

Health and Care Overview and Scrutiny Committee

Monday 29 November 2021

10:00

Council Chamber, County Buildings

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
19 November 2021

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 25 October 2021** (Pages 1 - 10)
4. **Overview of public health outcomes and services** (Pages 11 - 22)
Report and presentation of the Director of Health and Care
5. **Covid-19 Update**
Presentation of the Director of Health and Care to provide a Covid-19 Update to the meeting
6. **District and Borough Health Scrutiny Updates** (Pages 23 - 28)
Reports of the District and Borough Representatives
7. **Work Programme 2021-22** (Pages 29 - 34)
Report of Scrutiny and Support Officer
8. **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
Rosemary Claymore	Paul Northcott (Vice-Chairman (Overview))
Richard Cox	Jeremy Pert (Chairman)
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Colin Wileman
Phil Hewitt	Ian Wilkes

Note for Members of the Press and Public

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Scrutiny and Support Officer: Deb Breedon Tel: (01785) 276061

**Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on
25 October 2021**

Present: Jeremy Pert (Chairman)

Attendance

Philip Atkins, OBE	David Leytham
Martyn Buttery	Paul Northcott (Vice-Chairman (Overview)
Richard Cox	Janice Silvester-Hall
Ann Edgeller (Vice-Chairman (Scrutiny)	Colin Wileman
Jill Hood	

In Attendance:

Heather Johnstone – Executive Director Nursing and Quality for 6 Staffordshire and Stoke on Trent CCGs
Ben Boyd – Associate Director Specialist Services North Staffordshire Combined Healthcare NHS Trust
Mary Barlow - 6 Staffordshire and Stoke on Trent CCGs
Marcus Warnes - Accountable Officer for 6 Staffordshire and Stoke on Trent CCGs and Senior Responsible Officer for Transformation Programme
Jane Moore - Executive Director of Strategy, Planning and Performance
Tracey Shewan - Director of Communications and Corporate Services
Simon Fogell – Chief Executive Healthwatch Staffordshire
Emma Sandbach – Staffordshire County Council Public Health Consultant
Claire Dinnas – Area Director for West Midlands for the Environment Agency
Marc Liddeth – Project Executive Walley’s Quarry Project Team, Environment Agency
Alec Dobney – Head of Unit, Environmental Hazards, UK Security Agency UKSA
Dr Ovnair Sepai – Group Leader General Toxicology, supporting UKSA

Apologies: Jak Abrahams, Charlotte Atkins, Joyce Bolton, Rosemary Claymore, Keith Flunder, Phil Hewitt, Barbara Hughes and Thomas Jay

PART ONE

34. Declarations of Interest

Councillor Ann Edgeller declared an interest as Partner Governor of the Midlands Partnership Foundation Trust (MPFT).

Councillor Richard Cox declared an interest in Item 4 Independent Mental Health hospitals, a family member was a former service user at George Bryant Hospital.

35. Minutes of the last meeting held on 20 September 2021

Resolved: That the minutes of the meetings 20 September 2021 be approved and signed by the Chairman as a correct record subject to correction of the grammatical amendments identified.

36. Quality Assurance of Independent Hospitals providing care for patients with Mental Health and/or Learning Disabilities

The Executive Director Nursing Staffordshire & Stoke on Trent 6 CCGs outlined the approach to quality assurance of key Mental Health and Learning Disability Independent Hospitals and described the mechanisms in place to ensure that patients in Staffordshire and in external provision were safe and receiving the best possible care.

Host commissioner guidance came into effect in January 2021 to oversee systems and quality and to demonstrate they met the criteria outlined. A CQC review in March 2021 alerted the host commissioner of issues at Eldertree Lodge in Staffordshire, which resulted in management of the situation and closure of the premises. All patients were relocated within timelines and had settled well into new accommodation.

Following this, a gap analysis of processes was undertaken and working arrangements had been strengthened in Staffordshire, in line with the host commissioner guidance to include: patient monitoring every 6-8 weeks; link with placing commissioners; a provider failure operational process as part of the toolkit; face to face site visits to other providers; and a proactive programme of visits regularly taking place across the system. There was acute mental health provider support with specialist mental health patients and good connections with Safeguarding Children and Adults Boards. Some of the processes developed through lessons learned were being shared locally and nationally.

In terms of mental health provision 84 patients were in placement, half in area half out, 21 out of 26 of providers were rated as good by CQC but 2 independent providers were of concern and assurance was given that commissioners were working with them and all 3 patients in placement had received satisfactory safe and well checks.

The following comments and responses to members questions were noted:

- following a Covid outbreak at John Munroe Group in Leek, other concerns were identified and CQC carried out a routine visit. An improvement plan

has been put in place with regular monitoring visits. CQC had re-visited and John Munroe Group which was subject to further improvements.

