

Healthy Staffordshire Select Committee

Monday, 6 July 2020

10.00 am

Virtual/on-line at <https://staffordshire.public-i.tv/core/portal/home>

NB. Members are requested to join the Teams meeting through the Outlook calendar booking (click "Join Microsoft Teams Meeting").

Also, please ensure your Laptops/Tablets are fully charged prior to the commencement of the meeting.

John Tradewell
Director of Corporate Services
26 June 2020

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Quorum**

To verify meeting is quorate (six Members required).
4. **Minutes of the meeting held on 8 June 2020** (Pages 1 - 4)
5. **Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire** (Pages 5 - 22)

Joint report/presentation of Director of Health and Care (Staffordshire County Council), Chief Executive (Midlands Partnership NHS Foundation Trust) and Chief Executive Officer (North Staffordshire Combined Healthcare NHS Trust).
6. **Residential Care Provision and 2020 Covid-19 Pandemic in Staffordshire**

Report/presentation of Deputy Leader and Cabinet Member for Health, Care and Wellbeing.
7. **District and Borough Health Scrutiny Activity** (Pages 23 - 28)

Report of Scrutiny and Support Manager

8. **Work Programme 2020/21**

(Pages 29 - 32)

Report of Scrutiny and Support Manager

9. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

PART TWO

(all reports in this section are exempt)

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	

Scrutiny and Support Manager: Mandy Pattinson Tel: (01785) 278502

Member and Democratic Services Manager: Chris Ebberley (01785) 276164

Minutes of the Healthy Staffordshire Select Committee Meeting held on 8 June 2020

Present: Johnny McMahon (Chairman)

Attendance

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

Apologies: Ian Wilkes

PART ONE

1. Quorum (6 required)

The Chairman verified that the meeting was quorate.

2. Declarations of Interest

The Chairman and Mrs. Janet Johnson declared interests in the matters included on the Agenda as they related to West Midlands Ambulance Service University NHS Foundation Trust owing to members of their families being employed by the Trust.

3. Minutes of meeting held on 3 February 2020

RESOLVED – That the minutes of the meeting held on 3 February 2020 be confirmed and signed by the Chairman.

4. West Midlands Ambulance Service University NHS Foundation Trust - Reconfiguration of Staffordshire First Responders Service

Note by Clerk: The Chairman made a call for evidence to all Members of the County Council in respect of this item, in advance of the meeting.

The Committee considered a PowerPoint presentation/report (slides attached at Appendix A to the signed minutes) by West Midlands Ambulance Service University

NHS Foundation Trust's (WMAS) Chief Executive regarding their recent reconfiguration of the Community First Responders Service (CFRs) in the County.

Mark Docherty, Executive Director of Nursing and Clinical Commissioning, Nick Henry, General Manager and Murray McGregor, Communications Director at the Trust were present at the meeting.

During their presentation the representatives of WMAS highlighted (i) background information regarding the Trust and its operations; (ii) their vision, strategic objectives and priorities; (iii) activity during 2019/20; (iv) performance by category during 2019/20; (v) 999 call answering performance during 2019/20; (vi) percentage of patients conveyed to healthcare settings compared to other UK Ambulance Services; (vii) Care Quality Commission's 'Outstanding' rating awarded to the Trust during 2019; (viii) the Trusts University accreditation; (ix) recent investments made by the Trust in staff and vehicles; (x) Trust Make Ready Hubs located in Staffordshire; (xi) The Trust's current Operating Model; (xii) assistance given to neighbouring Trusts by WMAS; (xiii) the Trust's recent endeavours to improve patient outcomes.

With regard to CFRs in particular Members learned that the service had been operating in mainly rural areas throughout Staffordshire since the 1990s and played a vital role in responding to the highest priority 999 calls whilst paramedics were en-route. This model had also been widely adopted throughout the UK where CFRs were commonly trained in Cardio-Pulmonary Resuscitation (CPR), defibrillation and basic first aid techniques. In addition, enhanced training had been given to some CFRs in Staffordshire enabling them to administer a range of drugs and use vehicles similar in appearance to ambulances. However, enhanced CFRs were unable to claim the same exemptions as ambulance crews when responding to calls meaning that they were unable to exceed speed limits and pass through traffic lights whilst on red etc.

The representatives of WMAS outlined the recent changes which had been made to the service in the County (some of which had been as a result of legislative changes made by Central Government) including:- (i) withdrawal of blue lights from CFR vehicles; (ii) withdrawal of green and yellow 'Battenberg' livery from CFR vehicles; (iii) withdrawal of six drugs for administration by CFRs; (iv) introduction of a new training scheme across the West Midlands incorporating a regulated qualification.

