood and young carers who are approaching adulthood.

To achieve this, we will:

- › Review and amend (as necessary) the pathway for carers to ensure a single equitable access to support for Carers regardless of the specific needs of the citizen i.e. Learning Disability, Physical Disability, Mental Health, Young Carer, Older person;
- › Review (and amend as necessary) our currently commissioned carers assessment and support arrangements to ensure the most effective and affordable support arrangements are in place to deliver support to Carers equitably across the communities of Staffordshire;
- › Review (and amend as necessary) our current carers self-directed support offer e.g. carers direct payments, with a view to making our offer easier to navigate for both carers and professionals;
- › Encourage Carer support providers to work together in true collaboration with each other, the Council and other key stakeholders for the greater good of Carers;
- › Work collaboratively with Carer Support organisations to avoid duplication of support in the different localities;
- › Explain carers rights to an assessment and routinely offer one on the appearance of need, explaining the benefits of an assessment to the carer;
- › For all carers offer information advice and guidance, as well as signposting to support from their community;
- › Where an assessment identifies eligible needs, we will look to meet these with support from their local community in the first instance, avoiding the need for statutory provision wherever possible and financially prudent to do so;
- › Work with other agencies so that they are aware of carers rights to an assessment and know how to refer a carer for an assessment;
- › Whenever possible, recognise carers as experts and essential contributors to the assessment of the person they care for;

- › Improve our identification, referral, assessment pathways for young carers and offer appropriate levels of support, taking into account the age and needs of the young carer, its impact on other areas of their life and the issues affecting those they provide care for;
- › Ensure that support such as social activities and clubs, where possible and reasonable, are available at a time most suited to the carer, taking into considering work, education and caring commitments;
- › Adopt a whole family approach to assessment across the whole system, with practitioners from all parts of the system working in a spirit of collaboration so that the needs of adult carers, young carers and those they care for are identified and responded to appropriately;
- › Improve our assessment pathways for parent carers whose child is preparing for adulthood and for young carers approaching adulthood;
- › Undertake work to provide an option of a digital self-assessment form which carers can complete at a time to suit their caring commitments;
- › Record assessment information in a timely way, making sure it is comprehensive, accurate, stored safely and shared according to the standards required under data protection legislation so that the need for carers to repeat their story is kept to a minimum.



5.6 | Crisis Management

Though many carers manage their caring responsibilities independently of help from statutory agencies and have established family networks whom they can call on in a crisis, some do not have robust contingency arrangements and may need support. We and our partners will endeavor to provide support to help carers to plan effectively should a crisis occur and provide a prompt response and support in the event of such an eventuality.

To achieve this, we will:

- › Have arrangements in place to help carers to plan for a crisis, using their own resources wherever possible;
- › Ensure that carers know where they can get help in the event of a crisis and our respite offer is clear;
- › Ensure that carers who are eligible can access a break from caring and provide this in a cost-effective manner, doing the best we can within the resources available;
- › Ensure that professionals working with families deploy a whole family approach, can recognise a potential crisis and help to put arrangements in place to prevent one occurring;
- › Have robust arrangements so that, in the event of a crisis, responses from Social Care and the NHS are prompt, provide reassurance and respect the feelings of the carer and the person they care for;
- › Make sure that the carer is involved, where practicable, (and the person they care for has capacity and consents) in any forward planning once the crisis situation has subsided;
- › Make safeguarding a priority at all times.



5.7 | Recognition and Value

We will actively engage with carers and their representatives throughout the assessment process, both in clinical and social care settings. We will involve and consult with carers when we develop or review our services. We will ensure our carers are recognised and valued for the work they do.

To achieve this, we will:

- › Utilise the experience and knowledge of carers and genuinely treat Carers as expert partners, ensuring that pathways and processes naturally involve seeking the views of carers;
- › Involve a paid advocate where the carer is eligible;
- › Maintain a dialogue with carers to ensure the needs of the cared for person are met;
- › Involve carers in clinical assessments, reviews and discharge planning wherever possible;
- › Ensure that we involve carers in reviews, design and redesign of health and care services so that user experience is taken into account;
- › Establish a newly constituted carer representative body which is supported by partners to obtain carers views and address issues of significance to carers;
- › Fully utilise opportunities to understand the experiences of carers and use these to make improvements;
- › Use opportunities including Carers Week and Carers Rights Day to promote and recognise the work that carers do;
- › Recognise and support Carers in the wider community and society, raising awareness of caring among the wider population in order to build carer friendly communities;



06

Carers have a life outside of caring, are supported to cope with the stresses of life within supportive communities, are treated as experts, recognised and valued.

Good quality, accurate information and advice for Carers, available in a variety of formats.

Improved identification of Carers, with better understanding and signposting by professionals, including GPs.

Carers are supported to look after their own health and wellbeing where possible.

Professionals within Social Care, the NHS and other agencies value carers and have clear knowledge on where to get information, advice and support.

Better understanding of caring responsibilities by employers and shifts towards more flexible working.

Genuine collaboration between carer support organisations, underpinned by a culture of genuine trust and respect.

What Does Good Look Like?

A self-directed support offer that is clear, transparent and equitable.

6.4. Support organisations work in partnership with the Council, NHS and in collaboration with each other to prevent, reduce and delay need with a clear focus on maintaining carer health and wellbeing.

A strong, truly representative Carers Partnership board that leads from a Carers perspective to ensure organisations are held to account on the actions in this strategy.

Reduced duplication of support within localities, to ensure that support arrangements make the best use of resources available across the County.

Young carers access a full education and have the same opportunities as other young people.

A clear single point of contact and access, underpinned by a clear and equitable pathway, ensuring those with eligible need received the right support, at the right time with plans to reduce or delay longer term support needs.

Carers with eligible needs receive the right support, at the right time, with plans to prevent, reduce or delay longer term support needs.

Statutory organisations are financially sustainable, enabling us to continue to direct our resources to those most in need of support.

Respite which is flexible and affordable is available and clearly communicated, with the aim of reducing the escalation of needs leading to crisis.

A more carer friendly Staffordshire.



07

Monitoring Our Performance and Accountability

7.1 | The deliverables within this strategy will be monitored through the following:

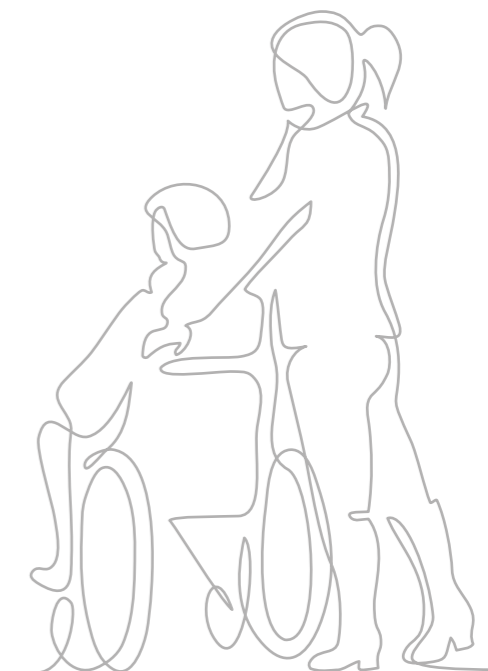
7.1.1 | A revitalised Carers Partnership Board, which will seek to work collectively and collaboratively across organisations and with Carers to oversee the implementation of this strategy across partner organisations. This will be supported by smaller groups responsible for specific work-streams within the action plan.

7.1.2 | The Carers Partnership Board will report to the newly formed Joint Commissioning Board, to ensure accountability and visibility across Staffordshire County Council and the NHS Clinical Commissioning Groups in Staffordshire.

7.1.3 | Monitoring of feedback from the Survey of Adult Carers in England (SACE).

7.1.4 | Contract and performance management of any future commissioning arrangements for carers, to include regular service user consultation, data collection and outcomes monitoring.

7.1.5 | Progress in respect of the implementation of this strategy will also be monitored, scrutinised and be accountable to the Director of Health and Care and the Cabinet Member for Health, Care and Wellbeing.



Further Information

Legislation and National Strategies

The Care Act (2014)
 The Children and Families Act (2014)
 NHS Commitment to Carers 2014
 NHS Long Term Plan (2019)
 The Department of Health Carers Action Plan 2018 - 2020

Related Local Strategies &

Staffordshire Health and Wellbeing Board
 Health and Wellbeing Strategy 2018 - 2023
 Staffordshire County Council Whole Life Disability Strategy 2018 - 2023
 Doing Our Bit
 Sustainability and Transformation Plan, Together We're Better

APPENDIX ONE: References

Carers Trust (2016)
Facts about carers and the people they care for
 Carers UK (2015)
Facts about carers briefing
 Carers UK (2018) *State of Caring*
 Carers UK, University of Sheffield and University of Leeds, (2015) *Valuing Carers - the rising value of carers support*
 Census (2011)
 Department of Health Carers Action Plan (2018) *Supporting Carers Today*
 Healthwatch England Report (2018) *What's it like to be a Carer*
 NHS Digital (2017) *Personal Social Services Survey of Adult Carers in England (SACE) 2016-17*
 NHSE (2018) *Annual Carers Survey: Guidance for local authorities*
 NHSE (2019) *Personal Social Services Survey of Adult Carers in England 2018-19*
 The Children's Society (2013) *Hidden from View*



Staffordshire Cares

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Staffordshire
County Council

Community Impact Assessment – Checklist and Executive Summary

Name of Proposal: Carers Strategy & Future Carers Offer Options Appraisal

Project Sponsor: Dr Richard Harling, Director for Health & Care

Project Manager: Taryn Poole, Commissioning Officer, AAD & Mental Health
Commissioning Team

Date: 16/10/19

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	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	✓	
It is clear what the decision is or what decision is being requested.	✓	Officers are presenting a revised Carers Strategy for approval, following public engagement, as well as requesting permission to further explore and consult on identified options for Staffordshire's future carers offer, with a return back to cabinet in January/ February 2020.
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	✓	
The aims, objectives and outcomes of the policy, service or project have been clearly identified.	✓	As per the Strategic Vision and principles of The Care Act 2014 and Children & Families Act (2014) and Whole Life Disability Strategy
The groups who will be affected by the policy, service or project have been clearly identified.	✓	
The communities that are likely to be more adversely impacted than others have been clearly identified.	✓	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	✓	Engagement to date has been undertaken on the Carers Strategy, with a view to seeking agreement from cabinet to engage on the identified options for future service delivery.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	
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.	✓	Evidence used: <ul style="list-style-type: none"> • Engagement feedback (from a range of key stakeholders) • Legislation and good practice guidance • National and local data • Performance data for SCC and relevant contractual arrangements.
The CIA evidences how the Council has considered its statutory	✓	Please see relevant section

Checklist	Action Completed	Comments/Actions
duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.		
The next steps to deliver the project have been identified.	✓	Return to Cabinet in January/ February 2020 with engagement feedback and work up of identified options for future service delivery.