- During the pandemic commissioners working from home were not able to carry out face to face visits unless there were specific circumstances. Since Eldertree Lodge failure, face to face visits have been carried out where there was the slightest concern.
- CCG was working on a document with NHS England to capture all lessons learned from Eldertree Lodge failure, highlighting how to manage the situation and to deal with challenges of relocating high level of high-risk individuals.
- Providers were independent providers and it was important to maintain quality and standards, and to ensure patients who were amongst the most vulnerable residents in Staffordshire had a voice.
- As placing commissioners of a learning disability or autism package of care out of County there was a responsibility to check the individual in placement on a minimum of eight weekly basis.
- Host commissioner guidance placed the responsibility on each of the host commissioners to make sure the organisation was safe, to advise the placing commissioner of any issues and to meet to source alternative placement for individuals, where necessary.
- In terms of mental health facilities out of County, there were regular in person reviews and a blend of working with host commissioners and providers remotely and at least one review in person to ensure safety.
- There was a national scheme for relatives to claim back travel expenses and families could be helped in advance of travel, where possible placement distance was kept to a minimum.
- Staffordshire and Stoke on Trent beds were commissioned from NHS providers where possible; it was considered that there was an over dependence on Independent Mental Health Hospitals in the County and the aim was to reduce in-placement levels and to consider housing association providers in the County.
- Members were assured that positive behaviour support was available in the community, to train and support the independent sector providers, to bridge between independent hospitals and community placements and to provide a blend of roles and expertise to support individuals.
- For face to face meetings the 'care programme approach' and 'care and treatment reviews' were used. Service user, provider, family members and carers were all involved. This approach had a support network for individuals and a contract with the provider.

The Chairman thanked presenters for a clear presentation and report.

Resolved:

1. That Committee note the actions being taken by the CCGs, the wider NHS and other system partners in respect of the quality assurance and drive for improvement of these independent hospitals.

2. That committee note the positive system response to recent challenges and the positive approach to this key matter.
3. That the lessons learned report post Eldertree Lodge failure be circulated to Members of the Health and Care O&S Committee.

37. Transformation Programme

The Accountable Officer for Staffordshire and Stoke on Trent CCGs outlined the process to develop proposals and business cases relating to Maternity, Urgent and Emergency Care (UEC), George Bryan Centre, Difficult Decisions, Community Diagnostic Hubs, and interdependencies between programmes. It was explained that feedback from this sense check phase and other relevant data would take the long list of proposals to a shortlist of proposals for consultation.

Concerns were raised relating to NHS guidance relating to no face to face engagement. It was confirmed that CCG were working in accordance with the NHS England and consultation institute guidance and that CCG was working with Healthwatch and other voluntary sector groups in the community to carry out face to face meetings, feedback from which would be included in feedback to this committee. It was suggested that CCG pass the committee's concerns on to NHS England.

The Chief Executive, Healthwatch Staffordshire advised that he championed the resident's voice at meetings with Integrated Care System ICS colleagues. He clarified that not all people wanted face to face meetings some wanted digital consultation and that a Healthwatch survey was been undertaken to find out more about what people want.

The following comments and responses to members questions were noted:

- In terms of engagement with public in a pandemic, CCG highlighted that it was important to find a balance to provide easy access without putting people at risk and fulfil statutory duties when consulting on Major transformations.
- In 2019 Pre-pandemic engagement took place using face to face mechanisms, the current process was to sense check the feedback from that consultation through surveys and digital means. In the next stage of consultation a hybrid approach would be taken.
- In relation to engagement matters discussed:
 - Access to digital consultations: there were concerns about digital exclusion. It was considered that digital consultation was better attended, more accessible for many and covered a wider audience.
 - Face to face: Members wanted to speed up processes to engage in face to face meetings. There were concerns that some of the public felt excluded and that hard to reach groups may be excluded. CCG had learned a lot and reached communities that may not have taken part before. Partners and Healthwatch were working together.

- Face to face consultation was considered essential for Elderly people who have difficulty using digital for consultation or appointments. GP Access was a top priority nationally and Committee would consider the matter in more detail on 13 December 2021.
- Terminology: the term 'difficult decisions' may be confusing to people.
- Finance: All proposals consulted on had to be financially viable options under the NHSI guidance for them to go forward. Cost benefit analysis would consider the benefits from a population perspective against the financial requirements.
- Data: It was confirmed that records of how many people were consulted, how they were contacted and where getting responses from were maintained. CCG carried out targeted work with partners and work included protective characteristic groups as well as those with digital poverty. The data on digital and face to face involvement would be useful and would be included in the report of findings back to committee.
- GDPR: Access to service users, it was confirmed that CCG work with partner colleagues (service providers) on all consultation to consult past and present service users, partners can access records and make contact.
- Comments on the slides:
 - Amend 'improving life expectancy' to add the word healthy 'improving healthy life expectancy'.
 - It was suggested that other consultations be included on the timeline slide for consultation, to demonstrate the amount of transformation work planned.
- Important to get the balance right between digital and face to face consultation.

The Chairman thanked officers for the detailed report and responses to questions.

Resolved:

1. That the Update around the Transformation Programme was noted
2. That CCG be requested to feed comments back to NHS England relating to face to face meetings.

