

## **Health and Care Overview and Scrutiny Committee**

Monday 5 July 2021

**10:00**

Council Chamber, County Buildings, Stafford

**NB.** The meeting will be webcast live which can be viewed here -  
<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell  
Director of Corporate Services  
25 June 2021

---

### **A G E N D A**

#### **PART ONE**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 7 June 2021** (Pages 1 - 12)
4. **Restoration and Recovery** (Pages 13 - 20)  
Report of the Clinical Commissioning Group (CCG)
5. **Access to GP Surgeries** (Pages 21 - 38)  
Report of the Clinical Commissioning Group (CCG)
6. **Covid-19 Vaccination Programme Update** (Pages 39 - 42)  
Report of the Clinical Commissioning Group (CCG)
7. **Future Delivery of Residential Replacement Care Services in Staffordshire (learning Disabilities)** (Pages 43 - 64)  
Report of the Director for Health and Care (Pre-decision scrutiny)
8. **District and Borough Health Scrutiny Updates** (Pages 65 - 70)  
Reports of District and Borough Representatives
9. **Work Programme 2021-22** (Pages 71 - 76)  
Report of Scrutiny and Support Officer
10. **Exclusion of the Public**

The Chairman to move:-

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

**Membership**

Jak Abrahams	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Martyn Buttery	David Leytham
Adam Clarke	Paul Northcott (Vice-Chairman (Overview)
Rosemary Claymore	Jeremy Pert (Chairman)
Richard Cox	Janice Silvester-Hall
Ann Edgeller (Vice-Chairman (Scrutiny)	Ian Wilkes
Keith Flunder	
Phil Hewitt	

**Scrutiny and Support Officer:** Deborah Breedon

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 7 June 2021

Present: Jeremy Pert (Chairman)

### Attendance

Jak Abrahams	Keith Flunder
Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Joyce Bolton	Barbara Hughes
Martyn Buttery	David Leytham
Richard Cox	Paul Northcott (Vice-Chairman (Overview))
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall

**Apologies:** Thomas Jay, Rosemary Claymore and Ian Wilkes

## PART ONE

### Chairs Introduction

The Chair of the Health and Care Overview and Scrutiny Committee welcomed Members and new Members to the Council Chamber at the County Buildings and officers and partners joining the meeting remotely. It was 15 months since meetings had taken place in the County Buildings due to Covid-19 Pandemic, he highlighted that a lot had happened during this time not least the loss of 128,000 lives prematurely in the UK during the pandemic, and that many people in our communities would have known someone affected by loss of friends or family.

The Chair placed on record the Committees thanks to everyone involved in supporting the response during the pandemic, in the NHS, Social Care and in the voluntary sector, and highlighted the importance of continuing to abide by Government guidance in terms of hands, face, space and open space, to ensure that these losses over the last 15 months were not in vain.

In terms of the meeting today, the Chair advised that 50% of members of the committee were new to health and care scrutiny, and as such it was appropriate to provide detail of the role, remit and scope of the committee, and to agree jointly the work programme. He welcomed Councillors Ann Edgeller and Paul Northcott in their new roles as Scrutiny Vice Chair and Overview Vice Chair.

### 1. Apologies

Apologies were submitted on behalf of Councillor Thomas Jay, Rosemary Claymore and Ian Wilkes.

## **2. Declarations of Interest**

Councillor Ann Edgeller declared an interest in any item of the agenda that related to mental health as a Partner Governor on the Midlands Partnership NHS Foundation Trust MPTF.

## **3. Minutes of the last meeting held on 16 March 2021**

**RESOLVED:** That the Minutes of the meeting held on the 16 March 2021 be approved as a correct record and signed by the Chairman subject to an amendment to page 2 paragraph 2 line 2 to include 'in Staffordshire' in the sentence, to read 'in response to a questions the clinical lead confirmed that supplies of vaccines in Staffordshire were currently sufficient to meet needs'.

## **4. Health Scrutiny Arrangements in Staffordshire**

The Chair introduced the item and highlighted the need for members to understand the context of the role and scope of the Health and Care Overview and Scrutiny Committee, particularly its relevance in light of the Mid Staffordshire NHS Trust issue relating to excess deaths in Stafford Hospital between 2005-08. He advised that the Francis report on Mid Staffordshire NHS Trust had brought about fundamental changes to how health scrutiny was undertaken, and that it was important to be clear on health scrutiny arrangements from a District and Borough Council perspective as well as from a County Council perspective.

The Scrutiny and Support Manager provided a presentation to outline the following:

- The Health Environment
- Relationships and roles
- CCG and boundaries
- Health Scrutiny Regulations
- Powers of a health scrutiny committee
- Health bodies statutory duties
- Health scrutiny arrangements in Staffordshire
- Health and Care Overview Scrutiny Committee
- Health and Care Overview and scrutiny work
- Training and Development

The Committee noted the following comments and responses to questions:

- It was confirmed that officers were contactable via email if phone contact numbers were not operating.
- Members were pleased to hear there would be wider scrutiny of health and care services included in the work programme in addition to scrutiny of the NHS.
- In relation to scrutiny of public health in its wider sense a member made suggestions for scrutiny to consider:
  - Whether leisure centre and gym closures had an impact on health during lockdown.

- Encouraging walking and a project on the Staffordshire Way.
- Potential sport pitches on a quarry site and encouraging sports bodies to deliver on projects that help the health of people in Staffordshire.
- Healthy schools – consider healthy food and activity sharing good practice.
- The Chair highlighted the need for members to consider health and wellbeing, healthy life expectancy, living healthier longer and the role between district and county scrutiny to ensure we work closer to scrutinise the right things at the right level to add value for people in an integrated approach.
- District and County scrutiny
  - Members highlighted that the support for scrutiny in District and Boroughs was not at the same level as at the County Council and the need to make recommendations at both County and District levels was recognised.
  - The Chair suggested that members take a role as ambassador at a local level to work with County scrutiny to consider where value could be added and to consider best practice in different areas of Staffordshire. It was acknowledged that there was a need to know where scrutiny was taking place and at what level as that was a key outcome of the Francis report. The Chair highlighted the importance for Members to read the Francis report to be aware of the key themes of joint working between County and District scrutiny.
- The Committee felt it was important to scrutinise Adult Social Care matters to inform CQC Social Care assessments.
- It was clarified that there was a legal requirement for NHS to consult with the Health Committee about substantial variations, but that there was no duty for Adult Social Care to consult.
- It was confirmed that scrutiny of Health and Wellbeing Board (HWB) was within the remit of the committee, to scrutinise HWB outcomes.
- It was confirmed that Health and Care scrutiny committee would meet on 9 August and Members considered it important to meet during the summer period.

The Chair advised that documents from the meeting today and a range of other useful reference material for Health and Care Overview and Scrutiny Members would be added to a resource library for Members. Also contained in the resource centre would be the Joint Strategic Needs Assessment (JSNA), acronyms, definitions, performance information and other key documents for members to access.

**RESOLVED:** That the presentation be received, and comments of the Health and Care Overview and Scrutiny Committee be considered under item 5 work programme planning.

## **5. Work Programme Planning 2021/22**

The Chair introduced the presentation and advised that the work programme planning report had been circulated with the agenda for members to consider.

The presentation highlighted the statutory role for NHS scrutiny and its role to scrutinise Adult Social Care, Public Health and Health and Wellbeing Board and it provided an outline of the work planning process for the Health and Care Overview and Scrutiny Committee. The Chair advised that when setting the work programme members should

consider the time to scrutinise matters, different ways to scrutinise and to consider what to scrutinise in more detail.

The Chair highlighted that there were major changes for the health landscape and encouragement from Government for partners and the Council to integrate and work more closely. He invited presentations from NHS and County Council.

The Accountable Officer for 6 Staffordshire & Stoke on Trent CCGs welcomed the opportunity to join the meeting as a hybrid meeting. He provided an overview of the NHS in Staffordshire.

- It was confirmed that the NHS family locally had a commitment to scrutiny.
- It was confirmed that there were some significant national changes happening around the way NHS was organised and where various responsibilities sat, and that the NHS in Staffordshire was split into 'Commissioners' and 'Providers'.
- Commissioners overview
  - In 2018 the 6 Clinical Commissioning Groups (CCGs) had been encouraged to merge on the basis of Integrated Care System (ICS) footprint. At the beginning of the year 147 member GP practices voted to merge (84% majority). There would be no more CCG merges due to the pending legislation for the ICS. In the interim CCGs were using the time that would have been spent planning CCG merges to work with partners around the creation of the ICS.
  - As a result of the 2018 restructure there was a reduced leadership structure with one accountable officer over 6 CCGs, one executive team and a single management team. A management of change process had also taken place in 2018. Many of the benefits of having a single CCG had already been delivered through streamlining arrangements. There were 6 Governing bodies that met in common and there were shared roles across CCGs (executive, clinical and lay member roles). All CCG committees met in common.
  - The benefits of the merger included that running cost savings were delivered over 2 years and that CCGs were well placed to make the transition from CCGs into ICS.
- Provider organisations
  - The main acute provider was University Hospitals of North Midlands UHNM with bases in Stoke and Stafford County hospital. Staffordshire and Stoke on Trent areas were unusual in that about half of acute activity (people who need to go to hospital for operation, cancer services, diagnostic or emergency appointments) tended to go outside of Staffordshire and Stoke on Trent, which meant CCGs were working closely with neighbouring authorities in terms of care. Whilst Queens hospital Burton was within Staffordshire it was part of the University Hospitals of Burton and Derby, which was part of the Derbyshire ICS. CCGs worked closely with neighbouring systems in terms of the care and services that residents receive.
  - The main community provider was Midlands Partnership Foundation Trust (MPFT) which also delivered a range of services in Shropshire and delivered mental health and learning disabilities services in the South of the County. In the North of the County there was the North Staffordshire Combined

- Healthcare NSCH which provided services for mental health and learning disabilities.
- Legal Responsibilities:
  - The legal responsibility for consulting the public in any major service changes sat with the CCGs, this would become the responsibility of the ICS. All other statutory duties would be assumed by the ICS from 1 April 2022, this would result in significant change nationally and across Staffordshire and Stoke on Trent.
- The relationship between CCGs and Overview and Scrutiny Committee was important.
  - The CCG had previously been referred to Secretary of State by Stoke and Staffordshire, this was a reminder of the importance to consult with the public and with scrutiny. Scrutiny decided what substantial variations the NHS should be consulting on.
  - The Scrutiny and Support Team, the Chair and the Director of Communication and Corporate Services work closely together to consider emerging issues and matters for inclusion in the work programme, which worked well.
  - Pre-Covid, a major consultation had been planned regarding the reconfiguration of services across Staffordshire and Stoke on Trent, as part of the Sustainability and Transformation Plan. This had been paused early in 2020 due to Covid, the consultations would commence in summer 2021 on some of the significant proposals as part of the transformation.
- White Paper and the ICS
  - The White Paper had significant implications for the organisation of the NHS and was the most change to structure since the 2012 legislation.
  - This would be a significant period of change for the organisation and for the way care is provided across Staffordshire and Stoke on Trent

The ICS Director for Staffordshire and Stoke on Trent provided an overview of ICS in Staffordshire and Stoke:

- In terms of the hybrid approach for meetings the ICS Director welcomed locking in learning and working differently, he looked forward to continuing working in this way.
- Restoration and recovery of services: There was a need to recognise that the scale of change to a number of services had been significant over the last 12-18 months when responding to Covid, these included the closing down of some services, the fundamental changes to how services were accessed and that services had continued to be delivered, but in different ways.
- Restoration and Recovery: An important element was about the workforce, recognising the way staff had responded and worked over the last 18 months, supporting staff to recover, during the recovery of services, supporting staff to move forward in light of the expected high level of demand on staff in the transformation.
- System perspective - high level focus items were:
  - Frailty
  - Health Inequalities
  - System transformation and system savings

- Primary Care - GP Access and getting the focus on the right secondary care services
- Delivering outpatients, how to embed the changes in the best way for the population and healthcare needs
- Maternity Services – The Ockenden report had implications for how to deliver maternity services across Staffordshire and Stoke on Trent.
- NHS Reform – Scrutiny needs to be on delivering outcomes for the population across a range of services not on structures.
- How we come out of Covid response in a better way to meet health inequalities that exist in Staffordshire and Stoke on Trent

#### NHS Challenges

- The Impact of Pandemic
- Recovery of services and delivering the vaccination programme
- Financial Recovery - The NHS had a role to play in socio economic recovery
- Workforce recruitment and retention

The Director outlined the four main areas ICS would have an impact on:

- Improving outcomes in population health and healthcare
- Tackling inequality
- Enhancing productivity and value for money
- NHS supports the broader social and economic development

The Director ICS advised that Partnership working had been significant over the last 18 months in working together to face the challenges to really tackle the healthy outcomes and do the best for the population and Staffordshire.

The Chair thanked the Accountable Officer for 6 Staffordshire & Stoke on Trent CCGs and the ICS Director for Staffordshire and Stoke on Trent for their comments which had set the scene for shaping the work programme, he particularly recognised that staff in the NHS and social care had faced significant challenge through the last 15 months.