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
POSED Page 67	Disability Age Impact on SCC staff	The strategy: - sets out our requirement to help those carers who have eligible assessed needs and provide support in times of crisis.	The strategy sets out our intention to review (and amend as necessary) our current commissioned support arrangements, in line with the natural end of the contract. As a	The draft strategy has undergone a 12-week extensive consultation with all key stakeholders. Further public and stakeholder consultation will be undertaken on

<p>What are the impacts on residents with a protected characteristic under the Equality Act 2010? 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.</p>		<ul style="list-style-type: none"> - Commits SCC to review (and amend as necessary) our current self-directed support offer with a view to making our offer easier to navigate for both carers and professionals, enabling carers to express choice and control, as per the Care Act 2014, when selecting their support, but not at any cost. - Illustrates SCC's continued intention to protect young carers from inappropriate levels of caring so that they are afforded the same life and educational opportunities as any other child. - places the health and wellbeing of all carers as a priority, including SCC staff who have caring responsibilities. 	<p>result, carers may experience a change in their support provider. Risk of complaint and challenge.</p>	<p>the proposed options for future service delivery between October 2019 and January 2020.</p> <p>To continue to work in partnership with Children's Commissioners and Operational colleagues to shape the strategy and future service delivery.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p>
<p>Health and Care</p>	<p>Healthy Lifestyles</p>	<p>The strategy:</p>	<p>SCC's carer self-directed</p>	<p>The draft strategy has undergone</p>



<p>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>Access to Social Care Independent Living Mental Health and Wellbeing Safeguarding</p>	<ul style="list-style-type: none"> - Sets out plans to review and amend (as necessary) the pathway for carers to ensure a single equitable access to support for Carers regardless of the specific needs of the citizen i.e. Learning Disability, Physical Disability, Mental Health, Young Carer, Older person' - Outlines the foundations for carers physical health, mental health and emotional wellbeing to be supported by early identification, compliant assessments and good crisis prevention and intervention, within carers friendly communities. - sets out an aspiration to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing. Placing emphasis on prevention to avoid, reduce or delay dependency on health and care services by increasing the resilience of individuals and communities. - will have an indirect impact on the cared for, by supporting carers to care for as long as they are safely able to, at home with their family and in their communities, thus reducing the need for alternative long-term provision. <p>Any new commissioned arrangements will have proportionate contractual arrangement which will include quality monitoring and a contractual requirement to adhere to all relevant safeguarding legislation and good practice guidance.</p>	<p>support offer will be reviewed (and amend as necessary) with a view to making the offer easier to navigate for both carers and professionals. The review will be undertaken with the aim of enabling carers to express choice and control, however the review could result in a change to the personalised support options available.</p> <p>The strategy sets out our intention to review (and amend as necessary) our current commissioned support arrangements, in line with the natural end of the contract. As a result, carers may experience a change in their support provider. Such change may negatively impact a carers mental health and emotional wellbeing, at least initially.</p>	<p>a 12-week extensive consultation with all key stakeholders.</p> <p>Further public and stakeholder consultation will be undertaken on the proposed options for future service delivery between October 2019 and January 2020.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p> <p>The strategy reaffirms our commitment to working in partnership with carers, health and social care providers, communities and employers to support carers wellbeing and help carers to carry on caring.</p>
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Economy	Economic Growth	A number of the options being considered for the future of SCC's Carers Offer may provide the opportunity for Carer Support providers to potentially expand their existing presence in Staffordshire as well as encourage new Providers to the county. This is in line with engagement feedback in which there was a general view that funding needs to be better spread amongst carer support organisations and across localities, avoiding duplication of support where possible	Risk of complaint and challenge.	The draft strategy has undergone a 12-week extensive consultation with all key stakeholders.
How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?	Poverty and Income			
	Workplace Health & Environments			Further public and stakeholder consultation will be undertaken on the proposed options for future service delivery between October 2019 and January 2020.
	Access to jobs/ Good Quality Jobs	The strategy outlines SCC's intention to signpost Carers who want more information about benefits, grants and financial management to relevant financial support and advice		
		In line with the department of Health's Carers Action Plan 2018 – 2020 the strategy sets out plans to develop carers friendly workplaces in order to encourage carers into and maintain employment.		
Environment	N/A			
How will the proposal impact on the physical environment of Staffordshire?				
Localities / Communities	Community	The strategy supports an asset-	There is a high level of demand	Partnership working with Strategic

<p>How will the proposal impact on Staffordshire's communities?</p>	<p>Development/ Capacity</p> <p>Educational Attainment and Training</p> <p>Leisure & Culture</p> <p>Volunteering</p> <p>Rural Communities</p>	<p>based approach to drive the development of community capacity, so that carers have access to local support and services within their community.</p> <p>The strategy commits SCC to improve the way we work with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.</p> <p>The strategy affirms the rights of carers to enjoy a healthy lifestyle and promotes opportunities for 'a life outside of caring'. Subject to assessed eligible needs, a support plan may identify personalised outcomes, which may include access to a range of physical and/ or social resources within the community.</p> <p>The Strategy also commits SCC to review (and amend as necessary) our current self-directed support offer. This will provide greater opportunities for carers to access local social and leisure activities, pending this is in line with the carers assessed eligible needs.</p> <p>The current commissioned service utilised volunteers. A number of the options being considered for the future of SCC's Carers Offer may result in a commissioned service. SCC can specify within contractual Terms & Conditions there is a requirement for Providers to utilise the skills and resources of appropriately recruited, trained and supported volunteers.</p>	<p>and expectation of the Community, with limited financial resource to support investment.</p> <p>Some communities may initially have more capacity than others in terms of support for carers. There is a challenge to establish what is available for in District.</p> <p>There is a risk that schools, as a key conduit for supporting the identification of young carers, will not actively engage due to competing priorities.</p> <p>The strategy sets out our intention to review (and amend as necessary) our current commissioned support arrangements, in line with the natural end of the contract. As a result, the carer support provider which currently engages the volunteers may change.</p>	<p>Delivery Leads and Public Health as part of SCC's Supporting Communities Project and People Helping People Agenda in order to identify and raise awareness of community capacity as well as identify gaps.</p> <p>A plan will be produced to support the strategy in terms of an approach to support schools to identify young carers. Arrangements will be established to monitor the effectiveness of approaches.</p> <p>Arrangements such as TUPE will be explored in order to provide continuity for carers and volunteers where possible. Support will be sought from Legal and HR as appropriate.</p>
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DRAFT

Healthy Staffordshire Select Committee – 16 September 2019

CCGs Annual Assessments 2019

Recommendation/s

1. To consider the information provided and constructively challenge.

Report of the Clinical Commissioning Group

Stakeholder Briefing

NHS England has a statutory duty to conduct an annual performance assessment of every CCG. The assessment, using the Improvement and Assessment Framework (IAF), is a judgement, reached by considering the CCG's performance in each of the indicator areas over the full year balanced against the financial management and qualitative assessment of the leadership of the CCG.

In total the CCGs are assessed against 58 indicators in four categories defined as Better Health, Better Care, Sustainability and Leadership across the Integrated Care System. The details of each indicator can be found in appendix 1. Each CCG then receives an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate.

Using the IAF, NHS England also assesses how effectively CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients as well as considering how they have contributed to the performance of their local systems as individual organisations.

2018/19 Annual Assessment

In the 2018/2019 annual assessment, five of the six CCGs in Staffordshire and Stoke-on-Trent have been given an overall rating of Inadequate with only East Staffordshire CCG rated as good.

Clinical Commissioning Group	Overall assessment
Cannock Chase CCG	Inadequate
East Staffordshire CCG	Good
North Staffordshire CCG	Inadequate
South East Staffordshire and Seisdon Peninsula CCG	Inadequate
Stafford and Surrounds CCG	Inadequate
Stoke-on-Trent CCG	Inadequate

The key area of concern for the CCGs rated as inadequate relate to the continued financial challenges they have faced during 2018/19. Although NHS England noted that Stafford and Surrounds CCG and Cannock Chase CCG met their deficit control total this year, there has been a significant deterioration in the financial position for North Staffordshire CCG and Stoke-on-Trent CCG and the underlying deficit across Staffordshire and Stoke-on-Trent has exceeded £100million.

Clinical Commissioning Group	Budget	Expenditure	Over/Under spend £'000
Cannock Chase CCG	£205,246	£203,784	£1,462
East Staffordshire CCG	£187,154	£182,099	£5,055
North Staffordshire CCG	£326,436	£348,122	-£21,686
South East Staffordshire and Seisdon Peninsula CCG	£294,478	£302,904	-£8,426
Stafford and Surrounds CCG	£240,772	£240,610	£162
Stoke-on-Trent CCG	£448,577	£478,123	-£29,546

NHS England did note however that they were encouraged that the system has embarked on a new contracting approach for 2019-20, working collaboratively across the system to identify and implement opportunities for transformational savings with a risk sharing agreement across provider and commissioner organisations.

Through the IFP, the distribution of the CCGs' allocation between partners has been agreed at the start of the year after considering baseline spend, investments and cost pressures, and saving trajectories. The distribution has been based on baseline spending levels in 2019/20 and the principle that each organisation bears the same proportion of the overall deficit in the system.

In addition, a system programme savings target has been agreed, which focuses on schemes that rely on partners working together across the health economy. Delivery of the programme savings will be risk managed across the system with progress and delivery being monitored on a monthly basis.

The IAF assessment also raised concerns about the CCGs' performance against some of the constitutional performance indicators such as dementia diagnosis, although it was noted that the CCGs have set out programmes of work to improve the national targets.

The CCGs will now continue to develop high impact improvement plans for each of the areas identified and will consider interim measures to provide assurance that demonstrable improvements are taking place.

Achievements

Despite the annual assessment ratings for 2018/19, NHS England has recognised that the CCGs in Staffordshire and Stoke-on-Trent have made significant achievements in the last 12 months.

They have prioritised patient safety and experience and have gained recognition for the way they involved patients with changes to local NHS services.

The results of the Patient and Community Engagement Indicator, which is a formal requirement of IAF, has rated all six CCGs as 'Green' after achieving either 'Good' or 'Outstanding' in the five assessment domains, which include Governance, Annual Reporting, Day-to-Day Practice, Feedback and Evaluation and Equalities and Health Inequalities.

The assessment confirms that each of the six CCGs has evidenced its implementation of the revised statutory guidance on patient and public participation in commissioning health care and their compliance in fulfilling statutory duties.