38. Performance Overview and Dashboard

The Accountable Officer of the 6 Staffordshire and Stoke on Trent CCGs and Director and Programme Director presented information relating to performance overview and dashboard. The report detailed referral times, diagnostic timelines and metrics, and information relating to UEC and winter pressures. It was highlighted that the ongoing pandemic and with case rates rising, the NHS was facing probably the most difficult winter ever ahead and the pressures were reflected in the dashboard submitted.

The following comments and responses to members questions were noted:

- The indicators and red amber and green RAG rated dashboards gave a view to how indicators would progress over time. Next year the

Integrated Care System ICS would move to one dashboard rather than the 6 CCG dashboards.

- Health care acquired indicators detailed expected levels over 12 months April to March. It was considered that the infection control and lack of visitors during the pandemic had an impact on the indicators, but they did provide an indication of protection and cleanliness.
- ICS to produce quarterly data and to report progress positive or negative movement from the last quarter. From a transformation and restoration perspective it was also important to compare current data with pre pandemic levels, pre-pandemic there were no waiting periods to access most services, which was considerably different now.
- It was suggested that a financial dashboard could be added to sense check financial position moving forward.
- More information was given on the breast cancer symptom indicator. CCG advised that this was an issue across the region and that work was taking place to set up different pathways for people to be seen, looking at new and innovative means to get women through this pathway.
- The Chairman welcomed seeing GP Access data which was of importance to all residents

ICS was working across the system to get better integrated performance data and to use the data to ask questions to see how to improve and what can be done differently. In the new system the oversight indicators may change and links between old data and new would be looked at, it was considered that the information would be useful to people to help understand what was happening and to make change happen.

The Chairman welcomed the report which helped to build towards an overall dashboard of health across the County to see progression. It also could be rolled down into District and Borough Councils to consider what they are doing individually to improve the Health of residents.

Resolved:

That the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population was noted

39. Walley's Quarry Health Implications - Update

Representatives from Staffordshire Public Health, the Environment Agency and UK Security Agency provided updates to highlight findings from four surveys that had been undertaken to measure odour and symptoms experienced by residents living close to Walley's Quarry, and to report on the Health Risk Assessment of air quality monitoring and measures taken to reduce the off-site odours from the landfill site, since July's meeting.

Committee considered the latest community figures from the surveys covering the period between 18 May 2021 and 13 October 2021. The

residents self-reported odours and symptoms which indicated that the air pollution continued to have a detrimental effect but that there had been an increase in the number of mental health symptoms reported due to the length of time residents were impacted by levels of Hydrogen Sulphate H₂S.

The EA Project Executive provided a brief update on the strategy and plan to contain, capture and destroy H₂S gas including the successful deployment of the posi-shell on 70% of the site. With the temporary capping in place to contain the gas, progress had also been made to drill 20 of the 28 wells and 50% more gas was being captured and destroyed as at same time last year. The data showed a consistent reduction in H₂S levels, that measures were having the impact expected and strong regulatory approach was being taken to encourage compliance by the operator. There had been 2 face to face consultation events over consecutive weeks with 160-180 residents attending.

The UK Security Agency UKSA (the successor body to Public Health England) provided an update on the Health Risk Assessment of air quality monitoring results from March to August 2021. The report detailed that the Hydrogen Sulphide H₂S data up to the end of August showed continuing exposure to the population around the site at decreased concentration levels compared to March-July 2021 and at 3 of the monitoring sites they were below the long-term (lifetime) health based guidance levels.

The following comments and assurances were noted in response to Members questions:

- Site MF9 had higher WHO annoyance levels than recommended. The impact of the odour on resident's mental health and the uncertainty about safety and health of self and family should not be undermined even when the advice was that air pollution was unlikely to cause long-term physical health problems.
- Assurance was given that there was no pollution in the water course coming from the landfill. Site monitors would stay in place and would continue to monitor water.
- It was reported that gypsum had got into the landfill and had produced H₂S. Work was ongoing to ensure no gypsum-based materials go into site. Checks were made by sampling and continuous monitoring, also EA was also looking at where the waste was coming from and if the waste, they were sending was suitable.
- There were further concerns raised about a reduction in people's mental health highlighted in the symptom tracker. Concern was raised about the impact on families and that there were no questions related to family breakdowns in the surveys.
- Concerns were raised about impact on families in the future and it was suggested that The PH Consultant prepare a paper to share with Members to draw out the main messages from the Keele University

study relating to mental health, the public health report and the community impact work being led by Newcastle under Lyme Borough Council.

- MF9 there was no date for when levels site would be consistently below required level. The operator was working with EA to reduce levels and it was expected that H2S levels for September were expected to show a further decrease, however it was indicated that H2S may stay in the air longer in colder weather and no assurances could be given even though concentrations continue to reduce.
- The Chairman suggested that the symptom tracker be recorded month by month to show a trend in residents reporting.

The Chairman thanked all presenters for contributions and clarity of reports. He welcomed the update on progress to reduce the impact of odour from WQ, that information on any other emissions had been shared and that the air pollution data indicated a decrease month on month.

