

Healthy Staffordshire Select Committee

Tuesday, 17 March 2020

10.00 am

Council Chamber, 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
9 March 2020

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of meeting held on 3 February 2020** (Pages 1 - 6)
4. **West Midlands Ambulance Service NHS Foundation Trust - Cheadle Rapid Response** (Pages 7 - 40)

Oral report of Trust Chief Executive
5. **East Staffordshire Clinical Commissioning Group - Community Services Procurement** (Pages 41 - 44)

Report of East Staffordshire Clinical Commissioning Group's Accountable Officer
6. **Summary Financial Report for Staffordshire & Stoke-on-Trent Clinical Commissioning Groups** (Pages 45 - 46)

Report of Staffordshire Clinical Commissioning Groups' Accountable Officers
7. **District and Borough Health Scrutiny Activity** (Pages 47 - 52)

Report of the Scrutiny and Support Manager
8. **Work Programme 2019/20** (Pages 53 - 62)

Report of the Scrutiny and Support Manager
9. **Date of Next Meeting - Wednesday 15 April 2020 at 2.00 pm, County Buildings, Stafford**

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 of the Local Government Act 1972 (as amended) indicated below”.

(all reports in this section are exempt)

PART TWO

Nil

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

Note for Members of the Press and Public

Filming of Meetings

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

Recording by Press and Public

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

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

Minutes of the Healthy Staffordshire Select Committee Meeting held on 3 February 2020

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	David Leytham
Tina Clements	Paul Northcott (Vice-Chairman)
Ron Clarke	Jeremy Pert
Janet Eagland	Bernard Peters
Ann Edgeller	Bob Spencer
John Francis	Roy Rogers
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Ross Ward
Janet Johnson	Alan White
Trevor Johnson	Ian Wilkes
Val Jones	

Note by Clerk: Members of Safe and Strong Communities Select Committee were invited to attend the meeting and speak, at the discretion of the Chairman, on item No. 4 on Agenda – “Autism Implementation Plan”.

Apologies: Ann Beech, Adam Clarke, Richard Ford, Maureen Freeman, Dave Jones, Jason Jones, Kath Perry MBE, Paul Snape, Victoria Wilson and Mike Worthington

PART ONE

46. Declarations of Interest

Mrs. Charlotte Atkins declared an interest in Item No. 4 on Agenda – “Autism Implementation Plan”, owing to her daughter having been diagnosed with Autism.

The Chairman declared an interest in all matters included on the Agenda as they related to services for deaf people/the hard of hearing owing to his own medical condition.

47. Minutes of meeting held on 28 October 2019

RESOLVED – That subject to Paragraph 6, Page 4 being amended to provide greater clarity as follows, the minutes of the meeting held on 28 October 2019 be confirmed and signed by the Chairman:-

“Following the merger of the former Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) and South Staffordshire and Shropshire Healthcare NHS Foundation Trust, four operating arms had been established within the new organisation ie (i) Children and Families Services ; (ii) Staffordshire and Stoke-on-Trent Services; (iii)

Specialist Services and; (iv) Telford and Wrekin Services. Whilst strategic oversight of the four arms was maintained centrally, the structure enabled greater flexibility to respond to operational issues as they arose. Furthermore, under these arrangements it was expected that partnership working with other service providers in their areas would be developed”.

48. Autism Implementation Plan

The Committee considered a joint report of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing and Cabinet Member for Children and Young People (Appendix A to the signed minutes of the meeting) informing them of the draft Staffordshire Autism Implementation Plan 2020-2023 which had been prepared following adoption of the County Council’s vision for people with disabilities in their Staffordshire Whole Life Disability Strategy (WLDS), in June 2018.

The meeting was attended by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing who presented the report.

The WLDS aimed to ensure that people with any disability (i) were able to do things for themselves as much as they could with a focus on ability rather than disability; (ii) were as independent as they could be for as long as they could and; (iii) used what was available in their communities first rather than using paid for services.

The draft Autism Plan (i) aimed to encourage all services and organisations to ‘think autism’ so as to maximise opportunities to help people live fulfilling lives and feel part of society and; (ii) bring together the various organisations which funded and provided care and support so that services were configured in such a way as to best meet the needs of Autistic people using the scarce resources available

During the full and wide-ranging discussion which ensued Members commented/gave their views, as follows:- (i) they considered that efforts should be made to maintain engagement by Clinical Commissioning Groups in order to ensure that the Plan could be implemented in a timely manner; (ii) there should be a greater emphasis on the role of the NHS in particular in meeting the needs of people with Autism through staff training and awareness raising; (iii) the importance of developing an Autism friendly culture with all stakeholder organisations should be highlighted in the Plan; (iv) the transport needs of people with Autism should be considered as part of their assessment process; (v) there should be consideration of the various dangers faced by people with Autism in respect of exploitation, safeguarding and the Prevent Agenda; (vi) the Authority’s commitment to work with the Department for Work and Pensions should also include Job Centre Plus; (vii) the commitment to work with Criminal Justice Services should include identification of how the needs of people with Autism could be embedded within the system; (viii) an awareness of the needs of people with Autism should be raised within schools, particularly at Primary level and; (ix) all Stakeholders (including District and Borough Councils) should commit to share relevant information regarding people with Autism, where necessary to ensure successful delivery of the plan.

The Chairman then thanked the Deputy Leader and Cabinet Member for an interesting and informative presentation and the opportunity to provide pre-decision scrutiny on a key area of the Authority’s health and wellbeing policy.

RESOLVED – (a) That the report be received and noted.

(b) That the above-mentioned comments be forwarded to the Deputy Leader and Cabinet Member for Health, Care and Wellbeing and Cabinet Member for Children and Young People as the views/comments of the Committee on the County Council's draft Staffordshire Autism Implementation Plan 2020-2023.

49. Future Model of Carers' Services

The Committee considered a report of the Cabinet Member for Health Care and Wellbeing (Appendix B to the signed minutes) regarding a draft report and recommendations to Staffordshire County Council's Cabinet which had been made following a review of carers' services.

The meeting was attended by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing who presented the report.

'All Together for Carers' was a Carers strategy for Staffordshire which had been developed jointly with the five Staffordshire Clinical Commissioning Groups (CCGs) and adopted in the Autumn of 2019. The strategy included a commitment to review services for carers and, if necessary, develop a new service model and explore options for its delivery. Following engagement with stakeholders to evaluate current provision/pathways, a draft revised model had been prepared and was to be considered by the Council's Cabinet at their meeting on 19 February 2020. However, in the meantime, the Committee had been requested to provide pre-decision scrutiny of the proposals in order to assist Members in their decision-making process.

During the full and wide-ranging discussion which ensued, Members commented/gave their views, as follows:- (i) there should be further consideration of the options for young carers to contact service providers via alternative channels eg the World Wide Web, email etc; (ii) there should be further consideration of the information needed by "Local Members", District and Borough Councillors so that carers could be better signposted to relevant sources of information or services; (iii) current engagement with schools should be expanded to include liaison with Special Education Needs and Disabilities Hubs to support awareness raising and identification; (iv) Primary Care Services including social prescribers should understand where to signpost carers for help and support; (v) mitigation of the various risks highlighted in the report should be a priority.

In reply the Deputy Leader and Cabinet Member for Health, Care and Wellbeing undertook to liaise with Cabinet Support Member for Learning and Employability as necessary and take account of the views/comments in the final report to Cabinet.

The Chairman then thanked the Deputy Leader and Cabinet Member for an interesting and informative presentation and the opportunity to provide pre-decision scrutiny on a key area of Authority's health and wellbeing policy.

RESOLVED – (a) That the report be received and noted.

(b) That the above mentioned views/comments be submitted to the Cabinet Member for Health, Care and Wellbeing as the Committee's response to the draft report and recommendations regarding a future model for carers' services in Staffordshire.

50. Staffordshire Clinical Commissioning Groups (CCGs) - Update

The Committee considered a report of the Clinical Commission Groups (CCGs) Accountable Officer (Appendix C to the signed minutes) regarding various matters which had been raised with him by the Chairman in his letter dated 20 December 2019 including:- (i) the proposed merger of the CCGs which he understood was not now taking place and their commissioning intentions going forward; (ii) scrutiny of out of County care provision received by Staffordshire residents and (iii) General Practitioners' concerns regarding Integrated Care Proposals.

The meeting was attended by Marcus Warnes, CCGs Accountable Officer who presented the report.