Members then scrutinised WMAS closely and held them to account over the changes set out above, seeking clarification and asking questions where necessary, as follows:- (i) details of the rapid response vehicles used by CFRs; (ii) the role of CFRs in treating rather than transporting patients to hospitals; (iii) access by patients to CFRs particularly in remote areas; (iv) location and proximity of emergency vehicles under the new arrangements; (v) coverage of the County by doubled crewed ambulances now and in the future; (vi) speed of access to life saving drugs by patients and the potential for delays; (vii) de-skilling of CFRs brought about by the unavailability of enhanced training and the impact on the number of people volunteering; (viii) the consultation which had been undertaken in local communities prior to implementation of the new operating model; (ix) the evidence used to support the changes made in terms of improved response times and patient outcomes; (x) safety implications for CFRs arising from the withdrawal of vehicle's blue lights and high visibility livery; (xi) the duty of care owed to CFRs by WMAS; (xii) consultation undertaken with Primary Care prior to implementation

of the changes; (xiii) proactive measures by the Trust to increase numbers of those trained in CPR and the use of Automatic External Defibrillators (AED); (xiv) the use of external voluntary organisations eg St John's Ambulance by the Trust.

During the full and wide-ranging discussion which ensued representatives of WMAS emphasised that the aim of the reconfiguration was to improve incident response times and patient outcomes. Notwithstanding their current CQC rating (which Members commended the Trust for achieving), they cited statistics contained in the slides which suggested scope for improvement, particularly for 'Category 2 patients'. Through the withdrawal of RRVs and greater reliance on ambulances, crewed by fully trained Paramedics, based at 15 'Make Ready Hubs', it was hoped this could be achieved as soon as possible. In addition, the Trust had made a significant investment to ensure a proportion of ambulances in Staffordshire were double crewed. However, they were unable to supply figures illustrating the distribution of such vehicles in rural areas of the County, at the meeting.

With regard to recent changes in legislation on the use of blue lights by CFRs, the Committee were of the view that the Trust had not been sufficiently open and transparent in that the changes only applied where CFRs had not received appropriate driver training.

On the administration of drugs, the representatives explained that although certain medicines had been withdrawn from CFRs, during 2019 their use had been limited (98 out of the 5,200 cases attended). However, they emphasised that this change did not apply to ambulance crews who would continue to provide the six drugs, where necessary. In addition, they clarified that the medicines in question were not necessarily life-saving and need not be given in the short time before fully qualified paramedics had arrived on scene. Notwithstanding the above, some Members remained concerned by this development particularly having regard to the current Covid-10 Pandemic.

With regard to training, the new scheme was designed to ensure consistency throughout the West Midlands Region and protect patients and CFRs by improving standards of care. In co-operation with an external training and assessment organisation, all current CFRs and future candidates were to work towards attaining a formally recognised qualification. However, the representatives acknowledged that this change, together with the unavailability of advanced training might impact on the numbers of volunteers coming forward. The Trust could not give an undertaking to re-instate advanced training for CFRs in the future, at this time, but were prepared to deal with a reduction in volunteers, if that situation arose.

In conclusion, the representatives said that whilst the Trust were unable to re-visit their decisions, they acknowledged the Committee's criticisms regarding the limited consultation and communication with local communities which had been undertaken prior to implementation of the above-mentioned changes. They therefore undertook to ensure that such measures on future service reconfigurations were robust, meaningful and took account of local concerns. In addition, the Trust gave the Committee assurances regarding the future of the CFR service in general and the contribution they foresaw it would make to the continued provision of an 'Outstanding' service to the residents of the County.

The Chairman then thanked the representatives of the Trust for their attendance and an interesting and informative presentation.

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

(b) That the impact of the above-mentioned changes on the Trusts' performance metrics be monitored closely and that further scrutiny of the Trusts' operations be undertaken at the appropriate time, as necessary.

5. Work Programme 2020/21

The Committee considered a draft rolling work Programme for 2020/21 (Appendix B to the signed minutes).

They noted the various items which had been identified and carried forward from 2019/20's programme. However, the current Covid-19 pandemic and the easing of lockdown restrictions had raised new issues/priorities eg (i) access to testing; (ii) availability of personal protective equipment; (iii) mortality rates in care homes; (iv) the impact on the mental health of the general population etc. Therefore, the Chairman, having regard to the rapidly changing circumstances, proposed that he liaised with the Vice-Chairman and Shadow Vice-Chairman during the ensuing week, regarding matters for scrutiny at future meetings.

RESOLVED – (a) That the draft Work Programme be received and noted.

