

Healthy Staffordshire Select Committee

Tuesday 16 March 2021

10:00

Meeting to be conducted using Microsoft Teams - Microsoft Teams

NB. Attendance by the public and press is via webcast only which can be viewed here - <https://staffordshire.public-i.tv/core/portal/home>

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

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

John Tradewell
Director of Corporate Services
8 March 2021

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of meeting held on 1 February 2021** (Pages 1 - 6)
4. **Covid-19 Vaccination Programme - Update**
Joint oral report/presentation of Health
5. **The Journey towards an Integrated Care System - Stakeholder Engagement** (Pages 7 - 14)
Report of Staffordshire Clinical Commissioning Groups' Accountable Officer
6. **Together We're Better - Digital Programme Update and Key Learnings from COVID-19 Pandemic** (Pages 15 - 30)
Report of Director, Together We're Better, Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership
7. **Care Homes for Older People: Implications of COVID for Council Strategy** (Pages 31 - 38)
Report of Cabinet Member for Health, Care and Wellbeing

8. **District/Borough Health Scrutiny Activity** (Pages 39 - 42)

Reports/oral reports of District/Borough Councils' representatives

9. **Work Programme 2020/21** (Pages 43 - 54)

Report of Director of Corporate Services

10. **Date of Next Meeting - Monday 7 June 2021 at 10.00 am, Virtual/on-line**

11. **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.

Nil

Membership

Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Barbara Hughes
Joyce Bolton	Dave Jones
Adam Clarke	David Leytham
Tina Clements	Paul Northcott (Vice-Chairman)
Janet Eagland	Kath Perry, MBE
Ann Edgeller	Jeremy Pert (Chairman)
Richard Ford	Bernard Peters
Maureen Freeman	Ross Ward
Phil Hewitt	Ian Wilkes

Minutes of the Healthy Staffordshire Select Committee Meeting held on 1 February 2021

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Dave Jones
Philip Atkins, OBE	David Leytham
Tina Clements	Paul Northcott (Vice-Chairman)
Janet Eagland	Kath Perry, MBE
Ann Edgeller	Bernard Peters
Phil Hewitt	Ross Ward
Jill Hood	

Apologies: Adam Clarke, Richard Ford, Maureen Freeman, Barbara Hughes and Ian Wilkes

PART ONE

46. Declarations of Interest

County Councillor Janet Eagland declared an interest in all matters included on the Agenda as they related to Midlands Partnership NHS Foundation Trust owing to her membership of the Trust's Council of Governors.

47. Minutes of meeting held on 30 November 2020

RESOLVED – That the minutes of the meeting held on 30 November 2020 be confirmed and signed by the Chairman.

48. Integrated Care System Delivery Plan

The Committee considered a joint report and presentation of Staffordshire Clinical Commissioning Groups' Accountable Officer and Independent Chair, Together We're Better regarding the development of an Integrated Care System in Staffordshire (Schedule 1 to the signed minutes).

The meeting was attended Prem Singh (Independent Chair, Together We're Better); Simon Whitehouse (Director, Together We're Better) and; Peter Axon (Chief Executive, North Staffordshire Combined Healthcare NHS Trust).

The NHS Long Term Plan (LTP), published in January 2019, set out how the organisation intended to respond to future pressures (financial, staffing and demographic etc) in the decade ahead whilst building on the positive achievements of the past in order to ensure continued improvements in patient care and health outcomes

for the general population. In response to this Plan, Together We're Better (The Staffordshire Sustainability and Transformation Partnership (STP)) had developed a five-year Delivery Plan (FYDP) setting out their priorities and commitments going forward. In addition, the STP's Designation and Development Plan (D&DP) outlined how the Staffordshire and Stoke-on-Trent health and care system would continue to collaborate and strengthen partnership working in order to tackle the various challenges identified in the LTP and FYDP whilst continuing to respond to the Covid-19 pandemic.

During their presentation, Health representatives outlined:- (i) steps in the evolution of an ICS; (ii) their long term priorities; (iii) measures to support place development; (iv) a timeline for development of the ICS; (v) intended changes to strategic commissioning and; (vi) future decision making at a local level.

In the full and wide-ranging discussion which ensued the Committee expressed initial concern over news of a further major re-organisation of NHS in the County, particularly set against a background of financial deficits, cuts in services and the Covid-19 pandemic. They stressed the need for improvements to be made in local services rather than a focus on further administrative change which might not directly benefit the local population. However, the representatives explained that whilst the development of an ICS involved more than a merger of the existing Clinical Commissioning Groups, this change alone would enable better co-ordination and partnership working at a local level so that the serious challenges facing the service could be better addressed. However, they agreed with the Committee in that unnecessary change was not required at this time but referred to measures such as the Integrated Care Partnerships which would increase community involvement, transparency and help create a collective ambition across their areas.

In response to Members' concerns regarding cross boarder relationships having regard to the services accessed by Staffordshire residents from NHS Trusts in other areas eg University Hospitals of Derby and Burton NHS Foundation Trust and Royal Wolverhampton NHS Trust, the representatives assured the Committee that the STP, FYDP and D&DP took account of these wider geographical considerations. Cross Boarder Trusts had been fully involved in the development of the ICS to date and were included in the membership of the Shadow Board. Continuing, they went on to emphasise the opportunities available to make service improvements in localities through more effective cross boundary working made possible by the implementation of the strategy. However, they recognised the importance of avoiding a 'one size fits all' approach and the need for local differences to be addressed sensitively.

A Member highlighted the potential for enhancing the roles of existing Patient Participation Groups and Pharmacies in the implementation of the ICS.

In response to requests for clarification of the measures to be undertaken by the STP to ensure public understanding of the changes and practical differences residents would experience in accessing healthcare services in the future, the representatives explained that the initiative was aimed primarily at improving outcomes rather than wholesale change of existing services. All media channels would be used to disseminate essential information to the public so that residents were supported in their local communities. In addition, meetings of the ICS Board and Staffordshire Health and Wellbeing Board (who led improvement of health and well-being and oversaw transformation of health and

care services in the County) would continue to be held in public in the interests of transparency. The representatives also highlighted an important role for elected Members in promoting a greater understanding of health service provision in their areas and stressed that collaboration and collective leadership which was required.

The Committee were keen to know how consideration of mental health services had been made by the ICS and whether any measures would be implemented to address the disparity between those relating to physical health. In reply the representatives acknowledged the historical differences between mental and physical health provision in terms of funding, profile and patient outcomes. However, they reassured Members that mental health was recognised nationally as a priority concern not least owing to the effects of the 2020 Covid-19 pandemic. Future ringfenced funding was identified in the LTP and commissioning was to be audited with a strong mechanism for performance management and service development. In addition, partnership working with key stakeholders including those in the voluntary sector would help to avoid the silo culture between various Trusts/NHS bodies which had emerged in the past.

Continuing on the theme of funding, the representatives highlighted difficult decisions which would be needed in the future having regard to the Government's financial response to the Covid-19 pandemic and policy decisions aimed at economic recovery. Changes in the ways of working with Local Authorities would be essential in order to manage demand on NHS services. This would be achieved through promotion of the prevention, health/wellbeing and personal responsibility agenda, where possible. However, they recognised that the needs of specific groups eg the elderly and those with underlying health issues etc, would continue to be met through existing channels.

In conclusion, the representatives re-iterated their intended timeline for future development of the integrated care including confirmation by Central Government and proposed merger of Clinical Commissioning Groups. They emphasised the 'ground-up' approach to be adopted towards the transformation of services and looked forward to making a positive difference to the health of all residents in the County.

The Chairman then thanked the representatives for an interesting and informative presentation.

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

(b) That the proposals for development of an Integrated Care System in Staffordshire be supported on the basis of ensuring better healthcare service provision in the County.

(b) That further scrutiny of the development of an Integrated Care System be undertaken at the appropriate time, as necessary.

(c) That the Chairman liaise with representatives of Health regarding a suitable provisional timeframe for further scrutiny.

49. Covid-19 Vaccination Programme

The Committee considered a joint report/presentation from Health updating them on implementation of the Covid-19 Vaccination Programme in the County (schedule 2 to the signed minutes).

The meeting was attended by Neil Carr (Chief Executive, Midlands Partnership NHS Trust); Dr. John Patrick Hannigan (Clinical Lead Staffordshire Covid-19 Vaccination Programme); Lynne Millar (Director of Primary Care, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups) and; Tracey Shewan (Director of Communications and Corporate Services, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups).

Members were encouraged to learn that as of 28 January 2021:- (i) 143,301 vaccine doses (Oxford AstraZenica, Pfizer Biontech and Moderna) had been administered; (ii) 86% of over-80s had received their first vaccine dose; (iii) 99.9% of care homes have been visited by vaccination teams and; (iii) capacity was available in the system to expand roll out of the programme in the event a greater supply of vaccines became available. They noted guidance issued by the national Joint Committee on Vaccination and Immunisations (JCVI) which stated that those most at risk were to be prioritised for medication and the expectation that the four cohorts identified within this group in Staffordshire were to have received their first doses by Mid-February 2021. They also noted the JCVI's advice regarding the administration of second doses. However, they agreed to keep progress made in the roll out of the Programme under close review and give assistance to Health in achieving its full implementation, where possible.

The Chairman then thanked the representatives of Health for an interesting and informative presentation and paid tribute to all involved in the programme for the considerable progress which had been achieved, in a relatively short timescale, to date.

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

(b) That progress in the roll-out of the Covid-19 vaccination programme in Staffordshire be kept under close review.

(c) That the Committee give any assistance to Health in achieving full implementation of the programme where possible and as appropriate.

50. District/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 Council's under the standing joint working arrangements, since their previous meeting (schedule 3 to the signed minutes).

During the discussion which ensued Members expressed their agreement with the Chairman with regard to scrutiny of:- (i) Midlands Partnership NHS Foundation Trust in respect of the George Bryan Centre, Lichfield and; (ii) Burntwood Health and Wellbeing

Centre in respect of their temporary accommodation (as referred to in paragraph 8 of the report) by Lichfield District Council's Community Housing and Health (Overview and Scrutiny Committee) under the agreed Code of Joint Working – Local Authorities. However, scrutiny of South East Staffordshire and Seisdon Peninsular Clinical Commissioning Group (also referred to in paragraph 8) was allocated to the County Council under the code.

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

(b) That the Chairman contact South East Staffordshire and Seisdon Peninsula's Accountable Officer in respect of their poor performance (as highlighted by Lichfield District Council) with a view to seeking clarification of any need for further scrutiny and report back to the Committee, as necessary.

(c) That the Chairman meets with the Member representative of Lichfield District Council in respect of their Community Housing and Health (Overview and Scrutiny) Committee's scrutiny of:- (i) Midlands Partnership NHS Foundation Trust's George Bryan Centre, Lichfield and; (ii) Burntwood Health and Well-being Centre's accommodation arrangements with a view to offering assistance/advice, as appropriate.

51. Work Programme 2020/21

The Committee considered a rolling Work Programme for 2020/21 (Schedule 4 to the signed minutes).

During the discussion which ensued a representative of Health highlighted the recent decision by North Staffordshire Clinical Commissioning Group (CCG) to extend hearing aid provision to people with mild to moderate hearing loss, in line with other CCGs in the County. Therefore, this element would be removed from their future 'Difficult Decisions' consultation included in the Committee's Work Programme.

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

(b) That, subject to the above, the updated Work Programme 2020/21 be approved.

52. Date of Next Meeting - Tuesday 16 March 2021 at 10.00 am, Virtual/on-line

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

Chairman

Local Members' Interest

**Healthy Staffordshire Select Committee
Tuesday 16th March 2021**

The Journey towards an Integrated Care System

Recommendation/s

Consider the information provided and comment on the progress and priorities being made by health and care partners on the journey to an Integrated Care System (ICS).