Resolved:

1. To note the update report and request a further update in 3 months.
2. That further information relating to the impact on resident's mental health in communities be circulated.

40. Covid-19 Update

The Interim Assistant Director Public Health and Prevention provided an update which detailed the current position in relation to management of Covid-19, case rates, hospitalisations, death rate and infection rates.

- Covid case rates remained high and above the National and West Midlands averages. School age children have the highest case rates however they were increasing across all groups.
- Hospitalisations were creeping up however deaths from all causes remained around the same as the 5-year average.
- Vaccination: 12-15 group had slowed due to delays and the highest infection rates, causing young people to isolate and not get the vaccine jab for 28 days.

Committee noted the following comments and responses to questions:

- Testing rates in Staffordshire were amongst the highest nationally. Some issues had been reported relating to test centres and would be looked at on a case by case basis.
- Concerns that people were disrupted in their daily life waiting for test results. No tests were sent to Wolverhampton test centre from Staffordshire these were sent to Keele and further north.
- 3rd dose booster vaccine was not rolling out as fast as anticipated.

- In Staffordshire flu vaccine roll out was on track and data would be included in future presentations.

Resolved:

1. That the update report be noted.

41. District and Borough Updates

District and Borough representatives presented update reports and highlighted the following matters being considered at District and Borough meetings.

- Cannock Chase 14 September 2021 meeting established Enviro crime and waste and recycling. The Portfolio holder had written to CCG about MIU awaiting response.
- Working Groups had been set up at East Staffordshire DC relating to GP Access and the Impact Covid was having in East Staffordshire. Waste review and engaging communities' reports would be considered at a meeting soon.
- Lichfield Council had set up Dual Recycling and Climate Change work groups.

The Chairman reminded District and Borough representatives that the GP Access was being considered at County Overview and Scrutiny Committee and that local scrutiny should relate to local matters and not duplicate the work of this Committee.

Resolved:

1. That the District and Borough Updates be noted.

42. Work Programme 2021-22

Committee received the work programme and noted the following:

- The meeting on 13 December 2021 would focus on WMAS and system pressures in Staffordshire, as well as an update on the GP Access action plan.
- The link to the Introduction to Mental Health session 21 October 2021 would be circulated to all Members.
- George Bryant Centre schedule February-March 2022.

Chairman

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 29 November 2021

Performance Overview

Recommendation

I recommend that the Committee:

- a. The Committee to note the public health service overview and performance update from Staffordshire County Council.

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

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

1. Note the public health service overview and performance update from Staffordshire County Council.
2. The briefing and attached presentation provides the Committee with an overview of public health services, progress and challenges for Staffordshire.

Report

Background

3. It is well documented that health and wellbeing outcomes are impacted by a whole range of factors related to the circumstances in which we are born, grow, live, work and age. These are known as the 'wider determinants' of health and action to address these is also a significant part of a holistic and effective public health approach.
4. This report is in response to a specific invitation from Staffordshire Health and Care Overview and Scrutiny Committee to present an overview of public health services and performance, which will therefore be the focus today. However, it may be appropriate to review and discuss these broader factors at a future meeting.

5. Staffordshire County Council's Health and Care Plan (2021) outlines how Health and Care will contribute to the Council's priority to inspire healthy independent living, as well the other four priorities in the corporate Strategic Plan.
6. Public health forms an integral part of this Plan and will contribute to and enable delivery of the four strategic objectives for 2021-2026:
 - a. **Promote good health and independence**, and encourage and enable people to take personal responsibility for maintaining their well-being
 - b. **Ensure effective and efficient assessment** of needs that offers fair access to services
 - c. **Maintain a market** for care and support that offers services at an affordable price
 - d. **Ensure best use of resources**, people, data, and technology.
7. Against the strategic objective to promote good health and independence there are five outcomes:
 - a. Ensure effective response to Covid19 and other threats to health
 - b. Maximise immunisation and screening uptake
 - c. Increase healthy life expectancy and improve health outcomes
 - d. Develop and facilitate access to community capacity to help older and vulnerable adults remain healthy and independent
 - e. Optimise activity and quality of public health services.
8. This report and the accompanying presentation focusses on outcomes d. and e., providing an overview of current performance of the Supportive Communities programme, as well as public health services provided and commissioned by Staffordshire County Council (SCC).
9. Further information and data relating to the wider public health outcomes can be found at www.fingertips.phe.org.uk or in the Staffordshire Joint Strategic Needs Assessment (2021).
10. Staffordshire has overall good levels of health and wellbeing, yet there are pockets of very poor health and significant health inequalities across the county.
11. Increases in life expectancy have stalled, and the number of years people spend living with illness is increasing. This reflects a national trend and is largely due to the growing number of people living with long term conditions, which leads to reduced independence and greater reliance on health and care services.