The Director for Health and Care provided a presentation of the County Councils Adult Social Care and Public Health functions. He advised that the responsibilities were provided under the Health and Social Care Act 2012 and the Care Act 2014, involving:

- Health protection – protecting the population against communicable diseases such as Covid-19, measles, other non-communicable threats to health, such as environmental hazards and assurance such as vaccination programmes and screening programmes.
- Health improvement and promoting wellbeing – by influencing the environment in which people live and also people’s personal behaviours, such as smoking, diet and exercise.
- The statutory duty to assess people’s needs for care and support under the Care Act, eligibility was determined by a combination of their own circumstances and their financial means, where people were eligible the Council had a duty to meet those needs in a way that that was appropriate to the individual and cost effective for tax payers.

- The duty to safeguard adults at risk from abuse or neglect, the Council had a duty to provide care and support to the most vulnerable people in the community.
- To manage the Care Market to ensure where vulnerable people do need services for care and support that they are available at a price for service users to afford.

#### Priorities for the Council:

- To protect the population from Covid and other threats to health.
- To build a healthy Staffordshire with an environment and communities that promote wellbeing.
- To offer extra support for those people who need it, to maintain their health and independence, and help them get back on their feet at times of crisis.
- To safeguard adults with care and support needs from abuse and neglect.
- To maintain long term care services, so that quality services are available and affordable when required.
- All of the above with in the budget that is available in the Medium-Term Financial Strategy MTFS, plus other sources of external income.
- To showcase some of the good practice that was happening in Staffordshire.

#### Challenges to the Council:

- The ongoing pandemic.
- The long-term impact of the pandemic on health and wellbeing – both direct impact of Covid and the indirect impact of isolation during lockdown.
- Rising demand for adult social care.
- Sustainability of Care providers.
- Funding needs to be commensurate with demand.

The Chair thanked the Director Health and Care for the presentation and acknowledged that there were some significant issues for Members to consider in greater detail.

Before moving into discussion about the work programme, the Chair provided some pointers for members to consider when prioritising items for the work programme:

- What needs to change or to improve.
- When is the best time to scrutinise.
- Why we are scrutinising - Is it an opportunity to shape policy using pre decision scrutiny.
- How will we scrutinise the topic.
- What value can scrutiny add.

The Chair highlighted that scrutiny was member led and that members would decide what would be on the work programme 2021-22. He encouraged members to use their own experience and knowledge of their local areas and the wide range of information available to them to research and look into an issue. He highlighted the different mechanisms that could be used to carry out scrutiny of a topic, such as thematic Inquiry days to get into the detail and to understand the issue, or to request specialist briefings to invite independent people to provide other perspective and good practice to the scrutiny work.

The Chair invited Members of the Committee to consider items for inclusion in the work programme.

The following matters and comments were noted:

- **Mental Health:**
  - Community mental health projects and approaches to mental health
  - Acute mental health, the shortage of Children's acute mental health beds.
  - Children's mental health may become acute if not identified early. Practitioners in schools were ideally placed for picking up on children's health and also family issues. Children's mental health in schools coming out of Covid. Mindful of targeted work in a Stoke on Trent pilot scheme of practitioners in schools, to pick up issues found in schools re-Mental health issues and potential roll out to other schools and areas, the VC Overview leading on review work.
- **Dentistry** – as part of the STP work, to consider what was happening around prevention, routine dental assessment, and lack of access to orthodontics.
- **Focus** - There was a need to target what was scrutinised and when, as this was a wide agenda. Also, that scrutiny needed to look at what work Parishes were doing.
- **Awareness** - The preparations for this meeting were welcomed, recognising the breadth and the scope was very useful.
- **Access to GP surgeries** – how data was measured and published. It was clarified that CCG do monitor performance, have a range of indicators and report through the Primary Care Committee, to which there is a public live stream to the committee for members to view. It was confirmed CCG would provide a report to a future meeting.
- **Wellbeing and outreach programme** in terms of how they engage with Educational facilities in the community.
- **Women's Health Strategy**, how they engage with the female population.
- **Loneliness** - particularly for older residents. **Social isolation** for all age groups, volunteering had encouraged people asking for help, the reduction of volunteers, digitally isolated as well as socially isolated.
- **Environment - air pollution**. This could be broadened into **Climate Change** and what are the NHS employers doing to deliver on the Commitment to NET Zero.
- **Diabetes and obesity** – particularly children's obesity. Understand what the situation is and what can change, including how obesity can lead to other health issues and mental health.
- **Healthy schools programme** – Members can signpost to [www.healthyschools.org.uk](http://www.healthyschools.org.uk)
- **Application system for funding for Adult Care** – process and completing forms for blue badges and adult social care. The assessment for care and support was mainly national, the Council does have discretion to adjust and streamline as necessary. Members were not concerned with eligibility but the speed of completing and determining applications. The Director of Health and Care to contact members to discuss outside of the meeting and if there is a wider remit bring into the work programme.

The Chair led the discussion to consider items for inclusion and removal from the draft work programme based on items raised during discussions in the meeting today, items listed on the draft work programme and items brought forward from 2020-21 work programme.

The following points were established during consideration of items for the work programme:

- To identify matters to be scrutinised by Vice-Chairs outside of scheduled meetings.
- The need to filter items highlighted for inclusion in the work programme during discussion, and to focus on the priority items for the ten scheduled meetings and two additional meetings.
- To agree a work group and inquiry sessions that had been suggested during discussion on the work programme.
- The need to focus on the next meetings and to retain flexibility in the work programme.
- To include Maternity services (Samual Johnson), George Bryant Centre – proposals with the unit, and future delivery of residential care services in Staffordshire for July meeting.
- To include recommissioning of Care Home services, A&E add Dentistry to August meeting, subject to capacity.
- To include Mental Health and the streams of mental health highlighted in discussion at an Inquiry session in September.
- To consider Health and Care priorities in the Corporate Plan in September, as a single item agenda to focus on integration of care.
- To include a session for difficult decisions (STP merger of CCGs).
- To include the wider determinants of health Inquiry session in October (to include obesity, potentially an all-day session)
- To have regard of the forward plan and any Cabinet decisions relating to health.

The Chair thanked all involved for their contributions and suggested taking the draft away to work with Vice-Chairs on the detail and bring the work programme back to the next meeting.

**RESOLVED:**

- a) Agreed to include dentistry for August meeting, subject to capacity.
- b) That the Chair and Vice-Chairs take account of themes discussed in the meeting and prepare a revised work programme for approval of Health and Care Overview and Scrutiny at its meeting on 5 July 2021.

**6. Covid-19 Vaccine Programme Update**

The Committee considered the report and a presentation from the Programme Director Vaccination Programme and Clinical Lead Vaccination Programme relating to the Covid-19 Vaccination Programme update.

The presentation detailed the following information:

- Progress so far – the statistics for number of vaccines delivered and percentages for uptake were presented. There was high vaccine uptake in Staffordshire and Stoke on Trent, everyone over 50 (92%), in next cohort (86%) and in 330 care homes all residents had received vaccines (100%). Housebound people were being visited in their homes and the Programme Director was particularly proud of the delivery to harder to reach residents and people with learning disability. Staffordshire had been selected as one of 16 sites nationally to deliver the Moderna vaccine, Tunstall now

delivered three vaccines on site Moderna, AstraZeneca and Pfizer Vaccines. The vaccine supply had been sporadic, but it was confirmed that no vaccines had been wasted.

- Phases of the Vaccination Programme – there were four phases to the programme, there would also be a refresh of the programme structure and modelling roll out to include flu vaccine, possible booster vaccine and secondary school children age 12-18. In the long term there would be a strategy for flu and Covid vaccines and immunisations.
- Responding to the new variant and priority areas – it was confirmed that second doses had recently been moved forward from 12 weeks to 8 weeks. Double doses were more effective against new variants.
- Ongoing work with Public Health to identify outbreaks of new variants. It was identified that there had been a low uptake in areas of Stoke on Trent and Burton, which were being specifically targeted. They were extending the vaccination in Leek to include everyone over 18 (cohort 12) and it was confirmed that there was sufficient moderna vaccine to facilitate this with no impact on programme delivery.
- Second doses – There were enough vaccines available to deliver.
- Site locations – There were 23 local vaccination centres, managed by GPs in Primary Care Network (PCN), 1 pharmacy site and three large scale vaccination centres, and some were delivered via GP surgeries. There was good local access to vaccines. Some PCN sites had opted out of cohort 10-12 younger age groups.
- Targeted vaccination service – This was about working differently with partners, Staffordshire Fire and Rescue take NHS teams to sites, mosques, fruit farms, afro Caribbean society, and some large employers to put on pop-up clinics. Also, Universities have been targeted before students leave for the summer. There was focussed work on inequalities due to lower uptake in Bangladeshi communities and other groups, which was showing an increase in uptake.
- Myths and challenges – Vaccine hesitancy amongst some of the population. They were working to respond to questions raised, such as impact of vaccine on fertility, pregnancy and similar concerns, also work was ongoing to encourage hesitant people to get vaccination. There has been a lot of myth busting, but as an approach it was working.
- AstraZeneca – Risk of blood clots – It was reported that the blood clot risk was a fraction of the risk of taking oral contraceptive, about 4 cases per million doses.
- Staffordshire and Stoke on Trent Covid-19 Vaccination Programme – The system and partnership working had been hugely enjoyable and a productive experience. There had been work across the boundaries which had been a mutually beneficial experience. There was work around inequalities, not leaving people behind, where the programme had reached 100% of people across Staffordshire. It had taken effort, focus and a good communication strategy that met the needs of the different group to achieve it. This was a great example of Health, Care, and the public sector pulling together.
- Although there were fewer cases in care homes now, the message was don't let your guard down keep the guidelines of hands face space and outdoor space.

The Committee noted the following comments and responses to questions raised:

- Inequalities were particularly relevant.

- Vaccine webinar – 16<sup>th</sup> June 2021 for all members across Staffordshire to provide a Covid Vaccination update.
- Currently in Leek vaccinations were being booked on event brite, 600 slots per day were published for over 18s to book. People had to take proof of residency or school when attending for the vaccination. It was noted that although currently this was outside of the national programme, the national booking system would open to cohort 12 later that week.
- In relation to a question about time to receive test results and surge testing in Leek, it was agreed to request the test and trace team to respond to the member following the meeting.
- Early conversations with the Midlands Combined Health Partnership (MCHP) were ongoing to consider provision of vaccines in schools for 12-18 year old cohort.

**RESOLVED:**

1. That the Covid-19 Update be noted.
2. That the Committee expressed its support and gratitude for the work being carried out by the Vaccine Programme Team, Partners, and volunteers across Staffordshire.

**7. District and Borough Health Scrutiny Activity**

The report was submitted, there were no updates provide verbally at the meeting.

**RESOLVED:** That the update report was noted.

**Chairman**



Local Members Interest
------------------------

## Health and Care Overview and Scrutiny Committee Monday 5 July 2021

### Restoration and Recovery

#### Recommendation(s)

I recommend that:

- a. The Committee note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

#### Report of the Staffordshire and Stoke-on-Trent Integrated Care System Together We're Better

#### Summary

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

Note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

#### Report

##### Background

1. On 30th January 2020, NHS England and NHS Improvement (NHSEI) declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. In March 2020, a Covid-19 control centre was established to provide control and command, co-ordination and decision-making across the ICS.
2. Since March 2020 the system has been operating and planning in a very different environment and has responded to national guidance outlined in a range of letters and guidance.
  - i) *March 2020* the NHSEI *Next Steps* letter, set out the key actions for each part of the NHS to redirect staff and resources to prepare for the emergence of a potential pandemic.
  - ii) *April 2020*, NHSEI set out their expectations for *Phase 2* of the response to Covid-19. The requirement was that local systems and organisations should 'fully step up' non-covid-19 essential services as soon as possible over a six week period.
  - iii) *July 2020*, NHSEI set out further expectations for *Phase 3* of the response to Covid-19 and NHS priorities from 1st August 2020. The ICS Phase 3 plan set out how we would look to tackle some of the resulting issues from the initial Covid-19 response and restore services with a focus on:
    - Accelerating the return to near-normal levels of non-Covid health services

- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
  - Taking into account lessons learned during the first Covid peak and explicitly tackling fundamental challenges including: support for the workforce, and action on inequalities and prevention.
- iv) *September 2020* NHSEI wrote to ICS leaders in relation to preparedness for a potential *second wave* of Covid-19 and asked systems to set out their plans in the event of a further peak of Covid-19 demand and the impact this may have on restoration of non-Covid health services.
- v) *March 2021* NHSEI published national operational planning and contracting guidance for the first half of 2021/22 (H1 operational plan). The guidance set out further priorities and commitments to focus on restoration including:
- Supporting the health and wellbeing of the workforce
  - Accelerating the restoration of elective and cancer care
  - Transform urgent and emergency care to prevent inappropriate attendance at emergency departments (ED)
  - Restoring access to primary care services
  - Approaches to address health inequalities

## **Restoration and Recovery**

3. Across the ICS we are working with all our acute providers who provide care to the population of Staffordshire and Stoke-on-Trent. A large percentage of Staffordshire and Stoke-on-Trent patients will be seen at the Royal Stoke University Hospital (RSUH), which is the focus of this report however we have also sought to reflect the position at the Royal Wolverhampton NHS Trust (RWT) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).
4. Overall, the ICS continues to demonstrate delivery against the national ask as part of a system wide restoration and recovery approach. System level modelling around Covid scenario trajectories has been ongoing piece of work. The scenarios have been created using the lockdown easing dates and referred to as steps. At each step,  $R_0$  values are inputted into the model to create the different scenarios. Critical care capacity and demand models continue to be reviewed alongside a theatre sustainability plan.
5. Restoration and recovery has continued to be a focus of monthly acute services planning meeting and quarterly system review meetings with NHSEI.
6. As part of the development of the plans to deliver restoration and recovery (phase 3 and H1 operational plan) the key areas of focus to support this along with the main 3 risks have been identified. The 3 main risks are focused around the themes of workforce resilience, delivery of activity levels and widening of inequalities. Detail is shared in the relevant sections below of the ICS key areas of focus to support recovery along with the risks and areas of mitigation.
7. Supporting the health and wellbeing of the workforce
  - i. Our workforce have been under intense pressure during Covid-19 and we recognise that workforce resilience and support for staff wellbeing is critical to successful recovery for all our providers.