Consider the information provided comment on the developments of a Strategic Commissioner function.

Provide feedback on the direction of travel and the proposal to becoming an Integrated Care System.

Report of Name Tracey Shewan Director of Communications and Corporate Services, Staffordshire & Stoke-on-Trent Clinical Commissioning Groups

Summary

Purpose of the report

To provide an update on the progress towards creating an integrated care system (ICS).

Report

Background

1. In February 2021, the Secretary of State for Health and Social Care presented a 'white paper': *Integration and Innovation: working together to improve health and social care for all*.
2. At the heart of the legislative proposals, is the goal of joined up care for everyone in England. Instead of working independently every part of the NHS, public health and social care system should continue to seek out ways to connect, communicate and collaborate so that the health and care needs of people are met. Healthy, fulfilled, independent and longer lives for the people of England will require health and care services, local government, NHS bodies, and others to work ever more closely together. Different professions, organisations, services and sectors will work with common purpose and in partnership. This will be especially important when we seek to focus on the people and communities that are most in need of support.

3. The proposals seek to establish a statutory ICS in each ICS area. These will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, local government and partners. The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. Both bodies will need to draw on the experience and expertise of front-line staff across health and social care. ICSs will be accountable for outcomes of the health of the population.
4. The creation of a merged CCG is a necessary step on the journey towards the creation of an ICS from Staffordshire and Stoke-on-Trent. In February 2021, the GP membership of the six Staffordshire and Stoke-on-Trent CCGs voted in agreement for the proposal to merge.

Our Integrated Care Approach

5. Together We're Better is the local partnership, working together to transform health and care for the people of Staffordshire and Stoke-on-Trent.
6. It is one of 44 Sustainability Transformation Partnerships (STPs) in England. It brings together local NHS organisations, with Staffordshire and Stoke-on-Trent local authorities, the voluntary sector and the two Healthwatch organisations.
7. The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:
 - Support you to stay well and independent by focusing on preventing ill-health and to self-care
 - Treat you as a person, not as a set of health conditions or social care needs
 - Make sure we are there when you need us, at the right time and in the right place
 - Make health and care support available closer to your home
 - Give mental health equal priority to physical health and wellbeing
 - Make sure your experience of health and care is the best it can be.
8. NHS England published the **Long Term Plan** (LTP) in January 2019, which set out a phased development of improvements that all health and care systems are expected to deliver over the following five years.
9. Together We're Better responded to the priorities outlined by developing a **Five Year Delivery Plan**, with commitments and priorities for our population.
10. The majority of these priorities remain as first written, however the COVID 19 pandemic has highlighted the urgency in delivering on these actions, focussing on the system to make rapid changes and improvements.
11. This ICS Development Plan is linked to the **Five Year Delivery Plan** and includes the following structural commitments:
 - Becoming an **Integrated Care System** by April 2021 that is clinically and professionally led, focused on system-wide sustainable improvement.

- Working together across health and social care to streamline the commissioning approach and to develop a system-wide **Strategic Commissioner**, which will align, and for some services, will be integrated with social care commissioning.
- Providers and commissioners will work together across primary, community and mental health services, including health and care professionals, along with voluntary and independent sector, to promote behavioural change and deliver service transformation co-ordinated by **Integrated Care Partnerships**.
- Strengthening primary and community services through developing sustainable **Primary Care Networks and the** implementation of integrated care teams.

CCG Merger is a step along the way

12. Following a voting process held with all 147 practices overseen by the LMC the six CCGs of Staffordshire and Stoke-on-Trent voted in favour of a merger, with 84% in favour and 94% turnout. The results were declared on February 3rd and represent a significant turnaround from the previous merger vote held in September 2019.

13. The CCGs met with NHS England & Improvement on the 16th February 2021 who approved the request from the NHSEI Regional office for the Staffordshire and Stoke-on-Trent CCGs to apply to merge in year on October 1st 2021.

14. In accordance with the Local Authority Health Scrutiny Guidance 2014, formal consultation is not required as this is a proposal to 'establish or dissolve or vary the constitution of a CCG'

15. A detailed Communications and Engagement Plan has been agreed by NHSEI and will guide how we engage with and inform our key stakeholders of our journey to becoming a single CCG. As this process is about creating a brand new, single Strategic Commissioner for the county and city, as part of our development to an Integrated care System there are a wide variety of stakeholders with whom we need to engage. This engagement is required to varying degrees, as determined by NHSE&I guidance and legal / statutory requirements.

16. Following discussions with NHSEI, as we are still in a pandemic, the important focus is on engagement with our stakeholders. This will meet the requirement required for the application to merge, without causing any undue distress on members of the public.

17. A document will be sent to stakeholders, outlining our proposals and asking if they wish to comment. This is not seeking agreement but for us to take into account any comments they have.

The stakeholder engagement document is provided as Appendix 1.

Contact Officer

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Appendices/Background papers

Stakeholder engagement on the creation of a Strategic Commissioning Organisation

Our journey to becoming a single strategic commissioning organisation



Who we are

Clinical Commissioning Groups (CCGs) are made up of GPs who come together to form a membership. Along with lay members, they are clinically-led decision making bodies who are responsible for designing and buying local health and care services. Six CCGs do this for the 1.1 million people who live across Staffordshire and Stoke-on-Trent.

We need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent. This means we need to be much better at how we plan, buy and deliver health and care services for everyone.

Our Vision



We want to create a new organisation, bringing these six CCGs into one and further improving the health and wellbeing of everyone in Staffordshire and Stoke-on-Trent. We will invest in our GPs so they have a strong voice working with other partners in improving the lives of their patients in their local area.



National perspective

Following a consultation in late 2020, the Secretary of State for Health and Social Care presented to the House of Commons a 'white paper' in February 2021.

Titled 'Integration and Innovation: working together to improve health and social care for all', the heart of the legislative proposals is the goal of joined up care for everyone in England. Instead of working independently, every part of the NHS, public health and social care system should continue to seek out ways to connect, communicate and collaborate so that the health and care needs of people are met.

Healthy, fulfilled, independent and longer lives for the people of England will require health and care services, local government, NHS bodies, and others to work ever more closely together. Different professions, organisations, services and sectors will work with common purpose and in partnership. This will be especially important when we seek to focus on the people and communities that are most in need of support.

The proposals seek to establish a statutory Integrated Care System (ICS) in each ICS area. These will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, local government and partners.

The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. Both bodies will need to draw on the experience and expertise of front-line staff across health and social care. ICSs will be accountable for outcomes of the health of the population.

The creation of a merged CCG is a necessary step on the journey towards the creation of an ICS for Staffordshire and Stoke-on-Trent.



What is being planned

With this national perspective in mind, we are planning to merge our six Staffordshire and Stoke-on-Trent CCGs into one new CCG. We will do this by:

- ✓ Fundamentally reforming how we work together with other partners across the health and care system to meet the needs of everyone in Staffordshire and Stoke-on-Trent where it makes sense to do so
- ✓ Making sure that local GPs have a strong, fair and appropriate voice when deciding where money should be spent
- ✓ Working together across the region and also in smaller neighbourhoods to make sure that the right skills, capacity and resources are in the right place at the right time to meet patients' needs
- ✓ Improving work-life balance and job conditions for GPs and other primary care staff.

Deciding to merge now gives us significantly more freedom and flexibility from October 2021 to design a system that works for Staffordshire and Stoke-on-Trent, with a focus on developing and establishing three Place Based Partnerships in the north, south east and south west.

Everyone working in primary care should be justly rewarded with a sense of purpose at the beginning of the day and a sense of achievement at the end of the day.



Proposal has been approved by the GP membership

After months of discussions and a week of voting, in February 2021 the GP membership voted to form a single Strategic Commissioning Organisation across Staffordshire and Stoke-on-Trent. They agreed it is the best way forward and will create a more efficient and streamlined structure. By securing and strengthening the role of General Practice and working more closely together, it was felt this would be beneficial to the development of new services which would improve patient care.

This is an important step in formalising the Integrated Care System for Staffordshire and Stoke-on-Trent. The next step is listening to the views of stakeholders and the public before a formal application is made to NHS England and NHS Improvement.



A golden opportunity

The plan as outline in the white paper and in the NHS Long Term Plan released in January 2019, have pointed towards the need for single commissioning organisations.

By shaping our future for Staffordshire and Stoke-on-Trent, we have a golden opportunity to protect both the health and care system with primary care at its heart.

We feel that the scope of the new organisation will be beneficial to the development of new services and improve patient care in the longer term.



Improving GP services – what does this mean for patients?

- ✓ Secures and strengthens the role of GP practice, helping to design a system that works for our service and patients
- ✓ The new plans hopefully will deliver efficient resources into Primary Care
- ✓ We believe that by having a single set of objectives and the move towards an integrated care system with integrated care providers will deliver a better overall model of care to our patients.



Decision making at neighbourhood level

- ✓ We want to make sure that decision making is done where possible at neighbourhood level, allowing GPs a stronger voice and more control over the delivery of local services
- ✓ GPs should also be an equal provider in the whole system health and care solution by having equal rights at strategic level
- ✓ GPs would be able to have a greater say in health and care at a grassroots level
- ✓ In real terms, GPs would be able to influence their workload and determine how primary care fits into patient care by being front and centre of the commissioning process
- ✓ Patient care and clinical treatment paths should be designed by those who understand patient needs best.



Financial Equity and Risk

- ✓ At system level, we want to make best use of every Staffordshire pound and achieve financial balance
- ✓ By becoming a single organisation, we will be in a better position to access transformative funding
- ✓ At local level, Integrated Care Partnerships, and therefore Practices would receive more investment for services and determine how to spend it.



Out of hospital care

- ✓ We aim to design a health and care system where care is transformed by clinical leaders
- ✓ We want to make sure that GPs and hospital services are treated equally in importance
- ✓ Care would be provided closer to people's homes, with having to go into hospital being the last resort
- ✓ We want to see leaders from different organisations working together to tackle priorities.



How we will maintain local decision making for local people

A single CCG would follow the arrangements of the Health Scrutiny and Health and Wellbeing Boards at Staffordshire County Council and Stoke-on-Trent City Council. It would allow for more effective partnership working.

Our GP members will continue to work in local networks to inform our decisions and services, based on local needs. They will be able to work in an agile and flexible way to commission services to meet the different needs of local residents. This would include programmes with partners such as improving health and wellbeing, social prescribing, providing self-care advice and helping people to better manage their long-term conditions.

We have already involved the six CCGs' Governing Bodies, and the 147 member GP practices.



Have your say

Complete our online survey:

<https://rb.gy/fwxyzq>

If you have any further questions, please email:

mlcsu.involvement@nhs.net

STP Digital Programme Update and Key Learnings from COVID







Purpose

This paper is presented to the Health Select Committee to update on the progress of the STP Digital Programme, highlight the priority areas for 2021/22 and describe the impact of Digital Technology and ways of working during the COVID-19 pandemic.

Background

In October 2019, a Digital Strategy was agreed for the STP which focussed activities around 6 key priority areas as summarised in the infographic below.