12. These issues are not evenly distributed across the county but are disproportionately concentrated among certain groups in society. Moreover, this disparity is increasing, and has been further highlighted during the Covid-19 pandemic, with ill health disproportionately impacting on the prevalence and consequence of disease.
13. As well as the direct impact of the Covid-19 pandemic, it is clear there are many health outcomes which have been indirectly affected. We have started to see increased referrals and service demand, as well as examples of more prevalent mental ill health, loneliness and isolation, and unhealthy lifestyle choices. Much of this is anecdotal and yet to be quantified, and it may be some time before we start to truly understand the impact of the pandemic on population health and wellbeing.
14. Despite the obvious challenges over the last 18 months, there have been some positive impacts on health and wellbeing (such as reported increases in physical activity and use of green, open space). Many of the necessary adaptations to service provision have been a success and present an opportunity to retain and further develop these models.
15. At a national and local level, public health has had (and continues to have) a direct role in responding to the pandemic, but equally as important is the ongoing public health role in tackling the indirect effects on health outcomes.

Service and performance overview

16. Despite the challenges of the last 18 months, public health services have overall continued to perform well, with delivery models and eligibility adapted where possible. Some of these adaptations have been very well received by service users and staff and will likely be retained as part of a more flexible service offer.
17. The county's response to the Covid-19 pandemic should be viewed as a significant achievement and is due to the hard work and efforts of partners from all sectors, as well as communities and local people. Covid19 rates in Staffordshire have fluctuated above and below the national rate, with pockets of very high incidence and some large outbreaks, but throughout there has been a consistent and robust response with high quality support for businesses, community settings and individuals.

Drugs and Alcohol

18. A community drug and alcohol service is commissioned via the charity Humankind. This is available in a range of locations across the county,

with virtual/remote support put in place during the pandemic. Additional specialist support is also commissioned.

19. The services provide a range of support from behavioural support and medication through to inpatient detox and residential rehabilitation.
20. Drug related deaths have been steadily increasing in Staffordshire over recent years, and alcohol consumption remains high. These both reflect national trends.
21. During 2020-21 there was an increase in the number of people receiving community treatment for drugs or alcohol; both as a result of expanded service capacity as well as increased need (i.e. anecdotal evidence of increased alcohol consumption at home).
22. Assessing the quality of drug and alcohol treatment is not straightforward, as services aim to achieve a wide range of outcomes, including health, crime and safeguarding.
23. However, one useful indicator is the proportion of people leaving treatment 'successfully'. In Staffordshire successful completion rates from the community service have been between 50-60% and generally above the national average.
24. Another key challenge for the service now is the retention and recruitment of specialist staff. A further challenge stems from the aging population of many people in treatment and the associated health problems that can lead to premature deaths.
25. A range of developments are being implemented to address these issues. Recent investment from central government is enabling an expansion of services, while partnerships are being formed with health, social care, housing and other organisations to create a more integrated response to people with complex needs.

Sexual Health

26. A community sexual health service is currently commissioned via Midlands Partnership NHS Foundation Trust. The service performs well, outcomes are good, and patients are complimentary of the service they receive. This contract is due to end in 2022 so this service is currently undergoing a competitive tender process, in partnership with Stoke on Trent City Council, Telford and Wrekin Council, and NHS England Improvement, for a new service to commence from 1 April 2022. This service will include additional scope around outreach, prevention, and improved access to services.

27. A range of services are provided to meet statutory requirements for testing and treatment of sexually transmitted infections (STIs), the sexual health elements of psychosexual counselling, and access to a choice of routine and emergency contraception, as well as support and advice to prevent transmission of HIV, STIs, and unplanned pregnancy.
28. Emergency hormonal contraception (EHC) (more commonly referred to as the morning after pill) is provided free to all Staffordshire women in pharmacies across all 8 districts. The number of women accessing EHC began to drop in early 2020 but has risen back to comparative levels since the first lockdown.
29. Activity levels for testing and treatment of STIs in sexual health clinics dropped significantly in March 2020 and whilst they have increased since the beginning of the pandemic, they remain substantially lower than activity levels in pre-pandemic years. However, online testing has risen significantly over the same period with numbers returning online STI tests increasing substantially. It is too early to predict whether the pandemic has had a positive effect on the long term prevalence of STIs in Staffordshire.
30. 5,358 new people attended sexual health clinics for needs related to STIs in 2020/21 compared with 16,345 in 2019/20.
31. 13,297 people returned STI testing kits from online sexual health services in 2020/21 compared with 4,638 people in 2019/20
32. Access to long-acting reversible contraception (coils and implants) was severely affected by the pandemic as GP practices and sexual health clinics ceased the provision of all non-essential procedures. The sexual health clinics worked with a small group of volunteer GP practices to see all women waiting for a coil or implant and waiting lists have now been removed. Most GP practices have now started again providing the service.
33. The move to provide online STI testing and treatment to all Staffordshire residents has been welcomed and remains a key part of the service for April 2022. SH24 who provide online services for MPFT have put in place measures to ensure those most at risk of harm are identified. All young people are still required to have a face-to-face appointment and algorithms are in place to identify safeguarding concerns. This will continue to be monitored closely in the new contract.
34. Staffordshire has a low prevalence of HIV nationally and compared with our neighbouring cities. However, amongst those diagnosed with HIV over half are diagnosed late which can have a significant impact on

treatment potential. Identifying potential HIV patients early continues to be difficult, therefore sexual health clinics will continue to be monitored on HIV tests offered as part of routine STI testing.