- ii. The health and wellbeing offer has developed incrementally throughout Covid-19.
- iii. The strategic focus of the Staffordshire ICS People, Culture and Inclusion Delivery Plan remains on supporting recruitment, staff wellbeing, absence management and staff testing.
- iv. Our H1 operational planning submission reflects the continued commitment to not only supporting our workforce to adjust to new ways of working but also to support them in responding to continual fluctuating demand in service response to Covid -19.
- v. A key risk to delivery of recovery is staff feelings of burnout from the previous 12 months of the pandemic. Mitigations include:
  - fully maximising the System-wide health and well-being offer and delivering on the System People Plan promises
  - an established governance structure under the People, Culture and Inclusion Board which has representation from partners across the ICS, all sectors and organisations.

#### 8. Elective care and diagnostic services

- i. The ICS was unsuccessful in its expression of interest to become an accelerator site as part of Elective Recovery, however we remain ambitious in the scale of recovery and the desire to reduce waiting times.
- ii. Elective care and day case trajectories have been developed against the national planning guidance expectation of 70%, rising by 5 percentage points in subsequent months to 85% from July 2021 onwards. University Hospital of North Midlands (UHNM) and Royal Wolverhampton NHS Trust (RWT) trajectories exceed the national planning requirements. Current numbers demonstrate that the Trust are on track to deliver against trajectory.
- iii. The University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) plan is compliant with national targets for the delivery of elective care. Within the period of the H1 plan recovery will be back to pre-pandemic levels for Priority 2/Priority 3 patients. While the 6 month activity is in line with planning guidance it is recognised that until the Trust is achieving 100% of 19/20 levels that overall routine/planned backlogs will not decrease. At UHDB outpatient referrals in March 2021 returned to 93% of the monthly average for 2019/20. The Trust now see 15% first appointments and 32% follow up virtually.
- iv. As we continue to recover, this will significantly increase demand on activity particularly diagnostic testing, therapies and rehabilitation and pathology.
- v. Key risks to delivery of elective care and diagnostic recovery include escalation of non-elective demand on theatre capacity and therefore reduction in timescales for category Priority 2 (P2 <1 month). Mitigations include: demand and capacity planning completed for the diagnostics to support cancer pathways.
  - targeted collaborative partnerships with Independent Sector (IS) providers to support delivery of system capacity plans.
  - review of Infection Prevention and Control criteria to increase Operating Department Practitioner (OPD) capacity for new clinics.
  - transformation work with Consultant Connect software (primary care to clinical teams) for GP advice on patient's Advice and Guidance rather than referral
  - continue to deliver virtual/remote consultations for at least 25% of outpatient attendances that are of low clinical value but clinically necessary.

## 9. Cancer care

- i. During 2020/21 Cancer Services at UHNM and RWT kept pace with the changing clinical guidance and robust assurance processes were implemented to oversee cancer activity. Throughout 2020 a high priority was maintained for cancer patients. This translated through to allocation of theatre capacity, which is evidenced in high treatment numbers, relative to referrals received.
- ii. Performance, although an indicative position and relative to smaller volumes, has improved since last year at UHNM whilst remaining broadly consistent at RWT. 62 day performance has recovered at UHNM and is predicted at this point to achieve 75.6%, with one of the lowest backlogs regionally. The position at RWT remains more challenged, however the number of patients waiting greater than 62 days continues to reduce. The UHDB plan recovers the volume of patients waiting over 62 days to pre-Covid levels by the end of H1 (September 2021).
- iii. Trajectories are in place against the national planning requirements for the remainder of the year.
- iv. In the last two months, UHNM and RWT have seen an increase of 2 week wait referrals with demand high in some specialties such as breast. This is a national trend and along with a range of actions being undertaken by the Trust, the West Midlands Cancer Alliance have set up a regional task and finish group. The UHDB plan maintains 2 week wait performance.
- v. Key risks to delivery of cancer recovery include increases in referrals related to the unknown cohort of patients who have not yet presented in primary care. Clinical consensus is that this group of patients is unquantifiable. Escalation of demand on theatre capacity and the availability of some of the essential support services i.e Histopathology are also identified as key risks.
- vi. Mitigations include:
  - reviewing opportunities for the independent sector (IS) to support fire break clinics for cancer.
  - restoration will be managed through the UHNM diagnostic cell with any unplanned demand from cancer being flagged and resolved/resourced
  - maximising capacity available under the IS contract.
  - maximising utilisation of additional theatre sessions including increasing evening and weekend capacity, alongside consideration of utilising insourcing companies.

## 10. Urgent Care

- i. Urgent care faces a range of challenges associated with an increase in walk in patients attending emergency care portals. UHNM Emergency Departments (ED) are at pre-Covid levels of attendances and RWT are exceeding these levels. UHDB ED attendances are expected to remain at 100% pre-covid-19 levels (2019/20 levels) in line with national expectations.
- ii. The Walk in Centre (WIC) managed by Midlands Partnership NHS Foundation Trust (MPFT) are seeing significantly more attendances than pre-Covid.
- iii. The ICS Urgent Care Improvement Programme has a number of projects aimed at improving current performance including focused work that supports non-elective improvement is underway in relation to managing increasing demand.
- iv. Medically Fit For Discharge (MFFD) numbers remain consistently lower than the 2020/21 profile. A working group is looking at 'what next' alongside the ongoing role of the ICS wide integrated discharge team.

- v. Demand upon the 111 service has been significant and sustained, initially as a result of Covid-19, but more recently due to increased public awareness of the services. This reflects the national and local drive to promote the use of NHS111 as a primary route into all urgent care services. A revised Directory of Service (DOS) is now being utilised with appointed slots made available within the ED, WIC and the Minor Injuries Unit (MIU). Access is being directed via 111 to Same Day Emergency Care (SDEC) pathways. It is the intention of the 111 Partnership Board and the Urgent and Emergency Care Programme Board to sustain and continually improve upon this to ensure patient access to the right care first time.
- vi. Key risks to delivery include: Ongoing increase in the demand across Tier 1,2 and 3 services. Maintaining consistent performance within 111 during continued high levels of activity. Mitigations include: Business case in progress within UHNM footprint to match demand. Additional Advanced Nurse Practitioner/GP workforce within WIC. Additional resource provided to 111 along with provider analysis regarding change in call patterns. Early Supported Discharge / Admission Avoidance is in place through the Community Rapid Intervention Service (CRIS) for Covid-19 patients.

#### 11. Mental Health Services

- i. North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT) have played a key role throughout the pandemic. This has involved both transforming and maintaining services and also responding to the significant challenges presented by Covid-19 pressures. Increases in acuity and activity as a result of restrictions being lifted are being experienced.
- ii. Services have remained fully operational, although through an amended delivery model supported by risk stratification. Dependent upon clinical need this was via telephone, video conference or face to face. All talking therapies were undertaken via video / telephone and all inpatient services continued to be provided.
- iii. Specific focus has been on continuing the delivery of the Mental Health long-term plan ambitions.
- iv. Both Trusts are preparing for a possible longer-term increase in demand as a consequence of the pandemic, including by recruiting in line with the NHS Long Term Plan.
- v. Surge modelling and response plans will continue to be updated as required by NSCHT and MPFT. MPFT are working with the national team on mental health surge planning and prediction
- vi. Both Trusts are part of a provider collaborative and MPFT will lead the Eating Disorder collaborative across the West Midlands ensuring local people have access to specialist services.
- vii. Additional wellbeing and psychological support has been offered to the workforce across the ICS.

#### 12. Primary Care

- i. GP practices have remained open and delivering appointments in a different way, operating a total triage model of remote consultations alongside face to face following triage and where clinically appropriate. This model was in line with the NHS England Standard Operating Procedure and was to ensure that patients were still receiving safe access to general practice whilst protecting

- staff and the public in terms of the risk of infection. Consultation rates in April 2021 were higher than the same time last year.
- ii. During Covid-19 quality dashboard reviews continued to examine data and soft intelligence and hold targeted conversations with practices where access is identified as a potential issue.
  - iii. Improving Access: Ongoing work is taking place in regards to access to general practice and increasing overall appointment volumes as follows:
    - Quality dashboard quarterly review meetings take place and take into account soft intelligence and patient feedback. If issues are identified, the primary care team discuss this with the individual practices to formulate actions and solutions which are monitored at future meetings.
    - A local appointments dashboard direct from the GP practice clinical systems is in place at primary care network level (PCN). This is used to support system intelligence on activity trends which for April 2021 are currently showing a return to pre-covid levels. The dashboard tracks current weekly and monthly activity levels and compares to pre-covid levels and also shows the type of appointment eg Face to Face or video consultation and clinician type.
    - All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times.
  - iv. All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times. Consultation rates in April 2021 were higher than the same time last year. The Extended Hours Directed Enhanced Service continues to be provided with 589 hours per week to primary care via PCNs and GP Federated provider models until 31st March 2022.
  - v. The Access Improvement Programme (AIP) is in place to support practices and PCNs to manage their rising workload, make them more resilient and to embed Covid-related changes such as total triage. The programme will use proven quality improvement approaches to break down the challenges at a local level into manageable parts that can be tackled. Practices/PCNs will be helped to:
    - Better understand and manage their demand
    - Make optimal use of the workforce, including new PCN based roles
    - Implement new pathways and processes to optimise the benefits, safety and patient experience of total triage and new consultation types
    - Strengthen and expand collaborative approaches to access such as referral into community pharmacy, PCN based hubs and collaborations with the voluntary sector and community services.
  - vi. A post covid evolution in general practice project is in place to assess new ways of working in primary care, new workforce roles and how this can be communicated to the public in a meaningful and engaging way. Two working groups have been set up to drive this work initially – one involving general practice clinical and non-clinical staff and one involving patients to provide support and views around the project moving forward.
  - vii. Key risks include: The impact of Covid-19 positive and self-isolation on practice resilience, staffing capacity and the impact of the Covid-19 Vaccination Programme. Mitigations include: A “Roadmap to Recovery” and

checklist are in development, to be finalised by the end of June. The Staffordshire and Stoke-on-Trent Clinical Commissioning Groups will be working closely with general practices to understand the recovery and restoration required in line with the latest guidance and updated Standard Operating Procedure (SOP) released 20 May 2021. A resilience stocktake survey has been developed and issued to measure against the Covid-19 national SOP. The outputs of the survey will enable follow up of where there may be any access challenges or any areas of support and sharing of best practice.

### 13. Health Inequalities

- i. Covid-19 has brought health inequalities into sharp focus. Deprived communities are at a greater risk of exposure and more likely to have poorer outcomes due to existing poor health and adverse life style factors. The control measures that have been implemented such as lockdown, social distancing and changes to routine care have resulted in disproportionately poorer economic, social and health impact on disadvantaged populations. Covid-19 has highlighted the structural disadvantage and discrimination faced by our communities. National guidance sets out priority areas for tackling health inequalities that we will work on with system partners to continue to give particular focus to.
- ii. Risk: Recovery widening existing health inequalities and opening up new inequalities. Mitigation: A Population Health Management framework has been adopted to enable inclusive recovery and reduce the inequalities gap exacerbated during the pandemic. This includes:
  - an ICS wide group to support the restoration of services from a health inequalities perspective;
  - a population needs assessment to inform organisational Health Inequalities Strategies;
  - working collaboratively with local communities through existing assets such as community groups, peer support groups and work done by the voluntary sector to aid place-based approaches;
  - utilising a range of tools including the NHS Midlands Phase 1 and 2 tools for health inequalities.

#### **Link to Strategic Plan**

N/A

#### **Link to Other Overview and Scrutiny Activity**

The committee will be kept informed on the ICS Restoration and Recovery work.

#### **Community Impact**

N/A

#### **List of Background Documents/Appendices:**

Presentation to follow.

## Contact Details

**Report Author:** Jane Moore  
**Job Title:** Director of Strategy, Planning & Performance  
**Telephone No.:** 07801 404518  
**E-Mail Address:** jane.moore@staffsstokeccgs.nhs.uk

Local Members Interest
------------------------

## **Health and Care Overview and Scrutiny Committee Monday 5 July 2021**

### **General Practice Access**

#### **Recommendation(s)**

I recommend that:

- a. The Select Committee receives the following presentation on the action plan in regards to general practice access in Staffordshire and Stoke-on-Trent

**Report holder: Lynn Millar: Executive Director of Primary Care and Medicines Optimisation**

#### **Summary**

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

1. The Select Committee is asked to receive the following presentation which is the 6 Staffordshire and Stoke-on-Trent CCGs action plan in regards to improving general practice access.