"Digitally Enabled Health and Care"

<div style="background-color: #f1c40f; padding: 5px;"> <p><input checked="" type="checkbox"/> EMPOWERED PATIENTS</p> <p>We will place patients at the centre of their own health and care by adopting technologies that help citizens stay in their homes for longer, open new digital avenues into health and care services and promote shared care through 2-way information sharing, utilisation of apps and connectivity to wearable technology.</p>  </div>	<div style="background-color: #27ae60; color: white; padding: 5px;"> <p><input checked="" type="checkbox"/> DIGITISED CARE</p> <p>We will ensure that all health and care information is recorded electronically to a high standard and digital tools are available to make health and care professionals lives easier. We will implement a range of new technologies aimed at improving the efficiency and effectiveness of health and care including the use of artificial intelligence.</p>  </div>
<div style="background-color: #e91e63; color: white; padding: 5px;"> <p><input checked="" type="checkbox"/> POPULATION HEALTH</p> <p>We will provide a range of tools and data sources and support these to be sensitively utilised in new and innovative ways so as to directly and indirectly benefit the health and care offered to the citizens of Staffordshire and Stoke-on-Trent.</p>  </div>	<div style="background-color: #34495e; color: white; padding: 5px;"> <p><input checked="" type="checkbox"/> INFRASTRUCTURE & SERVICE</p> <p>We will provide health and care professionals with an infrastructure that simplifies access to the right resources using appropriate devices to the highest possibly cyber security standards. We will provide staff with high quality digital support services at a time and place convenient to them and in accordance with industry level standards.</p>  </div>
<div style="background-color: #2ecc71; padding: 5px;"> <p><input checked="" type="checkbox"/> CAPABILITY & INNOVATION</p> <p>We will seek to develop the digital capability of both our workforce and the wider population to ensure the digital initiatives stand the highest chance of success. We will develop and embed innovation at the heart of how we operate ensuring that we are constantly exploring how cutting edge technologies can benefit the local population.</p>  </div>	<div style="background-color: #9b59b6; padding: 5px;"> <p><input checked="" type="checkbox"/> INVISIBLE BOUNDARIES</p> <p>We will ensure that all residents of Staffordshire and Stoke-on-Trent are able to receive the same high quality health and care by ensuring that professionals outside of the immediate geography are as informed as those within it. We will routinely collaborate with local partners to share ideas and deliver digital technology faster.</p>  </div>

This Digital Strategy was given an interim re-prioritisation following the COVID Pandemic in May 2020 where the Programme Board agreed to focus on the following priority areas for the remaining parts of 2020/21 and into 2021/22:

- Consolidated and expanded **use of virtual consultations** in all sectors of health and care
- Implementation of a **total digital triage** solution to put digital triage access gateways into health services ensuring that patients receive the most appropriate advice, guidance, and treatment.
- Revision of existing **infrastructure** and **end user devices** to ensure they are **fit for purpose** and able to support holistic remote working.
- Implementation of ICR reporting and intelligence (PHM) tools to support COVID.

- Implementation of personal health records app (patient access to the integrated care record and other digital services)
- Care home digitisation

Furthermore, the Phase 3 System letter of 31st July outlined the requirement for all systems to plan to deliver full shared care records with aggregated data to support population health. This resulted in a further priority being added to the above list:

- Local Health and Care Record (LHCR) connectivity for sharing data regionally and nationally.

Current Progress

Significant progress has been made in most of the above areas in a short space of time and in particular the flagship project of Integrated Care Records where Staffordshire is seen as a leading light within the region.

Achievements include:

- **Launch of integrated care records** providing access to a near-complete view of the pertinent elements of an individual's health and care history to clinical and care staff throughout Staffordshire and Stoke-on-Trent.
- Deployment of **remote working capabilities to over 25,000 users** across an incredibly short space of time including hardware, secure connectivity and access to Microsoft Teams which is now used as the default mechanism of communication within the area. Statistics¹ show in a recent 90-day period that there have been over 6,500 hours of video calls, over 8,000 hours of audio calls, 4M+ chat messages and over 160,000 attendances at virtual meetings.
- Rapid procurement and **deployment of virtual consultation** technology allowing patients to be initially seen from the comfort and relative safety of their own homes using a combination of telephone and video consultations (with in-consultation transition) supported by file sharing (eg photographs). Statistics show there have been over 47,000 virtual consultations undertaken just within UHNM and MPFT and given a general move to an initial virtual consultation within Primary care the true number is expected to be far higher.
- **Remote monitoring and care** for a range of patients including COVID virtual wards, higher risk patients with long term conditions and care home residents. Through issuing patients or carers with simple health monitoring devices information can be routinely shared with carers who can monitor their conditions from afar and take appropriate action from simple health advice through to hospital admission. This not only keeps people safe in their own homes but has also created capacity within the local hospitals for higher severity patients. Stoke City Council are working closely with UHNM to deploy low-cost sensor-based technologies into patients homes to better inform the wider care community about a patients current and trending condition to allow pro-active notification an earlier interventions. Locally activity has been focussed in 3 primary areas:
 - Step-up and Step-down pulse oximetry and COVID virtual wards to either avoid unnecessary hospital admissions or enable an earlier discharge from hospital whilst still being under the care of a consultant.

- Care homes through a range of devices such as pulse oximeters and digital stethoscopes but also through the TekiHealth product to allow closer and more details remote monitoring and sharing of vital signs.
- In-home sensor monitoring through MySense using artificial intelligence to spot changes in regular behaviour and provider carers and professionals with early warning of a potential problem.
- Donated **Facebook Portals** have been deployed early within the COVID to connect care home residents both to clinical services as well as their friends and relatives.
- Digital enablement of **COVID vaccination services** from a range of sites within the region supporting the correct identification of people to be vaccinated, allowing people to easily electronically book their vaccinations, ensuring medical records are appropriately updated and providing vaccinators with the most up to date information. Staffordshire are working alongside other regions to contribute data into a larger big-data study to help identify the effectiveness of the vaccine and in particular the impact this has on all parts of our health and care system.

It is too early to formally assess the benefits realised from utilisation of the Integrated Care Records although there are a wide range of user examples where the care records have been used to better inform care or improve the efficiency of the services delivered. These examples range across all different health and care settings from identification of social care key worker involvement through to tracking vulnerable people who are at risk of not getting the appropriate care needed.

Whilst it is difficult and more detailed piece of work to attribute exact numbers to the impact remote working has had and in particular the use of Microsoft Teams it is clearer to see the areas of impact:

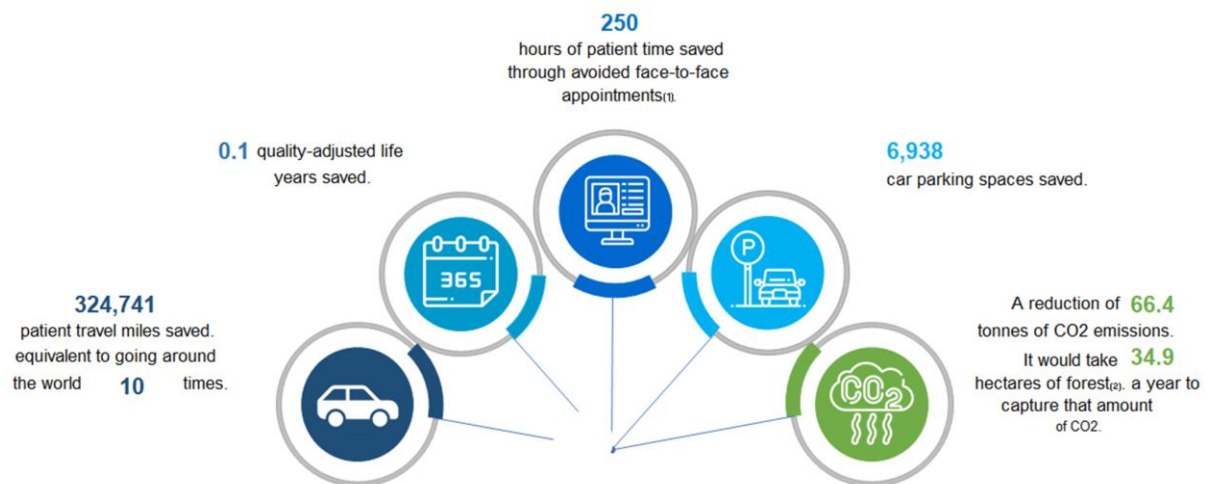
- Reduced travel both commuting to/from places of work as well as travel within the region for meeting attendance etc. This reduction in travel has an impact in many areas including:
 - Cost savings both to organisations within the system and individual staff members who are no longer spending as much money on travel
 - Productivity gains from less time spent travelling
 - Environmental gains for fewer CO2 emissions as a result of travel
- Productivity gains from more efficient use of time spent on-line – anecdotally online meetings tend to be chaired to a stricter framework and scheduled for a shorter period of time resulting in more time created within a working day
- Increased attendance at meetings due to the ease of connectivity and better use of time

There are some drawbacks of such a technology driven approach deployed so rapidly emerging which must be investigated in more detail and processes put in place to manage any risks that arise. Such areas include:

- Reduced social interaction between colleagues and increased risk of isolation for some staff members
- On-line fatigue by using every portion of the day to participate in a different on-line session
- Elongated working days due to the convenience of home working and ease of connectivity
- Meeting multi-tasking where attendance at meetings is coupled with “doing the work” resulting in a lack of meaningful participation

Most organisations in the region have indicated that remote working activities will form a key part of their future ways of working and will eventually result in opportunities to either save money in areas

such as estates and travel or will allow re-purposing of existing estate to create valuable clinical space.



A recent exercise undertaken using the NHS England VC benefits tracker tool has indicated that by moving 300 appointments per week to virtual appointments that there are also a series of hidden benefits as described in the info-graphic above.

Although it is evident that the introduction of virtual consultations has had a huge impact in terms of keeping people safe, ensuring service continuity during the pandemic and wider benefits such as less travel, further evaluation work needs to be undertaken to ensure we achieve the correct application of virtual consultations such that they are used in the most appropriate cases and don't create inefficiency for patients or drive people down a route they are not comfortable with. UHNM have undertaken a survey of over 1,300 patients with 94% reporting a "positive" or "very positive" experience and 98% indicating they would be happy to use the technology in the future. This indicates that the technology is overall successful but requires fine-tuning in its application.

Future Priorities

To continue to support the Digital Strategy delivery and recognising the need to continue to respond to the impact of the Covid pandemic, the Digital Programme Board recently agreed that its work programme for 2021-22 would focus on four priorities:

- 1. Patient Facing Digital Services:** Pioneering the use of NHSApp as the primary gateway to local health and care services and commence integration between NHSApp and a range of other locally approved apps/information to create seamless access to digital services for local citizens
- 2. Local Health and Care Records Connectivity:** Focusing on the technical and Information Governance connectivity of neighbouring organisations either through directly sharing the technology or by interoperability between different integrated solutions
- 3. Population Health Management:** Establishing the information held within One Health and Care (OH&C) as a primary source of linked data to support population health management and implementing tools to support population health analytics

4. **Integrated Care Planning:** Developing and implementing a series of integrated care plans and assessments using OH&C as a basis for multi-organisation and multi-disciplinary care planning and assessments.

Furthermore, the Digital Programme Board agreed an additional 3 areas in which partnerships should be developed and funding sought to support Digitally enabled transformation. These areas are:

- **Care Homes:** Development of a Digital Blueprint for care homes defining how benefits can be derived from greater access to a common set of digital services in care homes and establish how these can be funded
- **Remote Monitoring:** Whilst some progress has been made into the use of technology to remotely monitor patients and citizens it is a priority to consolidate the approach in this area and expand capability such that people may safely stay in their homes longer either by avoiding inappropriate admissions to hospital or being able to be safely discharged sooner
- **Digital Inclusion:** Making sure that stakeholders including the staff and public have both access to appropriate technology and capability to engage with the digital services being developed

Health and Care services have adopted digital solutions at an extraordinary rate during the pandemic which has resulted in a series of risks from the implementation at such which have been previously discussed. A residual risk to this is losing the benefits from what we have done by not baking these solutions into a part of our future and slipping back into “old ways”. As stated above, work is required to fine-tune the technologies that are already deployed but given the lessons we learned in our collective ability to adopt this technology in a crisis and what we know about the benefits of using technology is it vital that all parties collaborate to ensure the sustainability of these new ways of working.