(b) That the Chairman, in consultation with the Vice-Chairman and Shadow Vice-Chairman, give further consideration to their draft Work Programme for 2020/21 (in particular their next meeting on 6 July 2020), as soon as possible, so that the necessary arrangements may be made.

6. Date of next Meeting - Monday 6 July 2020 at 10.00 am, virtual/on-line

RESOLVED – That the date, time and venue of the next meeting be noted.

Chairman



North Staffordshire
Combined Healthcare
NHS Trust



Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Discussion
5
**Healthy Staffordshire
Select Committee**

6th July 2020



Transforming health and care for
Staffordshire & Stoke-on-Trent



Extra capacity that is being implemented to deal with the likely increase in demand.

- Additional **older persons beds** provided in Harplands Hospital and criteria relaxed in Q1 to facilitate timely discharge of patients with dementia from the acute sector. **Step up capacity** from the community also available.
- Additional **Older Persons / Dementia** Clinical input to Care Homes in collaboration with the PERT Team and newly established IST (Intensive Support Team) provided.
- During COVID-19 we have initially seen a **reduction in referrals received into community mental health services**. Activity is now increasing but has not reached normal levels. Aligned to this we have seen an improved engagement of those service users already known to us.
- The **absolute number of contacts with service users - both 1:1 and groups - has increased** due to enhanced digital offering and resulting efficiencies.
- Establishment of an all age **24 hour helpline** to support the population of South Staffordshire during Covid 19
- Additional dedicated **mental health input to service users with Dementia and mental health difficulties** discharged from Acute Hospital Services into Pathway 1 and Pathway 2 D2A services
- Provision of additional **Home Treatment** Interventions from community mental health services over 7 days for service users known to us to prevent relapse and reduce the risk of hospital admission
- Additional **wellbeing sessions** provided through the PAN Staffordshire & Stoke-on-Trent Wellbeing Services to support the psychological needs of the population.
- Focussed work to create a **dashboard to understand capacity and demand** modelling developed to enable planning



Access to services by those who are known and not known to providers.

- In October 2019 North Staffordshire Combined Healthcare NHS Trust opened our Crisis Care Centre which offers **24/7 all age access** across North Staffordshire & S-o-T without the need for referral by another professional. This facility has allowed us to open an **additional Place of Safety** for MHA assessments.
- The Trusts have maintained a **maximum four week wait to full assessment** upon referral into services. The intention is to maintain this including for routine referrals.
- All service users under the care of our community services have been **proactively risk assessed** and categorised with a subsequent **care plan** in place to meet their needs.
- There have been **no Mental Health services closed** due to the COVID-19 pandemic, with the exception of the children's short breaks respite service in Stoke-on-Trent, which successfully reopened on 22nd June 2020.
- Increased **access through the PAN Staffordshire & Stoke-on-Trent Wellbeing Services** to a wider range of interventions through digital technologies.
- Enhanced access to all services through **digital technologies** both to service users and care providers.
- Access to **24 hour helplines** now accessible to the public and directly linked into mental health service pathways.
- Evidence emerging from clinicians that **access by known CYP service users and carers has increased** via adoption of digital technologies to provide 1:1 and group work.
- Schools based **Educational Mental Health Practitioners (EMHPs)** defaulted to **digital support** for children and young people at home – extremely positive feedback received.



Pathways including means of self-referral.

- Both Mental Health Trusts have **24/7 Access Teams** who accept self-referral.
- Walk-in **24/7 Crisis Centre in Stoke-on-Trent** houses our Access, Crisis Resolution & Home Treatment Teams.
- Sign posting is available to complementary services (e.g. **voluntary sector**).
- If secondary care Mental Health is required, the referral is passed to relevant **community service** to ensure patient is **prompt assessment** and a **care plan** formulated.
- Self referral by telephone or online to the **PAN Staffordshire & Stoke-on-Trent Wellbeing Service**.



Implementation of social distancing guidelines and implications for access to services by patients.

- Service users are being seen on a face to face basis where the **clinical need** suggests that this is required.
- The Trusts has adopted a **digital-by-default** approach during the pandemic. **DNA rates have reduced** significantly and clinicians report patient engagement with services has improved.
- Assessment and treatment is being delivered through **virtual platforms** where possible – positive feedback received from service users on digital accessibility.
- There have been no issues with accessibility to a face-to-face appointment if clinically indicated. Where this is required, **full social distancing procedures** and the **use of PPE is in place**.
- All wards in Harplands Hospital have been converted to **single occupancy**. This has resulted in the loss of 15 acute psychiatric beds (58 to 43) and 5 older persons beds. Services are currently **operating safely** within this reduced capacity. The Trust has applied for capital funding to permanently convert this capacity.
- All wards in St Georges Hospital are **single occupancy bedrooms with the majority being en-suite**.
- All new admissions are **isolated and tested for COVID-19** whilst awaiting swab results during inpatient stays.