#### **Report**

##### **Background**

The presentation provides context and key drivers to the current situation regarding general practice access in light of the Covid-19 pandemic.

There is an 8% on year growth of appointments in Staffordshire and Stoke-on-Trent equating to 22,000 additional appointments taking place within general practice which indicates the significant increase of pent-up demand.

Members of the Select Committee will receive further information regarding activities undertaken during the pandemic and the action plan that is now in place moving into recovery and restoration.

The CCGs have established a strategic access summit (weekly to 2-weekly as appropriate) to work through key actions and messages regarding access and to review updated access-related data. There is also a communications project group and working group which consists of representation from general practice and patients/public to further support and develop key messages for the patients and public.

### **Link to Strategic Plan**

Primary Care – general practice access

### **Link to Other Overview and Scrutiny Activity**

Primary Care – general practice access

### **Community Impact**

Refer to CIA guidance on the [GO Platform](#)

### **List of Background Documents/Appendices:**

Presentation will be provided on the day

### **Contact Details**

Executive Director of Primary Care and Medicines Optimisation, Staffordshire and Stoke-on-Trent CCG: Mrs Lynn Millar

<b>Report Author:</b>	Mrs Tracey Cox
<b>Job Title:</b>	Head of Primary Care, Contracting and Transformation
<b>Telephone No.:</b>	07545 423082
<b>E-Mail Address:</b>	<a href="mailto:Tracey.cox@staffsstokeccgs.nhs.uk">Tracey.cox@staffsstokeccgs.nhs.uk</a>

# General Practice Access Plan

## Staffordshire and Stoke-on-Trent

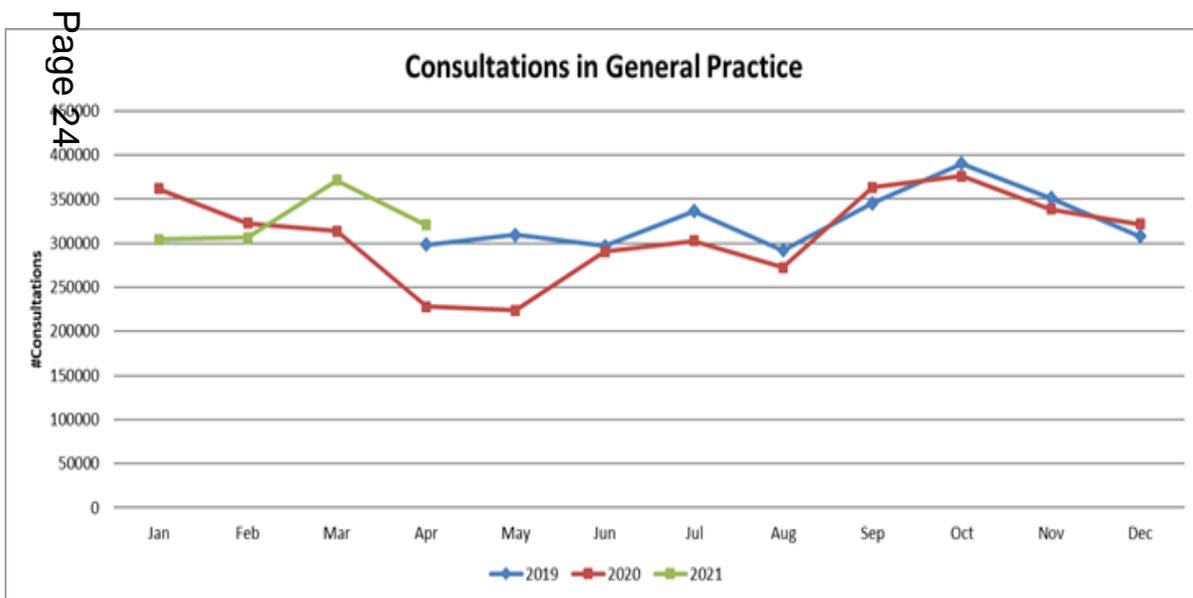
Page 23

### 4<sup>th</sup> June 2020

# Context



- All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times.
- Since the COVID pandemic in March 2020, GP practices have remained open and delivering appointments in a different way operating a total triage model of remote consultations alongside face to face following triage and where clinically appropriate. This model was in line with the NHS England Standard Operating Procedure and was to ensure that patients were still receiving safe access to general practice whilst protecting staff and the public in terms of the risk of infection.
- Consultations during this time has been variable and currently in comparison to the same time last year and the previous year before that, consultation rates are higher as at April 2021.



	Consultations				
Month	2019	2020	2021	2019 to 2020 Variance	2019 to 2021 Variance
Apr	298,125	227,930	320,673	-24%	8%

- 8% year on year growth in SSOT
- 22,000 additional appointments in April 21
- 2 additional surgeries per week per practice

- Pent up demand
- Patients are used to same day emergency appointments during lockdown and are not prepared to wait for a few days for an appointment
- Social distancing in the waiting room and PPE donning and doffing have reduced capacity
- 111/DNS handover problems in the afternoon when all capacity used
- Due to the backlogs, patients think going to A&E will promote them up the list for investigations such as bloods and x-ray, even surgery
- Variability among practices, particularly in deprived and diverse communities
- Lack of communication around the role of other health professionals as people tend to want to see the GP
- Longer waits on the phone due to the large volume of vaccine queries
- Duplication from total triage

# Activities/actions put in place during the pandemic to support general practice access

- Quality quarterly dashboard reviews continued to examine data and soft intelligence and hold targeted conversations with practices where access is a potential issue
- Supported practices to move to a total triage model and providing IT equipment and advice/guidance for remote working solutions
- Continue to deliver extended access (at least 30 appointments per 1000 registered patients) and extended hours as part of the PCN DES (PCN delivery of 30 appointments per 1000 registered patients) some of which has been utilised to support the delivery of COVID vaccinations
- Ensuring all practices and PCNs have robust business continuity and resilience plans to support accessibility in the event of outbreak management
- System wide People Hub (workforce bank) set up to support practices if they require additional staff due to shielding or self-isolation
- GP appointment dashboard developed to support system intelligence on activity levels during the pandemic.

Page 26

# Examples of new workforce roles in PCNs and practices

225 WTE additional roles since ARRS introduced in July 2019

Page 27



Social prescribing link workers

- Grow capacity
- Supports current workforce shortages
- Supports PCN specification delivery



First contact physiotherapists



Clinical Pharmacists



Mental Health Practitioners



# Key actions already in place to support general practice access



- Weekly access summit meeting in place – Primary Care, communications, clinical leads
- Communications for general practice access project group in place to drive key operational actions
- Communications and access working group with general practice and patient representatives
- Communications general practice action plan developed
- Key documents from NHSE shared with practices including General practice COVID SOP, access letter, toolkits, other guidance
- Short term solution regarding phone line capacity via MS Teams offered out
- Close review of consultation dashboard data

Page 28

# Detailed action plan for general practice access



Action Area No.	Action Area
1	Communications
2	Access Improvement Programme (Time for care)
3	Record keeping
4	Digital solutions
5	Quality, variation and resilience
6	Training and development
7	Workload initiatives

# Action area 1 - communications

Action	Target date	Responsible	Notes
General practice access communications plan in place	May 2021	Communications Team	Plan in place – see details below
Communications general practice access project group in place	January 2021	Primary Care/Communications/Clinical Representation	Complete – project group in place
Communications general practice access working group in place with general practice and patient representatives to develop and deliver key actions	March 2021	Primary Care/Communications/Clinical	Complete – Working group in place
Online survey to gather information from general practice staff (receptionists) on perceived challenges and barriers for patients	July 2021	Primary Care	<ul style="list-style-type: none"> <li>Practice representatives on the working group are using the survey and will feedback themes and trends for informing training and development</li> </ul>
Patient information and education campaign: <ul style="list-style-type: none"> <li>Share help us to help you campaign</li> <li>Share NHSE access toolkit</li> <li>Develop local messages to raise awareness of extended workforce</li> <li>Develop local messages about alternatives to general practice</li> <li>Develop social media support including a masterclass on communicating with patients via these channels</li> </ul>	Ongoing	Communications/Primary Care	<ul style="list-style-type: none"> <li>NHSE campaigns and toolkits circulated and promoted</li> <li>Local messages being worked on with a steer from the working group</li> </ul>
Review existing feedback from patients via Healthwatch, NHSE desktop review, listening events	Ongoing	Communications/Primary Care	Mapping relevant actions to the communication campaigns as described above

Page 00

## Action area 2 – Access Improvement Programme (Time for Care)



- Programme to target practices with greatest access challenges
- Build understanding of demand, make best use of workforce, implement new pathways as appropriate, strengthen and expand onward referrals to other services, implement change and measure impact
- Funding attached to support
- Outside of CCG control and influence – this is being fully led via the Time for Care Team

Action	Target date	Responsible	Notes
Gather outcomes of the Access Improvement Programme when available	TBD	Primary Care	
Share learning from the Access Improvement Programme when available	TBD	Primary Care	

# Action area 3 – Record keeping

Action	Target date	Responsible	Notes
<p>Develop an access audit checklist as a supportive and appreciative enquiry mechanism.</p> <p>To incorporate practices considering the following:</p> <ul style="list-style-type: none"> <li>• How different communication needs are addressed and adapt the methodology of communication accordingly.</li> <li>• How patients are asked for their preferred methods of communication either at registration, appointments, proactively asking</li> <li>• How to better record and identify patients with additional needs such as carers, language support, disability support</li> <li>• How they meet the needs of patients that require reasonable adjustments and support such as alternative communication methods, health and safety, signs, seating, outside space and car park, personal facilities</li> </ul> <p>Also include equality and diversity to the access checklist</p>	<p>July 2021</p>	<p>Primary Care</p>	<p>Access audit checklist to be developed as a supportive tool for practices but to inform what future support and guidance may be required. To work closely with the LMC on what this should look like.</p>

Page 32

# Action area 4 – Digital Solutions

Action	Target date	Responsible	Notes
Review solutions around telephones due to the increased use of telephone consultations	July 2021	Primary Care/Digital team/Communications	<ul style="list-style-type: none"> <li>MS Teams DDI lines being provided (1 per 2500 patients) – 67 currently requested</li> <li>Examine how we support practices with phone messages including language and tone (consistent messages)</li> <li>Telephone audit underway with some practices</li> </ul>
Support practices to re-examine delivery models considering the productivity around telephone triage then face to face which may be impacting capacity – link to GP appointment guidance	Ongoing	Primary Care/Digital team	<ul style="list-style-type: none"> <li>Links to the digital work with practices underway</li> </ul>
GP practice websites – up to date information, how to book appointments	July 2021	Primary Care/Digital Team/Communications	<ul style="list-style-type: none"> <li>Include in access audit checklist</li> <li>Consider spot check audits</li> </ul>
Improved communication and utilisation of digital support methods for appointments and prescriptions including patient access, EPS and NHS APP	Ongoing	Communications	<ul style="list-style-type: none"> <li>Include as part of the communications messages</li> </ul>
To work with practices on the new GP appointment classification guidance	June 2021	Primary Care/Data Quality	<ul style="list-style-type: none"> <li>GP appointment classification shared with practices</li> <li>Additional simplified guidance provided by data quality team and primary care on choosing correct consultation types and changing consultation type mid-session where appropriate</li> </ul>
Share guidance on good record keeping for remote consultations including video and obtaining photographs	TBD	Primary Care/Digital Team	To examine what guidance is already available. Link to the NHSE COVID general practice SOP

# Action area 5 – Quality, variation and resilience

Action	Target date	Responsible	Notes
Continue to discuss practice level intelligence regarding access as part of quality dashboard reviews and target and support those practices (linking to other actions as appropriate)	Ongoing	Primary Care	
Continue to review practice level consultation data and attendances/admissions at emergency portals to identify unwarranted variation and provide targeted conversations to those practices identified	Ongoing	Primary Care	<ul style="list-style-type: none"> <li>Incorporate as part of quality visit programme</li> </ul>
Support practices to review resilience and business continuity plans	July 2021	Primary Care	<ul style="list-style-type: none"> <li>Plans were reviewed during covid – to support practices and PCNs revisit these</li> </ul>
Work with practices on PPG engagement <ul style="list-style-type: none"> <li>Circulate PPG toolkit development by Communications Team</li> <li>Stocktake of PPGs</li> <li>Identify any further support</li> </ul>	August 2021	Primary Care/Communications Team	<ul style="list-style-type: none"> <li>Toolkit sent</li> <li>Stocktake underway</li> </ul>

# Action area 6 – Training and development

Action	Target date	Responsible	Notes
Examine call handling training for receptionists	June 2021	Primary Care	
Examine resilience training and dealing with challenging patients training	June 2021	Primary Care	<ul style="list-style-type: none"> <li>Resilience training for practice managers has been taking place</li> </ul>
Utilise the outcomes of the receptionist survey to identify any further training and development that may be required	July 2021	Primary Care	

