Minutes of the Healthy Staffordshire Select Committee Meeting held on 14 September 2020

Attendance	
Charlotte Atkins Philip Atkins, OBE Tina Clements Janet Eagland Ann Edgeller Richard Ford Maureen Freeman Phil Hewitt	Jill Hood Barbara Hughes Janet Johnson Dave Jones David Leytham Paul Northcott (Vice-Chairman) Kath Perry, MBE Bernard Peters

Present: Jeremy Pert (Chairman)

Apologies: Adam Clarke, Julie Cooper, Ross Ward and Ian Wilkes

PART ONE

22. Quorum

The Chairman verified that the meeting was quorate.

23. Declarations of Interest

Councillor Jones declared an interest in all matters included on the Agenda relating to NHS hearing aids owing to his daughter being in receipt of a hearing aid.

Councillor Peters declared an interest in all matters included on the Agenda relating to University Hospitals of Derby and Burton NHS Foundation Trust owing to his membership of their Council of Governors.

24. Minutes of meeting held on 10 August 2020

RESOLVED – That, subject to the substitution of first sentence of the sixth paragraph on page four of the minutes by:-

"A member expressed concern about recent press reports regarding the suspension of services to cancer patients",

the minutes of the meeting held on 10 August 2020 be confirmed and signed by the Chairman.

25. Winter Plans 2020/21 and the Impact of the 2020 Covid-19 Pandemic

The Committee considered a joint PowerPoint presentation/report (slides attached at Appendix A to the signed minutes) by the Chief Executive of University Hospitals of North Midlands NHS Trust (UHNM), Chief Executive Officer of University Hospitals of Derby and Burton Foundation Trust (UHDB), Chief Executive of Royal Wolverhampton NHS Trust (RWT), Chief Executive of Midlands Partnership Foundation Trust (MPFT), Accountable Officer of Staffordshire Clinical Commissioning Groups (CCGs), Cabinet Member for Health, Care and Wellbeing, Staffordshire County Council (SCC) regarding the impact of the 2020 Covid-19 pandemic on each organisation's Winter Plans for the 2020/21 season.

Paul Bytheway (Chief Operating Officer), UHNM; Duncan Bedford (Executive Managing Director), UHDB; David Loughton (Chief Executive), RWT; Jennie Collier (Managing Director, Staffordshire and Stoke-on-Trent Care Group) MPFT; Marcus Warnes (Accountable Officer), Staffordshire CCGs; Johnny McMahon (Cabinet Member for Health, Care and Wellbeing) SCC and; Simon Whitehouse (Director), Together we're Better (Sustainability and Transformation Partnership (STP) for Staffordshire) were present at the meeting.

All NHS secondary care trusts were required to produce Winter Plans aimed at ensuring services were configured towards:- (i) preparedness; (ii) prevention and; (iii) protection of the local population against the major avoidable ill-effects of winter on health. Members had previously expressed serious concern over the additional pressures likely to be experienced by Trusts during the 2020/21 season owing to a surge in demand exacerbated by the Pandemic.

The presentation slides circulated to the Committee in advance of the meeting gave detailed information regarding:- (i) Phase Three National Restoration and Recovery Priorities; (ii) Restoration and Recovery: Waiting Lists Update; (iii) Assumptions this Winter informed by Data relating to Accident and Emergency Attendances, Primary Care Appointments, NHS 111 Analysis; (iv) Areas of Focus; (v) Mental Health; (vi) Planning for Covid-19 Surges; (vii) Communications and Engagement; (viii) Risks and Mitigations; (ix) National Discharge Service: Policy and Operating Model; (x) Discharge Pathways – System Success; (xi) additional submitted Trust specific information.

Following an introduction from the Director, Together We're Better in which he referred to the uncertainty surrounding the future of the outbreak and emphasised Health and Care's overwhelming priority to keep people safe by:- (i) reducing the length of time spent in hospital; (ii) preventing admissions; (iii) increasing community capacity; (iv) supporting care homes; (v) working collaboratively and; (vi) implementing the enhanced NHS flu-vaccination programme, Members scrutinised and held the organisations to account over the scope, timeliness and details of their Plans, asking questions and seeking clarification where necessary.