Proactive measures being undertaken to identify and contact people at risk.

- Each multidisciplinary team has a process in place for reviewing their **vulnerable patients on a weekly basis**, agreeing care delivery based upon a clinical RAG rating.
- The Trusts have communicated with **primary and community care services, social care, acute providers** and the **voluntary sector** to ensure all are aware that services are open and ready to accept referrals.
- Each multidisciplinary team has a process in place through digital solutions for reviewing their **vulnerable patients on a daily basis**, agreeing care delivery based upon a clinical RAG rating.
Services have extended their days of operation to cover **seven days** to support those service users identified as vulnerable and at risk of requiring home treatment or inpatient care.



Potential increases in substance (drug and alcohol) misuse.

- Community drug and alcohol services in Staffordshire are not provided by either of the NHS Mental Health Trusts. This is provided by **Human Kind charity**.
 - North Staffordshire Combined Healthcare NHS Trust continues to provide **inpatient detoxification** for drug and alcohol misuse to the Staffordshire population. **Demand has increased** during the COVID-19 pandemic. The Trust continues to work closely with Human Kind who commission the inpatient capacity.
- In both Trusts the Mental Health services continue to work closely with the community provider of substance misuse services to ensure seamless care.



NHS Mental Health Long Term Plan Developments

- The Trusts, along with local commissioners, had agreed an ambitious **programme of expansion** for Mental Health services during 2020-21 financial year across **Staffordshire and Stoke-on-Trent**.
- This programme is aligned to and funded by the **NHS Long Term Plan (LTP)** for Mental Health and included developments in services such as:
 - Home Treatment for Children & Young People
 - Adults Eating Disorders
 - Early Intervention in Psychosis
 - Learning Disability Services
 - Enhanced Community Services
 - Core 24 Psychiatry Liaison – Queens Hospital
 - Educational Mental Health Practitioners in Schools
 - Expansion of Wellbeing (IAPT) services pan-Staffordshire and Stoke-on-Trent
- The programme continues to operate and after COVID-19 has been re-established with the aim of successfully implementing the LTP **service developments** identified for 2020/21.





North Staffordshire
Combined Healthcare
NHS Trust



Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Thank You and Questions



Local Members Interest
Nil

Health Select Committee – Monday 06 July 2020

The COVID-19 Pandemic and potential impact on Mental Wellbeing

Recommendation(s)

I recommend that:

- a. Members of the Committee to consider the content of this paper for further discussion

Report

What impact do we think the COVID-19 Pandemic may be having on people's mental wellbeing?

1. Globally, mental health is being challenged like never before by COVID-19. Whilst there are many uncertainties about how the pandemic will progress, we assume that the impact on the mental health and psychosocial well-being of those most affected will be significant¹. We don't yet know what this may look like for us in Staffordshire.

That said, we have been able to gather some information at a national level, as follows:

- 49% of people report feeling more anxious/depressed
 - 38% have slept less/less well
 - 35% have eaten more/less healthy food
 - 19% have drunk more alcohol; and
 - 19% have argued more with those they live with².
2. The Centre for Mental Health produced a paper in May 2020 forecasting mental health needs and risks in the UK. This paper outlined that the Covid-19 pandemic is likely to lead to an increase in mental ill health, as a result of both the illness itself and the measures being taken to protect people from the virus.
 3. As we look to recover from the pandemic, 'coronavirus fear' is a considerable issue, with the public reporting concern about returning to 'normal' - 61% for using public transport, 61% for going to bars and restaurants, 48% for children returning to school, 43% using shops (non-supermarkets) and 35% willing to

¹ The Impact of COVID-19 on Global Mental Health, a brief, 2020

² <https://www.ipsos.com/ipsos-mori/en-uk/life-under-lockdown-coronavirus-uk>

return to place of work.³ 67% of parents reported concerns about the long-term impact of the pandemic on their child's mental health⁴