Other achievements recognised by NHS England in this year's assessment include:

- Good progress in improving our urgent and emergency care system, especially at the University Hospitals of North Midlands (UHNM), which is now one of the most improved in the country. Performance at the Royal Wolverhampton Trust (RWT) and the University Hospitals of Derby and Burton (UHDB) is also consistently good, which is helping to improve outcomes of patients
- Delayed Transfers of Care (DTOCs) have dramatically reduced. DTOCs relate to patients who don't need to be in hospital but are in a bed because the support they need to live at home is not available. Month-on-month they have declined by over 40 per cent across Staffordshire and Stoke-on-Trent
- UHNM is now one of the highest achieving trusts for cancer targets, which has resulted in Staffordshire receiving additional funding through the West Midlands Cancer Alliance and significant improvements have been made and maintained at UHDB
- Investment in mental health services has been increased and now meets the national standard across Staffordshire and Stoke-on-Trent
- All Staffordshire and Stoke-on-Trent GP practices are now members of a Primary Care Network which means they will collaboratively work at scale and are looking to offer more and better services to patients.

Marcus Warnes, Accountable Officer for the six CCGs in Staffordshire and Stoke-on-Trent, said: "Throughout the last 12 months we have prioritised patient safety, and this is and always will be our main concern. I will not compromise patient safety at the expense of financial challenges; however, this is clearly something that we still need to address, not just as individual CCGs but by working together across the local healthy economy.

"As commissioners, we have a clear understanding of how we need to address our financial issues and we are working closely with our providers to do that with things like an Intelligent Fixed Payment system that has been introduced. The Intelligent Fixed Payment System is a new contracting approach that moves the focus from cost shifting between partners to collaboration and system cost reduction.

"Despite the financial challenges however, during this period there have been some very significant achievements that we are rightly proud of, and the ratings do not reflect the services our patients receive or the hard work and commitment of our staff."

Ends

Appendix 1 - CCG Improvement and Assessment Framework indicators for 2018/19 Key:

- New indicators in the CCG Improvement and Assessment Framework 2018/19 are highlighted in italics.

Better Health		
1	Child obesity	Percentage of children aged 10-11 classified as overweight or obese
2	Diabetes	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
3		People with diabetes diagnosed less than a year who attend a structured education course
4	Falls	Injuries from falls in people aged 65 and over
5	Personalisation and choice	Personal health budgets
6	Health inequalities	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
7	Antimicrobial resistance	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care
8		Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care
9	Carers	The proportion of carers with a long term condition who feel supported to manage their condition

Better Care		
10	Provision of high quality care	Provision of high quality care: hospitals
11		Provision of high quality care: primary medical services
12		Provision of high quality care: adult social care
13	Cancer	Cancers diagnosed at an early stage
14		People with urgent GP referral having first definitive treatment for cancer within 62 days of referral

15		One-year survival from all cancers
16		Cancer patient experience
17	Mental health	Improving Access to Psychological Therapies – recovery
18		Improving Access to Psychological Therapies – access
19		People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within two weeks of referral
20		Children and young people’s mental health services transformation
21		Mental health out of area placements
22		Mental health crisis team provision
23		<i>Proportion of people on GP severe mental illness register receiving physical health checks in primary care</i>
24		<i>Cardio-metabolic assessment in mental health environments</i>
25		<i>Delivery of the mental health investment standard</i>
26		<i>Quality of mental health data submitted to NHS Digital (DQMI)</i>
27	Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism
28		Proportion of people with a learning disability on the GP register receiving an annual health check
29		Completeness of the GP learning disability register
30	Maternity	Maternal smoking at delivery
31		Neonatal mortality and stillbirths
32		Women’s experience of maternity services
33		Choices in maternity services
34	Dementia	Estimated diagnosis rate for people with dementia
35		Dementia care planning and post-diagnostic support

36	Urgent and emergency care	Emergency admissions for urgent care sensitive conditions
37		Percentage of patients admitted, transferred or discharged from A&E within four hours
38		Delayed transfers of care per 100,000 population
39		Population use of hospital beds following emergency admission
40	End of life care	Percentage of deaths with three or more emergency admissions in last three months of life
41	Primary care	Patient experience of GP services
42		Primary care access – proportion of population benefitting from extended access services
43		Primary care workforce
44		<i>Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View</i>
45	Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
46	7 day services	Achievement of clinical standards in the delivery of 7 day services
47	NHS Continuing Healthcare	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
48	Patient safety	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by CCGs
49	Diagnostics	<i>Patients waiting six weeks or more for a diagnostic test</i>

Sustainability		
50	Financial sustainability	CCG in-year financial performance
51	Paper-free at the point of care	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
52	<i>Demand management</i>	<i>Expenditure in areas with identified scope for improvement</i>

Leadership across the ICS		
53	Probity and corporate governance	Probity and corporate governance
54	Workforce engagement	Staff engagement index
55		Progress against the Workforce Race Equality Standard
56	Local relationships	Effectiveness of working relationships in the local system
57	Patient and community engagement	Compliance with statutory guidance on patient and public participation in commissioning health and care
58	Quality of leadership	Quality of CCG leadership

Staffordshire CCGs IAF End of Year Assessment and IAF 2018/19 Dashboard

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Performance 2018/19: IAF 2018/19

The CCGs' Annual Assessment rating against the Improvement and Assessment Framework for 2018/19 was undertaken in Spring 2019 and the outcomes are as follows:

- Cannock Chase CCG – Inadequate (Inadequate 17/18)
- East Staffordshire CCG - Good (Good 17/18)
- North Staffordshire CCG – Inadequate (Good 17/18)
- South East Staffordshire & Seisdon Peninsula CCG – Inadequate (Inadequate 17/18)
- Stafford and Surrounds CCG – Inadequate (Inadequate 17/18)
- Stoke on Trent CCG – Inadequate (Good 17/18)

Performance 2018/19: IAF 2018/19

The CCGs have made progress in the following areas:

- Achieving a number of the NHS performance standards, notably:
 - IAPT standards (access and recovery)
 - improvement in A&E 4 hour performance
- Reducing the number of 52 Week waiters across Staffordshire with zero reported at all of the Staffordshire Core Providers including University Hospital North Midlands (UHNM)
- The number of breaches and long waits for cancer patients has significantly improved

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Focus will continue around:

- CCGs finances
- Reliance on specialist inpatient care for people with learning disabilities or autism indicator
- Areas of under performance, specifically:
 - Dementia Diagnosis
 - Delayed Transfers of Care
 - Continuing Health Care
 - Personal Health Budgets

Areas of success and continued focus (IAF Q4 18/19)

SUCCESES:

movement out of the LQ for all CCGs or Green ratings

1. **Mental health out of area placements** – All CCGs in the highest performing quartile or interquartile range.
2. **Early Intervention Psychosis 2 week** - All CCGs in the highest performing quartile or interquartile range.
3. **Mental Health Investment Standard** – new data Q4 2018/19 CC, SES&SP and SAS improved from Red to Green.
4. **Primary care extended access** – new data 2019 03. All HQ at 100%.
5. **Primary care transformation investment** – All CCGs green.
6. **Achievement of clinical standards in the delivery of 7 day services** – new data 2017-18. All HQ except SES&SP IQ.
7. **Percentage of patients waiting 6 weeks or more for a diagnostic test** – new data 2019 03. SES&SP improvement from LQ to IQ and SaS improvement from IQ to HQ. CC improvement from LQ to IQ from 86 to 101.

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AREAS FOR CONTINUED FOCUS:

More than 3 CCGs in LQ or deteriorating performance or ranking position in quartile

1. **Personal Health Budgets** – all 6 CCGs in LQ. NS and SAS have moved from IQ to LQ.
2. **High quality – adult social care** - all 6 CCGs in LQ
3. **Delayed transfers of care per 100,000 population** (new data 2019 03, no change in quartile status) - all 6 CCGs in LQ
4. **Staff engagement index** - all 6 CCGs in LQ
5. **Percentage of deaths with 3+ emergency admissions in last 3 months of life** – SES&SP from IQ to LQ.
6. **Cancers diagnosed at an early stage** – SOT from IQ to LQ.
7. **Cancer 62 day target** – CC from IQ to LQ and SES&SP from HQ to LQ.
8. **Women's Experiences of Maternity Services** – CC from IQ to LQ; SOT from HQ to LQ.
9. **Choices in Maternity Services** – CC and NS from IQ to LQ; SAS from HQ to LQ.
10. **Percentage of NHS CHC assessments taking place in acute hospital setting** – ES from IQ to LQ.
11. **Staff Engagement Index** – CC, ES, SES&SP and SAS from IQ to LQ.
12. **Working Relationship Effectiveness** – SES&SP from IQ to LQ.

IMPROVEMENTS:

showing movement in performance for one or more CCGs

1. **E-referrals** – all CCGs in the HQ. Only SES in the IQ.
2. **Transforming Care** – all CCGs remain in IQ. Performance improved to 124.
3. **Progress against the Workforce Race Equality Standard** – position improved with 2 CCGs in the HQ (ES and SES).
4. **Estimated diagnosis rate for people with dementia** – new data Feb 2019. 4 of the CCGs saw an improvement in performance.

1. **Mental health out of area placements** – All CCGs in the HQ or IQ.
 - **Quartile Risks** – There is a risk that ES could slip into the LQ range (currently ranked 117 out of 195 CCGs) and in the lower half of the IQ.
 - **Delivery Risks** – No risks identified.

2. **Early Intervention Psychosis 2 week** - All CCGs in the HQ or IQ. All CCGs are meeting the national standard (50%) and the national average (75.90%). SAS CCG achieved 100% and is ranked 1st nationally.
 1. **Quartile Risks** – There is a risk that SES could slip into the IQ range (currently ranked 41 out of 195 CCGs) and ES in the lower half of the IQ meaning risk of slippage into the LQ.
 2. **Delivery Risks** – No risks identified.

3. **Mental Health Investment Standard** – new data Q4 2018/19 CC, SES&SP and SAS improved from Red to Green.
 - **Quartile Risks** – This indicator is not ranked, only RAG rated.
 - **Delivery Risks** – performance against this indicator has declined into 2019/20. However, the system will engage with NHSEI to ensure accurate reporting of the mental health investment standard, and remain committed to meeting this during 2019/20.

4. **Primary Care Extended access** – new data 2019 03. All HQ at 100%.
 - **Quartile Risks** – n/a
 - **Delivery Risks** - Sustainability and transformation requires sufficient recruitment and workforce expansion.

5. **Primary care transformation investment – All CCGs rated GREEN**
 - **Quartile Risks** – This indicator is not ranked, only RAG rated.
 - **Delivery Risks** – n/a

6. **Achievement of clinical standards in the delivery of 7 day services** – new data 2017-18. All HQ except SES&SP IQ.
 - **Quartile Risks** – n/a
 - **Delivery Risks** – Continue mapping 7 day provision across Staffordshire against national standards.