ⁱ Statistics compiled from SSHIS therefore excluding partners such as UHNM, UHDB, Local Authorities and WMAS

Health Select Committee STP Digital Update

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*Dr. Paddy Hannigan
Clinical SRO – Digital Programme
Staffordshire and Stoke STP*


*Stuart Lea
Chief Information Officer
Staffordshire and Stoke STP*



Digital Vision

EMPOWERED PATIENTS


We will place patients at the centre of their own health and care by adopting technologies that help citizens stay in their homes for longer, open new digital avenues into health and care services and promote shared care through 2-way information sharing, utilisation of apps and connectivity to wearable technology



- Patient App
- Digital Comms
- Remote Care

DIGITISED CARE


We will ensure that all health and care information is recorded electronically to a high standard and digital tools are available to make health and care professionals lives easier. We will implement a range of new technologies aimed at improving the efficiency and effectiveness of health and care including the use of artificial intelligence.



- Paperless 2024
- Shared Records
- AI Healthcare

POPULATION HEALTH

We will provide a range of tools and data sources and support these to be sensitively utilised in new and innovative ways so as to directly and indirectly benefit the health and care offered to the citizens of Staffordshire and Stoke-on-Trent.



- Data Sources
- Data linking
- Analysis Tools

INFRASTRUCTURE & SERVICE

We will provide health and care professionals with an infrastructure that simplifies access to the right resources using appropriate devices to the highest possibly cyber security standards. We will provide staff with high quality digital support services at a time and place convenient to them and in accordance with industry level standards.



- Standards
- Modern Systems
- Back-Office

CAPABILITY & INNOVATION

We will seek to develop the digital capability of both our workforce and the wider population to ensure the digital initiatives stand the highest chance of success. We will develop and embed innovation at the heart of how we operate ensuring that we are constantly exploring how cutting edge technologies can benefit the local population.



- Digital Leadership
- Upskilling
- Innovation Hub

INVISIBLE BOUNDARIES

We will ensure that all residents of Staffordshire and Stoke-on-Trent are able to receive the same high quality health and care by ensuring that professionals outside of the immediate geography are as informed as those within it. We will routinely collaborate with local partners to share ideas and deliver digital technology faster.



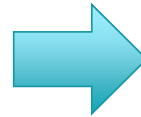
- S(L)HCR
- Black Country
- Shropshire



The COVID Factor

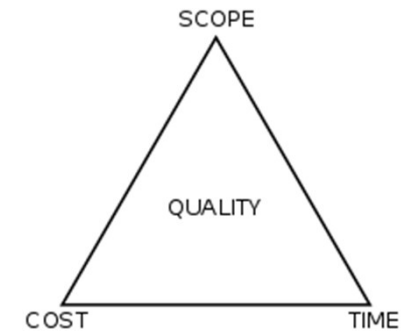
In March 2020 the implications of COVID-19 really began to take hold:

- Almost overnight:
 - Reduced availability of hands-on staff due to the need to shield, self-isolate or sickness/absence
 - Growth of waiting lists due to stopping all non-urgent activity
 - Staff being forced to work from home due to government enforced “lock down”
 - Patients being unable or unwilling to attend for healthcare appointments
 - Unknown but potentially extremely large demand for healthcare services to treat COVID-19
 - Elevated risks for front-line health and care staff coupled with limited availability of personal protective equipment
 - Lack of readily available information about patient COVID-19 status
- The Digital Factor:
 - 25,000+ staff able to access all of their electronic resources from home
 - Microsoft Teams deployed to all users – full online collaboration
 - National procurement and local deployment of patient virtual consultation technology
 - Locally developed COVID dashboards
 - Remote monitoring of patients (admission avoidance and early discharge)
 - Digital enablement of COVID vaccination services
 - All done with very little hands-on help and support initially due to the pace of deployment



Lessons Learned

- We can achieve an extraordinary amount in a very small space of time – when the conditions are right:
 - Burning platform
 - Polarised priorities
 - Strong leadership
 - National support
- Those conditions are not sustainable
- The project quality triangle cannot be cheated ...
 - We know not everything was perfect
 - However the impact was still extraordinary
- Stakeholders are far more tolerant to change than we realise:
 - Digital adoption was high (staff and patients)
 - Innovation and self-led learning was high
 - Most likely driven by the conditions
 - We mustn't get complaisant:
 - Digital literacy
 - Digital inclusion
- It is easy to not embed the changes and slip back to “the old ways”
 - Too much of a “good thing” may not be the answer – we need a balance



The benefits of well executed digitally enabled transformation are high!



The Long Term

- COVID is here to stay
 - Digitally supported vaccination programmes
 - Expanded but appropriate use of virtual consultations
- Long COVID
 - Remote patient monitoring (Care homes, Long Term Conditions, Virtual Wards)
 - PHM and Data Analytics – identify and manage the long term implications
- Growing waiting lists
 - Patient empowerment and self-management.
- Primary Care – The unseen demand
 - On-line digital triage/Artificial Intelligence
 - Patient empowerment and self-management
 - PHM and data analytics – forecast interventions (clinical or self managed)

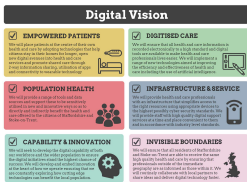


What Else Have We Done?

- One Health and Care: Integrated Care Record for Staffordshire and S-o-T
 - UHNM
 - MPFT Mental Health
 - Combined Mental Health
 - c140 GP Practices
 - Stoke-On-Trent Adult Social Care
 - Staffordshire Adult Social Care
- Information Governance: Common ISA covering all parties
- Initial connectivity into West Midlands Shared Care Record (formerly LHCR)
- TECS Programme
 - Digital Upskilling
 - Patient empowerment and engagement
 - Remote patient monitoring
- Foundation IT Services Review (in progress)



Getting Back to the Strategy ... 2021/22 Priorities



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Patient Facing Digital Services: Pioneer the use of NHSApp as the primary gateway to local health and care services and commence integration between NHSApp and a range of other locally approved apps/information to create seamless access to digital services for local citizens.

Local Health and Care Records Connectivity: Focus on the technical and Information Governance connectivity of the current Integrated Care Record to neighbouring organisations either through directly sharing the technology or by interoperability between different ICR solutions.

COVID Driven Priorities

Population Health Management: Establish the information held within the ICR as a primary source of linked data to support populations health management whilst deploying tools to support population health analytics,

Integrated Care Planning: Develop and implement a series of integrated care plans and assessments using the ICR as a basis for multi-organisation and multi-disciplinary care planning and assessments.

Focus Areas: Actively seek partners and/or funding opportunities for Digital/Transformation projects in these areas.

Remote Monitoring/Care

Care Homes

Digital Upskilling



Digital Work Programme 2021/22 (Delivery)

- **ICR User Connectivity:**
 - NHS111/GPOOH
 - Hospices
 - Continuing Health Care
 - MASH
- **Single Graphnet Instance:**
 - Shared IG Activities (STeW)
 - Data take on scheduling (STeW)
- **Local Health and Care Records:**
 - Establish full interface into Intersystems application
 - Shared Graphnet instance
 - Explore shared PHM data resources

- **Develop use of NHSApp locally as preferred citizen gateway**
 - **Increase local uptake:** Implement a marketing plan supported by identified areas to target specific patient cohorts
 - **Local Service Integration:** integrate the NHSApp into a series of local apps such that the information held is surfaced through NHSApp in a seamless way
 - Graphnet CareCentric (ICR)
 - Patient Access
 - Establish baseline of other Apps use and prioritise for integration
 - **Publish MyHealthAndCare Website:** Specifically to support non-Staffordshire patients who will need an alternate route access the digital services

- **Integrated Care Planning:** Identify and implement 3x Integrated Care Plans/Assessments within the Graphnet Care Centric Solution
- **Careflow Connect:** Support each Integrated Care Plan implementation with CareFlow connect messaging and clinical communication tools
- **New/Enhanced ICR Datasets:**
 - NHS111 (if applicable)
 - Children's Social care
 - UHDB and MPFT Community (if not already completed)
 - Mental Health real-time ADT
 - Review and enhance Social care dataset
- **MASH Workflow Management:** Implement tools into the MASH to support workflow and case management and support wider system level alerting.
- **ICR Data Quality:** Develop and publish a series of reports to support organisations to improve their data quality.
- **ICR Benefits Management**
 - Regular utilisation reporting
 - Comm and Marketing for system promotion

- **Graphnet Revised Support Model:** Ensure new support model for Graphnet is live and fully effective
- **Information Governance to Support the Programme:**
 - LHCR
 - Secondary Use of Data
 - MASH
 - Children's data
 - Shared Graphnet Instance
- **Integrated Care System Preparation:**
 - ICS Digital design and mobilisation

- **PHM Analytical Data Source:** Establish the ICR as the primary source of data to support population health analytics:
 - Information Governance
 - Data Access Governance
 - Dataset awareness and documentation
 - Public information/Opt-Out
- **Procure/Deploy PHM Analytical Tools:** to support clinicians and commissioners in making effective and safe use of the data available

- **Foundation IT Services:**
 - Complete foundation services review
 - Implement agreed recommendations
- **HIMMS CCM Model:** Baseline assessment and action plan for HIMMS CCM Model



Questions and Answers



Local Members Interest
N/A

Healthy Staffordshire Select Committee - Tuesday 16 March 2021

Care Homes for Older People: Implications of COVID-19 for Council strategy

Recommendation

I recommend that the Committee:

- a. Consider and comment on the impact of COVID-19 on care homes for older people and the implications for Council strategy.

Report of Dr Johnny McMahon, Cabinet Member for Health, Care and Wellbeing

Summary

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

1. COVID-19 has had a profound impact on care homes for older people and their residents and this will have implications for the type and volume of care Staffordshire will require in the future and the Council's strategic approach to the market.
2. Healthy Staffordshire Select Committee is invited to consider the impact of COVID-19 as set out in this report and note this will be taken into account in an updated market position statement to be published in Spring / Summer 2021.

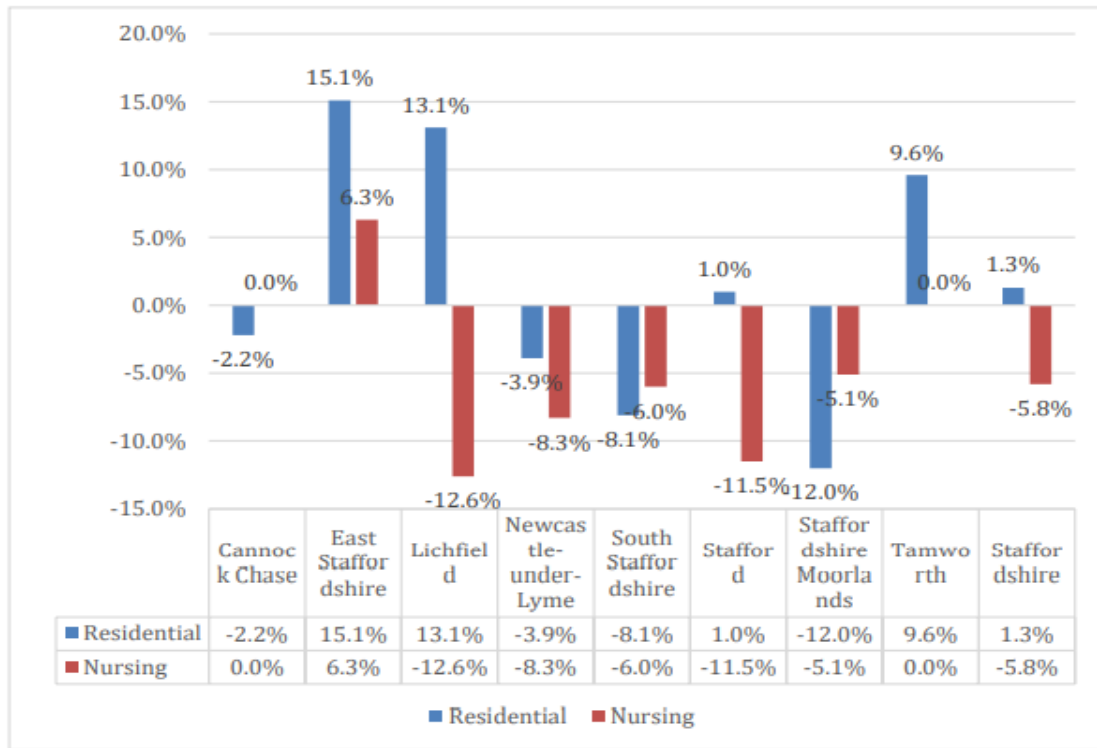
Report

Care homes for older people

3. There are 182 care homes registered for care of older people in Staffordshire, 108 residential and 74 nursing. These care homes have a total of 7,087 beds: 2,910 residential and 4,177 nursing. The numbers of care homes and beds has been decreasing in recent years (figure 1).
4. The Council commissions 2,258 care home placements for older people, 1,838 in county and 420 out of county. The remaining 4,829 care home beds in Staffordshire are either used by self-funders, the NHS or other local authorities, or are vacant.