The Committee heard that the CCGs intended to continue developing a strategic commissioning function within an Integrated Care System (ICS) involving three locality-based divisions which aligned with the ICS partnerships in the north, south-east and south-west of the County. Their commissioning intentions were in-line with the Long-Term Plan for the NHS and would be set out in a Local Plan to be published in the Spring of 2020. However, whilst the commissioning of services would be co-ordinated to ensure inequalities across the area and unwanted variations were addressed, there might be occasions where local sensitivities would need to take priority.

With regard to scrutiny of out of county provision, they learned that over half of CCGs acute activity was with hospitals outside Staffordshire. However, well developed contracts and systems had been implemented by the CCGs to monitor quality and performance of services including:- (i) Locality Based Multi-Disciplinary Teams which met bi-monthly; (ii) Financial Triangulation meetings which met monthly; (iii) meetings of the Contract Management Executive Team which met monthly; (iv) Contract Steering Groups meetings which met monthly and; (v) the Quality Teams at Trusts which reported monthly to their Governing Bodies so that appropriate remedial action could be taken, where necessary.

With regard to GP concerns over Integrated Care Proposals (ICP) the Committee learned that CCGs had held their first ICP Development Workshop on 26 November 2019 to which representatives of General Practice and Primary Care Networks had been invited to attend and further workshops were planned. The aim of ICPs was to encourage providers to come together, where possible, to share contracting arrangements that allowed strategy Commissioners to focus on outcomes and give providers the freedom and autonomy to develop and deliver services to meet them. However, commissioning of General Practice was currently delegated to CCGs and therefore could not be delegated further to individual practices.

The Chairman then thanked the Accountable Officer for an interesting and informative presentation and requested that the Committee be kept informed of any significant developments in the three areas mentioned above.

RESOLVED – (a) That the report be received and noted.

(b) That the Committee keep a watching brief on the matters raised by the Chairman in his letter to the Clinical Commissioning Groups (CCGs) Accountable Officer dated 20 December 2019.

51. District and Borough Health Scrutiny Activity

The Committee considered a report of the Scrutiny and Support Manager giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Councils under the standing joint working arrangements, since their previous meeting.

During the discussion which ensued Members expressed disappointment that most District/Borough Council had not provided a written update for inclusion into the report and, in some instances, where this was the case, representatives of the Authorities concerned were also unavailable to give a verbal update. Therefore, they requested the Scrutiny and Support Manager to:- (i) remind all District/Borough Health Scrutiny Officers that, Under the Code of Joint Working Arrangements – Local Authorities (and having regard to the recommendations of the Francis Report), District/Borough Councils have committed to the General Working Principle of Co-operation including a willingness to share knowledge and maintain links and; (ii) request that they submit short written updates in time to be included in the summary reports to future meetings highlighting that verbal updates would no-longer be taken owing to constraints on time.

RESOLVED – (a) That the report be received and noted.

(b) That the Scrutiny and Support Manager pass on the views/requirements of the Committee as set out above.

52. Work Programme

The Committee considered their rolling Work programme for 2019/20 (Appendix D to the signed minutes).

During the discussion which ensued the Chairman highlighted the proposed inclusion of a review of Urgent Care provision in the County in their Work Programme. The need for this Review had been raised by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing at a Health Triangulation Meeting held on 15 January 2020 having regard to current Delayed Transfer of Care Statistics for the County and certain quality issues which had arisen. He went on to outline the proposed Terms of Reference for the review and express support for its inclusion into their current Work Programme.

A Member raised her concern regarding a lack of scrutiny given to West Midlands Ambulance Trust's recent changes to their Rapid Response service in the Cheadle area. She referred to significant concern locally over the removal of the 4x4 Rapid Response vehicle previously been based in Staffordshire Moorlands, particularly owing to the rural topography of the District and the difficulties in relying solely on conventional ambulances in the locality. She went onto express her view that the decision to remove the vehicle had been based on flawed statistics and therefore requested the Committee

hold the Trust to account for their decision. In reply, the Chairman informed them of (i) Staffordshire County Council's Leader's response to the above-mentioned service reconfiguration and; (ii) Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel's decision to include the matter in their current Work Programme. He therefore went on to propose that further consideration by the Committee be deferred pending the outcome of the District Council's work and that an additional item be included in their Work Programme if it was found to be necessary.

The Scrutiny and Support Manager informed them that in light of the above-mentioned Review of Urgent Care it was proposed the informal Primary Care information gathering session which had been planned for February be postponed until Autumn 2020.

RESOLVED – That the proposed changes to their Work Programme as set out above be agreed.

Chairman



West Midlands Ambulance Service
University NHS Foundation Trust



Healthy Staffordshire Select Committee



Mark Docherty
Executive Director of Nursing &
Clinical Commissioning

Trust us to care.





Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Approaching 5,000 999 calls per day
- 7,500 111 Calls per Day at weekends
- Circa 700,000 Emergency patients conveyed per year
- 1 million Patient Transport journeys annually
- £350 million budget
- Fleet of over 850 vehicles
- 6,500 Staff and 1,000 Volunteers
- 5 x Helicopters



Trust us to care.

Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

Strategic Priorities

Business as Usual

New Models of Care

Business Opportunities

Prevention

Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

Trust us to care.



Overview

- Only Ambulance Service to consistently achieve all national targets
- Only CQC rated “Outstanding” Ambulance Trust
- WMAS remains the top performing service in the country on multiple measures
- Achieving statutory financial duties. Segmentation 1 (one of only 2)
- Lowest reference cost
- No Paramedic vacancies – circa 2,500 nationally
- Lowest sickness absence rate in country
- Lowest attrition in the country circa 200 per year
- Only Ambulance Service with a Paramedic on every Ambulance
- Best fleet in the country. No vehicle over 5 years old



Staffordshire Activity



Contract Monitoring Report - February 2019/2020

Assigned Incident Volume Against Contract Volume

		variance: Red = 'above contract' Green = 'within contract'											
		Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	ytd
NHS North Staffordshire CCG	actual	3,309	3,317	3,241	3,368	3,235	3,275	3,578	3,613	3,734	3,365	3,191	37,226
	contract	3,127	3,367	3,247	3,448	3,207	3,207	3,327	3,367	3,568	3,608	3,247	36,720
	variance vol +/-	182	-51	-6	-79	28	68	251	246	166	-243	-56	506
	variance % +/-	5.82%	-1.51%	-0.20%	-2.30%	0.86%	2.13%	7.55%	7.31%	4.66%	-6.74%	-1.73%	1.38%
NHS Stoke on Trent CCG	actual	5,149	5,198	5,044	5,437	5,205	5,179	5,476	5,714	6,037	5,232	5,060	58,729
	contract	5,123	5,517	5,320	5,648	5,254	5,254	5,451	5,517	5,845	5,911	5,320	60,161
	variance vol +/-	26	-319	-276	-212	-49	-76	25	197	191	-679	-260	-1432
	variance % +/-	0.51%	-5.79%	-5.19%	-3.75%	-0.93%	-1.44%	0.45%	3.57%	3.27%	-11.49%	-4.89%	-2.38%
NHS Cannock Chase CCG	actual	2,176	2,133	2,188	2,304	2,177	2,149	2,290	2,333	2,465	2,273	2,119	24,606
	contract	2,105	2,266	2,185	2,320	2,159	2,159	2,239	2,266	2,401	2,428	2,185	24,715
	variance vol +/-	72	-133	3	-17	18	-10	50	66	64	-155	-66	-108
	variance % +/-	3.41%	-5.88%	0.12%	-0.73%	0.85%	-0.46%	2.24%	2.92%	2.67%	-6.40%	-3.03%	-0.44%
NHS East Staffordshire CCG	actual	1,907	1,882	1,785	1,928	1,883	1,864	1,964	2,065	2,242	1,949	1,943	21,411
	contract	1,748	1,882	1,815	1,927	1,793	1,793	1,860	1,882	1,994	2,017	1,815	20,526
	variance vol +/-	159	-1	-30	1	91	71	104	183	248	-67	128	885
	variance % +/-	9.09%	-0.04%	-1.68%	0.04%	5.05%	3.98%	5.60%	9.71%	12.41%	-3.35%	7.03%	4.31%
NHS South East Staffs and Seisdon and Peninsular CCG	actual	3,632	3,478	3,403	3,652	3,465	3,312	3,562	3,779	3,964	3,627	3,335	39,210
	contract	3,461	3,728	3,594	3,816	3,550	3,550	3,683	3,728	3,950	3,994	3,594	40,649
	variance vol +/-	171	-249	-191	-165	-85	-238	-121	51	14	-366	-259	-1439
	variance % +/-	4.94%	-6.69%	-5.32%	-4.31%	-2.39%	-6.71%	-3.29%	1.38%	0.36%	-9.17%	-7.21%	-3.54%
NHS Stafford and Surrounds CCG	actual	2,443	2,596	2,496	2,749	2,546	2,508	2,489	2,723	3,020	2,608	2,498	28,676
	contract	2,310	2,487	2,398	2,546	2,369	2,369	2,458	2,487	2,635	2,665	2,398	27,123
	variance vol +/-	133	109	98	202	177	139	31	236	385	-57	99	1553
	variance % +/-	5.76%	4.39%	4.09%	7.95%	7.49%	5.87%	1.28%	9.48%	14.59%	-2.12%	4.13%	5.73%
CCG Total	actual	95,729	95,764	94,258	98,638	94,974	94,751	100,224	100,146	106,448	98,424	92,421	1,071,777
	contract	89,710	96,611	93,160	98,911	92,010	92,010	95,461	96,611	102,361	103,511	93,160	1,053,517
	variance vol +/-	6,019	-847	1,098	-273	2,964	2,741	4,763	3,535	4,087	-5,087	-739	18,260
	variance % +/-	6.71%	-0.88%	1.18%	-0.28%	3.22%	2.98%	4.99%	3.66%	3.99%	-4.91%	-0.79%	1.73%