# Action area 7 – Workload



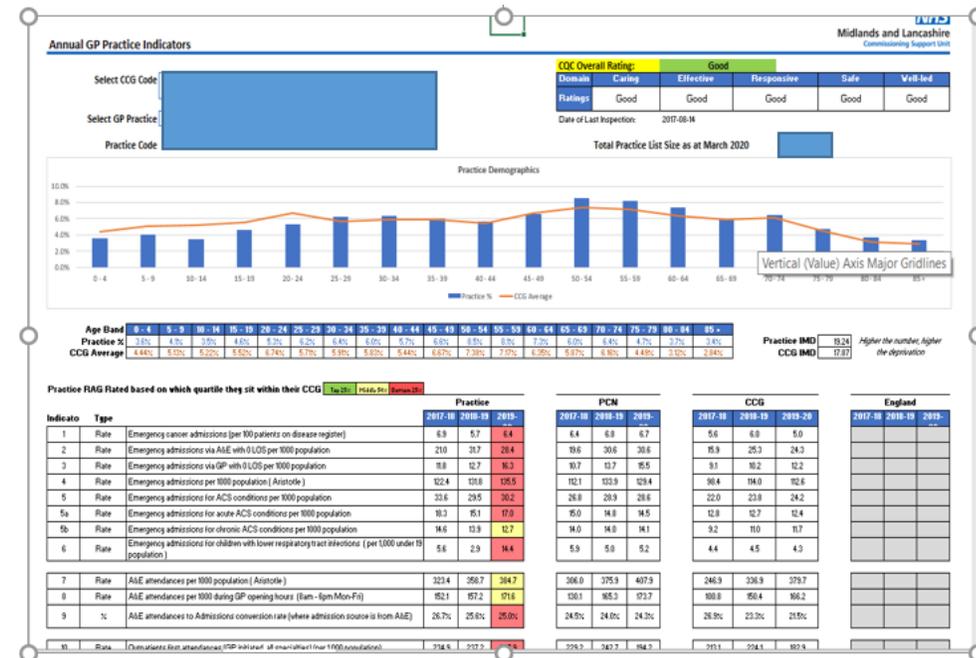
Action	Target date	Responsible	Notes
Reinvigorate care navigation and active signposting	Ongoing	Primary Care	Package of support in place for care navigation and active signposting as part of GPFV (final year funding was 2020/21)
GP referral to community pharmacists scheme to be developed	Ongoing	Primary Care/LPC	<ul style="list-style-type: none"><li>Working with LPC to develop this referral service</li></ul>

# How will we know we are making progress?

## Example 360 report

- Primary care data sets from ICS, ICP down to clinician level
- Website to 'house' the data sets which can be easily accessible to clinicians, practices, PCNs and ICPs and kept up to date
- A comprehensive educational suite to support clinicians with development and keeping up to date.

Page 37



- 3 year trends
- Practice, PCN, CCG, England benchmarking
- Demographics
- 61 indicators



**Staffordshire Health and care Overview and Scrutiny Committee  
Monday 5<sup>th</sup> July 2021**

**COVID-19 Vaccination Programme**

**1. Recommendation/s**

- 1.1 To consider the information provided and comment on the planned COVID-19 Vaccination Programme.
- 1.2 To consider the information and seek assurance on the delivery of the first vaccination to be offered to all eligible adults over 18 by 19 July 2021.

**Report of Staffordshire and Stoke-on-Trent Integrated Care System Together We're Better System COVID-19 Vaccination Programme**

**Summary**

**2. What is the Committee being asked to do and why?**

- 2.1 To consider the information provided and comment on the COVID-19 Vaccination Programme.
- 2.2 To consider the information provided and comment on the next steps in delivery.

**Report**

**3. Background**

3.1 This is the biggest vaccination programme the NHS has ever undertaken. We want to start by thanking partners for the incredible response across the system to enable the rapid roll out of the COVID-19 vaccination programme. Whether this is security support, estates, logistics or volunteers the energy and enthusiasm has been phenomenal.

3.2 The NHS in Staffordshire and Stoke-on-Trent made an excellent start to rolling out COVID-19 vaccines, and continues to do so.

3.3 This is a rolling programme and the first two phases, which covers all adults over 18 who are eligible, to have received their first vaccination by 19 July 2021. The NHS prioritised those most at risk first, based on the national guidance from the Joint Committee of Vaccination and Immunisations (JCVI).

3.4 We are currently at the stage where we are vaccinating all adults over 18.

3.5 There has been targeted work to ensure no sections of our communities have been left behind and the detail of how, the programme has responded to the diversity of our communities will be presented to the committee in July.

#### **4. Communication and engagement**

4.1 The NHS recognises the hope this vaccine brings for people, especially the most vulnerable. A communications task and finish group has been set up, working across health and social care to support consistent messages and to reach seldom heard groups.

4.2 As the NHS is in a level three major incident, communications are led by the national team. At a local level, the teams are working hard to disseminate key messages and reassure residents that no one will be missed.

4.3 A range of resources have been developed, including Easy Read and translated materials to encourage as many people as possible to have their vaccination.

4.4 An engagement programme commenced, connecting with faith, community and voluntary sector networks to understand any barriers in accessing the vaccination and to identify any additional channels and resources.

4.5 Staffordshire Fire & Rescue Service (SFRS) have partnered with the vaccination team to create an approach whereby groups within the community that have low levels of uptake are targeted. The approach will involve a fire service vehicle and personnel working alongside health colleagues within targeted locations throughout the County on an outreach basis.

4.6 The ability for the SFRS to operate this provision outside of tradition daytime hours is also a benefit to the vaccination programme this was seen during Ramadan as there was hesitancy within the Muslim community regarding taking the vaccine during day light hours.

4.7 Utilising the Fire service brand is also an approach that health colleagues are keen to capitalise on as the trusted nature of the brand can break down barriers and support the uptake of the vaccine.

#### **5. Summary**

5.1 The latest position on the COVID-19 Vaccination Programme will be presented at the committee.

#### **6. How local people can support the programme**

6.1 The public have an important part to play in supporting the vaccine roll out:

- Please don't contact the NHS to seek a vaccine, they will contact you
- When the NHS does contact you, please attend your booked appointments
- Please continue to follow all the guidance to control the virus and save lives.

6.2 The vaccine cannot give you COVID-19 infection, and a full course will reduce your chance of becoming seriously ill. It is not known yet whether it will stop you from catching and passing on the virus, but it is expected to reduce this risk. It is important people follow the guidance in their local area to protect those around them:

- Practice social distancing
- Wear a face mask
- Wash your hands carefully and frequently
- Fresh air
- Follow the [current guidance](#).

## **7. Scrutiny**

7.1 The committee will be kept informed of roll out of the COVID-19 Vaccination Programme.

## **8. Link to Trust's or Shared Strategic Objectives –**

8.1 The NHS is in a level 3 Major Incident.

## **9. Link to Other Overview and Scrutiny Activity**

9.1 The February committee received a presentation on the COVID-19 Vaccination Programme

## **10. Community Impact**

10.1 This is a response to a public health emergency.

## **11. Contact Officer**

Name and Job Title: Tracey Shewan, Director for Communications and Corporate Services

Telephone No: 07548 212307

Address/e-mail: [tracey.shewan@staffsstokeccgs.nhs.uk](mailto:tracey.shewan@staffsstokeccgs.nhs.uk)

## **12. Appendices/Background papers**

Presentation to follow.



Local Members Interest
------------------------

## **Health and Care Overview and Scrutiny Committee - Monday 05 July 2021**

### **Future Delivery of Replacement Care Services in Staffordshire (Learning Disabilities)**

#### **Recommendation**

The Cabinet Member for Health and Care recommends that the Health and Care Overview Select Committee:

- a. Endorse the commencement of an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

#### **Report of Name Report of Cllr Julia Jessel, Cabinet Member for Health and Care**

#### **Summary**

1. The Health and Care Overview and Scrutiny Committee is being asked to endorse:
  - a. The recommendation to commence an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

#### **Report**

#### **Background**

1. The Health and Care Overview and Scrutiny Committee is being asked to consider the draft July 2021 Cabinet paper which sets out recommendations for the Future Delivery of Replacement Care Services in Staffordshire (Learning Disabilities).
2. Comments made by the Health and Care Overview and Scrutiny Committee will inform the final paper and the decision by Cabinet.

#### **Link to Strategic Plan**

- a) Staffordshire County Council Connected Staffordshire Strategic Plan 2018 - 2022.

b) Priority: Inspire healthy, independent living.

### **Link to Other Overview and Scrutiny Activity**

None.

### **Community Impact**

Community Impact Assessment Checklist and Executive Summary provided in Appendix 1.

### **List of Background Documents/Appendices:**

Appendix 1 Community Impact Assessment Checklist and Executive Summary.

### **Contact Details**

**Assistant Director:** Andrew Jepps, Assistant Director, care Commissioning, Health and Care

<b>Report Author:</b>	Taryn Poole
<b>Job Title:</b>	Commissioning Manager, All Age Disability & Mental Health Commissioning Team
<b>Telephone No.:</b>	(01785) 276016
<b>E-Mail Address:</b>	<a href="mailto:taryn.poole@staffordshire.gov.uk">taryn.poole@staffordshire.gov.uk</a>

**PLEASE NOTE THIS REPORT IS DRAFT AND MAY BE SUBJECT TO CHANGE FOLLOWING PRESENTATION TO THE HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE**

## **Cabinet Meeting on Wednesday 21 July 2021**

### **Future Delivery of Replacement Care Services in Staffordshire (Learning Disabilities)**

Adult Learning Disability Community Offer Programme 2022



**Cllr Julia Jessel, Cabinet Member for Health and Care**

*“The Covid-19 pandemic has meant we have had to look at different ways of offering our services to adults with a learning disability. It has given us the chance to ensure our service users and their carers can get the services they need by embracing new ways of delivering services within peoples own homes without having to rely on building-based provision.*

*We now have the opportunity to examine our services and explore the options open to us to ensure our service users and their carers can continue to access the services they need post-pandemic in a way that helps people to lead full and independent lives for as long as possible.”*

#### **Report Summary:**

In October 2019 Cabinet made a series of decisions about the future of adult learning disability residential replacement care services as part of the Adult Learning Disability Community Offer Programme 2022. Progress was made with implementing these decisions, however further development was not possible due to the advent of the Covid pandemic. This has had significant consequences for the way in which services operate and has highlighted the limitations of a reliance on building-based services.

In November 2020 Cabinet further endorsed an options analysis to be undertaken for future provision of residential replacement care in Staffordshire as well as the potential expansion of in-house services to offer a greater range of support for people in their homes and communities as part of a single integrated service pending a business case and public consultation.

These Cabinet decisions have been reviewed to ensure they remain appropriate. This has identified an opportunity to expand the scope of the options appraisal and consultation to include all replacement care services, not just those provided in-

house or within a residential setting, in order to determine the optimum way to configure replacement care in the long term in terms of individual experience, quality and cost effectiveness.

## **Recommendations**

I recommend that Cabinet:

- b. Endorse the commencement of an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with the market, service users, carers and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

<b>Local Members Interest</b>
-------------------------------

N/A
-----

## **Cabinet – Wednesday 21 July 2021**

### **Future Delivery of Replacement Care Services in Staffordshire (Learning Disabilities)**

Adult Learning Disability Community Offer Programme 2022

#### **Recommendations of Cabinet Member for Health and Care**

I recommend that Cabinet:

- a. Endorse the commencement of an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with service users, carers and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

#### **Report of the Director of Health and Care**

##### **Reasons for Recommendations:**

1. Replacement care is commonly referred to as ‘Respite’ by people who use these services and their carers. The Council facilitates replacement care for people with assessed eligible care and support needs through two types of services:
  - a. Residential replacement care,
  - b. Home-based replacement care.

##### **Residential Replacement Care:**

2. The Council directly provides 13 beds of residential replacement care for people with learning disabilities over the age of 18 at Douglas Road in Newcastle-Under-Lyme. The building is owned by the Council and is in a fairly good state of repair, however due to the increased complexity of service users the downstairs of the accommodation is oversubscribed with the upstairs significantly underutilised. This means that only 8 beds were accessible before the Covid pandemic.
3. In addition, the Council commissions up to 15 beds of residential replacement care from independent providers. These beds are located across two services: Woodland View in Cannock which has 10 beds; and Silverbirch in Burton on Trent which offers 5 beds.
4. Both services are managed by Lifeways. The Council’s contract with Lifeways for residential replacement care expires on the 31<sup>st</sup> March 2022 but is in the process of being extended until the 30<sup>th</sup> September 2022. The buildings were purpose built and are in an excellent state of repair. Woodland View is owned

by Wrekin Housing, let to the Council then sublet to Lifeways; and Silverbirch is owned by the Council and leased to Lifeways.

5. All three services are rated 'Good' by CQC.
6. Due to the need for services to be Covid compliant with enhanced infection prevention and control measures including social distancing, the capacity across all three residential replacement care services has been reduced. Woodland View has decreased its maximum capacity to 5 beds, Silverbirch can offer 3 beds, and Douglas Road has decreased to 4 beds. Due to staff sickness, Douglas Road can only offer 2-3 beds currently.
7. Table 1 shows utilisation of all three services over the past two years and illustrates the impact of the pandemic on the provision of residential replacement care. All service users were people with a learning disability. Woodland View is occupied by a number of individuals who required residential care in an emergency, due to carer breakdown or for safeguarding reasons, as such they have been in placements beyond the CQC recommendation of 6 weeks for replacement care, some in excess of 12 months, whilst alternative placements are being sought. This means that the service cannot currently accept any bookings for planned replacement care or emergency placements.