Figure 1a: changes in numbers of care home beds in Staffordshire February 2016 to February 2019

[Source: Final Joint Market Management Strategy for Residential and Nursing Care Homes in Staffordshire, SCIE.]



5. Care homes are regulated by the Care Quality Commission (CQC). The CQC rates 18% of Staffordshire’s residential and 35% of Staffordshire’s nursing homes as ‘requires improvement’ or ‘inadequate’. These figures have fallen from 21% for residential and 44% for nursing homes in May 2017 (figure 2), and remain slightly above the England averages of 15% for residential and 22% for nursing homes.

Figure 2a: CQC care homes rated ‘requires improvement’ or ‘inadequate’

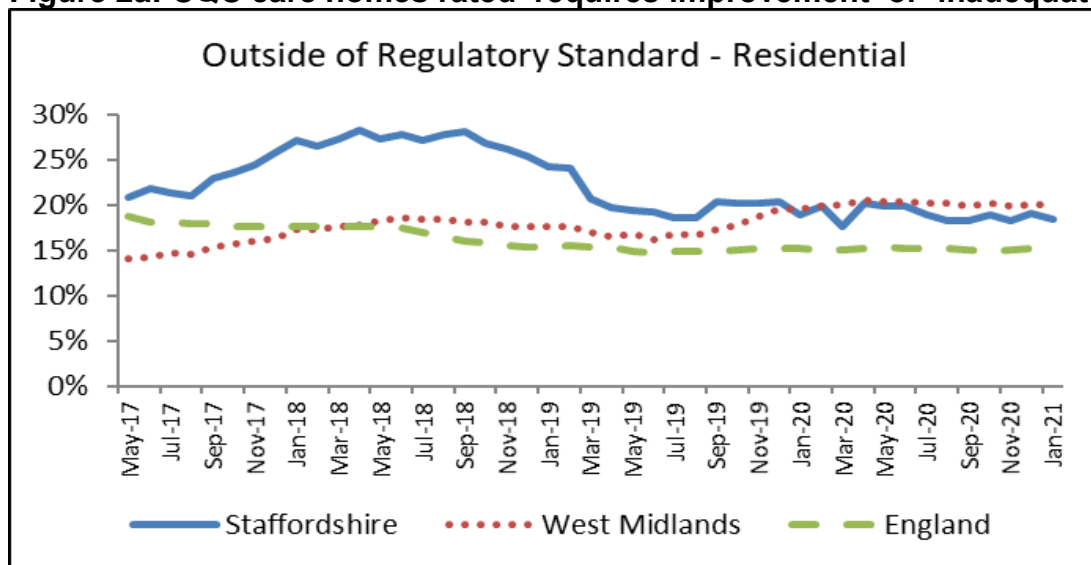
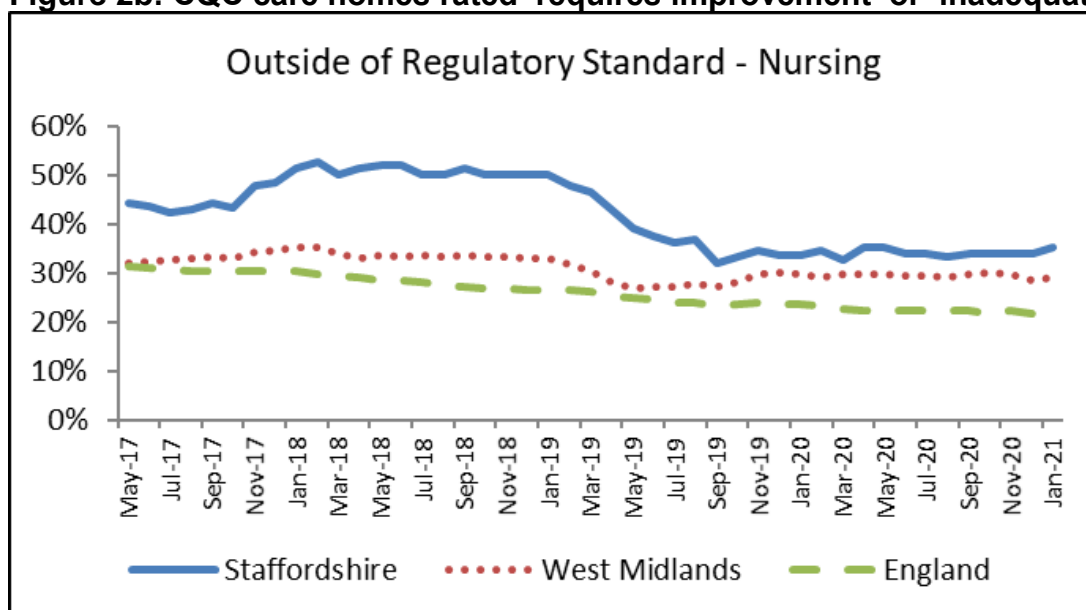


Figure 2b: CQC care homes rated ‘requires improvement’ or ‘inadequate’



Commissioning arrangements

6. The Council uses a Dynamic Purchasing System (DPS) to purchase new care home placements. A profile of the client is sent electronically to a range of care homes contracted on standard terms and conditions with the Council and invites offers to meet their assessed eligible needs. There are currently 451 care homes contracted on the DPS in 10 lots, four of which are to provide care for older people (table 1).

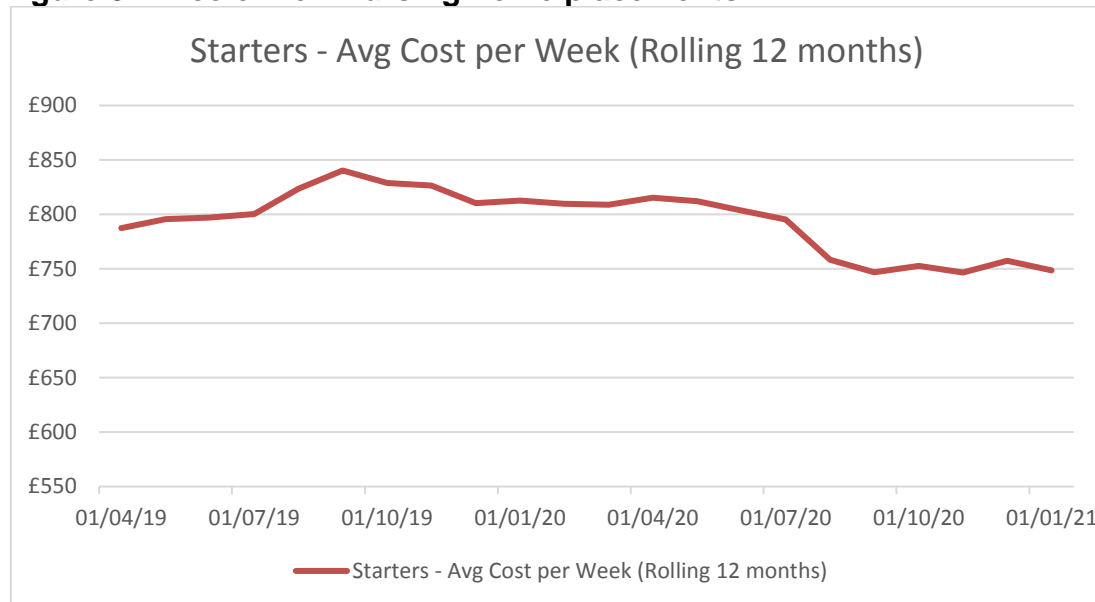
Table 1: care homes contracted to provide care for older people

Lot	Number of contracted homes
1. Residential without dementia	147
2. Residential with dementia	144
6. Nursing without dementia	65
7. Nursing with dementia	63

7. Prior to the COVID-19 pandemic the price of nursing home placements for older people was rising rapidly. In April 2019 Cabinet approved recommendations to support the development of market, and increase supply, to ensure that the Council could continue to meet the assessed eligible needs of older people at a cost-effective price. These included:
 - a. Approval of the award of block booked contracts for long-term care home placements and the required support services to manage these placements.
 - b. Completion of a Joint Strategic Care Home Review with the NHS.
 - c. Extension of the Dynamic Purchasing System (DPS) Agreement as appropriate.

8. In the wake of this the Council commissioned 183 block booked block booked nursing beds capacity available for the Council to use. Those beds in payment are typically 90% full, at an average price of £624 per week. This gives a cost-effective option for people requiring nursing care, and has had a positive effect on prices, with the average price of new nursing home placements for older people reduced from £840 in Sept 2019 to £749 currently (figure 3).

Figure 3: Price of new nursing home placements



9. In June and September 2019, Cabinet approved proposals for the Council to develop Council owned older people’s nursing homes and to appoint an external care provider to operate these care homes. Cabinet also approved the redevelopment of the Hillfield site in Burton Upon Trent to provide 38 nursing home beds; and development of two new Council owned nursing care homes, one in Stafford and one in South Staffordshire, to provide a total of 120-200 nursing beds, subject to final sign-off of the business case by the County Treasurer.
10. A provider was appointed to operate Council owned nursing homes, and design work for redevelopment of the Hillfield site was completed, however this was not progressed because of the advent of COVID-19 in February 2020, and in September 2020 Cabinet agreed to pause this project. The business case for development of two new Council owned nursing care homes has been suspended as a result of the pandemic, and will be resumed when longer term demand in the wake of the pandemic is clearer.
11. The Joint Strategic Care Home Review with the NHS was completed and concluded that the Council and the Clinical Commissioning Groups should:
- Develop a joint strategic approach to the market.
 - Build better relationships and an engagement approach with the market.
 - Develop options for market shaping.
 - Improve clinical and health care support for care homes.
 - Better understand the self-funder market.
 - Promote technology enabled care.

12. Again, the advent of COVID-19 has affected our ability to progress these recommendations and they will be revisited once the pandemic is under control.