4. A study conducted by the University of Oxford (April 2020) indicated that as many as one in five primary age children are afraid to leave their homes and are worried there will not be enough food to eat during the pandemic. However, that same study also found that for a small number of young people their mental health had improved. Due to having a difficult relationship with school, feeling positive about the support from friends, and finding that their own anxiety is shared by others.
5. Young Minds conducted a survey of 2,111 young people with a history of mental health needs between 20th – 25th March. The top 3 concerns identified by young people involved in the survey were:
 - a. Isolation / loneliness
 - b. Not having enough food / supplies
 - c. Managing mental health / mental health deteriorating
6. In terms of suicides, we do not have any evidence yet to suggest a change in our local rates. However, work is being done to progress the delivery of our local prevention plans.
7. Society has experienced bereavement (both Covid-19 and from other causes) without being able to grieve in the usual manner; funerals happening in isolation and people grieving alone, cut off from their usual support networks.
8. To date, the evidence of the impact of Covid-19 on the Adult Social Care sector & workforce has been mainly measured in relation to:
 - Care home resident mortality – captured through CQC statistics
 - Wider mortality of those in receipt of adult social care support
 - The impact of the pandemic on the mortality of the essential worker workforce
9. Poor mental health is a key underlying cause for many other issues, such as risk-taking behaviour, domestic abuse, child neglect, unemployment and homelessness. Anecdotally, we believe that households/families, have also begun to experience financial hardship as a result of the 'lockdown'.

What are we doing in Staffordshire to try and mitigate any potential impact?

10. A variety of support has been and continues to be made available to people across Staffordshire, in order try and mitigate any negative impacts from the Coronavirus pandemic, on their health and wellbeing.

³ <https://theconversation.com/coronavirus-new-survey-suggests-uk-public-supports-a-long-lockdown-136767>

⁴ <https://youngminds.org.uk/about-us/media-centre/press-releases/parent-survey-reveals-widespread-concerns-about-mental-health-impact-of-covid-19-on-young-people-s-mental-health/>

General Population

11. Promotion of our County Council Coronavirus Kindness Campaign, providing people with helpful information about how to stay well (physically & mentally) during the pandemic.
12. Staffordshire Connects (our online service directory) offers several digital support tools to enable residents to find information. Our Reading Friends Service provided by Staffordshire Library staff is also available to anyone who may be feeling lonely and would like the chance to chat.

Clinically extremely vulnerable 'Shielded' cohort & those with serious illnesses

13. As above, available to the general population & support with access to emergency food parcels (for those with special dietary needs), and links with local voluntary sector support to help with other tasks (including befriending, in some cases)

Care clients & Care Providers

14. Social care practitioners continuing to support existing clients using telephone and virtual means, for assessments and welfare checks.
15. Information for Providers '[Other help for Providers](#)' webpages have been developed with links to national adult social care guidance from the Department of Health & Social Care.

Staffordshire County Council Staff & Social Care Workforce

16. As above, the Other help for Providers' webpages includes information, advice & guidance for staff.
17. Midlands Partnership Foundation Trust (MPFT) & North Staffordshire Combined Healthcare Trust have launched a confidential staff support line for all social care, NHS and care home workers, operated by the Samaritans, which is free to access from 7am to 11pm, seven days a week.
18. Support for staff has also been made available in a variety of ways such as weekly newsletters, information on intranet pages and executive led engagement sessions.
19. A new staff learning platform called iLearn has also been developed, which includes a variety of resources to help staff with their wellbeing, as well as opportunities for continued development.

Children, young people & families

20. A jointly commissioned emotional health & wellbeing service for children & young people commenced on the 1st April 2020. The service has 'digital' as a core element of their service offer.

21. Mental Health Support Teams in schools, provided by North Staffordshire Combined Healthcare NHS Trust in the Staffordshire Moorlands and Newcastle-under-Lyme and by the Midlands Partnership NHS Foundation Trust (MPFT) in East Staffordshire, have continued to operate and support children & young people.
22. Virtual Family Hubs developed in all 8 districts have provided a point of access for our most vulnerable children, young people, and families.
23. The commissioned Families Health & Wellbeing service (health visitors and school nurses), delivered by MPFT has continued to operate adhering to national guidelines. Maternal mental health is a key component of mandated health visitor contacts and has continued to be assessed.
24. A regular e-newsletter is planned for Staffordshire (& Stoke) schools regarding emotional wellbeing & mental health and will include CAMHS, commissioned tier 2 providers, the Police and Keele University.
25. Whilst a great deal is being done across the county to try and support people's resilience towards the Coronavirus pandemic, we don't yet know what the true impact has been on people's lives and their wellbeing.

Points for discussion

26. Globally, mental health is being challenged like never before by COVID-19. Whilst there are many uncertainties about how the pandemic will progress, we assume that the impact on the mental health and psychosocial well-being of those most affected will be significant. We don't yet know what this may look like for us in Staffordshire.
27. Who may be affected?
 - a. People with an existing mental health need; and
 - b. The general population with their own circumstances
28. Mental health is a fundamental part of people's wellbeing and has been challenging our communities for years. The pandemic poses additional risks & threats for people.
29. Many of the 'wider determinants' of public health such as housing, education, employment & relationships can improve a person's mental health, but they can also contribute towards its decline. The pandemic has disrupted all aspects of people's lives and will take a great deal of time to recover from.
30. No single organisation has all the answers. The issue of poor mental health requires a system approach to manage it and ultimately prevent it.
31. The Pandemic may also have had a positive impact on some people's mental wellbeing from both a personal & professional point of view.