7. Percentage of patients waiting 6 weeks or more for a diagnostic test – new data 2019 03. SES&SP improvement from LQ to IQ and SAS improvement from IQ to HQ. CC improvement from LQ to IQ from 86 to 101.

- **Quartile Risks** – There is a risk that ES and NS could slip into the LQ range (currently ranked 121 and 118 out of 195 CCGs) and in the lower half of the IQ.
- **Delivery Risks** – Mixed performance seen across the 6 CCGs into M3 19. Improving performance for CC and SES, however, declines in performance for SAS, NS and SOT. Actions are being taken at UHNM around under-performing specialities (Sleep Studies, MRI, Cystoscopy, Colonoscopy) and UHDB (underperformance seen mainly in Cardiology).

Indicators	Target	Stafford & Surrounds				Rolling 12 Months Trend / Performance	Cannock Chase				Rolling 12 Months Trend / Performance	South East Staffs & Seisdon Peninsula				Rolling 12 Months Trend / Performance	
		19/20 YTD	Apr 19	May 19	Jun 19		19/20 YTD	Apr 19	May 19	Jun 19		19/20 YTD	Apr 19	May 19	Jun 19		
Diagnostic test waiting times																	
Diagnostics 6 weeks +	99%	98.71%	98.68%	99.05%	98.41%		98.90%	98.86%	98.63%	99.20%		98.99%	98.86%	98.92%	99.18%		

Indicators	Target	East Staffordshire CCG				Rolling 12 Months Trend / Performance	North Staffordshire CCG				Rolling 12 Months Trend / Performance	Stoke on Trent CCG				Rolling 12 Months Trend / Performance	
		19/20 YTD	Apr 19	May 19	Jun 19		19/20 YTD	Apr 19	May 19	Jun 19		19/20 YTD	Apr 19	May 19	Jun 19		
Diagnostic test waiting times																	
Diagnostics 6 weeks +	99%	97.69%	98.08%	97.18%	97.79%		97.80%	98.14%	97.87%	97.36%		97.81%	98.13%	97.89%	97.36%		

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IMPROVEMENTS:**showing movement in performance for one or more CCGs**

1. **E-referrals** – all CCGs in the HQ. Only SES in the IQ.
 - **Quartile Risks** – n/a
 - **Delivery risks** – Improved performance is expected to be seen for SES&SP but this will depend on the providers ability to reduce their ASI's. Potential risk that SESSP continue to report lower than target due to the extended programme for paper switch off for main activity (HEFT).

2. **Transforming Care** – all CCGs remain in IQ. Performance improved to 124.
 - **Quartile Risks** – All 6 CCGs in the lower part of the IQ with a risk of slipping into LQ
 - **Delivery Risks** – The system is on track with its 2019/20 trajectory for TCP, and is seeking to understand where capital investment should be targeted to grow local capacity.

3. **Progress against the Workforce Race Equality Standard** – position improved with 2 CCGs in the HQ (ES and SES).
 - **Quartile Risks** – n/a
 - **Delivery Risks** – n/a

4. **Estimated diagnosis rate for people with dementia** – new data Feb 2019. 4 of the CCGs saw an improvement in performance.
 - **Quartile Risks** – ES, SES and SAS are all in the lower part of the LQ
 - **Delivery Risks** – Focus around the dementia action plan needs to be prioritised to see any changes in the worse performing CCGs.

AREAS FOR CONTINUED FOCUS:

More than 3 CCGs in LQ or deteriorating performance or ranking position in lowest quartile

1. **Personal Health Budgets** – all CCGs in LQ. NS and SAS have moved from IQ to LQ.
 - **Quartile Risks** – Risk identified in Q3 realised as NS and SAS have slipped into the LQ in Q4.
 - **Delivery risks** – The non-delivery of PHBs is on the CCG risk register. On the CCG risk register ID 598 (risk score 12).
2. **Provision of high quality care: adult social care** – all 6 CCGs in the lowest quartile with wide variation identified in the quality of care available in care homes in Staffordshire.
 - **Quartile Risks** – all CCGs are in the lower part of the LQ range
 - **Delivery Risks** – increased number of nursing homes closing and nursing home regulatory failure and independent care home sector on CCG risk register ID 603.
3. **Delayed Transfers of Care** – new data 2019 03, no change in quartile status. All CCGs are in the lower part of the LQ and Staffordshire have a DTOC rate above the National Average (NA). SOT is ranked second worse in the country. Reductions are evident in all CCG's but with a pattern of fluctuation.
 - **Quartile Risks** – NA
 - **Delivery Risks** – Flow through the commissioned capacity and achievement of DTOC trajectories in line with BCF. On CCG risk register ID 618.
4. **Staff Engagement Index** – decline in staff engagement scores seen (2018 data) and all 6 CCGs now in LQ. CC from 118 to 184, ES from 63 to 188, SES&SP 114 to 187 and SaS 123 to 181 from IQ to LQ. NS remained LQ 152 to 186. SOT remained LQ 157 to 185.
5. **Percentage of deaths with 3+ emergency admissions in last 3 months of life** - SES&SP from IQ to LQ. All other 5 CCGs remain in the IQ.
 - **Quartile Risks** – CC, ES, NS, SAS and SOT CCGs are all in the lower half of the IQ with a risk they could slip into the LQ.
 - **Delivery Risks** – NA
6. **Cancers diagnosed at an early stage** – SOT has declined from IQ to LQ. ES remained in the LQ.
 - **Quartile Risks** – SES and NS are in the lower half of the IQ
 - **Delivery Risks** – NA

AREAS FOR CONTINUED FOCUS:

More than 3 CCGs in LQ or deteriorating performance or ranking position in lowest quartile

7. Cancer 62 days of referral to treatment – CC from IQ to LQ and SES&SP from HQ to LQ. ES remained in LQ.

- **Quartile Risks** – CC, NS, SES and SOT have seen quarterly deteriorating performance against the IAF. There is a risk that SOT may drop into the LQ as they are in bottom part of the IQ. Cancer performance has continued to decline into Q1 19/20 so there is unlikely to be any improvement in the next IAF quarterly update.
- **Delivery risks** – NA

Indicators	Target	Stafford & Surrounds					Cannock Chase					South East Staffs & Seisdon Peninsula				
		19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance	19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance	19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance
Cancer waits																
Cancer 62 day standard	85%	74.63%	77.55%	68.29%	77.27%		61.64%	52.38%	59.09%	70.00%		72.60%	66.00%	88.64%	65.38%	

Indicators	Target	East Staffordshire CCG					North Staffordshire CCG					Stoke on Trent CCG				
		19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance	19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance	19/20 YTD	Apr 19	May 19	Jun 19	Rolling 12 Months Trend / Performance
Cancer waits																
Cancer 62 day standard	85%	82.42%	92.31%	80.65%	76.47%		69.40%	62.07%	76.56%	68.85%		72.92%	73.21%	72.06%	73.53%	

8. Women's Experiences of Maternity Services – CC from IQ to LQ; SOT from HQ to LQ.

- **Quartile Risks** – SAS is ranked in the lower part of the IQ (140) with a risk of slipping into the LQ
- **Delivery risks** – NA

9. Choices in Maternity Services – CC and NS from IQ to LQ; SAS from HQ to LQ.

- **Quartile Risks** - ES is in the lower half of the UQ range with a risk that they could slip into the IQ if other CCGs improve at a rate faster than ours. SOT is in the lower half of the IQ range with a risk of slippage into the LQ.
- **Delivery Risks** – Clinical exceptions. For example, a women may want to deliver at home but due to her risk factors this option may not be given.

10. Percentage of NHS CHC assessments taking place in acute hospital setting –

- **Quartile Risks** – ES and SAS are ranked in the lower part of the IQ (142 and 119) with a risk of slipping into the LQ
- **Delivery risks** – NA

11. Staff Engagement Index – new data (2018). CC, ES, SES&SP and SAS slipped from IQ to LQ. All 6 CCGs at the lowest half of the LQ.

- **Quartile Risks** – NA
- **Delivery risks** – NA

12. Working Relationship Effectiveness – SES&SP from IQ to LQ.

- **Quartile Risks** – NS is ranked at the bottom of the IQ (145) with a risk of slipping into the LQ
- **Delivery risks** – NA

Where is the CCG focusing to improve performance on the IAF?

Ref	Name	Frequency	Latest period	Refreshed in Q4 IAF	Lowest Quartile	Opportunities
102a	Percentage of children aged 10-11 classified as overweight or obese	Annual	2015-16 to 2017-18	Yes	Stoke	SAS is not far from UQ range being ranked 52 (UQ 48.75) requiring a decrease of 7 children.
105c	Percentage of deaths with three or more emergency admissions in last three months of life	Annual	2017	Yes	SES	SES is the only CCG in the LQ. <ul style="list-style-type: none"> To move in to IQ range require a decrease of 29
107b	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Monthly (rolling 12 months)	2019 02	Yes	SAS	NS and ES are in the upper half of the IQ with a reduction of 1230 and 844 required to move them in to the UQ.
108a	The proportion of carers with a long term condition who feel supported to manage their condition	Annual	2018	No	None	SES and SOT in the upper half of the IQ <ul style="list-style-type: none"> SES would require an increase of 1 SOT would require an increase of 4
123a	Improving Access to Psychological Therapies – Recovery	Quarterly	18-19 Q3	No	None	SAS requires an increase of 7 patients to move into the UQ
123b	Improving Access to Psychological Therapies – Access	Quarterly	18-19 Q3	No	None	NS, SES, SAS and SOT are all in the upper part of the LQ requiring an increase of 55, 70, 32 and 84 patients.
123c	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Monthly (rolling 12 months)	2019 Q3	Yes	None	SOT is in the upper part of the IQ requiring 3 more patients to move into UQ.
124b	Proportion of people with a learning disability on the GP register receiving an annual health check	Annual	2017-18	Yes	Cannock, SES and SAS	NS is in the upper half of the IQ and would require an increase of 14 patients to move into UQ.
125a	Neonatal mortality and stillbirths	Annual	2016	No	East, Stoke	SES is in the upper half of the IQ requiring a decrease of 3 and Stoke in the upper half of the LQ requiring a decrease of 1.
126a	Estimated diagnosis rate for people with dementia	Monthly	Feb 2019	Yes	East, SES and SAS	NS is in the upper half of the IQ requiring a increase of 2

Where is the CCG focusing to improve performance on the IAF?