Impact of COVID-19

13. COVID-19 has had a profound impact on care homes for older people and their residents from the outset. The Council has been supporting care homes throughout the pandemic with:

- a. Advice and practical assistance to enhance infection prevention and control;
- b. Advice to support management of cases, clusters and outbreaks - more than 953 incidents so far, including outbreaks within individual care homes, many of them large and complex;
- c. Working with the NHS to develop hospital discharge pathways to ensure that care homes are protected from new infections introduced from hospitals;
- d. Additional staff to support business continuity;
- e. Personal protective equipment supplies;
- f. Additional funding from the Infection Control Fund provided by HM Government - a total of £18.19m during 2020/21;
- g. £19.776m additional one off funding paid to care homes of which £12.18m was from Infection Control Fund Grants 1 and 2;
- h. Support to establish testing for residents and staff;
- i. Support to access COVID vaccination for residents and staff; and
- j. Links to NHS skills and resources, such as the local Infection Prevention; and Control team and the Midlands Partnership Foundation NHS Trust Intensive Support Team.

14. The immediate impact of COVID-19 on care homes is abating. As at the beginning of March, approximately 92.5% of residents and 78% of staff have received their first dose of vaccination, and this along with the lockdown has reduced the number of cases, outbreaks and deaths (figure 4).

Figure 4a: care home COVID cases

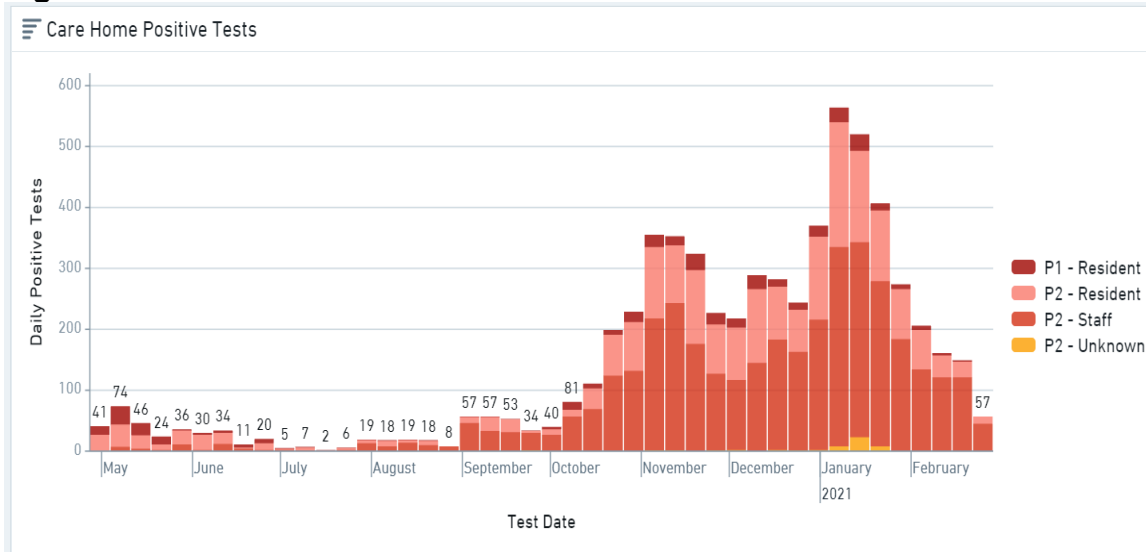


Figure 4b: care home COVID incidents and outbreaks

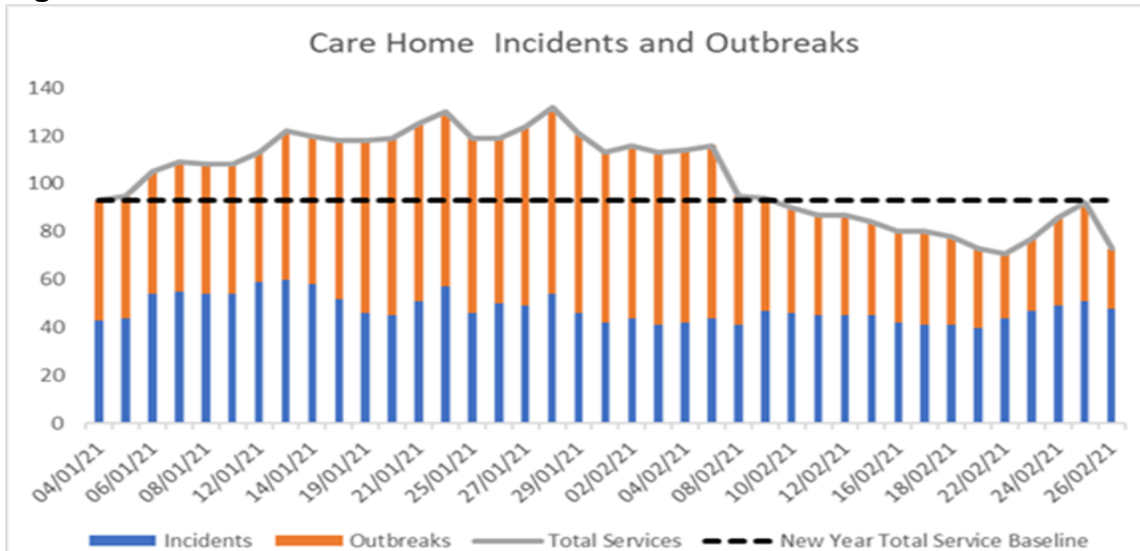
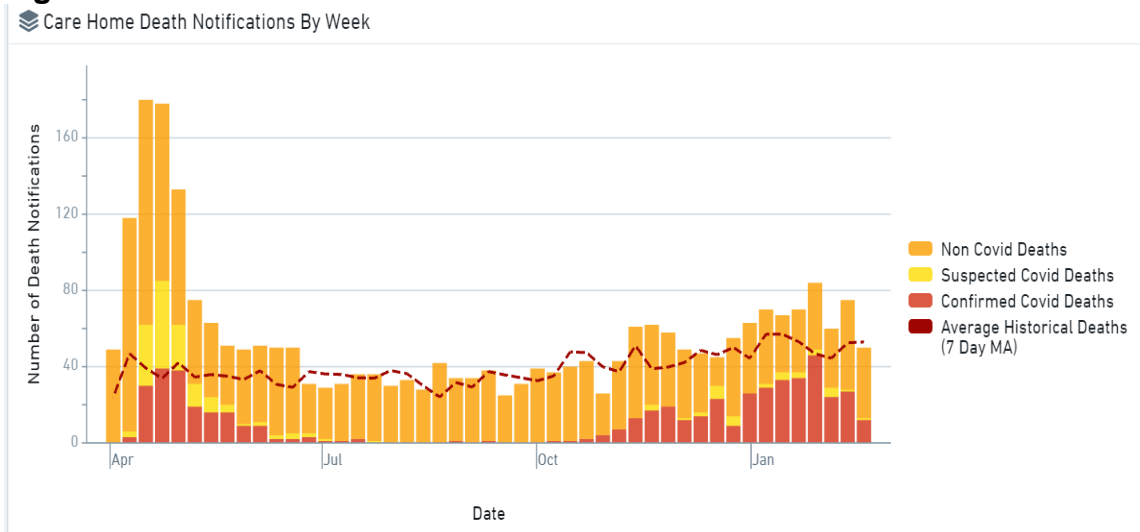


Figure 4c: care home deaths



15. However, there will be an ongoing impact from COVID-19 - including:
- a. A requirement for enhanced infection prevention and control. This will particularly affect older care homes where the estate is not conducive to the highest standards.
 - b. Ongoing sporadic cases and the occasional outbreak, requiring management and support from the Council
 - c. Ongoing requirements for testing of staff and residents, and probably revaccination, perhaps annually.
 - d. A compounding effect on already difficult recruitment and retention.
 - e. Lower bed occupancy in care homes: vacancy rates have increased from 9% pre pandemic to 22% currently, and demand may reduce as care homes become a less attractive option for long term care.
 - f. A potential change in self-funders' preference for moving to care homes rather than remaining in their own homes.
 - g. Conversely demand for care at home may increase as people choose to stay in their own homes for longer.
16. Collectively these will tend to increase operating costs and reduce income, which may threaten the financial viability of some care homes. The Council will need to consider our response in light of our responsibilities to shape the market, increase quality and ensure cost-effective use of taxpayer funding, as well as the limits on the funding available.
17. Once the immediate impact of COVID-19 has abated the intention is to remodel projections of demand over the next 10 years and review the strategic approach to the market. This will be set out in an updated market position statement to be published in Spring / Summer 2021.

Link to Strategic Plan

18. Inspire healthy independent living.

Link to Other Overview and Scrutiny Activity

19. Reports relating to Care Homes have been presented to Staffordshire County Council Cabinet as per the list below.

Community Impact

N/A

List of Background Documents/Appendices:

Strategic Review of the Older People Care Home Market in Staffordshire.

Staffordshire County Council Cabinet – 17 April 2019

Block Booked Short Term Care Home Beds. Staffordshire County Council Cabinet – 17 April 2019

Development of Council Owned Older People’s Nursing Homes. Staffordshire County Council Cabinet – 19 June 2019

Business Case for Council Owned New Build Care Homes with Nursing. Staffordshire County Council Cabinet – 18 September 2019

Care Provider Fee Uplift and Financial Stability Measures 2020/21. Staffordshire County Council Cabinet – 15 April 2020

Strategic Review of the Older People Care Home Market in Staffordshire.

Staffordshire County Council Cabinet – 16 September 2020

Contact Details

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Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 16 March 2021

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. Cannock Chase District Council's Wellbeing Scrutiny Committee met on 17 November 2020 and an update on the matters considered is anticipated to be made at the meeting of Healthy Staffordshire Select Committee. Their next meeting will be held on 30 March 2021.

East Staffordshire Borough Council

6. East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on 16 December 2020 and an update on the matters considered is anticipated to be made at the meeting of Healthy Staffordshire Select Committee. Their next meeting will be held on 25 March 2021.

Lichfield District Council

7. Lichfield District Council's Community Housing and Health (Overview and Scrutiny) Committee's next meeting is on 10 March 2021. An update on the matters considered is anticipated will be made at the meeting of Healthy Staffordshire Select Committee.

Newcastle-under-Lyme Borough Council

8. Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee met on 1 March 2021 at which they considered:-
 - A comprehensive report on Domestic Abuse services which included local demand; provision of services in the Borough; funding; impact of Covid; services specifically for children and young people and how services would develop in the future.
 - An item on tackling Faith and Race Hate – a presentation was given on a project by the New Vic Theatre. The theatre's Borderlines Group had received funding of £222,931 for their project 'It's Not as Simple as Black and White' which would be launched later this month.
 - An item on Parks and Open Spaces Scrutiny Review – a verbal update was made on progress with this Scrutiny Review following a meeting of the Working Party the previous week. The Group was to meet once more in April and would finalise a set of recommendations to be brought to the Scrutiny Committee in June.
 - A report from a meeting between representatives of the Committee and the local Clinical Commissioning Group (CCG) regarding progress with the vaccination programme across the Borough.
 - Their Work Programme and agreed that the agenda for the next meeting (7 June 2021) would include an items on Anti-Social Behaviour – the impact of Covid-19 on services for young people and ASB by adults and; the final report from the Parks and Open Spaces Scrutiny Review.

South Staffordshire District Council

9. South Staffordshire District Council's Wellbeing Select Committee met on 2 February 2021 at which they considered an oral report from Staffordshire County Council updating them on the roll out of Lateral Flow Testing in the District. Members were pleased with how the programme had been delivered in South Staffordshire and the approach taken in having a number of pop up testing sites across the District which was particularly important in rural areas. NB An item which was to have been considered on the implementation of Covid-19 Vaccination Programme in the District was withdrawn owing to representatives of the local Clinical Commissioning Group being unavailable to attend.
10. Their next meeting will be held on 6 April 2021 and Agenda items will include:- (i) an update from Dudley CCG following the transfer of a Staffordshire GP practice to Dudley and how this is working for South Staffordshire residents who are patients of

the surgery and; (ii) an update on cancer treatment for South Staffordshire residents during the pandemic.