Staffordshire Performance

Category 1	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	2,029	7:27	13:09
NHS Stoke on Trent CCG	3,467	6:05	9:47
NHS Cannock Chase CCG	1,338	8:25	13:53
NHS East Staffordshire CCG	1,251	8:25	15:14
NHS South East Staffs & Seisdon Peninsular CCG	2,133	8:30	14:16
NHS Stafford and Surrounds CCG	1,586	7:02	12:03
WMAS (inc Out Of Area)	63,384	6:56	12:03



Staffordshire Performance

Category 2	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	16,002	14:49	27:00
NHS Stoke on Trent CCG	27,133	11:50	20:24
NHS Cannock Chase CCG	11,353	15:14	24:55
NHS East Staffordshire CCG	9,922	17:40	32:38
NHS South East Staffs & Seisdon Peninsular CCG	17,579	15:08	25:20
NHS Stafford and Surrounds CCG	12,689	13:19	23:44
WMAS (inc Out Of Area)	494,911	13:12	24:19



Staffordshire Performance

Category 3	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	13,540	34:51	77:49
NHS Stoke on Trent CCG	19,565	33:44	78:34
NHS Cannock Chase CCG	8,221	41:32	89:11
NHS East Staffordshire CCG	6,694	39:21	85:10
NHS South East Staffs & Seisdon Peninsular CCG	12,718	46:14	102:54
NHS Stafford and Surrounds CCG	9,900	33:00	74:04
WMAS (inc Out Of Area)	339,129	44:51	102:38



Staffordshire Performance

Category 4	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	883	41:47	98:41
NHS Stoke on Trent CCG	937	45:28	110:02
NHS Cannock Chase CCG	415	66:29	157:00
NHS East Staffordshire CCG	412	50:44	112:39
NHS South East Staffs & Seisdon Peninsular CCG	719	65:50	147:58
NHS Stafford and Surrounds CCG	520	47:28	114:13
WMAS (inc Out Of Area)	15,105	61:12	149:08



Cheadle Performance – April 2019 to Date

Current performance	Target	Cheadle	Region
Cat 1 (Mean)	07:00	08:06	06:54
Cat 1 (90 th Centile)	15:00	16:02	12:00
Cat 1 Transport (Mean)	19:00	07:52	07:57
Cat 1 Transport (90 th Centile)	30:00	15:08	14:13
Cat 2 (Mean)	18:00	13:57	13:14
Cat 2 (90 th Centile)	40:00	26:03	24:22
Cat 3 (Mean)	60:00	30:28	45:26
Cat 3 (90 th Centile)	2:00:00	1:11:36	1:44:22
Cat 4 (Mean)	(No national target)	0:42:41	1:01:40
Cat 4 (90 th Centile)	3:00:00	1:21:58	2:30:56



999 Call Answering Performance

Trust	April	May	June	July	August	September	October	November	December	January	YTD Total
WMAS	14	13	23	22	33	25	20	55	55	7	267
EoE	83	84	195	378	115	129	179	187	259	67	1676
EMAS	35	43	39	93	66	128	84	139	57	64	748
LAS	238	319	1271	1828	2144	2398	2827	991	731	809	13556
NEAS	70	60	36	83	50	105	105	137	96	39	781
NWAS	538	404	702	624	768	888	530	855	532	680	6521
SCAS	254	301	457	743	224	404	417	267	239	51	3357
SECAMB	225	57	115	304	143	107	141	109	60	12	1273
SWAST	177	185	254	561	554	489	561	402	382	86	3651
YAS	88	54	15	50	63	34	50	201	139	75	769
IoW	26	48	51	64	44	25	22	17	17	7	321
Scotland	678	950	1940	1947	2075	1614	1536	1957	2232	701	15630
Wales	85	85	128	240	231	152	117	172	47	2	1259



Service Wide Performance – April 2019 to Date

Month	Category 1			Category 2			Category 3			Category 4		
	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th	Inc Total	Mean	90th
Apr-18	4,722	6:50	12:05	36,597	11:24	20:24	33,195	25:37	55:15	1,893	39:19	92:30
May-18	4,943	6:51	11:50	39,069	12:00	21:30	35,557	30:56	68:12	1,929	49:05	122:23
Jun-18	4,976	6:59	12:03	38,242	12:29	22:23	33,919	34:57	76:59	1,830	54:59	128:21
Jul-18	5,346	6:47	11:42	41,210	12:47	23:19	36,056	39:21	91:16	1,636	57:37	136:07
Aug-18	5,209	6:40	11:23	39,438	11:43	21:17	31,165	29:33	64:34	1,635	45:47	102:38
Sep-18	5,361	6:46	11:41	41,099	11:59	21:49	30,613	32:54	72:42	1,503	49:54	125:38
Oct-18	5,543	6:51	11:48	41,993	12:04	21:55	32,009	32:56	72:43	1,579	51:44	123:55
Nov-18	5,801	6:53	11:50	42,774	12:47	23:29	31,541	39:16	87:19	1,378	57:46	142:26
Dec-18	5,861	6:48	11:49	45,847	12:30	22:57	33,250	36:12	82:57	1,565	51:27	120:54
Jan-19	5,690	6:44	11:34	45,867	12:11	22:09	33,198	35:15	79:50	1,585	51:34	125:52
Feb-19	5,151	6:46	11:42	41,392	12:32	22:49	29,798	38:20	87:31	1,358	51:06	123:30
Mar-19	5,611	6:46	11:50	43,606	11:59	21:46	33,057	32:41	73:04	1,661	45:37	109:44
Apr-19	5,412	6:43	11:39	43,271	12:14	22:22	31,893	35:02	78:47	1,479	48:02	115:46
May-19	5,407	6:44	11:51	42,561	11:50	21:31	32,539	31:56	69:49	1,626	43:42	104:08
Jun-19	5,269	6:47	11:56	42,674	12:59	23:57	30,966	44:27	99:36	1,284	60:53	141:26
Jul-19	5,499	6:52	12:00	44,453	12:59	23:44	32,055	47:27	109:47	1,379	72:11	185:42
Aug-19	5,278	6:44	11:39	42,519	12:37	23:06	31,630	39:38	88:08	1,511	53:00	127:18
Sep-19	5,625	7:00	12:10	43,284	13:11	24:10	29,959	47:41	109:15	1,339	70:38	175:44
Oct-19	6,076	7:02	12:13	47,213	13:49	25:21	30,467	54:03	121:43	1,307	75:37	178:49
Nov-19	6,337	7:06	12:15	48,246	14:32	27:06	29,509	59:55	136:52	1,116	79:40	198:23
Dec-19	6,915	7:02	12:15	52,304	14:56	28:09	30,129	61:08	144:05	1,216	76:39	193:27
Jan-20	5,909	6:59	12:03	46,335	12:29	22:45	30,444	32:47	71:44	1,539	48:36	114:58