35. Services have continued to be provided to a high standard during the pandemic despite challenges. MPFT seconded nursing staff to the front line covid response and to the vaccination programme, and services in Ryecroft in Newcastle were suspended as the site was used as a vaccination centre. However, the impact on patients was minimal and is now back up to full capacity. Sexual health services are now close to normal. The only restriction that remains is walk in clinics, previously very popular amongst young people, being replaced with an appointment only service to avoid crowds.
36. A key part of contract management for sexual health includes annual service audits. These were suspended in 2020 due to covid restrictions but these are to be resumed imminently once the providers have been informed of the tender decision.

Healthy Lifestyles

37. Everyone Health is the provider commissioned to deliver lifestyle services for key groups of the population in Staffordshire. This includes support to quit smoking, achieve a healthy weight, increase physical activity, reduce loneliness and isolation, deliver NHS Health Checks and prevent frailty and falls.
38. Generally, the service continues to perform well, and outcomes are good.
39. Some healthy lifestyle services have had to be paused during the pandemic, including NHS Health Checks (with resource directed towards the vaccination programme), or adapted to enable delivery throughout various levels of Covid restrictions.
40. The majority of services have continued to be delivered throughout the pandemic and adaptations have included moving to online/virtual support, telephone befriending services, or enhanced use of infection control measures, as appropriate.
41. The main recent challenges relate to eligibility criteria that restricts access to services for some people, making referral pathways and marketing difficult. Some of the original targeted eligibility criteria has been changed to address these issues.
42. Falls prevention interventions throughout Covid-19 have been running virtually where possible. However, this method is sometimes difficult or not appropriate due to the risks associated with working

virtually. Therefore, we have reallocated some of the resources previously allocated to falls to increase activity for social isolation due to the additional need for these services throughout lockdown.

43. Client feedback suggests that the virtual delivery methods have been a welcomed option and will remain alongside face to face provision. Making Every Contact Count (MECC) training¹ will start to be delivered from the end of 2021 to further establish referral pathways for front line staff. We will ensure community provision is aligned to inpatient stop smoking pathways as part of the tobacco Integrated Care System Long Term Plan commitment where necessary.

Supportive Communities

44. Supportive Communities is a programme empowering and encouraging communities to be able to better access:
 - a. high quality information, advice and guidance
 - b. options for better self-help
 - c. community based support
45. With a view to reducing the need for people to access formal adult social care.
46. Covid-19 has had a significant impact on people receiving and providing adult social care, with demand for new assessments increasing. Supportive communities has worked with partner organisations, voluntary sector organisations and local communities to help people to retain their independence, reduce loneliness and isolation, identify assistive technology and support healthy lifestyles.
47. Overall, we can estimate that around 140,000 people have been helped to find support in their local community. Much of this has come from increased access to digital information, advice and guidance tools, including Staffordshire Connects, Entitled To (Benefits calculator) and the Happy At Home website.
48. Volunteer numbers and activity increased overall and working with the voluntary sector local communities and groups have benefited from £4.57m. Much of this has been short term and one-off in support of the pandemic.

¹ MECC is an approach to behaviour change that uses the many day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

49. The successful Supportive Communities training designed to support the launch of 18 Community Help Points (CHPs) has been delivered to nearly 700 staff and volunteers.
50. Many citizens, organisations and communities provided innovative solutions to reach communities during the pandemic. However, the community and volunteering sector are now seeing volunteering numbers return to pre-covid numbers and some organisations are struggling to return to their previous levels of activity. This has impacted on the new Community Help Points which has seen a decline in activity in the last quarter.
51. Covid-19 has exacerbated issues such as loneliness and social isolation and has highlighted new concerns, for example access to community activities and groups for adults with learning disability and autism.
52. We have plans in place with voluntary sector partners to increase investment and activity into loneliness and social isolation, and increasing voluntary sector capacity support for adult learning and disability. We are also working with Parish Councils to continue to deliver the successful loneliness and social isolation campaign. We are reviewing CHPs to get the best out of the approach and increasing workforce confidence in the access and use of assisted living tools.
53. The initial stages of the Community Champions programme have been a huge success and it is now incrementally being rolled out across Staffordshire to design solutions to local issues. This work will help inform strength-based working across Health and Care.

Warm Homes

54. The Staffordshire Warm Homes (SWH) programme aims to better insulate and heat homes to reduce fuel poverty, ensure more sustainable housing and work towards carbon net zero by 2050.
55. Over 44,000 homes in Staffordshire are in fuel poverty, and we have an ageing population likely to result in less independence, lack of comfort and poorer quality of life. Cold homes can lead to an increase in long term illness and excess winter deaths.
56. The Warm Homes programme is supported by a wider partnership, which includes the County Council, District and Borough councils, housing, energy and utility providers, as well other public sector agencies (e.g., NHS, Fire service) and the voluntary sector.