In response to requests for clarification regarding support for care homes, recruitment of General Practitioners (GPs) and mental health service provision, the Managing Director, MPFT referred to joint working already undertaken with the County Council to provide additional targeted support to Staffordshire Care Homes at the start of the pandemic which would continue throughout the winter and through the recovery phase. Hospital Trusts were receiving additional funding to support existing discharge models aimed at

reducing the length of admissions and mental health services were being bolstered through additional investment identified in the Long-Term Plan. The CCGs Accountable Officer acknowledged current difficulties in recruiting Doctors to General Practice (GP) and highlighted a new multi-disciplinary teams' model which had been adopted in response. This model sought to provide a holistic approach to care through vertical integration services and better signposting to non-acute Trust secondary care at GP surgeries.

The Chief Executive, RWT added that vacancy rates for Doctors were currently low at his Trust and referred to the success of vertical integration in reducing demand. The Chief Operating Officer of UHNM confirmed a similar position at his Trust. However, whilst the vacancy rate was currently 15% for nurses this would hopefully be addressed by an intensive recruitment campaign during the next three months. He went onto to refer to the challenges they faced in respect of recruitment to medical wards and emphasised the importance of supporting existing staff to keep well and motivated. The Executive Managing Director, UHDB spoke of the importance of an providing an efficient testing regime for staff and paid tribute to their work and commitment during the pandemic.

The Director, Together We're better stressed the importance of co-ordinating communication across Health and Care in respect of:- (i) service provision; (ii) the importance of wearing personal protective equipment and following hygiene advice and; (iii) promoting the enhanced NHS vaccination programme in order to reduce demand for services over the winter period. In response to a question regarding the proposed closure of the Knivenden Partnership which provided occupational therapy vocational rehabilitation service in Leek, he undertook to obtain a formal response from the Chief Executive of North Staffordshire Combined Healthcare NHS Foundation Trust for the Member concerned.

The CCGs Accountable Officer explained the position with regard to funding for Health in Staffordshire during the short, medium and long terms. Additional funding had been provided by Central Government during the first four months of the Covid-19 outbreak. Whilst funding in the short term was not a cause for immediate concern, the position with regard to the second half of the year was currently being finalised. With regard to the long term, there was a deficit of approximately £165m across Staffordshire CCGs which would have to be addressed in due course, in line with NHS England's expectations. However, in-year performance was currently a break-even position.

A Member expressed his concern regarding pathways to discharge, particularly in respect of Care Homes and the ability of the County Council to provide timely care packages so that delayed transfers of care could be avoided. He went on to pay tribute to hospital staff and sought re-assurance that appropriate measures were in place in to support their welfare so that services could be maintained. In reply, the Managing Director, Staffordshire and Stoke-on-Trent Care Group, highlighted the revised discharge guidance referred to in the slide presentation. Health's focus was on supporting patients to return home, as quickly as possible and all Partners were confident this could be achieved. The Director of Health and Care added that approximately 75% of hospital discharges were to a home setting whilst 25% were to step-down beds/residential care settings. Although the position in Staffordshire was better than in other areas in the Country, there was scope for further improvement. All

patients would ideally be discharged without requiring further care. However, bed occupancy rates in Staffordshire Care Homes were currently lower than had been the case pre-covid and the care market was currently resilient.

The Chief Operating Officer, UHNM highlighted the additional measures his Trust had implemented to maintain access to Covid-19 tests by staff. The Director of Health and Care explained the testing regime currently in place in Staffordshire Care Homes and said that delays in obtaining test results were being addressed by Central Government.

In response to a question from a Member regarding social isolation and its detrimental impact on mental health, the Managing Director, Staffordshire and Stoke-on-Trent Care Group, MPFT acknowledged the scale of the issue caused by the pandemic. However, she referred to the valuable contribution made by the voluntary sector and highlighted a role for County Councillors as community leaders in combating this problem.

A Member cited difficulties which had been brought to her attention by local residents who had experienced difficulties in obtaining winter flu vaccinations owing to a lack of appointments at GP surgeries. In response the Accountable Officer explained that an enhanced programme of vaccinations was being implemented for the 2020/21 season to include the over 50 age group and others. Whilst vaccinations would be given on an appointment only basis, some practices had commenced roll-out sooner than others. With regard to routine appointments with GPs, although surgeries had not closed during the pandemic, appropriate social distancing measures had been implemented to reduce the risk of transmission. However, the reduction in the number of patients contacting/visiting surgeries had been noted. He went on to request details of any specific problems which had been brought to the Members' attention so that he could take any necessary action.