Stafford Borough Council

11. At their meeting on 2 March 2021 the Borough Council's Community Wellbeing Scrutiny Committee considered:- (i) a report back from meetings of the Healthy Staffordshire Select Committee held on 30 November 2020 and 1 February 2021; (ii) a Covid Recovery Update - A report back on the work that had been undertaken in quarter three as part of the Community Recovery Workstream; (iii) a Quarter 3 Performance Report detailing performance and financial management for the services under the Committee's remit for the period ending 31 December 2020 and; (iv) their work programme for future meetings up to March 2022.
12. Their next meeting will be held on 22 July 2021.

Staffordshire Moorlands District Council

13. Staffordshire Moorland District Council's Health Overview and Scrutiny Panel met on 3 March 2021 at which Neil Carr, Chief Executive and Jennie Collier, Managing Director, Midlands Partnership NHS Foundation Trust, were present to update members on the temporary closure of Leek Minor Injuries Unit and the development of the Integrated Care Hub. The Panel were given assurance that the Minor Injuries unit would re-open by the end of June, as long as certain criteria was met. Should there be another surge in the number of patients requiring treatment for Covid, then staff may need to redeployed again.
14. Marcus Warnes, Accountable Officer and Tracey Shewan, Director of Communications and Corporate Services, North Staffordshire Clinical Commissioning Group also attended the meeting. The Panel were advised of the consultation for the Integrated Care Hub, decision making and the progress to date.
15. Following discussion around the criteria used locally to identify adult carers to receive Covid-19 vaccinations, it was agreed that a letter would be sent to the County Council, as there were cases of carers that did not claim carers allowance, experiencing difficulties making appointments to be vaccinated.
16. Their next meeting will be held on a date and at a time to be arranged. However, North Staffordshire Combined Healthcare NHS Trust have provisionally agreed to attend.

Tamworth Borough Council

17. Tamworth Borough Council's Health & Wellbeing Scrutiny Committee met on 8 December 2020 at which they received an update from the Assistant Director, Growth & Regeneration regarding progress made since the Climate Change Declaration was adopted by Council on December 2019. This focussed on- (i) The requirement for a clear picture of the Council's carbon footprint; (ii) identification of areas for focus to reduce and offset the footprint and a road map with milestones and; (iii) the role of the Local Plan.

18. Recommendations from the Committee were made to Cabinet regarding the setting up of a working group comprising the relevant Portfolio Holder, the Chair of the Health & Wellbeing Scrutiny Committee and a member of the Opposition, together with a commitment to engage with the public on any baseline report produced.
19. In addition, they received an interim update from the Working Group on Young People on their progress to date.
20. Their next meeting will be held on 26 January 2021.

Appendices/Background papers

Emails from (i) Newcastle-under-Lyme Borough Council (Denise French) dated 3 March 2021; (ii) South Staffordshire District Council (Mark Jenkinson) dated 3 March 2021; (iii) Stafford Borough Council (Andrew Bailey) dated 1 March 2021; (iv) Staffordshire Moorlands District Council (Sally Hampton) dated 4 and 5 March 2021 and; (v) Tamworth Borough Council (Jo Hutchinson) dated 3 March 2021 to Jonathan Lindop, Member and Democratic Services.

Contact Officers

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WORK PROGRAMME – 16 March 2021

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 Jeremy Pert

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 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 Councillors 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.

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 (SCC)		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 Transfers of Car.	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 – (a) 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 CFRs. 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 (SCC)~~

~~(ii) CCG – Financial Exception Report (CCGs)~~

(i) Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire (Mental Health Trusts)

(ii) Residential Care Provision and 2020 Covid-19 Pandemic in Staffordshire (SCC)

Requested at Committee meeting on 16 September 2019 .

Requested following Committee meeting on 8 June 2020.

RESOLVED - (a) That the reports/presentations be received and noted.

(b) That the contact details of Midlands Partnership NHS Foundation and North Staffordshire Combined Health Care NHS Trusts' 24/7 emergency mental health helpline (to be supplied) be circulated to (i) Members of the Committee; (ii) all Staffordshire County Councillors and (iii) Leaders of all Staffordshire District/Borough Council's for dissemination, as appropriate.

(c) That the Chairman highlights the importance of improving links between NHS mental health service providers and schools having regard to the 2020 Covid-19 Pandemic, with Staffordshire County Council's Cabinet Members for Learning and Employability and; Children and Young People, as necessary

(d) That the mental health burden arising from the 2020 Covid-19 Pandemic in Staffordshire be monitored closely and that further scrutiny of mental health service providers be undertaken at the appropriate time, as necessary.

They received a joint presentation/report from (i) the Director of Health and Care; (ii) Chief Executive of Midlands Partnership NHS Foundation Trust and; (iii) Chief Executive Officer North Staffordshire Combined Healthcare NHS Trust regarding the mental health burden arising from the 2020 Covid-19 Pandemic in Staffordshire.

Members scrutinised and held the Trusts to account over the various measures they had implemented to deal with the effects of the Pandemic including:- (i) service changes to comply with social distancing guidelines; (ii) forward planning for a potential increase in demand; (iii) ensuring access to services by existing patients were maintained and; (iii) their efforts to reach residents in high risk groups who were not already known to providers. With regard to the County Council's Public Health responsibilities, they heard that whilst the longer-term effects of the pandemic were not yet known, actions to improve mental health in the wider population would require a sustained system-wide, multi-agency approach lasting many years.

In response to the above, the Committee identified certain immediate actions aimed at improving access to services in the County.

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

(b) That the impact of the 2020 Covid-19 Pandemic on Care Homes in Staffordshire be monitored closely and that further scrutiny of relevant commissioners be undertaken at the appropriate time, as necessary.

They received a presentation/report from the Deputy Leader and Cabinet Member for Health, Care and Wellbeing regarding Residential Care Provision and the 2020 Covid-19 Pandemic in Staffordshire.

Members learned that whilst approximately 50 % of Care Homes in the County had recorded at least one case of the virus (amongst residents and staff), all Homes had been affected to a degree (i) operationally; (ii) clinically and/or; (iii) financially. However, in line with Central Government requirements, the County Council had implemented a Care Homes Support Plan to provide (i) Advice and guidance; (ii) training in

			<p>infection control; (iii) supplies of Personal Protective Equipment; (iv) surveillance and response to cases and outbreaks; (v) Clinical support; (vi) testing; (vii) intensive support with staffing where required; (viii) arrangements to reduce the movement of staff and; (ix) additional funding. They were pleased to note that the plan had helped to alleviate the position in respect of the above-mentioned areas but agreed to keep Staffordshire's response to the Pandemic under review as the situation both nationally and locally developed.</p>
<p>10 August 2020</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 46</p>	<p>Backlog of hospital appointments as a result of Covid-19 (Acute Trusts, CCGs).</p>	<p>Requested at pre-Agenda preview on 26 June 2020.</p>	<p>RESOLVED – (a) That the presentation/report be received and noted.</p> <p>(b) That the impact of the 2020 Covid-19 Pandemic on the backlog of hospital appointments be monitored closely and that further scrutiny of health Partners be undertaken at the appropriate time, as necessary.</p> <p>The Committee received a joint presentation/report from (i) Staffordshire Clinical Commissioning Groups (CCG); (ii) University Hospitals of North Midlands NHS Trust; (iii) School Aged Immunisation Service (SAIS); (iv) University Hospitals of Derby and Burton NHS Foundation Trust and; (v) Royal Wolverhampton NHS Trust regarding the backlog of hospital appointments arising from the Covid-19 pandemic.</p> <p>Members were provided with detailed statistical and graphical information relating to:- (i) Capacity; (ii) performance against the NHS Two Week Cancer Wait Target; (iii) progress in reducing the 62 and 104 Days Cancer Pathways backlogs; (iv) Cancer Endoscopy Waits; (v) progress with regard to the implementation of various Cancer Screening Programmes; (vi) Follow-up Appointments; (vii) Routine Surgery Referral to Treatment Pathway Waiting Lists; (viii) Accident and Emergency Unplanned Pathways and; (ix) Inpatient and Outpatient Activity etc.</p> <p>Members scrutinised and held the CCGs, Trusts and SAIS to account over their performance asking questions and seeking clarification where necessary. They learned that whilst the Pandemic initially had a significant impact on the NHS, many of those services which had been halted, were now in the process of being restored. Other services such as routine GP appointments had adapted/been managed remotely during the crisis in order to comply with social distancing guidelines. In addition, they were pleased to note that Staffordshire NHS Trusts/CCGs had robust plans in place for the recovery period until March 2021 and had refreshed their long-term Plans to take account of the significant change in circumstances which had occurred including identification of future risks and challenges and appropriate measures to mitigate their impact. Also, the joint working which had taken place in Health was noted and welcomed.</p> <p>The Committee went on to make various suggestions as to how the recovery phase could be improved for the benefit of residents in the County and undertook to keep the developing situation with regard to Covid-19 under close scrutiny, as necessary.</p>
<p>14 September 2020</p>	<p>(i) Winter Plans (Acute Trusts, CCGs, SCC).</p>	<p>Requested at pre-Agenda preview on 26 June 2020.</p>	<p>RESOLVED – (a) That the report/presentation be noted.</p> <p>(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.</p> <p>The Committee received a joint presentation/report from (i) Staffordshire Clinical Commissioning Groups (CCGs); (ii) University Hospitals of North Midlands NHS Trust; (iii) University Hospitals of Derby and Burton NHS Foundation Trust and; (iv) Royal Wolverhampton NHS Trust and (v) County Council regarding the impact of the 2020 Covid-19 Pandemic and their Winter Plans for the 2020/21 season.</p> <p>Members were provided with a PowerPoint presentation, in advance of the meeting, setting out detailed information on Health and Care's Winter Plans including:- (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 Covis-19 Surges; (vii) Communications</p>

(ii) Hearing Aids (CCGs)

and Engagement; (viii) Risks and Mitigations; (viii) National Discharge Service: Policy and operating Model; (ix) Discharge Pathways – System Success; (x) additional submitted Trust specific information.

Following a brief oral instruction from Staffordshire CCGs Accountable Officer, Members scrutinised and held the Trusts/organisations to account over the scope, timeliness and details of their Plans, asking questions and seeking clarification where necessary. They were encouraged by the extent of the preparations which had been made notwithstanding existing system pressures during the year and continued uncertainty surrounding the course of the Pandemic. They learned that Health and Care's focus would be to restore services previously stood down or curtailed whilst ensuring patients/service users remained safe. In addition, measures were being implemented to maintain capacity in primary and secondary care whilst endeavouring to manage demand by keeping people well through eg implementation of the extended national flu vaccination programme and preparing for a Covid-19 vaccine to become available. However, the Committee noted the various challenges which were likely to continue over the winter period, including recruitment of Doctors to General Practice, waiting times for certain elective procedures and the adverse effects of the outbreak on mental health in the general population. In response to requests for assistance, the Committee stated their willingness to work jointly with system Partners, particularly in area of communication and engagement, as necessary, for the benefit of residents in the County.

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.

The Committee received an update report from Staffordshire Clinical Commissioning Group's (CCGs) Accountable Officer regarding NHS hearing aid provision in Staffordshire. This followed reconfiguration of the existing service for people with mild age-related hearing loss by North Staffordshire CCG and subsequent County-wide review by all CCGs following publication of the findings of a Cochran review in 2017 and change in guidance from The National Institute for Health and Care Excellence. Initial consultation and engagement with stakeholders regarding future hearing aid provision had taken place between January and March 2020 as part of the Difficult Decisions programme's Listening Exercise. However, formal consultation had been postponed owing to the Covid-19 Pandemic and the need to support frontline services and adhere to social distancing requirements. Whilst the CCGs could not give an indication, at this stage, when the work would resume, they undertook to recommence it as soon as it was safe to do so.