Ref	Name	Frequency	Latest period	Refreshed in Q4 IAF	Lowest Quartile	Opportunities
128b	Patient experience of GP services	Annual	2018	No	None	NS is in the upper half of the IQ range requiring an increase of 25 to move into UQ. All other CCGs being in the lower half of the IQ range.
128d	Primary care workforce	Biannually	2018 09	No	None	ES are in the upper part of the IQ and require an increase of 4 to be in the UQ
144a	Utilisation of NHS e-referral service	Monthly	2019 03	Yes	None	SES requires an increase of 1 to move into the UQ.

Where the CCG is on addressing the 62 day target on cancer services

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Oversight and Scrutiny Committee Update

Agenda Item 6

Summary

- 62 Day Standard Cancer Performance in the Staffordshire CCGs

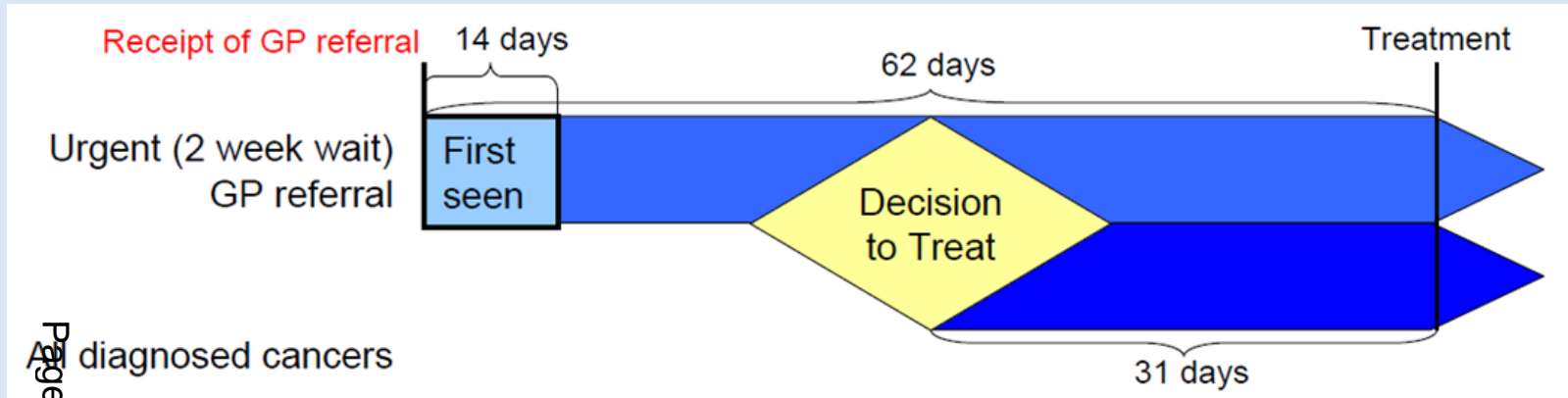
- Challenges to delivery of 62 day Referral to Treatment Cancer Standard
 - Referral to Diagnosis
 - Diagnosis to Treatment
 - Workforce

- Plan for recovery of the 62 Day Standard
 - West Midlands Region Wide Plan
 - Local Recovery Actions

- Next Steps

62 Day Cancer Standard Definition

- The 62 day standard refers to the total pathway length – the number of patients beginning their first definitive treatment within two months of suspected cancer.



- All cancer waiting times service standards (both from the Cancer Plan and the Cancer Reform Strategy) are monitored through the revised National Cancer Waiting Times Database.
- CCGs are performance managed on all waiting times and there is particular focus on the 62 day standard from urgent GP referral for suspected cancer to first treatment.
- Nationally, trusts have struggled to meet the 62 day waiting time standard.
- From 2020 the standards will be strengthened, and organisations will be expected to give a diagnosis of cancer or other condition within 28 days of referral.

62 Day Standard Cancer Performance in the Staffordshire CCGs

Cannock Chase

Cancer Standard	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	74.29%	73.68%	65.12%	63.89%	70.00%	48.15%	87.88%	77.27%	64.29%	66.67%	70.00%	62.07%	68.82%	52.38%	59.09%	70.00%	61.64%	

Stafford & Surrounds

Cancer Standard	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	92.11%	76.92%	82.14%	77.08%	78.38%	72.92%	85.00%	72.50%	80.95%	68.00%	81.82%	87.50%	79.18%	77.55%	68.29%	77.27%	74.63%	

SeS&SP

Cancer Standard	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	93.18%	76.92%	80.77%	70.37%	74.51%	84.48%	86.27%	82.81%	89.36%	70.59%	76.19%	68.75%	79.53%	66.00%	88.64%	65.38%	72.60%	

East Staffordshire

Cancer Standard	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	91.67%	77.78%	86.36%	77.14%	78.95%	96.30%	76.00%	68.00%	65.63%	70.27%	80.00%	56.52%	77.35%	92.31%	80.65%	76.47%	82.42%	

North Staffordshire

Cancer Standard	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	80.00%	79.73%	87.10%	87.67%	89.71%	81.48%	80.65%	80.95%	92.06%	73.68%	79.03%	81.48%	83.00%	62.07%	76.56%	68.85%	69.40%	

Stoke-on-Trent

Cancer Standard - 2018/2019	Target	2018/2019														2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD	
Cancer 62 day Standard	85%	80.88%	88.37%	90.00%	85.71%	78.67%	89.55%	81.01%	78.79%	86.44%	68.12%	70.00%	81.43%	81.87%	73.21%	72.06%	73.53%	72.92%	

- Overall 62 day standard performance has seen a decline in 2019/20 across the 6 CCGs, compared to 2018/19.
- However, there is some evidence that performance is starting to improve into M3 and anticipating further improvements into July 2019 (M4) based on unvalidated data.

62 Day Standard Cancer Performance

West Midlands Cancer Alliance Trusts table below for comparison. The Trusts that Staffordshire CCG's patients mainly use are all Red, except Dudley.

Trust	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Total Treatments May-19	% of Alliance Treatments	Total Treatments Apr-19
Birmingham Women's and Children's Hospital	100%	100%	83.3%	63.6%	100%	90.0%	100%	87.5%	69.2%	86.7%	84.6%	72.7%	5.5	0.4%	6.5
George Eliot Hospital	85.5%	71.4%	78.8%	66.7%	72.7%	76.7%	82.2%	69.2%	87.5%	76.9%	84.1%	73.2%	35.5	2.6%	34.5
Sandwell and West Birmingham Hospital	90.9%	87.8%	86.6%	84.7%	89.1%	85.5%	85.8%	84.1%	84.1%	86.9%	85.8%	90.6%	69.5	5.2%	67
Shrewsbury and Telford Hospital	82.6%	86.0%	80.5%	84.1%	74.9%	82.2%	86.1%	67.2%	66.4%	70.9%	72.1%	74.5%	162.5	12.1%	157.5
South Warwickshire Hospital	77.1%	78.6%	77.5%	83.5%	75.5%	75.8%	84.0%	74.1%	82.9%	81.9%	81.5%	81.3%	67	5.0%	67.5
The Dudley Group	80.2%	85.6%	79.5%	80.1%	85.8%	75.4%	85.5%	77.9%	90.0%	88.3%	87.4%	85.7%	94.5	7.0%	95
The Robert Jones and Agnes Hunt Orthopedic Hospital	66.7%	50.0%	0.0%	0.0%	60.0%	100%	66.7%	50.0%	100%	100%	100%	100%	2	0.1%	0.5
The Royal Orthopedic Hospital	100%	81.8%	57.1%	80.0%	100%	53.8%	0.0%	75.0%	85.7%	91.7%	100%	72.7%	5.5	0.4%	3
The Royal Wolverhampton Hospital	65.3%	61.2%	59.0%	57.7%	75.4%	60.4%	67.0%	61.4%	53.8%	63.4%	54.7%	68.4%	93.5	7.0%	107
University Hospital Birmingham	86.3%	84.0%	79.0%	83.1%	80.8%	76.4%	81.6%	73.2%	77.3%	72.1%	70.1%	70.1%	231	17.2%	264
University Hospitals Coventry and Warwickshire	85.3%	84.7%	86.2%	71.4%	82.4%	83.2%	81.5%	84.1%	75.9%	76.4%	87.3%	85.9%	131	9.8%	114
University Hospitals of North Midlands	86.0%	86.2%	82.8%	84.7%	82.2%	77.2%	87.6%	68.7%	77.5%	83.1%	70.2%	73.0%	177.5	13.2%	169.5
Walsall	86.7%	85.2%	81.4%	86.5%	85.5%	88.5%	97.8%	86.5%	85.2%	80.4%	80.9%	67.7%	48	3.6%	44.5
Worcester Acute Hospitals	72.1%	73.2%	78.2%	70.3%	69.2%	78.0%	72.0%	61.8%	67.9%	71.1%	68.1%	70.3%	158.5	11.8%	180.5
Wye Valley	88.0%	87.7%	83.8%	79.0%	73.6%	80.7%	77.1%	78.4%	75.0%	83.0%	81.7%	82.0%	61	4.5%	57.5
Total	81.6%	80.8%	78.9%	77.8%	78.3%	77.3%	81.0%	71.7%	74.0%	75.4%	74.1%	75.4%	1342.5	100%	1368.5

Challenges to delivery of 62 Day Referral to Treatment Cancer Standard

CCG / STP

- There is a national drive to diagnose cancer earlier and reduce emergency diagnosis. NHSE/NHSI outline that the referral increase in part reflects improvements in referral practice by GPs, and this is vital to deliver the ambition in the NHS Long Term Plan (LTP) to “diagnose 75% of cancers at stages 1 and 2.” There is also a programme to increase community and society awareness of symptoms that should lead to more GP appointments. *Note that increased referrals reflect NICE guidance on referring patients into the 2 week pathway and that primary care are following best practice or that patients and the community are more aware of early cancer symptoms or both. The increase in referrals should lead to improvements in stage 1 and 2 at diagnosis and reductions in emergency presentation of cancer over the next two to three years. These are key to better survival of cancer.*
- The significant increase in referrals have however added much pressure into the system. There is particular pressure on diagnostic capacity (e.g. CT and MRI) required to sustainably deliver the improved pathways for the main cancer types in line with the timed steps and national waiting time targets.
- The Pension Tax rule is deterring Clinical staff from overtime shifts, reducing the workforce.
- There is a national shortage of key workers that are integral to the cancer pathway. These include radiologists and clinical oncologists.