Link to Strategic Plan

Inspire healthy, independent living & Support Children and Families to look after themselves, stay safe & well

Link to Other Overview and Scrutiny Activity

NA

Community Impact

NA

List of Background Documents/Appendices:

Discussion Point PowerPoint Slide (attached)

Contact Details

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Staffordshire Health Select Committee – 6th July
The COVID-19 Pandemic and potential impact on Mental Wellbeing

Points for discussion:

- Globally, mental health is being challenged like never before by COVID-19. Whilst there are many uncertainties about how the pandemic will progress, we assume that the impact on the mental health and psychosocial well-being of those most affected will be significant. We don't yet know what this may look like for us in Staffordshire.
- Who may be affected?
 - People with an existing mental health need; and
 - The general population with their own circumstances
- Mental health is a fundamental part of people's wellbeing and has been challenging our communities for years. The pandemic poses additional risks & threats for people.
- Many of the 'wider determinants' of public health such as housing, education, employment & relationships can improve a person's mental health, but they can also contribute towards its decline. The pandemic has disrupted all aspects of people's lives and will take a great deal of time to recover from.
- No single organisation has all the answers. The issue of poor mental health requires a system approach to manage it and ultimately prevent it.
- The Pandemic may also have had a positive impact on some people's mental wellbeing from both a personal & professional point of view.

Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 6 July 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.

Cannock Chase District Council

5. The District Council have no further update to provide. The previous meeting of their Wellbeing Scrutiny Committee was held on 21 November 2019 and the next meeting is scheduled for 21 July 2020.

East Staffordshire Borough Council

6. No response received.

Lichfield District Council

7. Lichfield District Council's Community Housing and Health (Overview and Scrutiny) Committee last met on 18 March 2020 at which they considered and approved (i) The Authority's Housing, Homelessness and Rough Sleeping Strategy 2019-2024 and; (ii) Community Safety Delivery Plan.
8. In addition, the District Council have provided the following information on the production of their Health and Wellbeing Strategy, for the Committee's information:-

"Lichfield District Council produced its first Health and Wellbeing Strategy (HWS) in 2018. It included a commitment to work with the County Council on a Health in All Policies (HIAP) approach and set the following 3 priorities to focus our actions and monitoring on over a two-year period to 2020:-

- (i) Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing;*
- (ii) Support older and vulnerable people in our communities to live and age well and;*
- (iii) Improve workplace health, wellbeing and safety.*

Each priority was accompanied with a set of objectives and a delivery plan of actions, which is currently under review. The actions have completion timescales up to December 2020, and by summer 2019, nearly three quarters had been completed and are now around 80% complete.

A review of the official health and wellbeing indicators shows that while there have been some, relatively minor changes, not enough time has elapsed (less than two years) to determine whether the HWS has had any impact; this is because statistical updates are delayed, often by two or more years.

Covid-19 has not had a significant impact on the delivery plan itself as most actions had been achieved prior to this. However, it has resulted in significant changes to the way in which council employees work, and the impact on employee wellbeing is still being monitored. Similarly, impacts from Covid-19 will leave long-standing and as yet undetermined health and wellbeing impacts on the community.

The strategy is available at <https://www.lichfielddc.gov.uk/downloads/download/224/health-and-wellbeing-strategy>"

9. The meeting which was to have been held on 16 June 2020 was postponed owing to the Covid-19 Pandemic. However, their next meeting is scheduled for 15 September 2020.

Newcastle-under-Lyme Borough Council

10. 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.
11. 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.
12. 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.
13. 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.
14. In respect of their meeting on 1 June 2020, the Chairman writes:-

"The Minutes were agreed with two corrections on apologies.

The one item on the agenda was Coronavirus update and recovery plan.

The Chief Executive, Martin Hamilton, advised members that the council had been busy with responding to the pandemic and preparing for recovery. He stated that he had been chairing an Incident management team every morning but now moved to two meetings each week.

Considerable effort had gone into protecting the vulnerable, homeless and rough sleeping. A helpline had been set up for vulnerable people which was being manned by staff from J2.

The Portfolio Holder for Community Safety and Wellbeing, Councillor Maxfield stated that the team had worked incredibly hard to ensure that vulnerable residents were being looked after. Cllr Maxfield stated that the council needed to ensure that people were not being overlooked.