**Table 1: Residential Replacement Care Usage in 2019/20 & 2020/21**

		<b>Douglas Road</b>	<b>Woodland View</b>	<b>Silverbirch</b>
<b>2019 / 20</b>	<b>No of People</b>	74	89	43
	<b>No of Nights</b>	1,912	2321	1107
	<b>Category of Need</b>	All LD	All LD	All LD
	<b>No of Refusals *</b>	9	4	2
<b>2020 / 21</b>	<b>No of people</b>	70	15	20
	<b>No of Nights</b>	646	1245	460
	<b>Category of Need</b>	All LD	All LD	All LD
	<b>No of Refusals *</b>	30	0	2

\* Due to being unable to meet need not as a result of insufficient capacity.

8. Table 2 shows the comparative costs of residential replacement care services in terms of annual cost and unit cost. Please note that because Douglas Road is a directly provided service, the Council incurs overheads including staffing, building and running costs regardless of utilization. The gross budget for Douglas Road for 2021-22 is £1.311m.
9. The Council are contracted to pay for a minimum of five beds at Woodland View and three beds at Silverbirch regardless of use, for 2021/22 the weekly cost of a bed at Woodland View is £1,382.24 and Silverbirch is £1,426.13. Additional beds can be purchased on a spot purchase basis as required at the same cost, pending the lifting of Covid restrictions and matching criteria.

**Table 2: Annual and Unit Cost of Residential Replacement Care in 2019/20 & 2020/21**

		<b>Douglas Road</b>	<b>Woodland View</b>	<b>Silverbirch</b>
<b>2019 / 20</b>	<b>Average Occupancy</b>	7	6	3
	<b>Annual Cost</b>	£1,200,411	£499,686	£245,199
	<b>Average Cost per bed per week</b>	£3,289	£1,597	£1,567
<b>2020 / 21</b>	<b>Average Occupancy</b>	2	3.4	1.3
	<b>Annual Cost</b>	£1,211,592	£387,552	£196,237
	<b>Average Cost per bed per week</b>	£11,619	£2,186	£2,895

### **Home-based Replacement Care**

10. The Council currently commission three providers to deliver 'Carers Home Based Respite' on three geographical footprints. Medline provide the service across East Staffordshire, Lichfield and Tamworth, Nexus (Local Authority Trading Company) provide the service in Cannock and South Staffordshire, and Crossroads serve Newcastle, the Moorlands and Stafford.
11. The Council also commission Person Shaped Support (PSS) to provide our Shared Lives service. The service offers both long term placements as well as replacement care through short breaks, of one or more days, and day/evening sessions of 4 or 8 hours.
12. Both services offer regular relief for unpaid carers supporting a friend, loved one or family member due to an illness, frailty, disability, mental health, or addiction who would not cope without their support. The service is designed to enable the carer to gain a regular break to maintain their own health and wellbeing, 'recharge their batteries' and maintain relationships.
13. Both services are contracted on a spot purchase basis. The Carers Home Based Respite contract is due to expire at the end of August 2021; this will be included as a lot within the Home Care Framework due to commence 1<sup>st</sup> September 2021. The contract for the Shared Lives services commenced on the 1<sup>st</sup> April 2020 for a period of three years with an optional 12-month extension, although it should be noted that there was little interest in the tender.
14. Table 3 demonstrates that whilst Carers Home Based Respite was affected by Covid due to some carers choosing to suspend the service as a result of shielding guidance affecting them and/ or the person they care for, the impact has been less significant than for residential replacement care.
15. Table 3 also highlights that Carers Home Based Respite is mainly used by people who are elderly or have a physical disability. This may be due to a lack

of awareness about the service among learning disability social workers. It is possible that raising awareness of the service as well as the community assets which can be used to provide carers with a break, accessible through the Staffordshire Together for Carers Service, might reduce reliance on residential replacement care.

**Table 3: Home-based Replacement Care Usage, Annual and Unit Cost 2019/20 & 2020/21**

	Carers Home Based Respite	Shared Lives
<b>2019 / 20</b>	<b>No of People</b>	79
	<b>No of Nights/ Hours</b>	24,725 Hours
	<b>Category of Need</b>	Older People: 50 Learning Disability: 1 Mental Health: 0 Physical Disability: 28
	<b>No of Refusals *</b>	14
	<b>Annual Cost</b>	£378,852
	<b>Unit Cost</b>	£15.32 per hour
<b>2020 / 21</b>	<b>No of people</b>	77
	<b>No of Nights / Hours</b>	22,900 Hours
	<b>Category of Need</b>	Older People: 45 Learning Disability: 2 Mental Health: 3 Physical Disability: 27
	<b>No of Refusals *</b>	16
	<b>Annual Cost</b>	£363,342
	<b>Unit Cost</b>	£15.87 per hour
		9
		121 Nights 17.3 weeks 1642.14 6413
		All LD
		8
		£8,055.14
		£66.57 per night

\* *Due to being unable to meet need, not as a result of insufficient capacity.*

16. Please note that data for replacement care delivered by the Shared Lives service was not separated from long term placements prior to April 2020 and is therefore unavailable.

**Additional expenditure:**

17. In addition to the expenditure shown in Tables 2 and 3 for residential and home based replacement care, 58 people accessed alternative residential replacement care opportunities through direct payments in 2019/20 at a cost of £241,604, in 2020/21 this decreased as a result of Covid to 37 people, with spend totalling £108,287.

**Anticipated Demand:**

18. The number of adults with a moderate or severe learning disability in Staffordshire is predicted to increase slightly over the next 10-20 years, as shown in Table 4.

**Table 4: Number of adults with moderate or severe learning disability in Staffordshire (Source: PANSI Population Statistics)**

Age Range	2020	2025	2030	2035	2040
18 - 24	407	400	439	449	431
25 - 34	567	563	532	544	584
35 - 44	629	687	727	724	692
44 - 54	659	589	587	641	678
55 - 64	595	642	614	550	551
<b>TOTAL</b>	<b>2,856</b>	<b>2,881</b>	<b>2,899</b>	<b>2,909</b>	<b>2,936</b>

19. The number of adults with a moderate or severe learning disability living with parents in Staffordshire and therefore potentially in scope for replacement care is also predicted to increase slightly over the next 10-20 years, as shown in Table 5.

**Table 5: Number of adults with moderate or severe learning disability living with parents in Staffordshire (Source: PANSI Population Statistics)**

Age Range	2020	2025	2030	2035	2040
18 - 24	269	266	292	297	285
25 - 34	292	289	273	280	301
35 - 44	245	268	283	281	268
44 - 54	149	132	135	147	155
55 - 64	55	58	54	48	50
<b>TOTAL</b>	<b>1,009</b>	<b>1,014</b>	<b>1,036</b>	<b>1,054</b>	<b>1,059</b>

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

**Table 6: Number of adults with a learning disability in receipt of long-term services in Staffordshire**

Report Month	Staffordshire North	Staffordshire South	Total
July 2017	868	999	<b>1,867</b>
July 2018	840	994	<b>1,834</b>
July 2019	843	990	<b>1,833</b>
July 2020	818	913	<b>1,731</b>
June 2021	820	919	<b>1,739</b>

21. Moreover, the number of young people supported to prepare for adulthood is shown to have increased over the last two years as shown in Table 7, this is due to the advent of the 'preparing for adulthood pathway' however not all of these young people will go on to receive adult social care services. Further work is needed to understand the proportion of young adults within the

preparing for adulthood pathway likely to require long term services, including replacement care.

**Table 7: Number of young people ‘preparing for adulthood’**

Report Month	Age (Years)	Staffordshire North	Staffordshire South	Young Adults Team	Total
July 2018	14 – 17	30	37	N/A	<b>67</b>
	18	22	23	N/A	<b>45</b>
July 2019	14 – 17	26	35	N/A	<b>61</b>
	18	24	26	N/A	<b>50</b>
July 2020	14 – 17	N/A	N/A	123	<b>123</b>
	18	N/A	N/A	67	<b>67</b>
May 2021	14 – 17	N/A	N/A	146	<b>146</b>
	18	N/A	N/A	60	<b>60</b>

22. Data suggests that the number of people with a learning disability in receipt of long-term services funded by the Council will increase slightly over the next 10 - 15 years. However, as per national trends, the complexity of need is likely to increase as people live longer with associated health conditions. This is already materialising in Douglas Road, with the number of guests requiring a ground floor room rising from 27% in 2010 to 49% in 2019.

23. There is local and national evidence that unpaid carers have taken up significant additional caring responsibilities during Covid. Douglas Road, Woodland View and Silverbirch have reported an increase in families wishing to schedule their planned allocation of nights which is impacted by reduced capacity due to Covid compliance. Moreover, services report an increase in approaches from learning disability social workers in an attempt to source residential care in an emergency, due to carer breakdown or for safeguarding reasons.

24. At the start of the pandemic Lifeways offered outreach support for individuals unable to access Woodland View or Silverbirch, however there was no take up. Likewise, capacity within our Carers Home Based Respite service was increased but was not utilized. More recently we have observed an increase in the number of individuals requesting home-based replacement care for a variety of reasons including an intolerance of the required testing or enhanced infection control procedures within a residential replacement care setting and an inability to continue waiting for things to get back to normal. As such we anticipate a general shift from bed-based services to home-based alternatives going forward.

25. In order to understand future demand for replacement care and the ratio of residential and home-based replacement care the recommendation is to engage with service users, their carers and stakeholders.

### **Previous Cabinet Decisions and Subsequent Challenges**

26. In October 2019 Cabinet approved a series of recommendations about the future of adult learning disability residential replacement care services as part

of the Adult Learning Disability Community Offer Programme 2022. These were namely:

- a. The recommissioning of residential replacement care services from the existing accommodation in Cannock Chase and East Staffordshire from the independent market for countywide use, for a maximum of 15 beds, up to a value of £4.5m and for a contract duration of 3-5 years,
  - b. The continued direct provision of residential replacement care in Newcastle-under-Lyme; providing 10 beds for countywide use and the relocation, and subsequent refurbishment, of directly provided residential replacement care in Newcastle-under-Lyme to Wilmott Drive (alongside the Specialist Day Opportunities Service).
27. Progress was made with implementing these decisions, however further development was not possible due to the advent of Covid which has had significant consequences for the way in which services operate, significantly reducing capacity and highlighting the limitations of a reliance on building-based services.
28. In November 2020 Cabinet further endorsed an extension to the contract with Lifeways to September 2022 to enable completion of an options analysis to be undertaken for the future provision of residential replacement care in Staffordshire. The options appraisal was started however due to the impact of Covid on bed based services, wider impact on the market and increasing interest in home-based replacement care options this was paused to seek permission to widen the options appraisal and associated engagement to all forms of replacement care.
29. Covid has also had a significant impact on the independent marketplace; the Council has seen recent failures in adult social care procurements due to a lack of bids, and as such it would be beneficial to undertake meaningful market engagement and explore all potential delivery options for the provision of replacement care, to include:
- a. The independent marketplace,
  - b. The Council,
  - c. A local authority trading company,
  - d. A mixture of two or more of the above.
30. In addition, Cabinet also approved the potential expansion of in-house services to offer a greater range of support for people in their homes and communities as part of a single integrated service delivered via Wilmott Drive (alongside the Specialist Day Opportunities Service) pending a business case and public consultation.
31. Subsequently the Care Quality Commission (CQC) have published guidance outlining how they regulate providers supporting people with a learning disability or autism. The document 'Right Support, Right Care, Right Culture' highlights the need for services to provide person-centred care and the CQC's view is that this should be provided in small, dedicated community-based

services of usually no more than six people. As such CQC have indicated that they are likely to refuse any application to relocate the current residential replacement care service at Douglas Road alongside the Specialist Day Opportunities Service at Wilmott Drive as this may equate to a 'congregate setting.'

32. In light of developments over the last 18 months, previous Cabinet decisions have been reviewed to ensure they remain appropriate. This has identified an opportunity to expand the scope of the options appraisal to include all replacement care services, not just those provided in-house or within a residential setting, in order to determine the optimum way to configure replacement care in the long term, in terms of individual experience, quality and cost effectiveness.
33. The recommendation therefore is for an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire.
34. The options appraisal will include engagement with the market, service users, carers, and stakeholders. The findings and recommendations will be presented to Cabinet in the third quarter of 2021.

### **Legal Implications**

35. Legal Services have been supporting the Community Offer Programme for some time, particularly in relation to the re-procurement of the service provision at the Woodland View and Silverbirch as detailed in this report. Legal Services will assist with supporting officers with the options appraisal and the engagement with the market, service users, carers and stakeholders.

### **Resource and Value for Money Implications**

36. Financial Implications and impact on delivery of future MTFs savings will be considered as part of the options appraisal.