Provider Specific Issues

- The 62 day cancer performance issues are principally with RWT, UHNM and UHDB

UHNM

- **Diagnostic pathway** - The majority of the breaches relate to the time taken in the diagnostic part of the pathway. Almost all the performance shortfalls relate directly or indirectly to mismatch between demand and capacity in the diagnostic part of the cancer pathways. Key to sustained achievement of 62 day target sits with improving the capacity in the diagnostic parts of the pathway.
- **Medical workforce** – UHNM have a number of Medical vacancies – two Clinical Oncologists (Gynae) and (Urology and Upper GI). The closing date for the recent recruitment was July with no applicants.
- Specialities most impacted:
 - **Breast** - Referrals have significantly increased adding pressure into the system with the number of breast 2 week wait referrals amongst the highest ever. In May, 3,038 referrals were received which is the highest figure seen by the Trust. The Trust was also short of one specialist breast radiologist in April 2019;
 - **Colorectal** – Extended time in the diagnostic phase of the pathway contributes to underperformance;
 - **Urology** – Diagnostic delays (Transrectal Ultrasound Guided Biopsy and Flexible sigmoidoscopy), increased demand for template biopsies (a gold standard prostate cancer biopsy) (stand-alone consultant service), capacity for robotic surgery cases. Outpatient clinic letter typing backlog.
- A number of histology results are outstanding which may yield more treatments.

Challenges to delivery of 62 Day Referral to Treatment Cancer Standard

Provider Specific Issues

UHDB

- The Trust received an enforcement notice from NHS Improvement due to failure to deliver the 62 day standard cancer standard and failure to deliver key elements of the improvement plan against the expected timelines. The Intensive Support Team undertook a 2 day review on 15th and 16th May 2019 to provide a thorough review of the work being done to improve the performance against the 62 day standard.
- The growth in referrals at Trust level is significantly higher than the planned 4% in the improvement trajectory agreed with NHSI and the CCG and although the Trust is able to maintain the average waiting time for an outpatient appointment in most areas, there is significant pressure being placed on diagnostic capacity which has grown by 11% across radiology and over 20% in MRI and Ultrasound for cancer scans.
- There has been an overall increase of 26.57% in referrals from February to April 2019.
- Specialities most impacted:
 - Delays continue with oncology capacity within **upper GI** and **urology** due to demand and workforce issues.
 - **Urology**: robotic capacity remains an issue due to increased referrals with a number of patients opting to have robotic surgery.
 - UHDB report delays for the **lower GI** speciality due to an issue where GPs are sending in incomplete referrals.
- Workforce - Delayed start date for locum oncologist caused some appointment delays and has compounded capacity issues. Two new locum oncologists are not having as big an impact as expected as they have been completing follow up appointments as well as treating new patients.
- Capacity concerns at the Burton site for CT and MRI appointments.

RWT

- RWT has had a dedicated 62 Day Cancer Standard Improvement Plan in place since 2018 when the Trust's performance across all cancer standards began to decline. This plan is intended to capture and describe the actions RWT are undertaking to meet the 62-day cancer standard at the earliest possible opportunity. This includes the jointly agreed actions with the IST, Cancer Alliance and Wolverhampton CCG.
- Referrals into the Trust are greater than the agreed values identified within the original recovery plan. The Trust, Host CCG, NHSE and West Midlands Cancer Alliance all agree that there is no single reason for the increase in referrals, and it is multifaceted.
- Certain specialties are receiving huge increases in referrals that are leading to delays – Urology, Upper GI, Breast (in some months).
- Diagnostic capacity is stretched – the Trust has needed to outsource work for both routine and reporting to cope with demand.
- Inability to recruit to key roles has impacted on available capacity (Radiography, Breast).

Plan for recovery of the 62 Day Standard

System approach to Recovery of the Standard

- The recovery plan is underpinned by four key areas for action as follows:
 - Ensuring the 10 High Impact Actions are being followed in marginally breaching Trusts.
 - Deploying Intensive Support Teams in Trusts with material breaches.
 - Making specific pathway improvements across all trusts in key tumour pathways with highest number of breaches (Lung, Prostate and Upper and Lower GI).
 - Establishing Rapid Diagnostic and Assessment Centres and implementing digital diagnostic services and networks across Alliance geographies.
- In order to support the delivery of these key actions to deliver the 62 day cancer standard, NHS England and NHS Improvement work with systems to establish rapid recovery teams for those Providers with the highest volume of breaches. Regional rapid recovery teams are trained and supported by NHS Improvement on the deployment of diagnostic tools and the implementation of the 10 High Impact Actions.
- Weekly conference calls have taken place between Host CCGs, NHSE, NHSI and West Midlands Cancer Alliance (WMCA) with those Trusts experiencing breaches (e.g. UHNM, RWT).
- The NHS Improvement regional team will review cancer referrals over the STP or Alliance patch, to consider whether the increased number of referrals requires further action or different approaches. The NHS Improvement Intensive Support Team and Regional team will also review potential actions across the system to improve collaboration and timeliness of referrals.
- NHS Improvement and NHS England are considering strategic investments along with other capital investment priorities, to assess whether there is scope to increase resources such as additional scanners and suites.
- Additional clinics are being set up at Trusts not achieving the standard. The impact of this is limited because of the consultant “pension and tax” issue which has been widely reported. Until this is resolved nationally, it should be noted that seeking extra lists is not going to be as effective as it has been in previous years in recovering performance or aligning capacity to demand as there is less willingness for the senior staff to volunteer to cover the extra lists.
- FIT (Faecal Immunochemistry Test) to detect blood in faeces for symptomatic patients. The WMCA have ratified the colorectal test (FIT test) for use in primary care – the CCGs and providers are reviewing an acceptable model to implement at Membership Boards through August and September. When these tests come in fewer patients will need colonoscopies.
- NHS Improvement and NHS England are doing a ‘deep-dive’ into Cancer Performance with a first meeting w.c. 16 September.
- The Staffordshire and Stoke-on-Trent System are developing a Cancer System Recovery Plan by the end of September.
- WMCA have asked that the system establish a dedicated Cancer Programme Board for Staffordshire. First meeting due in October 2019. Single forum providing system assurance across the whole Cancer agenda.

Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

UHNM

- UHNM have a Cancer Recovery Programme in place. High impact action plan in place, agreed by Trust Board. Cancer Services Strategy Group in place with all clinical leads in attendance, overseeing the recovery plan.
- The Trust's Clinical/directorate management teams are continuing to improve cancer pathways in line with best practice to ensure further improvement in performance. The key area of focus is reducing the time to diagnosis to 28 days. As this is a new standard the Trust are in the process of shadow monitoring against the 28 day standard from April 2019, this data will not be available until June 2020.
- Best practice pathways are being developed. UHNM is in the midst of deep dive / gap analysis. They are on track with the plan to be able to offer the best practice pathway to most colorectal patients by end Q4 however although this will improve efficiency and throughput, the timed steps in the pathway depend on demand and capacity being aligned. Based on current demand this is not the case. To deliver the best practice pathways and achieve the timed steps it is likely that additional capacity will be needed (or demand reduced).
- Various speciality specific actions are underway:
 - **Histology:** Alternative options have been explored to improve capacity, including overseas recruitment with 2 potential candidates identified. Successful recruitment to a new Speciality Doctor and Consultant posts with a start date June/July 2019;
 - **Urology:** Implementation of best practice pathways (Prostate). Look at additional capacity for TRUS & FLEXI to support demand on a permanent basis. Consultant started 29th July 2019;
 - **Locum clinical oncologist** (Urology and Upper GI) appointed from July interviews. Due to start 4th November;
 - **Upper GI:** Teams to review the possibility of joint surgery/oncology clinics (September 2019) and implementation of best practice pathways (March 2019);
 - **Colorectal:** Increase resource to support Patient Tracking List (PTL);
 - **Breast:** Consultant Breast Radiologist due to start on 1st September.
- Training event planned for primary care to support appropriate use of pathway (September 2019).
- UHNM adjust capacity to address increases in 2 week wait referrals through either additional clinics or flipping clinics or parts of clinics from non-cancer RTT activity to cancer activity.
- Strong operational grip and use of pathway trackers plus frequent reviews of patients potentially breaching. Provider focus is on a number of key steps, especially 1st appointment in 7 days and 7 day turnaround on diagnostics. Delivery of this tends to be challenged by month on month increases in 2 week wait referrals.

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Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

UHDB

- The CCG has followed the host's process and a RAP to cover the whole of UHDB has now been agreed by the host. This will be supported by monthly cancer calls between UHDB, NHSI/E, Derby CCG and East Staffordshire CCG to discuss progress against actions.
- UHDB have undergone a Trust wide review of all cancer services with NHSI/E. The Intensive Support team will work with the Trust to agree formal objectives and undertake progress reviews at least six weekly with the Trust executive sponsor, usually the COO. Actions/progress will be updated to the cancer programme board on a regular basis.
- UHDB are undertaking a wider review of the MDT and patient tracking processes as a response to the significant increase in referrals to ensure there is the correct infrastructure to quickly diagnose and discuss patients – September 2019.
- Oncology capacity has been partially resolved with the commencement of a second clinical oncology locum. This has reduced waits for oncology outpatient appointments in Urology from 7-8 weeks to less than 14 days. The impact on performance should be seen by the end of November 2019.
- Progressing opportunity of medical oncologist available via the university possibly able to start before January 2020. The Trust will be advertising for a medical locum by the end of July 2019.
- Additional capacity has been created and routine referrals and in patient activity delayed to prioritise cancer activity which has impacted on the RTT figure – September 2019.
- Urology - Robotic capacity - facilitating extra urology lists where possible. 2nd robot is planned – January 2020.
- Lead Cancer Commissioner attends the Derby Cancer Board meeting and is engaged with the Trust Cancer lead to monitor performance.
- East Staffordshire CCG in collaboration with South Derbyshire CCG have agreed a recovery trajectory plan with NHSI/E for UHDB during 2019/20. Bi-monthly performance calls will take place to monitor the trajectories.

Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

RWT

- RWT has a full Cancer Recovery Plan setting out the key actions required to improve performance.
- The Trust has appointed three additional radiologists to reduce the backlog, these will commence in post from the 11th June 2019. The Trust will also be running 2 additional clinics in line with the commencement of the Radiologists on the 11th June 2019.
- A plan has been developed to allow RWT and Wolverhampton CCG to implement targeted referral diversion of 2ww suspected breast cancer referrals to neighbouring Trusts to improve waiting times for patients. By reducing demand going in to RWT the plan should enable the Trust to improve its performance.
- Allocation of the 62 day target cases to specific radiologists.
- Clinical fellow has been appointed and started in post to provide capacity and reporting support.
- The Trust has produced a cancer mapping tool, which is best practice on how to refer patients. A video is to be located on the Trust website for GP's to follow.
- The Host CCG and Trust have held a number of question and answer events for Wolverhampton GP's in relation to cancer performance and wait times as a whole.

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Next Steps

- Auditing the conversion rate for referrals from primary care by September 2019 (*Note in 2015 NICE published new and updated guidelines on early diagnosis of cancer. This placed more focus on diagnosis of cancer on primary care and reduced the threshold for referral from 5% to 3%. This has led to an increase in referral under the 2 week waiting list requirement*).
- Developing a Cancer Plan as part of the Staffordshire and Stoke-on-Trent Recovery Plan.
- Establishing a dedicated Cancer Programme Board for Staffordshire and Stoke-on-Trent.