Another Member referred to delay's he had experienced in receiving appointments at ophthalmology clinics together with the problems faced by patients waiting for eye surgery during this time. In reply representatives from Health referred to the difficult balance between maintaining access to face to face appointments by patients and reducing their risk of contracting Covid-19. The Chief Operating Officer, UHNM acknowledged the issues faced by his Trust in this area. Their Ophthalmology Department was currently running at 80% capacity compared to the position pre-covid. Although there was no easy solution to the problem, the Trust were investigating the possibility commissioning additional capacity from the private sector. The Executive Managing Director, UHDB commented that his Trust had also experienced similar issues although they had recently implemented a new triage system aimed at reducing the backlog. Their Orthopaedic Department was also faced great challenges despite additional operating theatre capacity being acquired.

Further discussion ensued on the 2020/21 flu vaccination programme and Health's ability to complete appointments within the available timescale given the pressures created by the Covid-19 pandemic. The CCGs Accountable officer acknowledged that the task was ambitious. However, he was confident the first cohort ie over 65-year olds and vulnerable groups would receive their appointments as a priority and without delay. Unfortunately, those in the second cohort would have to wait longer for their appointments but supplies of vaccine were readily available. Whilst it was hoped all those eligible would choose to be vaccinated, it was not mandatory and every effort

would be made to achieve as near to 100% take-up as possible through an effective media campaign.

A Member commented that better use could be made of Patient Participation Groups in helping to disseminate information about the above-mentioned campaign. Also, it was critical to keep people informed, particularly those in the second phase of the vaccination programme who might experience delays.

In response to concerns expressed by the Committee, the Cabinet Member for Health, Care and Wellbeing undertook to:- (i) investigate the possibility of introducing a mental health element into training received by Staffordshire care workers and; (ii) ensure elected Members were included in the communication initiative to support the vaccination programme in an effort to maximise take-up.

The Chairman then thanked Health and Care for their attendance, an interesting an informative presentation and the opportunity to provide constructive scrutiny for the benefit of residents of the County.

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

(b) That the impact of the 2020 Covid-19 Pandemic on the implementation of NHS Winter Plans be closely monitored and any further scrutiny be undertaken at the appropriate time, as necessary.

26. NHS Hearing Aid Provision in Staffordshire

The Committee considered a report (Appendix B to the signed minutes) of Staffordshire Clinical Commissioning Group's (CCG) Accountable Officer regarding future NHS Hearing Aid provision in Staffordshire.

In 2015, following a consultation and engagement process, North Staffordshire CCG adopted a revised commissioning policy which included new eligibility criteria for NHS funded hearing aids for adults with hearing loss. The policy, which was implemented on 1 October 2015, provided that patients (aged 18 years and above) with moderate hearing loss (41-55 decibels) whose everyday lives was affected by their disability, were eligible to receive an NHS funded hearing aid. However, patients with a mild hearing loss (less than 41 decibels) were not now eligible for funding and would not receive a hearing aid. Those patients with a hearing loss of 56 decibels or more were unaffected by the changes together with those who already had an NHS hearing aid for the duration of their three-year pathway at which point they would be re-assessed.

The provision of hearings aids throughout Staffordshire and Stoke-on-Trent was reviewed in 2019 following the release of:- (i) the findings of a Cochrane review in 2017; (i) publication of NICE Guideline NG98 - Hearing Loss in Adults: Assessment. After consideration of relevant clinical evidence, all six Staffordshire and Stoke-on-Trent CCGs agreed to undertake a formal consultation ('Difficult Decisions') on a number of areas which included the provision of hearings aids for non-complex needs. An initial informal consultation commenced in January 2020 to gather views of patients, the public

and other interested stakeholders so that various consultation options could be devloped. However, further work had been placed on hold owing to the outbreak of the Covid-19 pandemic and it was not yet clear when this would re-commence having regard to the effect of the pandemic on the CCGs priorities and ability to undertake face to face engagement, safely.