### **List of Background Documents/Appendices:**

Appendix 1: Community Impact Assessment – Summary Document [To Follow]

### **Contact Details**

**Assistant Director:** Andrew Jepps, Assistant Director for Care Commissioning

**Report Author:** Taryn Poole,  
**Job Title:** Commissioning Manager, All Age Disability & Mental Health Commissioning Team

**Telephone No.:** (01785) 276016

**E-Mail Address:** [taryn.poole@staffordshire.gov.uk](mailto:taryn.poole@staffordshire.gov.uk)



Staffordshire  
County Council

Appendix 1

## **Community Impact Assessment Checklist and Executive Summary**

### **Name of Proposal:**

Future Delivery of Replacement Care Services in Staffordshire  
(Learning Disability)

### **Project Sponsor:**

Dr Richard Harling, Director for Health & Care

### **Project Manager:**

Taryn Poole, Commissioning Manager, AAD & Mental Health  
Commissioning Team

### **Date Completed:**

21/06/21

## Final Checklist

Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself / SLT / Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	x	
It is clear what the decision is or what decision is being requested.	x	
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and <b>potential impacts are clearly identified and mitigated for</b> (where possible).	x	
The <b>aims, objectives and outcomes</b> of the policy, service or project have been clearly identified.	x	
The <b>groups</b> who will be affected by the policy, service or project have been clearly identified.	x	
The <b>communities</b> that are likely to be more adversely impacted than others have been clearly identified.	x	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	x	Extensive engagement to date has been undertaken on the wider community offer program, with a view to seeking agreement from cabinet to engage on the options for future service delivery across August/ September 2021.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	x	
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	x	
The CIA <b>evidences</b> how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.	x	
The next steps to deliver the project have been identified.	x	

## Executive Summary

The Executive Summary is intended to be a collation of the key issues and findings from the CIA and other research undertaken. This should be completed after the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the CIA template. Where no major impacts have been identified, please state N/A.

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<p><b>PSED</b></p> <p>What are the impacts on residents with a protected characteristic under the Equality Act 2010? Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision, and this can be supported with robust evidence.</p>	<p>Disability</p> <p>Impact on SCC Staff</p>	<p>Individuals will receive high quality support in order to meet their assessed eligible care and support needs, which are both sustainable and demonstrate value for money</p> <p>As per the Care Act, SCC will endeavour to facilitate choice / preference and personalisation where possible. This choice is not at any cost.</p> <p>Potential consolidation of services to provide holistic care and support, maximising choice and control.</p>	<p>There may be a low risk of complaint and challenge from Citizens if they do not feel that their views have been taken into account when designing the future service.</p> <p>The strategy sets out our intention to recommission our current replacement care contract with Lifeways in line with the natural end of the contract. As a result, service users may experience a change in their support provider or location of service delivery.</p> <p>Staff may be required to work in other locations and/or services</p> <p>SCC has an aging</p>	<p>Extensive consultation has already been undertaken to date on the wider community offer programme. Public and stakeholder consultation will be undertaken on the future service and proposed options for service delivery over the summer of 2021 following cabinet approval.</p> <p>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p> <p>The options appraisal will be tested against a range of criteria, this will include ensuring options are Care Act compliant</p>

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
			workforce which may impact on continuity of staff and complexity of support they can deliver	<p>and align with SCC's whole life disability strategy which was consulted on prior to implementation.</p> <p>Within the current job specifications for inhouse services, a requirement to work from other locations is detailed and this could be included in any future 'redesigns' in order to meet Business Needs.</p> <p>Staff (and representative Trade Unions) will be consulted about the potential impact on their employment, and appropriate HR processes and protocols adhered to.</p> <p>Dependent upon the outcome of the options appraisal we could develop a workforce strategy to attract a more diverse workforce</p>
<p><b>Health and Care</b></p> <p>How will the proposal impact on residents' health? How will the proposal impact on demand for or access to social care or health services?</p>	<p>Mental Health &amp; Wellbeing</p> <p>Healthy Lifestyles</p> <p>Access to Social Care</p> <p>Independent Living</p> <p>Safeguarding</p>	<p>As per the Care Act, SCC would endeavour to facilitate choice / preference and personalisation where possible. This choice would not be at any cost.</p> <p>The delivery of replacement care has a</p>	<p>Extensive consultation has already been undertaken to date on the wider community offer programme. This highlighted that people who use services, their carers, some SCC staff and</p>	<p>Regular and meaningful engagement and communications will be undertaken with regards to the progress of the programme, the outcomes and the impact.</p> <p>The options appraisal will be tested against a range of criteria, this will include ensuring options are Care Act compliant</p>

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
		<p>positive impact on carers who require a break to maintain their emotional health and wellbeing whilst sustaining their caring role</p> <p>All replacement care services will be required to promote and enable people to live a Healthy Lifestyle, through the provision of appropriate care and support, as per their assessed care and support needs.</p> <p>People would receive support to meet their assessed eligible social care needs, this may include supporting the development of independent/ daily living skills whilst accessing replacement care.</p> <p>The Council will continue to provide</p>	<p>some providers have expressed the anxiety and uncertainty about the outcome of the programme is negatively impacting on their mental health and wellbeing – with many citing concern about closure of services and loss of care and employment.</p> <p>Risk of challenge or complaint if services are altered or changed, including location or provider.</p>	<p>and align with SCC's whole life disability strategy which was consulted on prior to implementation.</p> <p>Extensive consultation has already been undertaken to date on the wider community offer programme. Public and stakeholder consultation will be undertaken on the future service and proposed options for service delivery over the summer of 2021 following cabinet approval.</p>

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
		<p>Residential Replacement Care to meet the needs of both the 'carer' and 'cared for' – enabling people to remain living in their chosen local community</p> <p>Replacement care also provides carers with a break from their caring role, supporting to avoid carer breakdown and thus avoiding admission to services full time.</p> <p>The cabinet report sets out our intention to conduct an options appraisal to determine the optimum way to configure and deliver replacement care - Any new arrangements will have proportionate contractual arrangement which will include quality monitoring and a contractual</p>		

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
		requirement to adhere to all relevant safeguarding legislation and good practice guidance.		
<p><b>Economy</b></p> <p>How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?</p>	<p>Economic Growth</p> <p>Access to jobs/ Good Quality Jobs</p>	<p>The resultant solution will include a needs / demand profile to support the marketplace in terms of service and workforce development.</p> <p>A number of the options being considered for the future delivery of replacement care may provide the opportunity for the independent marketplace and / or inhouse services to potentially expand their existing presence in Staffordshire as well as encourage new Providers to the county.</p>	<p>A number of the options being considered for the future delivery of replacement care may result in less or no usage of the independent marketplace and / or inhouse services due to providing services through other mechanisms such as a Local Authority Trading Company</p>	<p>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</p> <p>Extensive consultation has already been undertaken to date on the wider community offer programme. Public and stakeholder consultation will be undertaken on the future service and proposed options for service delivery over the summer of 2021 following cabinet approval.</p> <p>The options appraisal will be tested against a range of criteria, this will include ensuring options are Care Act compliant and align with SCC's whole life disability strategy which was consulted on prior to implementation.</p> <p>Within the current job specifications for inhouse services, a requirement to work from other locations is detailed and this</p>

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
				<p>could be included in any future 'redesigns' in order to meet Business Needs.</p> <p>Staff (and representative Trade Unions) will be consulted about the potential impact on their employment, and appropriate HR processes and protocols adhered to.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p>
<p><b>Environment</b></p> <p>How will the proposal impact on the physical environment of Staffordshire? Does this proposal have any Climate Change implications?</p>	Transport	Potential consolidation of services to provide holistic care and support.	People may need to travel further to access the service most appropriate to meet their needs (thus negatively impacting on the environment), and there is a risk of challenge and complaint associated with this.	The Council will ensure adherence to the Care Act REF: assessed eligible care and support needs and the subsequent location of services; seeking to minimise the impact.
<b>Localities / Communities</b>		The future replacement		Partnership working with Public Health as

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
How will the proposal impact on Staffordshire's communities?	Community Development /Capacity	care offer will work alongside the Staffordshire Together for Carers Service, providing preventative carer support in order to prevent, reduce, delay dependency on health and social care services where possible, to ensure they are available for those most in need.	There is a high level of demand and expectation of the Community, with limited financial resource to support investment.  Some communities may initially have more capacity than others in terms of support for carers. There is a challenge to establish what is available for in District.	part of SCC's Supporting Communities Project and People Helping People Agenda to identify and raise awareness of community capacity as well as identify gaps.



Local Members' Interest
N/A

## Health and Care Overview and Scrutiny Committee – 5 July 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 Officer

#### 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 in which holds the remit for health scrutiny matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.
5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District and Borough committees to the Health and Care Overview and Scrutiny Committee.
6. 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 Health and Care Overview and Scrutiny Committee.

#### Cannock Chase District Council

7. Cannock Chase District Council's Wellbeing Scrutiny Committee met on 15 June 2021
  - a. There will be a verbal update on any health and wellbeing matters considered to the meeting.
  - b. Date of the next meeting: Date next meeting: 14 September 2021

## **East Staffordshire Borough Council**

8. East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee last met on 23 June 2021.

a. There will be a verbal update on any health and wellbeing matters considered to the meeting.

b. Date of the next meeting: 27 October 2021

## **9. Lichfield District Council**

Lichfield District Council's Overview and Scrutiny Committee has not met since the last meeting of the Health and Care Overview and Scrutiny Committee. The date of the next meeting is to be confirmed.

## **10. Newcastle-under-Lyme Borough Council**

Newcastle-under-Lyme Borough Council's Health, Wellbeing & Partnerships Scrutiny Committee met on 7<sup>th</sup> June 2021.

a. The following matters were considered:

- The Committee considered a comprehensive update report on Anti-Social Behaviour services which included a snapshot of the current picture; local arrangements including work with partners; impact of Covid; and diversionary projects for the summer.
- Parks and Open Spaces Scrutiny Review – the final report from the Scrutiny Review was submitted and the recommendations were approved to submit to Cabinet and included pilot work to improve information at 2 parks and support for a project to plant 850 trees to celebrate the Borough's 850 Anniversary in 2023.
- Meeting with the Clinical Commissioning Group – the Committee received notes from the regular meeting between the Vice Chair, officers and Tracey Shewan of the CCG. This had included current progress with the vaccination programme and numbers of people in hospital with Covid. The Committee was informed that the council continued to promote messages about Covid safety on the website and of the measures operating in the high streets to maintain Covid safety.
- The Work Programme was discussed and the Committee agreed that the agenda for the next meeting would include an invitation to the Police, Crime and Fire Commissioner to discuss how the police manage Anti-Social Behaviour issues and a report on the Newcastle Housing Advice Service now the service has been brought back in-house.

b. Date of next meeting: 13 September 2021

## 11. South Staffordshire District Council

South Staffordshire District Council's Wellbeing Select Committee met on Tuesday 6th April 2021, an update of matters considered was provided to the meeting of Health and Care Overview and Scrutiny Committee on 7 June 2021.

- a. Date of the next meeting: Tuesday 7 September 2021.
- b. Agenda items will include an update from Staffordshire County Council on Youth Provision, Breast Screening and an update on cancer treatment for South Staffordshire residents during the pandemic.

## 12. Stafford Borough Council

Stafford Borough Council Community Wellbeing Scrutiny Committee met on 2 March 2021, an update was provided to Health and Care Overview and Scrutiny meeting on 7 June 2021.

- a. Date next meeting: 22 July 2021. the following items are due to be considered:-
  - Health and Care Overview and Scrutiny Committee - Councillor J Hood
  - Performance Update Report Only (No Financial Information) -Corporate Business and Partnerships Manager
  - Business Planning Report- Scrutiny Officer
  - Work Programme - Head of Law and Administration

## 13. Staffordshire Moorlands District Council

Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel met on 23rd June 2021:

- a. Health and wellbeing related matters considered:
  - North Staffordshire Combined Healthcare NHS Trust – Annual Update with a focus on Children and Young Persons Services in the area
  - The temporary closure and re-opening of Leek Minor Injuries Unit
  - A presentation on the Leek Integrated Care Hub
- b. The Panel requested to receive regular progress updates on the Leek Integrated Care Hub and added Dentistry to its Work Programme.
- c. Date next meeting: 15th September 2021.