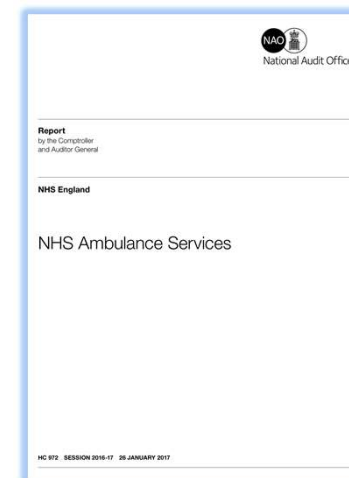
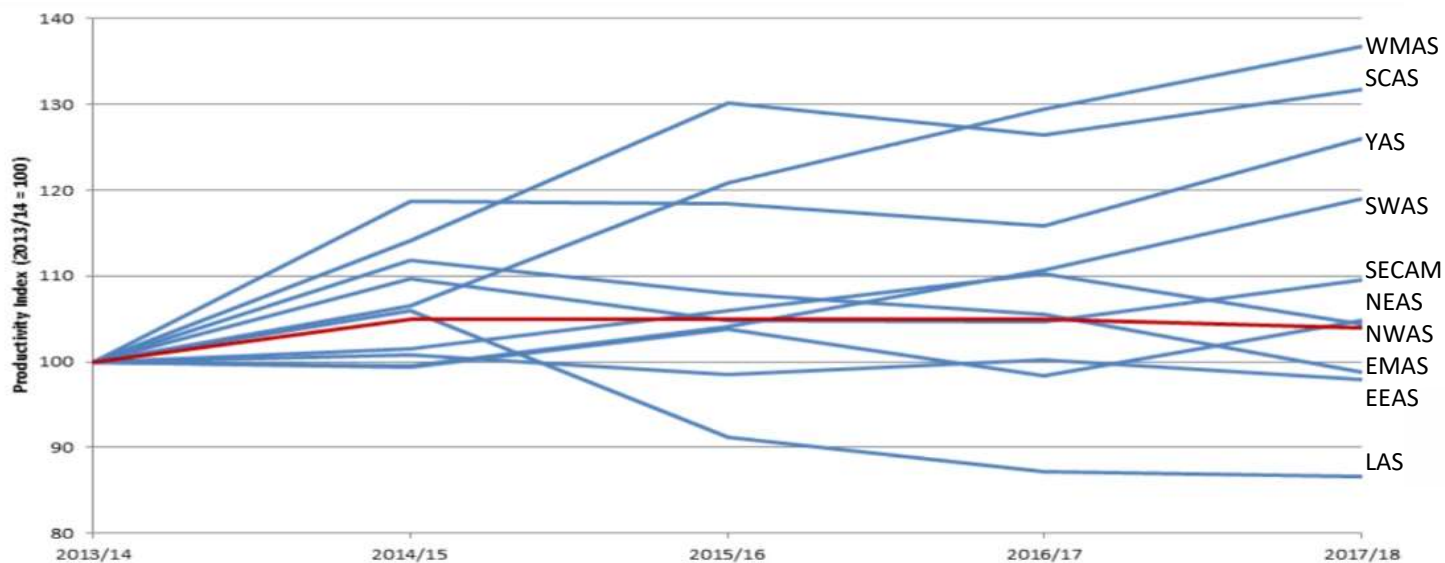


Overview

- The Trust has always been at the forefront of innovation and two reports, one from the National Audit Office and one from Lord Carter for NHS Improvement, both rated WMAS as the most efficient service in the country, with lowest costs and highest performance.

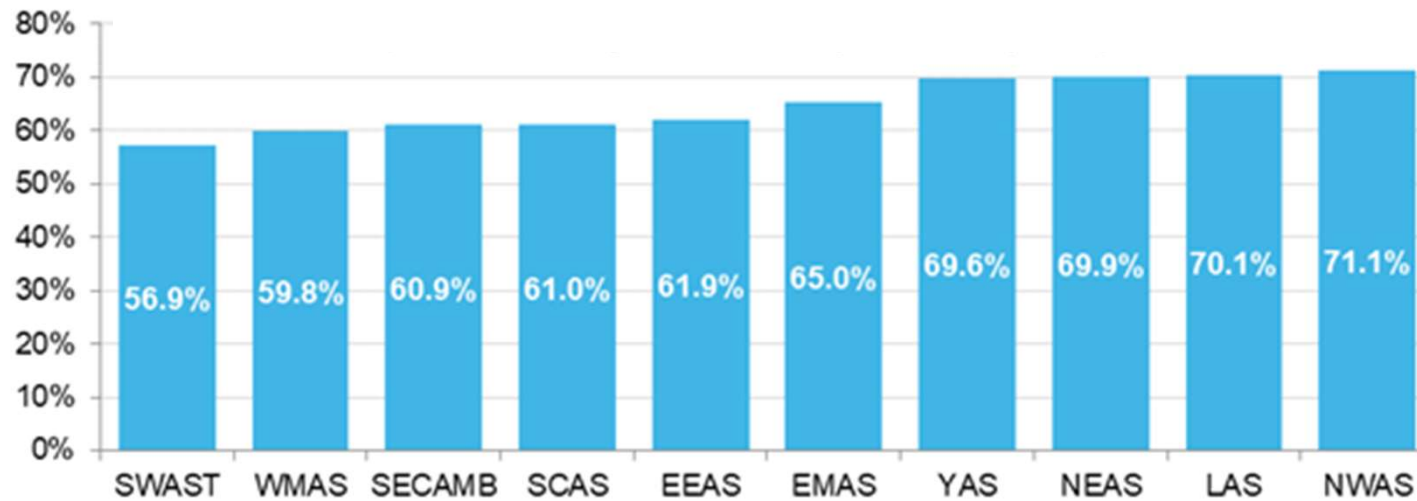
Page 19

Ambulance Productivity - Lord Carter Report





Patients conveyed to all health care settings



Source- Lord Carter Report 2018



Care Quality Commission

Outstanding 

Rated Outstanding for the second time in 2019

Trust us to care.



Ratings

Overall rating for this trust

Outstanding

Are services safe?

Good

Are services effective?

Outstanding

Are services caring?

Outstanding

Are services responsive?

Outstanding

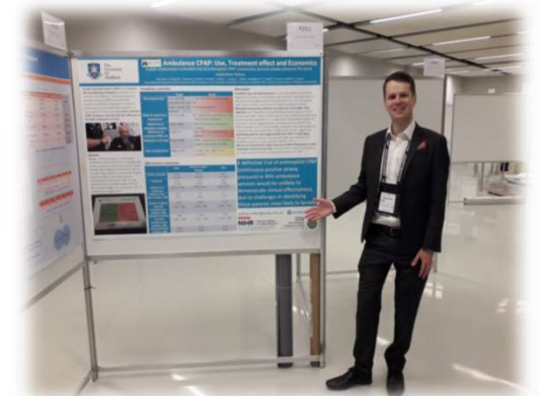
Are services well-led?

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔↔	Outstanding ↔↔	Outstanding ↔↔	Outstanding ↑	Outstanding ↑↑	Outstanding ↑
Patient transport services	Good ↑	Good ↑	Good ↔↔	Good ↔↔	Good ↑	Good ↑
Emergency operations centre	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017
Resilience	Good	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Overall	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

University Accreditation

- The only University Accredited Ambulance Service in England
- Establish the Ambulance Service as a graduate entry profession
- Research contributes to saving more lives
- WMAS hosted Ambulance National Research Conference
- All 5 universities have signed the university MOU
- Increasing evidence base to inform future best practice
- Major incident command training i.e.
 - Master's Degree
 - Doctoral students
 - NARU command training and competency accreditation
- Leadership MSc and MBA's



Trust us to care.



Investment

- The Trust is the only ambulance service to have a paramedic on every ambulance
- In 2019-20, we have recruited 78 graduate paramedics and 310 student paramedics
- Next year (2020-21), our plan is to recruit at least a further 90 graduate paramedics and 160 student paramedics
- Over the last 12 months, the Trust Board agreed to invest £1.5 million to increase the size of the A&E ambulance fleet
- An additional 15 ambulances were brought in taking the A&E fleet to 480. This is a programme that has been ongoing for some time
- Only the previous year, the Trust increased the number of double crewed ambulances to 450, but due to the huge increases in incidents, it was felt that that number needed to be increased still further
- This is continuously under review. In practical terms, the Trust puts out over 400 crews at peak times



Trust us to care.

The Hubs

Our Hubs have dedicated:

- Changing rooms
- Learning areas for staff
- Training rooms
- Better facilities including Quiet Rooms
- Access to their Operations Manager on site 24 hours a day
- Make Ready, restocking and cleaning
- Mechanics



Trust us to care.



Make Ready

- Make Ready Hubs maximises the use of ambulances and clinical staff time to respond to patients
- A team of mechanics and vehicle preparation operatives who clean, restock and service ambulances so that Paramedics are immediately available for staff to respond to incidents
- Traditional ambulance stations, as used by many other services require clinicians to take time out from treating patients to clean and restock their ambulances and response cars, thus reducing the amount of time they are available to respond to patients. WMAS has a dedicated team on every hub



Trust us to care.