57. The Programme is supported by external funding from the Government (Dept of Business, Energy, and Industrial Enterprise or BEIS) and the National Grid (Warmer Homes Fund). Successful bids for funding have been formally supported by the District and Borough Councils and Registered Social Landlords to enable a cost effective and at scale Staffordshire-wide approach, providing consistent access to the scheme for those most in need across the County.
58. Residents can access Staffordshire Warmer Homes (SWH) via a website and helpline. Scheme eligibility relates to the home (e.g., distance from the gas grid) and personal circumstances (e.g., Household income less than £30k, benefits status) and Local Authority (LA) Flex (a discretionary power held by lower tier Authorities) which can be used to identify other vulnerable households. The most vulnerable households have also been targeted via traditional and geo-tagged social marketing.
59. To date 292 homes have received first time central heating, 126 homes have had their boilers repaired, 53 have received loft insulation, and 22 have received cavity wall insulation.
60. Nationally the Covid-19 pandemic had a significant impact on fuel poverty programmes, particularly during lockdown, largely due to the fact that installation requires entry to people's homes, and that the install process is dependent on generating customer interest. Despite this Staffordshire performed well during lockdown compared to LAs in the Midlands and nationally
61. As well as the pandemic there have been several challenges to delivery. These have included effectively managing timely delivery for short term programmes (the government funded programmes were only 6-9 months long, aiming to stimulate local economies post Covid-19); generating interest in new technology (e.g. Air Source Heat Pumps or ASHPs); the significant rise in the prices of materials since the SWH programme began; and the capacity of installers to deliver as many schemes began simultaneously nationwide.
62. Following the pandemic all local authorities were offered the opportunity to re-profile their targets to ensure delivery. Staffordshire did so and is recovering well to the new targets (e.g. 500 FTCH systems). Future funding timelines for programmes are longer, the supply chain of installers is developing, and marketing approaches have been adapted to target specific measures (e.g. ASHPs).

Children and Young People's Public Health

63. The children's public health team has three main priorities:

- a. Reducing childhood obesity
 - b. Reducing Infant Mortality
 - c. Improving mental health & emotional wellbeing
64. The Families Health & Wellbeing (0-19) service is commissioned from the Midlands Partnership NHS Foundation Trust.
- a. This service offers families of under 5's the (statutory) five mandated Health Visitor contacts i.e. the new birth visit within 14 days.
 - b. The service also enables parents / carers and children and young people to access support from School Nurses via school drop-ins (middle & secondary schools) and community drop-ins.
 - c. The Hub and the ChatHealth anonymous text messaging service also provide additional ways for families to access information, advice & guidance.
65. The Emotional Health & Wellbeing service, delivered by Action for Children, is jointly commissioned with the five Staffordshire Clinical Commissioning Groups.
- a. The service commenced in April 2020.
 - b. It is aimed at children and young people with low to moderate mental health needs.
 - c. The service provides children and young people with 1-to-1 and group support.
 - d. A preventative offer provides support to schools and the community i.e. whole school / year group support.
66. A Stop Smoking in Pregnancy service is delivered by Everyone Health.
- a. This service provides pregnant women across Staffordshire with a 12-week programme of support to stop smoking.
 - b. The service also supports other members of the household to stop smoking.
67. A Family Weight Management service is delivered by Time4Sport Ltd.
- a. This service supports overweight & obese children & young people from age 2 up to 18 years (and their families).

b. The service offers 1-to-1 or group support.

68. In addition to the commissioned services outlined above, the children's public health team also work with partners to take a whole system approach. Activities include:

- a. Being an active member of the Integrated Care System (ICS) Children & Young People's Mental Health System Improvement Board; supporting the development of the delivery plan, reviewing risks and issues, and establishing specific task and finish groups including a group focussed on Care Experienced Children and Young People.
- b. Development of the half-termly Kind Minds e-newsletter and termly network meetings for Senior Mental Health Leads in schools.
- c. The roll out of the Anna Freud School & College Links Programme; to improve communication and joint working between education and mental health professionals.
- d. Hosting staff to support the Children's ICS; whose priorities are:
 - i. Reducing infant mortality
 - ii. Reducing childhood obesity
 - iii. Reducing avoidable hospital admissions (in relation to asthma, epilepsy and diabetes)
- e. Working with partners on Better Health Staffordshire; a whole system approach to healthy weight (all age).
- f. Working with partners on the implementation of ICON; an evidence-based programme to prevent abusive head trauma in infants.

Link to Strategic Plan

N/A

Link to Other Overview and Scrutiny Activity

N/A

Community Impact

N/A

List of Background Documents/Appendices:

N/A

Contact Details

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Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 29 November 2021

District and Borough Health Scrutiny Activity

Recommendation

I recommend that:

- a. 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.

Summary

1. The Committee receives updates at each meeting to consider any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils.

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 last meeting of the Health and Care Overview and Scrutiny Committee on 25 October 2021.