In response to questions from a Member regarding (i) the cost savings/cost effectiveness achieved by North Staffordshire CCG since implementing their revised hearing aid policy in 2015 and; (ii) the results of the informal consultation undertaken from January to March 2020, the Accountable Officer said that he would refer back to the committee with this information, as soon as possible. In response to a further question regarding the impact of the decision on those people with mild to moderate hearing loss who had become ineligible to receive NHS hearing aids under the revised policy, particularly in light of the Covid-19 pandemic, the Accountable officer assured the Committee that the formal consultation and any further policy changes would take account of such matters, at the appropriate time.

Continuing, the Member expressed her serious concerns over the impact of the 2015 policy decision and an apparent lack of evidence-based commissioning by the CCG.

Another Member referred to the importance of undertaking an extensive and meaningful consultation process to include the public/service users etc. at the appropriate time.

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

(b) That details of cost savings/cost effectiveness of North Staffordshire Clinical Commissioning Group's 2015 policy change relating to NHS hearing aid provision be shared with the Committee, as soon as possible.

(c) That the results of the Staffordshire and Stoke-on-Trent Clinical Commissioning Group's informal 'Difficult Decisions' consultation conducted in January to March 2020 be shared by with the Committee, as soon as possible.

(d) That the Committee keep this matter under review and any further scrutiny of Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' policies in respect of NHS hearing aid provision be undertaken at the appropriate time, as necessary.

27. District/Borough Health Scrutiny Activity

The Committee considered a report (Appendix C to the signed minutes) 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 the Chairman asked Members whether the District/Borough Council's Committees/Panels had yet engaged with local Outbreak Control Boards and received presentations on the epidemiology for Covid-19 and responses in their areas to local outbreaks. Members of the Stafford and Newcastle-under-Lyme Boroughs Committees/Panels confirmed that they had. In addition, a

Member of South Staffordshire District Council expressed the appreciation of her Authority for the information shared by the County Council in this respect.

RESOLVED – That the reports and further updates as set out above be received and noted.

28. Work Programme 2020/21

The Committee considered a rolling Work Programme for 2020/21 (Appendix D to the signed minutes).

The Director of Corporate Services highlighted the outcome of the informal meeting between the Chairman, Vice-Chairmen, Cabinet Member for Health Care and Wellbeing and Director of Health and Care on 28 August 2020, ie the inclusion of:- (i) Items for 26 October 2020 meeting – Social Care Green Papers (National and Staffordshire) and Learning Disability Services (Day and Respite Care); (ii) Items for 30 November 2020 meeting – Community First Responders (Update) and Digital Exclusion; (iii) Inquiry Day (date to be confirmed) - Wider Determinants of Health (to include tackling obesity); (iv) Items for 1 February 2021 meeting – Care Homes (Future Demand and Critical Issues).

In addition, (i) the Cabinet Member for Health, Care and Wellbeing had given notice of pre-decision scrutiny required in early 2021 on the Authority's new Mental Health Strategy and; (ii) Staffordshire and Stoke-on-Trent Clinical Commissioning Group's (CCG) Accountable Officer had requested scrutiny of the new Integrated Care Partnership during November/December, proposed dates for which would be included in their Work Programme when further details were known.

The Director also highlighted an invitation received from the Safe and Strong Communities Select Committee to attend their meeting on Tuesday 13 October 2020 at 10.00 am in connection with the Staffordshire Children's' Transformation Plan.

During the discussion which ensued, the Chairman proposed that:- (i) the Committee give further consideration to NHS Hearing Aid provision in Staffordshire at their February 2021 meeting, subject to sufficient progress being made by the CCGs and; (ii) they give consideration to the adoption of a dashboard of metrics relating to Health, Care and Wellbeing in order to assist them in identifying issues of concern, at their next meeting.

A Member cited 'Long-Covid' as a topic for scrutiny at further meeting.

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

(b) That the Chairman in consultation with the Vice-Chairman and Shadow Vice-Chairman agree a date for the Committee to consider 'Long-Covid'.

(c) That the Work Programme 2020/21 be updated to include the above-mentioned additional matters.

(d) That the updated Work Programme 2020/21 be brought to their next meeting for approval.

29. Date of Next Meeting - Monday 26 October 2020 at 10.00 am, Virtual/on-line

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

Chairman