Ambulance investment

- WMAS has significantly increased the number of ambulances and reduced the number of response cars
- For example, five years ago, we would have had around 200 ambulances and 120 cars on duty at peak
- Today, it is over 400 ambulances and a handful of specialist resources such as doctors and critical care paramedic on cars
- There are no Paramedic rapid response cars in the region

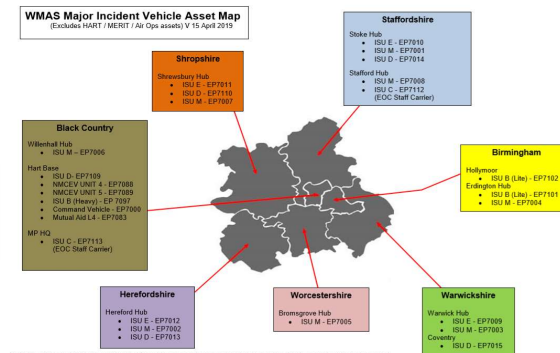


Vehicles

- Newest fleet in the country, no E&U or PTS vehicles over 5 years old- with the latest available satellite navigation software installed



- Significant investment in Major Incident Fleet upgrade





Operating Model

- In 2017 NHS England introduced the Ambulance Response Programme. This changed the way in which ambulance services were measured. The Programme primarily focuses on the outcome for patients. Previously, the standards focused on stopping the clock as the main way of monitoring performance
- As a result of this change, WMAS has significantly increased the number of ambulances and reduced the number of response cars
- The Trust is now sufficiently busy that ambulances, once they leave the hub at the start of their shift, will only return for a mealbreak, go out again for the second half of their shift and then only return at the end of it
- It therefore makes no sense to plough money into buildings that are rarely if ever used other than at the beginning or end of shifts
- The fact that we remain the only ambulance service to be consistently exceeding performance standards would suggest that this policy is working



Trust us to care.



Operating Model

- On average, over the last 15 years, demand has increased by 5% per annum
- West Midlands Ambulance Service respond to over 1 million incidents, answering about 1.3 million 999 calls per annum
- Despite this, the Trust has worked tirelessly to drive down costs so that as much money as possible can be invested in ambulances and paramedics, so that patients get the best care possible
- Part of this has been to look at the estate that we have and whether it still represents value for money



Operating Model

We now have slightly longer to respond to a stroke patient, but it has to be an ambulance that gets there. Previously a rapid response car could have got there quickly but the single paramedic then had to wait for a back-up ambulance to arrive to transport the patient to hospital.

What the statistics clearly show is that stroke patients now get to definitive treatment at a hyperacute stroke unit more quickly than they did before, thus giving the patient a better outcome, even though it takes a couple of minutes longer for the initial response to arrive.

This also applies to major trauma cases. In addition, the current model is also more efficient as only one vehicle is sent rather than two as the ambulance is able to assess and transport if appropriate.



Trust us to care.

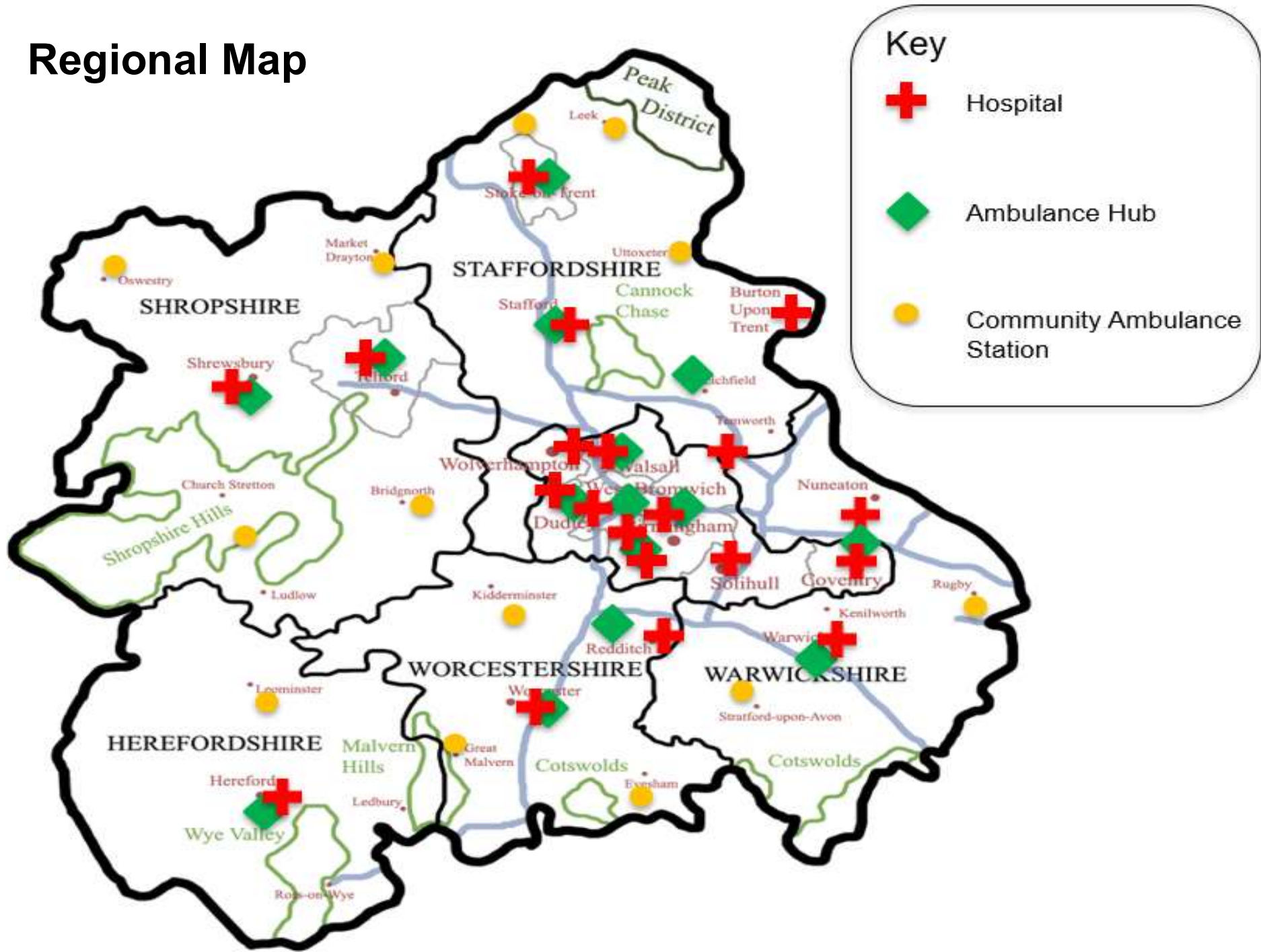
Operating Model

- Buildings do not save lives; Ambulances and Paramedics do
- The Trust Board has been very clear that it wishes to maximise the resources available for patients while minimising the amount of money spent on other items
- As a result, we have been closing community ambulance stations where they are simply no value for money, investing the money saved into additional Paramedics and ambulances



Trust us to care.

Regional Map





Cheadle

- Previously our Hubs were initially supported by a network of smaller community ambulance stations (CAS) where rapid response cars were based. These carried paramedics as most of the ambulances did not
- However, as the number of paramedics increased, so the need for both the cars and the CAS sites reduced
- The Trust had a community ambulance station based at the St John site in Cheadle where a 4x4 rapid response car was based. However, the statistics showed that the car spends most of its time elsewhere
- Of all the cases the previously attended, only 2.2% of them were in Cheadle itself. It is therefore a misnomer to suggest that the response car was for Cheadle alone



Cheadle

- If we look at Cheadle itself, over the last year, there were 2,257 incidents within the town area; roughly six per day
- Only 41.4% of the incidents were responded to from within Cheadle itself
- In other words, 58.6% of cases were responded to by ambulances that was in the area but not the town itself. This again demonstrates that the assertion that lives will be lost if the vehicle is not in Cheadle simply cannot be true
- Equally, the fact that there are only six incidents per day demonstrates that basing a car solely in Cheadle would be an irresponsible use of precious public funds. In addition, in the majority of cases, an ambulance will be required rather than a rapid response car



Assistance from around the region

Between the 1st April 2019 to 19th Jan 2020:

The number of cases
Staffordshire Crews
responding outside of
Staffordshire 11,348



Number of cases non
Staffordshire Crews
responding in
Staffordshire 18,695

Trust us **to care.**

Cheadle

- The Trust has based 4x4 ambulances in both Biddulph and Leek, with a third at Stoke that can be used to ensure that a 4x4 capability is always available
- The Trust has access to five air ambulances:
 - Tattenhill Airfield near Burton,
 - East Midlands Airport, Nottingham
 - RAF Cosford in Shropshire
 - Strensham Motorway Services, Worcester
 - Coventry Airport
- Between these resources, patients can be reached in any location





How Can We Really Save More Lives?