Simon McEnergy Director for Commercial Development and Economic Growth, Stated that since lockdown there had been a concerted effort working with partners to help the vulnerable.

The Council's Partnership Manager, Sarah Moore, advised that the Realise Foundation partners and Support Staffordshire had been excellent and they had direct contact with approximately eight and a half thousand vulnerable people straight away.

Cllr Moffat congratulated the officers of the council and its partners for their work through a difficult period stating that the council had 'done itself proud' In addition, the communities of Newcastle should be applauded for their great spirit.

Mrs Moore agreed that communities and town and parish councils had all stepped up.

Cllr Northcott stated that the council need to be clear with communication that volunteers were still needed.

Mrs Moore stated that the council had not seen any noticeable increase in demand for help in relation to domestic abuse which was fairly static at the present time. However preparations were under way for any potential increase.

Cllr Maxfield stated that she wanted everyone to note any noticeable increases in cases and said that it was heartening to know that the council was keeping an eye on this and that all agencies were working together.

Cllr Gardner stated that the static number in cases could either be down to the reduced stress, for example not having to get their children to school on time and other daily stress factors or it could be , more worryingly that people are just not able to reach out in isolation.

Bereavement Services had been extremely busy and the culture and leisure provision had been severely impacted upon. Mr Hamilton stated that there had been changes made in response to the pandemic. To help with social distancing, the number of mourners allowed to attend services had been reduced to ten. At the crematorium, the length of the service had been shortened. These were both uncomfortable messages to communicate to the bereaved. He was proud of the Council's Bereavement service and how families and the bereaved had been awarded respect and dignity at such a difficult time. Councillor Moffat stated that a number of her electorate had lost loved ones and they had praised how well the situation had been conducted with the changes and with live links for example. People were appreciative of the efforts that had been made.

With regard to Housing, homelessness and rough sleeping, the Council's Head of Housing, Regeneration and Assets, Joanne Halliday, advised members that the Council had stopped doing proactive home inspections during lockdown but residents could submit photographs of any disrepair and repairs. Homelessness and housing issues were being looked at via telephone calls, emails or online.

Help for the disabled had been slightly more difficult as many were shielding. However, a lot of work had been done.

Homelessness and rough sleeping had seen an increase and it had been challenging to find accommodation for rough sleepers. The Open Door charity based in Newcastle had opened up a 7 bedroom unit to help rough sleepers and a Rough Sleeper Outreach Worker had now been appointed.

Councillor Maxfield thanked the staff dealing with homelessness and rough sleeping stating that the service had continued to run at full operation.

Councillor Julie Cooper asked if the number of rough sleepers had increased since the Covid 19 outbreak and Mrs Halliday stated that the number had been consistently higher.

Councillor Holland thanked officers for the report and stated that there had been a lot of success in getting people off the streets.

Head of Leisure and Culture Services, Robert Foster, advised members that J2 had closed on 20 March. Reopening of the centre could commence on the 4 July and guidance was being followed to put plans in place for this.

Cllr Holland asked if officers were confident that Covid-secure measures would be ready and also if the return of staff would leave a shortfall elsewhere.

Mr Foster stated that it was anticipated that the centre would reopen on a phased basis with the pool potentially being the last to open. The gym layout would need to be looked at before reopening and this was being done at present.

The Brampton Museum closed on 19 March and staff were currently concentrating on the digitalisation of its collection.

Mr Hamilton advised Members that throughout the lockdown, play areas within parks had been closed off but the parks themselves had remained open.

The Council's Grounds Maintenance staff had initially been moved to help with recycling and waste collection but as lockdown continued the grounds maintenance had to be stepped back up. Birchenwood and Bathpool Parks had both been closed but they had now been reopened.

Mr Hamilton stated that there had been local issues with fly tipping but these had been dealt with.

Whilst the household waste sites had been closed, staff from the sites had been utilised to remove fly tipping. Now that those workable links had been made they could continue to be used.

Cllr Gardner referred to the Borough's green spaces and how important they had been during lockdown and they needed to be invested in.

The Chair stated that someone had seen three men in a refuse collection vehicle, shoulder to shoulder and if there was any way to reduce that.

Mr Hamilton stated that more cabs had been put on to enable two-men teams, where possible; but three -men teams were still in use but used the same vehicle. 12 extra vehicles had been hired to achieve social distancing, but it had not been possible to achieve it across the board. The staff in question had stated that they were happy to work in 3s as long as they were kept together. The vehicles were deep cleaned daily and were not swapped between teams. Mr Bird added that Newcastle was the only authority in Staffordshire who had taken measures within this service area to achieve social distancing. Cllr Gardner stated that the whole process had been handled brilliantly.