## 14. Tamworth Borough Council

Tamworth Borough Council's Health & Wellbeing Scrutiny Committee met on 17 March, 21 April and 22 June 2021:

- a. The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committees held on 17 March & 21 April 2021 Link to agenda and reports

[:http://democracy.tamworth.gov.uk/ieListMeetings.aspx?CommitteeId=209](http://democracy.tamworth.gov.uk/ieListMeetings.aspx?CommitteeId=209)

	Title
Minute no. 57 (March meeting)	<p><u>Overview of Tamworth Advice Centre Services</u></p> <p>The committee received an update from the Assistant Director, Partnerships and the Community Partnerships Manager on the Tamworth Advice Centre Services</p> <p>This gave an overview of the financial wellbeing, debt and generalist advices services which were provided and which were accessed through three possible routes:</p> <ul style="list-style-type: none"> <li>• Self referral by Tamworth residents;</li> <li>• Homelessness team client referrals;</li> <li>• Tenancy team client referrals</li> </ul> <p>An overview of the services provided during COVID and the methods of delivery (telephone and online communication) was provided and the learnings this provided for future services delivery.</p>
Minute no. 62 (April meeting)	<p><u>Safeguarding Children and Adults at Risk of Abuse Report</u></p> <p>The committee received its second biannual update from the Portfolio holder for Regulatory and Community Safety, the Assistant Director Partnerships and the Partnership Vulnerability Officer.</p> <ol style="list-style-type: none"> <li>1. The committee received details of the referrals made for the full year.</li> <li>2. The ongoing safeguarding training, as well as the guidance embedded in the updated policy and procedures in respect of suicide awareness and prevention and briefing sessions in this regard for frontline staff.</li> <li>3. The ongoing work to develop safeguarding training webinars for taxi drivers.</li> <li>4. The partnership approach to Modern Slavery, Human Trafficking and Contextual Safeguarding.</li> <li>5. The weekly partnership meeting and ongoing work with the Tamworth Vulnerability Partnership.</li> </ol>
Minute no. 63 (April meeting)	<p><u>Young People Working Group</u></p> <p>This working group comprised 3 councillors and the outcomes of their work was presented to the committee. The following was highlighted:</p> <ol style="list-style-type: none"> <li>1. That the focus of the work group was on the effects of the pandemic and the resulting needs of young people post pandemic in Tamworth;</li> <li>2. The national research which the working group had considered, which included (i) research covering young people into young adulthood where the mental health issues for that age group appeared greater than the older adults cohort (ii) the fact that</li> </ol>

	<p>younger people had found the January 2021 lockdown harder to cope with than previous ones, (iii) that social isolation and loneliness was a major issue for young people;</p> <p>3. That there was concern over impacts on school work and uncertainty about exam grades and worries about the future.</p> <p>The existing support that was available to support young people in this area and which was provided by Staffordshire County Council and through other partners, such as SCYVS, as well as recent funding from Government which had been directed to provide a Staffordshire wide Young People’s Offer, which was at an early stage of development.</p> <p>The committee agreed that:</p> <ol style="list-style-type: none"> <li>1. The Young People Working Group continue in the same form into the new municipal year;</li> <li>2. A meeting be organised to scope any future working group and strategy going forwards, and the following be invited to attend; (i) the three Councillor working group members (ii) relevant Council Officer(s) (iii) relevant Staffordshire County Council Officer(s) (iii) representatives of partner organisations and (iv) the relevant Portfolio Holder.</li> </ol>
--	--

b. The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council’s Health & Wellbeing Scrutiny Committee held on 22 June 2021 - link to Agenda and reports pack: <http://democracy.tamworth.gov.uk/ieListMeetings.aspx?Committeeld=209>

Minute No.	Title
75	<p><u>Health &amp; Wellbeing Scrutiny Work Plan – 2021/22</u></p> <p>The Committee agreed that two major themes would form the main focus for the Committee for the year with more specific topics within those themes identified:</p> <ol style="list-style-type: none"> <li>1. Mental wellbeing; and</li> <li>2. Homelessness</li> </ol> <p>Under the first theme, it was noted that the Midlands Partnership Foundation Trust (MPFT) was working on plans to transform community mental health services in Staffordshire and as part of that they were looking to understand health inequalities in Tamworth. Representatives of MPFT had been invited to the July Committee meeting.</p> <p>Noted the need to coordinate with the County work plan.</p> <p>Consideration to be given to setting up a working group to review the implementation of the Armed Forces Covenant.</p> <p>The Committee’s work plan will be available when the minutes are published at the above link.</p> <p>Other topics for consideration included:</p>

	Green and open spaces Attainment and Skills in Tamworth
	Matters relevant to HCOSC
1.	Further clarification on <u>how</u> the targeted vaccination programme for homeless people had operated in Staffordshire was requested – eg were walk ins encouraged or was an appointment system used?
2.	Access to GP Services was identified as a local Tamworth issue, and when the arrangements in place during COVID would be unwound. The Committee noted it was an issue on the work plan for County. Access issues also included barriers to access for some patients and also access to Long COVID clinics.
3.	The Committee had identified food vulnerability / healthy eating / social prescribing as issues of interest and noted that there could interact with the County wide item planned on wider determinants of health. Committee would want any work to tie in with County consideration / timescales.
4.	Strategic Transformation Programme (STP) – nature / extent / timing of any Committee consideration aimed to tie in with County consideration.

c. The date of the next meeting is 13 July 2021

#### 15. Appendices/Background papers

<b>Council</b>	<b>District/ Borough Representative on CC</b>	<b>County Council Representative on DC/BC</b>
<b>Cannock Chase</b>	Cllr Martyn Buttery	Cllr Phil Hewitt
<b>East Staffordshire</b>	Cllr Adam Clarke	Cllr Philip Atkins
<b>Lichfield</b>	Cllr David Leytham	Cllr Janice Sylvester-Hall
<b>Newcastle</b>	Cllr Ian Wilkes	Cllr Ian Wilkes
<b>South Staffordshire</b>	Cllr Joyce Bolton	Cllr Jak Abrahams
<b>Stafford BC</b>	Cllr Jill Hood	Cllr Anne Edgeller
<b>Staffordshire Moorlands</b>	Cllr Barbara Hughes	Cllr Keith Flunder
<b>Tamworth</b>	Cllr Rosey Claymore	Cllr Thomas Jay

#### Contact Officer

Deb Breedon, Scrutiny and Support Officer

01785 276061

[Deborah.breedon@staffordshire.gov.uk](mailto:Deborah.breedon@staffordshire.gov.uk)

## WORK PROGRAMME – 5 July 2021

### Health and Care Overview and Scrutiny Committee 2021/22

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2021/22.

The Health and Care Overview and Scrutiny 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

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

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**

**Chairman of the Health and Care Overview and Scrutiny Committee**

If you would like to know more about our work programme, please get in touch with Jonathan Lindop, Scrutiny and Support Officer on [Deborah.breedon@staffordshire.gov.uk](mailto:Deborah.breedon@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.

## Health and Care Overview and Scrutiny Committee Work Programme 2021-22

Date	Topic	Background/Outcomes	
<b>Committee Meetings, Reviews and Consultations</b>			
		Background	Outcomes from Meeting
<b>Monday 7 June 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Health Scrutiny Arrangements</li> <li>Work Programme Planning Covid Update</li> </ul>		Awareness of the background, scope and role of health scrutiny in Staffordshire. Work programme items to be prioritised and work programme to be submitted to the meeting on 5 July 2021
<b>Monday 5 July 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Restoration and Recovery</li> <li>Access to GP surgeries</li> <li>Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021)</li> <li>Covid Update</li> </ul>	To include patient backlog, principally of elective surgery Work planning (7.6.2021) Forward Plan – Cabinet 21.07.2021  Update	
<b>Monday 9 August 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Maternity Services</li> <li>George Bryant Centre</li> <li>Urgent and Emergency Care Programme</li> </ul>	Work planning (7.6.2021) Work planning (7.6.2021) Triangulation (2020) & Work planning	
<b>September</b>	<b><u>Awareness Session</u></b> <ul style="list-style-type: none"> <li>Mental Health and Wellbeing – overview of services from mild to acute provision</li> </ul>	Work Planning (7.6.2021)	
<b>Monday 13 September 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Difficult Decisions – Hearing aids, Bariatric surgery, IVF</li> <li>Review of impact of COVID on dentistry and access</li> <li>Winter vaccination programmes (flu and COVID)</li> <li>COVID update</li> </ul>	Work programme (14.09.2020)  Work planning (7.6.2021)  Work programme (14.09.2020)	
<b>Early October</b>	<ul style="list-style-type: none"> <li>Scrutiny of Corporate Plan (Single item)</li> </ul>	Work planning (7.6.2021) - Focus on Health and Care	
<b>Monday 25 October 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Transformation Programme - how Community Diagnostic Policy fits into every service</li> </ul>		

	<ul style="list-style-type: none"> <li>Review of independent in-patient mental health hospitals in Staffordshire</li> <li>Dashboard of proposed Health and Care KPIs</li> <li>COVID update</li> </ul>		
<b>Mid November</b>	<p><b><u>Inquiry Day</u></b> - wider determinants of Health</p> <ul style="list-style-type: none"> <li>Could include diet and obesity; impact of housing on health; healthy life expectancy. Role of partners including community support and Parish Councils</li> </ul>		
<p><b>Monday 29 November 2021 at 10.00 am</b></p> <p>Page 7</p>	<ul style="list-style-type: none"> <li>Integrated Care Strategy – vertical integrated</li> <li>Health &amp; care pathway – walk through of resident pathway to ensure optimum pathways used seamlessly</li> <li>COVID update</li> </ul>	Residents can access the services they need and can move seamlessly through health and care services without deconditioning	
<b>Monday 31 January 2022 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Care Home services – review of market and health and care plan for sector medium term</li> <li>Impact of Long COVID</li> <li>Health and Care post COVID – lessons learned</li> </ul>		
<b>Tuesday 15 March 2022 at 10.00 am</b>	<b><u>Inquiry Day</u></b> - use of advances in technology in Health & Social Care		
<b>Tuesday 19 April 2022 at 10.00 am</b>	<p><b><u>Environment Day</u></b></p> <ul style="list-style-type: none"> <li>Climate change – what is Staffordshire's health and care partners doing</li> <li>Impact of air pollution on Staffordshire</li> </ul>		
<b>Working Party</b>	<ul style="list-style-type: none"> <li>Role and impact from school's mental wellbeing counsellors, including the Healthy Schools Programme</li> </ul>		

<b>Working list of items</b>		
<b>Suggested Items</b>	<b>Background</b>	<b>Possible Option</b>
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)		
'Long' Covid-19 - Reponse by Health (CCGs and Accute Hospital Trusts)	Agreed at Committee meeting on 14 September 2020	January 2022
Health Dashboard (CCGs and Accute Hospital Trusts)	Requested by Chairman at Committee meeting on 14 September 2020	October 2021
Workforce Planning (Accute Hospital Trusts)	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.	September 2021 – report
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	September 2021 – Awareness session
George Bryan Centre, Lichfield (MPFT)	Requested by Chairman at local meeting on 9 March 2021	August 2021
Post Pandemic System Restoration and Recovery (CCGs)	Requested by Chairman at informal meeting with Health on 4 March 2021	July 2021
ICS and Urgent Care configuration engagement (CCGs/ICS)	Requested by Chairman in correspondence with CCGs Accountable Officer 5 March 2021	August 2021
Wider Determinants of Health – Inquiry Day (CCGs and SCC).	Requested at pre-Agenda preview on 28 August 2020	Mid November 2021
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	TBC – briefing is August – schedule early 2022
Covid-19 Annual Vaccination Programme (CCGs)	Requested at meeting on 16 March 2021	Regular updates
Going Digital in Health (CCGs)	Requested at meeting on 16 March 2021	15 March 2022
Care Homes – Future Strategy and Key Issues including Future Demand (SCC)	Requested at meeting on 16 March 2021	January 2022
Social Care IT system procurement		March 2022
<b>Work programme Discussion 07.06.2021</b>		
Mental Health: Community	Scheduled September 2021	
Mental Wellbeing Children: engage with education providers	Scheduled September 2021	
Mental Health : Acute – shortage of childrens beds	Scheduled September 2021	
Loneliness and Isolation - elderly	Schedule November 2021	
Childrens Dentstry – Flouridisation/ orthodontic access	Scheduled September 2021	
STP	Scheduled October 2021	
Accessing GP Surgeries	Scheduled July 2021	
Womens Health Strategy	TBA	
Environment Climate Change – NHS as employer delivering net zero	Scheduled April 2022	

Diabetes / obesity	Scheduled November 2021	
Application funding for Adult Social Care	TBC	
<b>Chairman's Activity</b>	<b>Date</b>	<b>Issues for Committee</b>
<p><b>Membership</b></p> <p>Jeremy Pert                      Chairman)  Paul Northcott                  (Vice-Chairman - Overview)  Ann Edgeller                      (Vice-Chairman – Scrutiny)</p> <p>Jak Abrahams  Charlotte Atkins  Philip Atkins  Richard Cox  Keith Flunder  Thomas Jay  Phil Hewitt  Jill Hood  Janice Silvester-Hall  Ian Wilkes</p> <p><b>Borough/District Councillors</b></p> <p>Jill Hood                          (Stafford)  Martyn Buttery                  (Cannock)  Rosemary Claymore          (Tamworth)  Barbara Hughes                (Staffordshire Moorlands)  Adam Clarke                      (East Staffordshire) (TBC 28.06.2021)  Joyce Bolton                      (South Staffordshire)  David Leytham                  (Lichfield)  Ian Wilkes                          (Newcastle-under-Lyme)</p>		<p><b>Calendar of Committee Meetings</b></p> <p>at County Buildings, Martin Street, Stafford. ST16 2LH  (at 10.00 am unless otherwise stated)</p> <p>Monday 7 June 2021 at 10.00 am;  Monday 5 July 2021 at 10.00 am;  Monday 9 August 2021 at 10.00 am;  Monday 13 September 2021 at 10.00 am;  Monday 25 October 2021 at 10.00 am;  Monday 29 November 2021 at 10.00 am;  Monday 31 January 2022 at 10.00 am;  Tuesday 15 March 2022 at 10.00 am;  Tuesday 19 April 2022 at 10.00 am.</p>