The Trust has listened to the comments of local people who have raised concerns that lives could be lost in the case of say a cardiac arrest.

In reality, we know from the data that currently there is no certainty that a Cheadle car would be available in the area. Even if it was, the one thing that will save more lives than any number of ambulances or cars is members of the public learning CPR (cardiopulmonary resuscitation) and an increase in the number of defibrillators in the town.

A Category one call requires us to reach 50% of calls in 7 minutes and 90% in 15 minutes. Early CPR and defibrillation will substantially improve survival rates.

For every minute after the heart stops beating and no-one is doing CPR, the chance of survival drops by 10%.



How Can We Really Save More Lives?

This is one of the reasons the Trust is working so hard to train more members of the public in CPR. Last October on 'Restart a Heart Day', we trained over 60,000 people in the skill.



We have also seen the number of defibrillators rise significantly. We are also proud to be the lead site for the new national defibrillator network, the Circuit, which is being rolled out by the British Heart Foundation. This will map the location of every defibrillator in the West Midlands and then the rest of the country. The dispatchers within our control centres will have access to this data and be able to direct members of the public to these lifesaving machines.





West Midlands Ambulance Service
University NHS Foundation Trust



Any questions?

Thank you

Trust us to care.

Local Members' Interest	
Philip Atkins	East Staffordshire - Uttoxeter Rural
David Brookes	East Staffordshire - Uttoxeter Town
Ron Clarke	East Staffordshire - Burton Town
Syed Hussain	East Staffordshire - Burton Trent
Julia Jessel	East Staffordshire - Needwood Forrest
Bernard Peters	East Staffordshire - Horninglow and Stretton
Philip White	East Staffordshire - Dove
Conor Wileman	Burton Tower

Healthy Staffordshire Select Committee – 17 March 2020

East Staffordshire Clinical Commissioning Group (CCG) Community Services Procurement

Recommendation/s

The Scrutiny Committee is asked to:

- (i) Receive the report and;
- (ii) Be assured that appropriate action is being taken to secure ongoing provision of safe, high quality core community services from April 2020.

Report of East Staffordshire Clinical Commissioning Group's Accountable Officer

Summary

This report provides an update on the procurement process the CCG has undertaken to secure safe and sustainable core community services for people in East Staffordshire. It follows on from attendance on 20th August 2019 and provides assurance that services have been procured in line with current Public Contract Regulations (PCR) 2015 and NHS Choice and Competition Rules 2013.

The comments of the Health Select Committee will be reported to the South East CCG's Locality Governing Body in Common in April 2020.

Report

1. Background

1.1. In August 2019 the CCG reported the termination of the Improving Lives Contract by Virgin Care Services Limited to the Health Select Committee and presented plans to undertake a procurement process during 2019/20 to secure the ongoing provision of the terminated services beyond April 2020.

1.2. A Programme Board was established by the CCG with delegated authority from the Governing Body to oversee the procurement. In line with PCR 2015 a light touch procurement process was completed and the Invitation To Tender (ITT) closed on 24th September 2019.

1.3. A single bid was received, however this was excluded on the grounds of non-compliance with the financial envelope. The procurement process was therefore terminated on 11th October 2019 as no acceptable tenders were received. In accordance with PCR 2015 32 (2) (a), a direct award can be made by the contracting authority in the case of urgency without advertisement, for a maximum period of 12 months. On this basis the CCG Governing Body approved the Programme Boards recommendation on 28th November 2019 to make a direct award to a suitably qualified provider with effect from April 2020.

2. Direct Award Process

2.1 Regulation 32 (2) (a) is silent about how many providers the CCG may directly negotiate with and does not define the process, therefore the CCG took advice from Blake Morgan, external legal and procurement advisors in this regard. An options appraisal of potential providers was undertaken by the CCG Procurement Planning Team and reviewed by the Accountable Officer and the Director of Commissioning and Operations Staffordshire and Stoke on Trent CCGs on 15th October. This was to test financial standing and technical capability of potential providers and to maintain transparency and equity of commercial opportunity.

2.2 A three stage direct award process was then carried out as follows:

Stage	Timeline
Stage 1 - Provider engagement meeting – informal discussion to understand key areas of award	23 rd – 24 th October 2019
Stage 2 – Submission of evidence documents for technical ability and financial standing: - Two years of audited accounts. - Three examples of core community service contracts or similar. - Details of any contractual disputes in the last three years and how these were resolved. - Details of any contractual performance notices in the last three years related to community services and how these were resolved. - Most recent CQC report.	30 th October 2019
Stage 3 – Formal Interview – questions scored by panel.	30 th October 2019

2.3 Technical evidence submitted by providers was reviewed by 2 subject matter experts within the CCG and formal interviews carried out by a multi-disciplinary panel. The panel unanimously agreed that a direct award should be made to Midlands Partnership NHS Foundation Trust (MPFT) on the basis of:

- Overall score at interview
- Clear demonstration and evidence of preparedness to transition services.

- Comprehensive knowledge and understanding of the Staffordshire footprint, financial challenges and existing relationships with key stakeholders.

3. Current Position

3.1 The direct award contract was signed on 24th January 2020 and due diligence work commenced to ensure the safe transfer of services from Virgin Care to MPFT by 1st April 2020. There is a mobilisation plan in place and weekly assurance meetings are held with the providers to monitor progress against key milestones, identify risks and develop mitigating actions. This is to ensure there is minimum disruption to patients, staff and services during the transition from one provider to another. The detailed areas within the mobilisation plan include:

- Workforce and Human Resources.
- Information Management and Technology.
- Information Governance and Data Migration.
- Estates and Logistics.
- Communications and Engagement.
- Contracts and Finance.
- Business Continuity Plan.
- Pharmacy.
- Procurement.
- Monitoring Performance and Reporting.
- Operating Procedures.
- Equipment.
- First 90 days

3.2. The service model commissioned by the CCG will remain “as is” during the contracted period so as to maintain continuity of provision and quality and safety of care for patients.

4. Next Steps

4.1 Under the NHS Long Term Plan CCGs are working towards a model of more integrated care. This model is still being developed in Staffordshire and Stoke on Trent as part of the Together We’re Better Sustainability and Transformation Partnership. At a local level, once a defined model and plan is known, there will need to be engagement and consultation with the public, patients and stakeholders before a contract can be tendered under the new model in East Staffordshire.

4.2 This engagement work will involve all 6 CCG’s in Staffordshire and Stoke on Trent and is expected to commence in October 2020. The outcome of this engagement will inform the CCGs procurement approach for the longer term security and commissioning of integrated community services.

Link to Trust’s or Shared Strategic Objectives – The CCGs approach is aligned with the Sustainability and Transformation Partnership for Staffordshire and Stoke on Trent – Together We’re Better.

Link to Other Overview and Scrutiny Activity – This reports follows previous attendance by the CCG at the Health Select Committee on 20th August 2019.

Community Impact – The impact of this direct award procurement will be to ensure safe and sustainable core community services are commissioned for people in East Staffordshire beyond April 2020.

Contact Officer

Christine Whitehouse
Contract Director South East Locality
Staffordshire and Stoke on Trent CCGS.

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Address/e-mail: c.whitehouse4@nhs.net

Appendices/Background papers

None

Local Members' Interest
Nil

Healthy Staffordshire Select Committee – March 2020

Summary Financial Report for the 6 Staffordshire & Stoke on Trent CCGs

Recommendation/s

1. The Committee is asked to note:
 - The financial projections for 2019/20 by CCG including
 - The positive impact that the Intelligent Fixed Payment Contract with system partners has had on managing down financial risk
 - The adverse impact of uncontrollable drug prices
 - The latest position with respect to the 2020/21 plan
 - The 5 year financial projections submitted as part of the Long Term Plan

Report of Neil Cook, Interim Director of Finance

Report

Background

In March 2019 the 6 Staffordshire and Stoke on Trent CCGs submitted a challenging financial plan to deliver a collaborative £92.7m deficit against a Control Total target of £54m issued by NHSE/I (a variance of £38.7m). NHSE/I subsequently put pressure on the CCGs to improve their position to £74m leading to a very challenging savings requirement of £55m (3.1%) which included a £9m share of system wide transformation savings agreed with partners under the new Intelligent Fixed Payment (IFP) Contract.