Local Members' Interest
n/a

Healthy Staffordshire Select Committee – 16 September 2019

Staffordshire and Stoke-on-Trent CCG – Preparations for Leaving the EU with No Deal

1. Recommendation

The Committee is asked to consider and comment on the report in their statutory role in the scrutiny of local health services.

Report of the Accountable Officer, Staffordshire CCGs

2 Background

From November 2018 through to April 2019 the Emergency Preparedness, Resilience and Response (EPRR) team were tasked with the leading the CCGs contribution to NHS preparedness for leaving the EU without a deal

It should be noted that the focus was on impact of leaving the EU without a deal. It was not anticipated nationally or regionally that there would be any significant adverse impact to health services in the short or medium term had there been a negotiated withdrawal agreement in place at the point of EU Exit as it was clear that in this situation a transition period would avoid any disruption to the normal arrangements for supporting and delivering health care.

In March and early April 2019 the CCGs were tasked with providing regular updates to the regional teams. The required information was predominantly related to preparedness and assurance of preparedness. As the planned EU Exit date approached, the NHS organisations were tasked with making daily and weekly as well as ad hoc reports to NHSE and regular updates or information requests from a dedicated NHSE regional EU Exit Team. The daily and weekly reports also requested information on adverse impact relating to EU Exit starting from the period about two weeks before the planned exit date.

The CCGs were also tasked with seeking assurance from other NHS providers re their level of preparedness.

At the point it was confirmed that if the UK was to leave the EU without a deal, this would be delayed until 31 October 2019, the CCGs had complied with all the national requirements. Some of the key requirements were as follows:

- CCG EU Exit Team including Executive Director and Operation leads confirmed

- CCG specific points of contact re EU Exit including a dedicated e-mail address
- Assessment of the key risk areas relating to EU Exit without a deal and potential impact on health services.
- Developing Business Continuity Plans re potential impact of EU Exit without a deal
- Conducting a table top exercise to test the arrangement in place across the main health care providers.
- Updating and sharing key information with Primary Care Providers (GPs) to support their preparations.
- Contributing to the overall regional NHS planning process (coordinated and collated by NHS England) and to the overall Staffordshire wide planning process (coordinated and collated at Staffordshire Resilience Forum; SRF level).

The NHS has continued to develop and refine its plans throughout the summer. Following the change to planned EU Exit date to 31 October, the national and regional planning and assurance processes are now in place with a series of events currently underway. We anticipate a similar level for assurance and reporting will be required from mid-September which will continue for several months after EU Exit.

3 Key Risk Areas

Initially seven key risk areas were identified as being most relevant to the NHS. Three additional risk areas were subsequently identified.

Risk Area	Details of Risk	Mitigation Arrangements.
Supply of medicines and vaccines	Shortages of medicinal products will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	In Spring 2019, there was a national plan to mitigate this risk including ensuring additional stock piles, secure transport routes and provision of alternative supplies. Locally actions included prohibition of over prescription, no local stockpiles, ability of pharmacists to switch to alternate products without need for fresh prescription. All GPs were aware of the guidance and all secondary care providers gave assurance that necessary arrangements were in place.
Supply of medical devices and clinical	Shortages of medical devices etc will potentially have an adverse impact upon delivery of safe high	A national plan to mitigate this risk exists including ensuring additional stock piles, secure

consumables;	quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	transport routes and provision of alternative supplies.
Supply of non-clinical consumables, goods and services;	Shortages of non-clinical consumables, goods and services etc will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	The Staffordshire and Stoke-on-Trent CCGs have assessed this risk and found minimal exposure. We are tenants in fully services buildings and critical services eg IT and telecoms etc are provided by organisation with their own detailed EU Exit contingency plans. Potentially there is greater exposure to primary care providers who were offered and will continue to be offered CCG support to address and mitigate any risks.
Workforce	Risk that EU nationals will leave NHS roles at short notice. EU national NHS staff were encouraged to register early to ensure they would have no issues with choosing to remain in the UK and at work.	The CCG has assessed this risk and has identified minimal exposure with less than 1% of staff in this group and no irreplaceable roles or significantly exposed teams. Secondary care providers have assessed the risks and identified mitigations. A small number of primary care providers may have greater exposure and support has been offered although not yet been taken up. The greater exposure is in relation to health and social care staff working for small independent providers or care homes (see below)
Reciprocal healthcare	This risk relates to capacity to identify all service users who are EU nationals and who will not be eligible for free healthcare after no-deal EU Exit. Impact and response will be determined by national level decisions potential made close to EU Exit day.	Impact of this risk and mitigation is potentially dependent upon whether one to one reciprocal arrangements are made with some or many EU countries in the days before EU Exit. The primary burden sits with secondary care to identify and charge EU nationals once they are no longer eligible for free NHS care. This will not apply in primary care or to clinically essential emergency or urgent care. There is no obligation for GPs to flag that patients may be eligible to pay and EU nationals may have NHS numbers.

		<p>The burden is less for CCGs but there is shared financial risk if providers fail to identify and charge in line with national policy. This risk is complex and to date minimal specific, or detailed national guidance has been issued. Clear timely national guidance will be key to addressing this risk.</p> <p>The impact will not have direct adverse effect on the safe and sustainable provision of health care and in line with practice for all overseas nationals, immediately necessary care will not be delayed or denied whilst NHS eligibility is reviewed.</p>
Research and clinical trials	This risk relates to patients in clinical trials that are part of EU research and development / multi-country trials etc where EU exit may impede continued care.	We have received positive assurance from our secondary care providers that they are fully sighted on this risk and able to respond appropriately. There is minimal direct involvement of the CCGs.
Data sharing, processing and access	No deal Exit from the EU will adversely affect agreements and arrangements for data sharing. This may impact upon some NHS operations.	Following assessment, Staffordshire and Stoke-on-Trent CCGs will not be adversely impacted by this risk. There is no relevant data flow to or from other EU nations.
Return of EU nationals to the UK in significant numbers	With very large numbers of UK citizens (some retired) living in EU countries, the potential exists for people to return to the UK in large numbers over short period if they feel adversely affected by the impact of no deal EU Exit. One early warning will be people registering with GPs.	There is no evidence that Staffordshire and Stoke-on-Trent have a disproportionate level of exposure to this risk. Until April 2019 we had asked GP practices to by exception report any unusual patterns of new registrations from people whose previous address was non-UK and in the EU. No such reports were received. If any practice is disproportionately affected it will be offered CCG support.
Shortages of health and social care staff	Lower paid health and social care staff are the most likely group to include significant numbers of EU nationals who might elect to leave at short notice or be difficult to replace.	Benchmarking suggests that Staffordshire and Stoke-on-Trent have a “baseline” exposure to this risk, much lower than in metropolitan areas. The local authorities have set up systems to get early warning from care

		providers if this risk starts to be realised.
Fuel Shortages	<p>NHS providers rely on fuel to maintain services. National planning assumptions include the expectation that all organisations will have sufficient fuel supplies to operate for seven days.</p> <p>In the event of fuel shortages, whilst hospitals etc will have access to their back up supply to maintain operation, there is no system to support staff who rely on personal vehicles to get to work.</p>	<p>When this risk came to light the CCG reviewed its business continuity plans. It is clear that the CCG will not be able to access protected fuel supplies for staff vehicles. The national fuel plan may not be activated in the event of EU Exit leading to fuel shortages and if it is activated it may have limited benefit for CCG operations.</p> <p>Nationally there are however plans to keep fuel supplies flowing including use of military drivers and protected access through congested ports of entry.</p> <p>The CCG business continuity plan therefore focusses on delivering core services assuming that staff will run out of fuel. The focus of our plan will be only essential staff need to attend base or meetings unless they can utilise public transport and on supporting primary care teams.</p>
Adverse Impact on Health due to food poverty	<p>In the event of food shortages (lower cost food supplies) and / or food price inflation there may be some sector of the population (those already experiencing poverty) where ability to buy sufficient nutritious food is affected. Within this cohort of people a proportion might be particularly vulnerable to adverse health impact due to malnourishment. Malnutrition in turn will lead to health problems and additional demand for health services.</p>	<p>GP practices are able to refer to foodbanks. Health providers may recognise increasing malnutrition in the community. The CCG will seek and share with partners any intelligence that suggests increasing levels of food poverty. In the event of food poverty having an adverse impact across Staffordshire, the CCG response will be coordinated with the local authority and public health response with the goal of providing information and support to enable those parts of the community that are most vulnerable to get the nutrition they need.</p>

4 Specific Risk Areas

The request for this update from the CCG identified two specific risk areas

4.1 Medical Supplies

If EU Exit without a deal creates a risk of shortages of medical supplies, the following arrangements are in place:

At present, regionally assurance has been received that EU Exit on 31 October with no deal will NOT adversely affect supply of influenza vaccine.

All NHS providers have assessed this risk and reviewed their business continuity plans with respect to medicines, vaccines and medical products or devices. In all cases this will include the ability of prescribers to prescribe alternative products. These systems are already in place.

Legislation is now in place which will enable pharmacists to supply clinically suitable alternative products without the patient going back to his or her doctor once shortages have been recognised and reported.

Supplies into the UK will be preserved through a mixture of national level stockpiles, protected and dedicated supply routes from the EU arranged at national level and available for high priority items including medicines vaccines and medical products or devices.

National systems exist to report shortages and this in turn will trigger national or regional business continuity plans.

4.2 Workforce

The Staffordshire CCGs have assessed the specific risk to CCG functions. There is minimal exposure to this risk due to a very small number of EU national staff.

All NHS providers have conducted similar assessments and where necessary have put in place contingency plans to mitigate risk of mass departure of EU national staff.

All NHS organisation in Staffordshire have shared the correct information with EU nationals in their workforce and offered support re the national scheme available to existing EU national resident and working in the UK. It is important to note that the national scheme is entirely voluntary.

We consider the risk of adverse impact to direct NHS provided health service caused by short notice departure of EU nationals employed by NHS organisations to be minimal. The overall impact will be no worse than events such as vacancy freezes during management of change processes etc. The NHS organisations are well equipped to deal with events of this type whether related to EU Exit or otherwise.

As noted above there is also a risk associated with EU nationals working for health and social care providers such as domiciliary care and care homes. The level of exposure to this risk in Staffordshire is fairly similar to the baseline level for England and much lower than in some metropolitan areas. Our local Authority colleagues have systems in place to identify situations where any domiciliary care or care home provider becomes unable to deliver its contracted services. There are multiagency policies and procedures in place to ensure continuity of care in the event of failure of domiciliary care or care home providers.