Cllr Holland echoed Cllr Gardner's comments and stated it would be interesting to learn more in the future about the lessons learned as a result of the changes made to rough sleeping and vulnerability during the pandemic.

The report was received and the Cabinet were requested to bring a report to a future meeting of the committee on lessons learned from decisions made.

Cllr Ian Wilkes (Chair)

South Staffordshire District Council

15. South Staffordshire District Council's Wellbeing Select Committee last met on 4 February 2020 at which they received updates on (i) Primary Care Networks from Laura Bird, Commissioning Manager, Stafford and Surrounds Clinical Commissioning Group (CCG) and; (ii) Breast Screening Provision in South Staffordshire.
16. The meeting which was to have taken place on 7 April 2020 at which they were to have considered (i) NHS Long Term Plan and; (ii) Strategic Commissioning/CCG Update was cancelled owing to the Covid-19 Pandemic. However, their next meeting is scheduled for 4 August 2020.

Stafford Borough Council

17. Stafford Borough Council's Community Wellbeing Scrutiny Committee last met on 3 March 2020 and considered:-
 - **Flooding** – A verbal update on the deadline for applications for a Government funded Grant scheme to support residents affected by flooding.
 - **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.
18. The next scheduled meeting of the Committee is on 8 September 2020.

Staffordshire Moorlands District Council

19. No response received.

Tamworth Borough Council

20. No response received.

Appendices/Background papers

Emails from (i) Lichfield District Council (Christine Lewis and Lucy Robinson) 15 June 2020; (ii) Newcastle-under-Lyme Borough Council (Denise French and Ian Wilkes) 4 March and 16 June 2020 respectively; (iii) South Staffordshire District Council (Mark Jenkinson) 17 June 2020; (iv) Stafford Borough Council (Andrew Bailey) 3 March and 15 June 2020.

Telephone call from Cannock Chase District Council (Councillor Maureen Freeman) 15 June 2020.

Contact Officers

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WORK PROGRAMME – 6 July 2020

Healthy Staffordshire Select Committee 2020/21

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2020/21.

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 2020/21

Date	Topic	Background/Outcomes	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from 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		Meeting cancelled
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.	Currently on-hold
8 June 2020	Community First Responders – Reconfiguration by West Midlands Ambulance Service University NHS Foundation Trust		<p>RESOLVED – (i) That the report/presentation be received and noted.</p> <p>(b) That the impact of the above-mentioned changes on the Trusts' performance metrics be monitored closely and that further scrutiny of the Trusts' operations be undertaken at the appropriate time, as necessary.</p> <p><i>Members scrutinised and held West Midlands Ambulance Service University NHS Foundation Trust to account over their recent decision to make changes to (i) the vehicles used by Community First Responders (CFRs); (ii) range of drugs routinely carried by CFRs and; (iii) the training received, and qualifications attained by CRFs. In addition, they learned of the Trust's expectations for the future of the CFR initiative having regard to these changes and the impact on service delivery to the residents of Staffordshire.</i></p> <p><i>Whilst the Trust were unable to re-visit their decisions, they acknowledged the Committee's criticisms regarding the limited consultation and communication with local communities undertaken prior to implementation of the new arrangements. They therefore undertook to ensure that such measures on future service reconfigurations were robust, meaningful and took account of local concerns. In addition, the Trust gave the Committee assurances regarding the future of the CFR service in general and the contribution they foresaw it would make to the continued provision of an Outstanding service to the residents of the County.</i></p>

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 meeting on 16 September 2019	
	(i) Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire. (ii) Residential Care Provision and 2020 Covid-19 Pandemic in Staffordshire	Requested following meeting on 8 June 2020	
10 August 2020	Backlog of hospital appointments as a result of Covid-19	Requested at pre-Agenda preview 26 June 2020	
14 September 2020	(i) Hearing Aids (ii) Winter Plans	Requested at pre-Agenda preview 26 June 2020	
26 October 2020			
30 November 2020			
1 February 2021			
16 March 2021			

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	

Chairman's Activity			

Working Groups/ Inquiry Days/Briefing Papers :

Membership

Johnny McMahon (Chairman)
 Paul Northcott (Vice-Chairman)
 Charlotte Atkins (Shadow Vice-Chairman)

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)

~~15 April 2020 (additional meeting) – Meeting Cancelled~~
~~8 June 2020~~
 6 July 2020
 10 August 2020
 14 September 2020
 26 October 2020
 30 November 2020
 1 February 2021
 16 March 2021

NB: In considering their work programme for the year, Members are advised to have regard to the likelihood of referrals from Corporate Review Committee arising from the Covid-19 epidemic.