The IFP system has proven effective in managing down financial risk during the year but has proven less effective in delivering the level of transformation savings expected with only £1.3m projected to deliver against the £20m plan. This under performance on transformation savings together with pressure on drug prices of £6m in particular has meant that the CCGs will not achieve their collective plan in 2019/20, and are currently projecting a £14.4m adverse variance to plan. However set against the context of historic over spends and adversarial contract relationships with systems partners this is being seen as a positive step forward on the road to financial recovery and sustainability from both within and by regulators. In addition all provider partners within the system are reporting achievement of plan or better in the case of UHNM who are projecting a surplus to plan of

£5m leaving the overall STP performance at £9.4m adverse to plan, equating to 0.4% of expenditure.

The IFP Governance arrangements are currently being refreshed and there is a commitment by all system partners to continue with the contractual approach and strengthened partnership working into 2020/21 and beyond.

The positive view of the system by regulators was highlighted further in respect of the proposed financial trajectories for 2020/21. The original submission of the Long Term Plan (LTP) in January by system partners identified a collective adverse variance to the Financial Improvement Trajectories (FIT) issued by NHSE/I of £61m (c2.5%). Through discussion and agreement system partners were able to convince NHSE/I that this trajectory was unrealistic and therefore dangerous in terms of delivery of key standards and targets. NHSE/I subsequently agreed a revised FIT reducing the gap to £25m which partners subsequently agreed to improve their plans by leaving a total savings requirement of c£125m (5%) subject to final budget setting.

The 5 year trajectories submitted by system partners as part of the LTP are significantly adrift of the present Financial Improvement Trajectories beyond 2020/21 as a consequence of structural deficits of c£80m driven by Private Finance Initiative (PFI) premiums not picked up by tariff inflationary increases, ongoing transformational support funding for UHNM around County Hospital, and the CCGs collective adverse distance from their target allocation funding.

Link to Trust's or Shared Strategic Objectives –

CCGs Strategic Objectives

3a Ensure CCGs achieve 2019/20 Financial Plan signed off by Governing Bodies

3b Support the delivery of system financial balance

Contact Officer

Name and Job Title: Neil Cook, Interim Director of Finance

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Address/e-mail: neil.cook@northstaffs.nhs.uk

Appendices/Background papers

Presentation Slides: Summary Financial position for the Staffordshire & Stoke on Trent CCGs

Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 17 March 2020

District and Borough Health Scrutiny Activity

Recommendation

1. That the report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

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 previous meeting of the Healthy Staffordshire Select Committee.

Newcastle-under-Lyme Borough Council

5. Newcastle-under-Lyme Borough Council's Health, Wellbeing and Partnership's Scrutiny Committee met on 2 March 2020 at which they were updated on matters relating to Bradwell Hospital from those Members who had attended a meeting with North Staffordshire Clinical Commissioning Group (CCG) in January 2020.
6. However, the main item of focus was a discussion about how greater use of parks and open spaces can promote physical and mental wellbeing. Members discussed good practice at existing parks including involving volunteers, how schools and young people could become involved, current provision of outdoor gym equipment and funding opportunities for specific initiatives. The Committee agreed to set up a Task and Finish Group to look at the topic and to narrow the focus into a manageable area for scrutiny.
7. A small group of Members is continuing to investigate the impact of initiatives around Domestic Abuse following the introduction of a new service in 2018.

8. The Committee have agreed that future items will include an update on installation of new CCTV cameras that have been part funded by the Business Improvement District (BID) and an update on Purple Flag status which is an initiative being led by the BID.

Stafford Borough Council

9. Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 3 March 2020 and considered:-
 - **Healthy Staffordshire Select Committee** – a report back on the previous meeting of the Healthy Staffordshire Select Committee held on 3 February 2020
 - **Performance Reporting 2019-20** - a detailed analysis of both the performance and financial monitoring of those services within the remit of the Scrutiny Committee for the quarter 3 period ending 31 December 2019. The report also included the performance monitoring report for those services provided by Freedom Leisure covering the same period.
 - **Work Programme** – a report outlining the Committee's Work Programme for meetings up to March 2021.
10. The next scheduled meeting of the Committee is on 16 July 2020.

Staffordshire Moorlands District Council

11. Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel met on 12 February 2020. Tracy Bullock, Chief Executive, University Hospitals North Staffordshire and Neil Carr, Chief Executive, Midlands Partnership NHS Trust, were in attendance and gave presentations to provide annual updates for their organisations.
12. At the request of the Panel, Mark Doherty Director of Clinical Commissioning and Strategic Development/Executive Nurse, also attended the meeting. He gave an overview of the West Midlands Ambulance Service NHS Foundation Trust (WMAS), explained that the Rapid Response Vehicles would be removed from the fleet by the end of March 2020 and replaced with conventional ambulance vehicles.
13. Members had the opportunity to raise their concerns and ask questions. The main issue being that no consultation had taken place, and it was felt that the replacement ambulance vehicles wouldn't be able to reach patients located in the rural areas as quickly as the Rapid Response Vehicles. Members wanted assurance that the response times to patients in the Moorlands wouldn't reduce and had previously requested the statistical data on this.
14. The WMAS Officer confirmed that the decision had been made and wouldn't be reviewed.
15. In addition, the Panel considered its work programme and added the following items:-
 - How the Council can empower people to take responsibility of their own health and wellbeing;
 - Provision of defibrillators and;

- Agenda items for the next meeting (22nd April 2020) are still being formalised, and to date, a representative from the County Council has agreed to attend this meeting, in relation to Public Health Initiatives Drugs/alcohol.

Tamworth Borough Council

16. See attached

Appendices/Background papers

Email from (i) Newcastle-under-Lyme Borough Council (Denise French) 4 March 2020; (ii) Stafford Borough Council (Andrew Bailey) 3 March 2020; (iii) Staffordshire Moorlands District Council (Sally Hampton) on 4 March 2020 and (iv) Tamworth Borough Council (Jo Hutchinson) 5 March 2020

Contact Officers

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Tamworth Borough Council

Health & Wellbeing Scrutiny Committee

Meetings on 26 November 2019, 21 January 2020 & 26 February 2020

The following is a summary of relevant business transacted at the meetings of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 26 November 2019, 21 January 2020 and 26 February 2020 - link to Agenda and reports pack:

<http://democracy.tamworth.gov.uk/ieListMeetings.aspx?Committeeld=209>

Minute No.	Title
30	<p><u>Safeguarding Children and Adults at Risk of Abuse</u></p> <p>The committee received a bi-annual safeguarding updates from the Partnership Vulnerability Officer which provided an update on referral statistics received through the borough council reporting procedure for the period 1 April to 30 September 2019. An overview was also provided on:</p> <ul style="list-style-type: none">• Stoke and Staffs Safeguarding Children Board• Staffs and Stoke Adult Safeguarding Partnership Board• Safeguarding training – including staff training, the ongoing taxi driving training and the work being undertaken by Council Officers in local schools to raise awareness on internet safety, alcohol awareness, anti-bullying and safer strangers and streetwise.• Current work streams covering Modern Day Slavery, Domestic Abuse Forum, Domestic Abuse Workplace Champions, Vulnerable Adolescent Multi-agency Panels, Tamworth Vulnerability Partnership and Grant Funding.
32	<p><u>Responses to Reports of the Health & Wellbeing Scrutiny Committee</u></p> <p>The Committee had made recommendations to Cabinet to encourage residents to sign up to Priority Service Registers, where eligible, and it was reported back to the Health & Wellbeing Scrutiny Committee that Cabinet had agreed to use its social media profiles and other means to encourage those who were eligible to do so and otherwise raise awareness of these registers.</p>
38	<p><u>Debt Management & Support</u></p> <p>The Committee had requested a report on Debt management and the Support available in this area. The meeting was attended by:</p> <ul style="list-style-type: none">• the Portfolio Holder for Housing Services and Communities,• the Assistant Director Partnerships and• the Chief Officer from Citizens Advice, Mid Mercia.