Organisations have appropriate experience in dealing with events of this type whether related to EU Exit or otherwise.

5 Link to Trust's or Shared Strategic Objectives -

5.1 Link to Other Overview and Scrutiny Activity

This report is related to the Local Authority preparations for EU Exit without a deal and the Staffordshire Resilience Forum Work plan. A Strategic Coordination Group for leaving the EU without a deal was set up in Spring 2019 and will provide Gold Command and Control re the Staffordshire Planning and Response to this issue.

Contact Officer

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Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 16 September 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 report will be given at the meeting.

East Staffordshire Borough Council

6. No meeting has been held since the last update.

Lichfield District Council

7. No meeting has been held since the last update.

Newcastle-under-Lyme Borough Council

8. The next meeting will be held on 9 September.

South Staffordshire District Council

9. The Select Committee met on 30th July 2019 considered:

Crime and ASB update:-South Staffordshire local policing team commander SGT Kelly Wareing and South Staffordshire Community Safety Officer Helen Marshall presented

an update to Member on Crime and ASB within the District and the actions being taken to reduce crime within South Staffordshire.

NHS Long Term Plan and Strategic Commissioning update: Sally Young, Director of Corporate Services, Governance and Communication, Staffordshire CCG attended the committee to gain Members views and feedback on the potential of Staffordshire moving from six CCG's down to one strategic commissioning organisation. The presentation focused on governance structures the potential benefits of coming together and ensuring decision making for local people was maintained.

The Committees next meeting is scheduled to take place on Tuesday 8th October 2019.

Stafford Borough Council

10. A Special meeting of Stafford Borough Council's Community Wellbeing Scrutiny Committee was held on Tuesday 16 July 2019, the purpose of which was to receive a presentation from the Chief Executive of Stafford and Rural Homes in relation to the proposed merger between Stafford and Rural Homes and Housing Plus, following which the Committee agreed send a letter a letter of support to Stafford and Rural Homes for their proposed merger plans.

The last scheduled meeting of Stafford Borough Council's Community Wellbeing Scrutiny Committee was then held on **Wednesday 31 July 2019** during which the following items were considered:-

- **A Members' Item** concerning a request for the Cabinet Member for Environment to consider a green project involving tree and hedge planting to reduce carbon emissions, wildflower patches to increase insects and pollinators, and planting of orchards and vegetables to encourage a more sustainable way of living
- **Healthy Staffordshire Select Committee** – a report back on the previous meetings of the Healthy Staffordshire Select Committee held on 19 March and 10 June 2019.
- **Empty Homes Strategy and Release of Funding** - a Cabinet report that had been "Called-in" to the Committee for further consideration concerning a request to consult on the draft strategy and agreement for the funding that was set aside to tackle empty homes to be released in a phased approach over four financial years
- **Performance Reporting 2018-21** - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 4 period ending 31 March 2018
- **Business Planning Report** – a report looking back over the Committee's activities over the 2018/2019 Municipal year
- **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 **12 September 2019**.

Staffordshire Moorlands District Council

11. On 17th July 2019 the Council's Health O&S Panel met, as an urgent item of business relating to the recent NHS England Rating of inadequate for the North Staffordshire CCG, had been raised by a member of the Panel. Members debated this matter in detail and were very concerned about this recent rating of the CCG. To conclude, the Panel and all other members present were supportive of a vote of no confidence in the Leadership Team of the North Staffordshire CCG. Councillor Lawson also Page 114 raise this matter at the County Council.

The following actions were agreed:-

- 1) For a letter to be sent to the Secretary of State for Health and Social Care to urge the Department to place the CCG into special measures;
- 2) For Marcus Warnes to be invited to attend a meeting of the Health Overview and Scrutiny Panel, to provide a copy of an action plan and explain how the organisation planned to improve the NHS England rating;
- 3) For a full copy of the NHS England report to be requested.

A member of the Panel also provided the Panel with an update on the pilot scheme to move diabetic eye screening into dedicated NHS provision rather than patient's own opticians. As the trial was approaching completion, she had contacted Mr. King who provided positive data showing that the aim had been achieved.

The next meeting of the Panel is due to take place on 2nd September which is a special meeting, at which Marcus Warnes will be in attendance, in relation to the recent assessment of the CCG. Following this, the scheduled meeting is the 11th September at which a representative from Together We're Better Health and Care in Staffordshire & Stoke on Trent will be present.

Future items on the Work Programme include:-

- Public Health Initiatives (Everyone Health) – Joanna Robinson
- Public Health Initiatives Drugs/alcohol – Tony Bullock
- Midlands Partnership NHS Foundation Trust (Annual Update)– Neil Carr, Chief Executive
- Public Health Initiatives – Mental Health Trailblazer – Nicola Bromage
- Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust (Annual Update) – Tracey Bullock – CEO

Tamworth Borough Council

12. The Health and Wellbeing Scrutiny Committee met on the 23 July 2019 to consider the following items:

- a) The Chair reported that following the Committee's recommendations to Cabinet, it had been agreed that the Motor Neurone Disease Charter would be adopted by the Council.
- b) County Councillor T Clements updated the Committee on various matters considered by Staffordshire County Council, including the discussion on the future of the George Bryan Centre, and the engagement events which were being planned.
- c) The Committee discussed in detail the upcoming Work Plan and referred to the Staffordshire Observatory Data Pack to assist. The following new matters were identified for inclusion on the Work Plan:
 - GCSE Attainment in Tamworth
 - Priority Service Registers
 - Mental health issues in Tamworth
 - Representatives to be invited from Midlands Partnership NHS Foundation Trust, and possibly other NHS organisations
 - Barriers to accessing GP Services in relation to residents with additional needs / centralisation of GP services

Appendices/Background papers (i) No response from Cannock Chase (ii) email from Stafford Borough Council 16/08/19; (iii) email from Newcastle Under Lyme Borough Council 19/08/19 (iv) email from Staffordshire Moorlands District Council 23/08/19 (v) email from Tamworth Borough Council 01/08/19. (vi) email from South Staffordshire 23/08/19 (vii) email from Lichfield District Council 19/08/19; (viii) email from East Staffs Borough Council 15/08/19.

Contact Officers

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WORK PROGRAMME – September 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	Background/Outcomes
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Page 118	10 June 2019	Adult Learning Disability 2022 Community Offer	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 at 10am Page 1	Patients with Complex Care needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership Officer: Clinical Commissioning Groups	Contract renewal	RESOLVED: That a briefing note be prepared for the Committee, with details of the quality assurance plans; the TCP plans for the future; and, what lessons had been learnt due to the Whorlton Hall investigation.
	NEXXUS Care	Item raised at Triangulation meeting	RESOLVED: That the report be received.
	Healthwatch Performance report Member: Alan White Officers: Wendy Tompson/Jackie Owen		RESOLVED: That the Performance report be noted and that the next update report be considered by the Committee on 28 October 2019.
15 July 2019 at 2pm	George Bryan Centre Engagement Plans Officer: Clinical Commissioning Groups		RESOLVED: <ol style="list-style-type: none"> a) That the CCGs and Midlands Partnership Group be informed that the Committee felt that the 12 bed based facility, should remain in Tamworth. b) That following the consultation, the CCG should bring detailed proposals to the Committee for consideration.
	Single Strategic Commissioning Organsation Officer: Clinical Commissioning Groups	10 June Select Committee	RESOLVED: That the Committees concerns, as listed below be fed into the consultation: <ol style="list-style-type: none"> a) There was concern that the move was financially led and that commissioning policies hadn't been mentioned. The Committee were concerned that the North and South had a very different population need and local need should be recognised. There was a concern that commissioning policies would be changed to the detriment of the public. b) It was felt that cultural change was needed more than changing the structures.
	East Staffordshire CCG Community Services Procurement Officer: Clinical Commissioning Groups		RESOLVED: That the report be received.
	Integrated Urgent Care (GP Out of Hours and NHS 111 services) Officer: Clinical Commissioning Groups		RESOLVED: That the Committee be kept informed of the outcome of the procurement process.

12 August 2019 Workshop	STP 5 Year Strategy refresh to include Progress of STP workstreams – including Urgent care systems		
Page 120	16 September 2019 Adult Learning Disability 2022 Community Offer: 1. Staffordshire County Council Learning Disability Services 2. Carers Strategy ' All together for carers' Member: Alan White Officers: Richard Harling/Amy Evans	Pre decision scrutiny	
	Clinical Commissioning Groups Annual Assessments 2019 Officer: Clinical Commissioning Groups		
	Staffordshire and Stoke-on-Trent CCG – Preparations for Leaving the EU with No Deal Officer: Clinical Commissioning Groups		
	Cancer services performance 62-day target Officer: Clinical Commissioning Groups		
Joint Committee with Stoke on Trent City Council To be confirmed		North Staffordshire Community Services Consultation Officer: Clinical Commissioning Groups	
9 October 2pm	Children and Adolescent Mental Health Strategy – update - include a briefing on the Trailblazer bid.	Suggested at the 3 December 2018 WP item. Pre decision scrutiny	
	Emotional Health & Wellbeing for Children & Young People, Contract	Pre decision scrutiny	
28 October 2019	Midlands Partnership NHS Foundation Trust (MPFT)		
	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	Autism Implementation Plan	Item raised at Triangulation meeting.	
	Staffordshire Healthwatch Contract Update Member: Alan White Officers: Wendy Tompson/Jackie Owen		
3 February 2020			
17 March 2020			
6 July 2020	Staffordshire Healthwatch Contract Update Member: Alan White Officers: Wendy Tompson/Jackie Owen		

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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	

Chairman's Activity

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 prior to September Committee agenda item	Semt
UHDB Stroke services - Consultation	CCG Consultation – Item considered on 19 March 2019 therefore removed from work programme. Briefing paper to be distributed.	
Integrated Care Records	Briefing paper is to be sent as soon as possible	
The Future of Local Health Services in North Staffordshire - consultation	Decision making business case to be sent as soon as possible	

<p>Membership</p> <p>Johnny McMahon (Chairman) Paul Northcott (Vice-Chairman)</p> <p>Charlotte Atkins Tina Clements Janet Eagland Phil Hewitt Dave Jones Kath Perry Jeremy Pert Bernard Peters Carolyn Trowbridge Rees Ward Victoria Wilson</p> <p>Borough/District Councillors</p> <p>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)</p>	<p>Calendar of Committee Meetings</p> <p>at County Buildings, Martin Street, Stafford. ST16 2LH (at 10.00 am unless otherwise stated)</p> <p>10 June 2019 15 July 2019 12 August 2019 - Workshop 16 September 2019 9 October 2019 28 October 2019 2 December 2019 3 February 2020 17 March 2020</p>
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