In response to a request, the CCGs Accountable Officer undertook to share the information received during the above-mentioned listening exercise, together with details of cost savings achieved from the revised policy, with the Committee, in the interim.

NB: Stakeholder Briefing received from Marcus Warnes 29 January 2021 stating that North Staffordshire CCG to extend hearing aid provision to include those with mild to moderate hearing loss thus removing previous decision from their forthcoming 'Difficult Decisions' consultation.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 39</p>			<p>The Committee also considered a report and PowerPoint Presentation from Staffordshire Clinical Commissioning Groups' (CCGs) Accountable Officer updating them on the restoration and recovery of services following the 2020 Covid-19 Pandemic including:- (i) The Impact of the Virus; (ii) Staffordshire and Stoke-on-Trent Restoration and Recovery and Financial Plans; (iii) Key Risks and Challenges; (iv) Temporary Service Changes implemented following the outbreak; (v) Locally Driven Changes; (vi) Communications and Engagement; (vii) Next Steps and; (viii) Updates by specific service areas. Members then scrutinised and held the CCGs to account. In the full and wide-ranging discussion which ensued the Committee emphasised Health's statutory duty to consult on substantial variations in service provision, notwithstanding the implications of the pandemic. They were particularly concerned about the implementation of the extended Flu vaccination programme and any shortages of vaccine with might arise. However, they received assurances that current stocks of vaccine were adequate to meet the needs of Phases 1 (over 65-year olds) and 2 (over 50-year olds) in Staffordshire. However, they undertook to notify the CCGs of any difficulties which arose in this respect, in individual localities going forward. In addition, they encouraged Health to build on the lessons learned so far during the pandemic with regard to mental health services, virtual appointments and engagement with local communities and their representatives. They undertook to encourage local residents to present at GP surgeries in their divisions, as necessary and asked for benchmarking data relating to face to face and virtual appointments by practice so that areas of concern could be scrutinised further. They were re-assured that critical services such as cancer care had successfully been restored and went onto seek clarification of the status of various other local health facilities in the County which had been temporarily closed since the outbreak, highlighting the health inequalities which would have arisen as a result.</p>
<p>30 November 2020</p>	<p>(i) Community First Responders – Update from WMAS on progress following 8 June 2020 attendance and representatives from Association of Staffordshire Community First Responders</p>	<p>Requested at pre-Agenda preview on 28 August 2020</p>	<p>RESOLVED – (a) That the reports/presentations be received and noted.</p> <p>(b) That further details of West Midlands Ambulance Service University NHS Foundation Trust's performance in respect of response times by area be provided to Members on request.</p> <p>(b) That the Trust consider:- (i) including Community First Responders (CFRs) in future Staff Satisfaction surveys and; (ii) reviewing the existing four mile radius from incident for deployment of CFRs following consultation with volunteers.</p> <p>(c) That the Staffordshire CFRs be thanked on behalf of the Committee for their valuable contribution to the work of the Trust in delivering essential health services to the residents of Staffordshire.</p> <p>(d) That further informal consultation and engagement meetings between Staffordshire CFRs and WMAS be brokered by the Committee, as required, in order to promote dialogue, co-operation and more effective working relationships between the parties.</p> <p>The Committee received a presentation/report from representatives of West Midlands Ambulance Service University NHS Foundation Trust updating them on the operation of the Community First Responders (CFR) Service in the County. This followed scrutiny of decisions taken by the Trust in April 2020 to make changes to the:- (i) vehicles used by CFRs; (ii) range of drugs routinely carried by CFRs in their voluntary capacity and; (iii) training received, and qualifications attained by CRFs, at their meeting in June 2020.</p> <p>The meeting was also attended by representatives of Staffordshire CRFs who outlined the impact of the changes from their perspective.</p> <p>Members heard that whilst 37 CFRs had resigned since implementation of the above-mentioned changes, further applications had been received from prospective participants, 97 of which had been shortlisted. The Trust re-affirmed their commitment to the scheme which they said would continue to be an integral part of their service to Staffordshire residents. In addition, they highlighted their performance against national key</p>

	(ii) Digital Exclusion (SCC)	Requested at pre-Agenda preview on 28 August 2020	<p>indicators which had been maintained notwithstanding the changes and additional pressures arising from the 2020 Covid-19 Pandemic. However, they sought assistance from Members in providing evidence where service standards had been compromised as a result of the changes.</p> <p>The representatives of the Trust went on to re-assure the Committee of their willingness to improve dialogue with all stakeholders (including CFRs) and that the operation of the Scheme would be kept under review so that any further changes found to be necessary would be made in the interests of improving patient care.</p> <p>RESOLVED – (a) That the report/presentation be noted.</p> <p>(b) That further engagement with Members of the Committee be undertaken during the development of the County Council’s Digital Exclusion Action Plan having regard to their knowledge of issues in the health arena.</p> <p>The Committee gave scrutiny to the work of the Cabinet Member for Finance and Resources in tackling digital exclusion and promoting digital inclusion to health services by residents in Staffordshire. The County Council had compiled a digital Exclusion Action Plan containing practical measures to promote greater connectivity, accessibility, skills and communication for delivery during 2020/21 and 2021/22.</p> <p>Members highlighted the need for closer scrutiny of the various initiatives included in the draft Digital Exclusion Action Plan 2020/21 to ensure that they were fully aligned with the County Council’s aims and objectives. They also drew attention to changes announced in the Government’s Spending Review which might impact on the roll out of Broadband connectivity to those communities not currently served. The Committee recognised that connection speed and Broadband width were key to ensuring digital inclusion in the health and care. However, whilst both factors were not always within the County Council’s control, wider digital infrastructure requirements had been included in the Plan for co-ordination with Partners, as necessary. Members also expressed concern about the level of intergenerational support available for residents who were not currently IT savvy, during the 2020 Covid-19 pandemic. They recognised the valuable contribution that the younger generation could make in sharing skills and knowledge and looked forward to a time when schools could re-engage for the benefit of the wider community. These issues were acknowledged by the Cabinet Member for Finance and Resources who reassured them of his commitment to the on-going development of the Action Plan. In addition, an all Member virtual seminar would be held during the early part of 2021 in which they could contribute further having regard to their health remit. The Cabinet Member also spoke of the County Council’s participation in ‘NHS X’ which involved the trialling of mobile portals in residential care settings in order to support the digital transformation of care and reduction of social isolation.</p>
1 February 2021	(i) Staffordshire Integrated Care System (CCG).	At the request of the Chairman on 9 January 2021	<p>RESOLVED – (a) That the report be received and noted.</p> <p>(b) That the proposals for development of an Integrated Care System in Staffordshire be supported on the basis of ensuring better healthcare service provision in the County.</p> <p>(b) That further scrutiny of the development of an Integrated Care System be undertaken at the appropriate time, as necessary.</p> <p>(c) That the Chairman liaise with representatives of Health regarding a suitable provisional timeframe for further scrutiny.</p> <p>The Healthy Staffordshire Select Committee gave preliminary scrutiny to the development of an Integrated Care System (ICS) for Staffordshire. This followed publication of Together We’re Better’s (The Staffordshire Sustainability and Transformation Partnership) Staffordshire and Stoke-on-Trent ICS Designation and Development Plan in December 2020 which outlined how the health and care system was to collaborate and strengthen partnership working in order to tackle the various challenges set out in the NHS’s Long Term Plan and their own Five Year Delivery Plan. Members learned of proposals to:- (i) reconfigure the County’s current</p>

	(ii) Covid-19 Vaccinations Roll-out (CCG).	Ditto	<p><i>clinical commissioning arrangements into a single strategic unit and; (ii) develop Integrated Care Partnerships and sustainable Primary Care Networks. They agreed to give further scrutiny to the ICS as the measures contained in the Plan were developed and undertook to participate in the governance arrangements to support effective system working, as necessary.</i></p> <p>RESOLVED – (a) That the report be received and noted.</p> <p>(b) That progress in the roll-out of the Covid-19 vaccination programme in Staffordshire be kept under close review.</p> <p>(c) That the Committee give any assistance to Health in achieving full implementation of the programme where possible and as appropriate.</p> <p><i>The Committee received an update on the implementation of the Covid-19 Vaccination Programme in the County. They were encouraged to learn that as of 28 January 2021:- (i) 143,301 vaccine doses had been administered; (ii) 86% of over-80s had received their first vaccine dose and; (iii) 99.9% of care homes have been visited by vaccination teams. They noted guidance issued by the national Joint Committee on Vaccination and Immunisations which stated that those most at risk were to be prioritised for medication and the expectation that the four cohorts identified within this group in Staffordshire were to have received their first doses by Mid-February 2021. However, they agreed to keep progress made in the roll out of the Programme under close review and give assistance to Health in achieving its full implementation, as necessary.</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> 16 March 2021 Page 51 </p>	<p>(i) Care Homes - (a) Future Demand and; (b) Critical Issues.</p> <p>(ii) Digital Exclusion/Inclusion (CCG).</p> <p>(iii) Covid-19 Vaccination Roll-out – Update (CCG).</p> <p>(iv) CCG Reconfiguration – Public Consultation</p>	<p>At the request of the Chairman on 9 January 2021</p> <p>Requested at pre-Agenda preview on 28 August 2020</p> <p>Requested at meeting on 1 February 2021</p> <p>Agreed at Chairman's meeting with Health on 9 February 2021</p>	
<p>2021 (date to be confirmed)</p>	<p>Wider Determinants of Health – Inquiry Day (CCGs and SCC).</p>	<p>Requested at pre-Agenda preview on 28 August 2020</p>	

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	
'Long' Covid-19 - Reponse by Health	Agreed at Committee meeting on 14 September 2020 to be scheduled into programme following discussion between Chairman and Vice-Chairmen	
Health Dashboard	Requested by Chairman at Committee meeting on 14 September 2020	March 2021 proposed.
Workforce Planning	Requested by Chairman at Committee meeting on 26 October 2020	
Difficult Decisions (excluding Hearing Aids following CCG's decision to extend service) (CCGs)	Requested at Committee meeting on 14 September 2020.	
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	June 2021 (indicative)
George Bryan Centre, Lichfield (MPFT)	Requested by Chairman at local meeting on 9 March 2021	
Post Pandemic System Restoration and Recovery (CCGs)	Requested by Chairman at informal meeting with Health on 4 March 2021	July 2021 (indicative)
ICS and Urgent Care configuration engagement (CCGs/ICS)	Requested by Chairman in correspondence with CCGs Accountable Officer 5 March 2021	June 2021 (indicative)
ICS and Urgent Care configuration (CCGs/ICS)	Requested by Chairman in correspondence with CCG Accountable Officer 5 March 2021	

Chairman's Activity	Date	Issues for Committee
Attendance at Outbreak Control Board Meetings	Various	
Meeting with Healthwatch Staffordshire	19 October 2020	
Covid-19 Update - Weekly meeting with Health	Various	
Meeting with LDC Member re Scrutiny of local issues	9 February 2021	
Attendance at SMDC Health Overview and Scrutiny Committee	3 March 2021	

Membership

Jeremy Pert Chairman)
Paul Northcott (Vice-Chairman)
Charlotte Atkins (Shadow Vice-Chairman)

Philip Atkins
Tina Clements
Janet Eagland
Ann Edgeller
Phil Hewitt
Dave Jones
Kath Perry
Jeremy Pert
Bernard Peters
Ross Ward

Borough/District Councillors

Ann Edgeller (Stafford)
Maureen Freeman (Cannock)
Richard Ford (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Adam Clarke (East Staffordshire)
Joyce Bolton (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.