	<p>The Committee was updated on:</p> <ul style="list-style-type: none"> • the work done by the Benefits team to process claims quickly; • the availability of discretionary housing payments to assist the most vulnerable; • the sensitive management of any overpayments of housing benefits; • the corporate project group which had been re-set to respond to welfare reform, in particular Universal Credit; • the commitment to deliver services through enhanced digitisation and customer access; • the work of the Council Tax team, which although not signed up to the Council Tax Arrears Good Practice Protocol, complies with most of the principles outlined; • the services provided by Citizens Mid Mercia in Tamworth, including debt, housing and generalist advice as well as an energy advice service and a new mental health advice service for families from April 2020
46	<p><u>Midlands Partnership NHS Foundation Trust</u></p> <p>The Managing Director, Staffordshire & Stoke-on-Trent Care Group, Midlands Partnership NHS Foundation Trust attended the meeting at the invitation of the Chair to provide a presentation to members on:</p> <ul style="list-style-type: none"> • The Trust’s approach to partnership working in Staffordshire; • A focus on services in Staffordshire and particularly Tamworth, and • the George Bryan centre.
50	<p><u>Work Plan for 2019/2020</u></p> <p>The items for consideration at upcoming meeting are:</p> <ul style="list-style-type: none"> • Tamworth Accessibility (11th March 2020 meeting) • Safeguarding update (2 April 2020 meeting)

WORK PROGRAMME – 17 March 2020

Healthy Staffordshire Select Committee 2019/2020

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

The Healthy Staffordshire Select Committee is responsible for:

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

Link to Council's Strategic Plan Outcomes and Priorities

Be healthier and more independent

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

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

Councillor Johnny McMahon

Chair of the Healthy Staffordshire Select Committee

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

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

Work Programme 2019-20

Date	Topic	Background/Outcomes		
Committee Meetings, Reviews and Consultations				
		Background	Outcomes from Meeting	
Page 54	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"> • 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); • 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) • 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; • 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"> • The number of people who could have used The County's Birthing Unit but chose to use an alternative provision. • 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. • National Cancer statistics for a full 12 months period. • Details of patients sent to other geographical areas for specialist cancer services such as Brompton in London. • Delayed discharges on death figures.

			<ul style="list-style-type: none"> • A list of services which are currently provided at The County Hospital.
	Work Programme – Background report and work programme		<p>RESOLVED – That:-</p> <p>(a) 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.</p> <p>(b) The 15 July 2019 pm 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.</p> <p>(c) The an item on Mental Health service provision (adult and CAMHs) be included in the Work Programme.</p>
15 July 2019 at 10.00 am Page 55	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 2.00 pm	George Bryan Centre Engagement Plans Officer: Clinical Commissioning Groups		<p>RESOLVED – That:-</p> <p>(a) The CCGs and Midlands Partnership Group be informed that the Committee felt that the 12 bed based facility, should remain in Tamworth.</p> <p>(b) Following the consultation, the CCG should bring detailed proposals to the Committee for consideration.</p>
	Single Strategic Commissioning Organisation Officer: Clinical Commissioning Groups	10 June Select Committee	<p>RESOLVED - That the Committees concerns, as listed below be fed into the consultation:-</p> <ul style="list-style-type: none"> • 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. • 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.

			<p>included in the plan.</p> <p>(b) The Committee also asked for service provision to include exit interviews; more digital links with partners; and emphasis on early years identification prior to services being needed.</p>
	Emotional Health & Wellbeing for Children & Young People, Contract	Pre decision scrutiny	
28 October 2019	Midlands Partnership NHS Foundation Trust (MPFT)	Confirmed 23/8/19	<p>RESOLVED - That the report be received, and that the following information be requested:-</p> <ul style="list-style-type: none"> • How the amalgamation of mental health and physical health professionals was being approached; • How the community crisis and support intervention was working for young people. • The outcomes of the award nominations. • The Committee be formally consulted on any proposed changes to the George Bryan Centre.
Page 57	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Child Care and Maternity services Last item on agenda	Suggested at the 3 December 2018 Committee meeting	<p>RESOLVED - That the report and progress made to date be noted, and the following information be requested:-</p> <ul style="list-style-type: none"> • The Autism Implementation Plan, to be considered at the 2 December Select Committee, should provide information on the coordination between the workstreams to alleviate concerns of silo working. • Infant Mortality in the Cannock Chase District area and the wider context of prevention be considered by the Committee at an appropriate time. • A briefing note on any application by University Hospital North Midlands, to become a children's hospital and its effect on funding.
2 December 2019 CANCELLED			
3 February 2020	(i) Autism Implementation Plan Member: Alan White Officer: Richard Harling/Andy Marriot/Richard Deacon	Pre-decision Scrutiny Item raised at Triangulation meeting	<p>RESOLVED – (a) That the report be received and noted.</p> <p>(b) That the following comments/views be submitted in response to the Deputy Leader and Cabinet Member for Health Care and Wellbeing's request for pre-decision Scrutiny of the County Council's draft Autism Implementation Plan:-</p> <ul style="list-style-type: none"> • Efforts should be made to keep Clinical Commissioning Groups engaged so that the Plan could be implemented in a timely manner; • There should be greater emphasis on the role of the NHS in meeting the needs of people with Autism through staff training and awareness raising; • The importance of developing an Autism friendly culture with all stakeholder organisations should be highlighted; • Transport needs of people with Autism should be considered as part of the

			<p>assessment process;</p> <ul style="list-style-type: none"> • There should be consideration of the various dangers faced by people with Autism in respect of exploitation, safeguarding and the Prevent Agenda; • The commitment to work with the Department for Work and Pensions should also include Job Centre Plus; • The Commitment to work with Criminal Justice Services should include identification of how the needs of people with Autism could be embedded within the system; • An awareness of the needs of people with Autism should be raised within schools, particularly at Primary level and; • All Stakeholders (including District and Borough Councils) should commit to share relevant information regarding individuals with Autism;
Page 58	<p>(ii) All Age Carers: Future Delivery Options</p> <p>Member: Alan White Officers: Richard Harling/Taryn Poole</p>	Pre-decision Scrutiny	<p>RESOLVED – (a) That the report be received and noted.</p> <p>(b) That the following comments/views be submitted in response to the Deputy Leader and Cabinet Member for Health Care and Wellbeing’s request for pre-decision Scrutiny of the County Council’s draft Future Model for Carers’ Services:-</p> <ul style="list-style-type: none"> • There should be further consideration of the options for young carers to contact service providers via alternative channels such as the World Wide web, email etc; • There should be further consideration of the information needed by “Local Members”, District and Borough Councillors so that carers could be better signposted to relevant sources of information or services; • Current engagement with schools should be expanded to include liaison with Special Education Need and Disabilities Hubs to support awareness raising and identification; • Primary Care Services including social prescribers should understand where to signpost carers to help and support and; • Mitigation of the various risks highlighted in the report should be a priority and liaison with Cabinet Support Member for Learning and Employability was required in this respect.
	<p>(iii) Non-merger of CCGs and their commissioning intentions; Scrutiny of Out of County health provision and; GP concerns over Integrated Care proposals</p>	<p>Arising from a letter by the Chairman to Marcus Warnes dated 20 December 2020</p>	<p>RESOLVED - That the report be received and noted and a watching brief be kept on the operation of the current arrangements in respect of:- (i) Staffordshire Clinical Commissioning Groups’ (CCG) configuration; (ii) out of County care provision received by Staffordshire residents and; (iii) CCG’s engagement with General Practitioners on Integrated Care proposals.</p>
<p>20 February 2020 (Informal Meeting)</p>	<p>Primary care – information gathering</p>	<p>Item raised at Triangulation meeting</p>	

CANCELLED			
17 March 2020	(i) East Staffs Community Provision (former Virgin Care contract) Officer: East Staffs CCG.		
	(ii) Reconfiguration of First Responders Service in Staffordshire Moorlands		
	(iii) CCG - financial exception report Officer: Clinical Commissioning Groups	Requested at 16 September 2019 meeting	
15 April 2020 (additional meeting)	Modernising Adult Social Care Programme. An update, containing an evaluation of the introduction of the service. Member: Alan White Officer: Richard Harling/Amanda Stringer		
May/June 2020 TBC (Informal Meeting)	Staffordshire Health and Care Green Paper - - Informal Workshop		
Scrutiny Review (Public session July 2020 TBA)	Urgent Care and Delayed Transfer of Care.	Item raised at Triangulation meeting.	
6 July 2020	(i) Staffordshire Healthwatch Contract Update Member: Alan White Officer: Wendy Tompson/Jackie Owen		
	(ii) CCG – Financial Exception Report Officer: Clinical Commissioning Groups	Requested at 16 September 2019 meeting	
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

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	
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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
UHB Stroke services - Consultation	CCG Consultation – Item considered on 19 March 2019 therefore removed from work programme. Briefing paper to be distributed.	
Integrated Care Records	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	

Membership

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

Charlotte Atkins
Tina Clements
Janet England
Phil Hewitt
Dave Jones
Kath Perry
Jeremy Pert
Bernard Peters
Carolyn Trowbridge
Ross Ward
Victoria Wilson

Borough/District Councillors

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

Calendar of Committee Meetings

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

10 June 2019
15 July 2019
12 August 2019 - Workshop
16 September 2019
9 October 2019 at 2.00 pm
28 October 2019
2 December 2019
3 February 2020
17 March 2020
15 April 2020 (additional meeting)