7. Cannock Chase District Council

Health and Wellbeing Scrutiny Committee last met on 14 September 2021

Date next meeting: 30 November 2021

8. East Staffordshire Borough Council

East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on Tuesday 2nd November.

The committee received an update on HS2 from the Senior Community Engagement Manager for Phase 2A.

Two subgroups were formed, which are:

1. The Impact on Health of GP Access
2. Impact of COVID-19 on Health in East Staffs

The first group is subtly different to SCC works on actual GP access, and the second group is East Staffordshire specific.

Date next meeting: 15th December 2021

9. Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee last met on 18 November 2021. A verbal update will be provided to the meeting.

Date of next meeting: 20 January 2022.

10. Newcastle-under-Lyme Borough Council

Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee met on 13 September an update was provide to the last meeting.

Date of next meeting 29 November 2021

11. South Staffordshire District Council

South Staffordshire District Council's Wellbeing Select Committee met on 5 October 2021 an update was provided to the last meeting.

Date of next meeting: 7 December 2021

12. Stafford Borough Council

Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 16 November 2021. A verbal update on the outcomes from the items relating to health and wellbeing considered by the Committee can be provided at the meeting. Items considered on the agenda:-

- Health and Care Overview and Scrutiny Committee - an update on the previous meeting of the Health and Care Overview and Scrutiny Committee held on 25 October 2021.
- Air Quality Annual Status Report 2021 – a report that informed the committee of the work that is undertaken by the Council to monitor the air quality of the Borough to ensure that there is a good and healthy air quality environment.
- Health and Safety Annual Report 2020 – 2021 – A report that provided the committee with the Health and Safety Annual Report 2020.
- Food Safety Annual Report 2020 – 2021 – a report that provided the committee with the Food Safety Annual Report 2020 - 2021
- Fees and Charges Review 2022 – an outline of the proposed fees and charges for those services within the remit of the Scrutiny Committee for 2022
- Performance Update Report - a detailed analysis of the performance and financial monitoring of those services within the remit of the Scrutiny Committee for the quarter 2 period ending 30 September 2021.

- Work Programme – consideration of the Committee’s Work Programme for meetings up to March 2022.

13. Staffordshire Moorlands District Council

Staffordshire Moorlands District Council’s Health Overview and Scrutiny Panel met on 15 September 2021 a verbal update was provided to the meeting on 20 September 2021.

Date of next meeting: 15 December 2021. At present, an item on Leek Integrated Care Hub (services and community representation on Boards) has been confirmed for consideration by the Panel.

14. Tamworth Borough Council

Health & Wellbeing Scrutiny Committee met on 19 October 2021.

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council’s Health & Wellbeing Scrutiny Committee held on 19 October 2021 - link to Agenda and reports pack:

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

Minute No.	Title
33.	<p><u>Homelessness and Winter Relief Arrangements</u></p> <p>The Committee received a presentation which provided the Committee with an understanding of homelessness, shared the progress made on the rough sleeping initiative and provided an overview of the proposed Winter Relief Arrangements for the Committee’s comments prior to consideration by Cabinet on 11 November 2021.</p>
34.	<p><u>Safeguarding Children and Adults at Risk</u></p> <p>Members received a report from the Partnership Vulnerability Officer which provided an update on referral statistics received through the borough council reporting procedure for the period 1 April 2021 to 30 September 2021. An overview was also provided on:</p> <ul style="list-style-type: none"> • Completion of the Council’s section 11 audit for the Staffordshire Safeguarding Children’s Board • Completion of an audit for the Staffs and Stoke Adult Safeguarding Partnership Board

	<ul style="list-style-type: none"> • Safeguarding training which included the use of eLearning modules and online training as well as suicide prevention training delivered by Staffordshire MIND. • Multi-agency work undertaken, as well as the Tamworth Vulnerability Partnership work.
	Date of the next meeting is 30 November 2021

Link to Strategic Plan

Scrutiny work programmes are aligned to the ambitions and delivery of the principles, priorities, and outcomes of the Staffordshire Corporate Plan.

Link to Other Overview and Scrutiny Activity

The update reports provide overview of scrutiny activity across Borough and Districts, shares good practice, and highlights emerging concerns which inform work programmes for Health and Care Overview and Scrutiny Committees across Staffordshire.

List of Background Documents/Appendices:

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

Contact Details

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WORK PROGRAMME – 29 November 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 Deborah Breedon, Scrutiny and Support Officer on 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 Health and Care Overview and Scrutiny 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 Health and Care Overview and Scrutiny 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	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Monday 7 June 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Health Scrutiny Arrangements Work Programme Planning Covid-19 Update 		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
Monday 5 July 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Restoration and Recovery Access to GP surgeries Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021) Covid-19 Update 		<p>R&R: highlighted the work carried out through pandemic, noted the progress and risks around R&R and work planned to address current issues and move forward. Requested additional data and actions plans.</p> <p>Access to GP : noted the actions planned and requested detail of process to engage re s106 agreement relating to healthcare and feedback from consultation work with residents and practices on patient preference - perceptions, challenges and barriers.</p> <p>RRCS: Endorsed the commencement of the option appraisal. Pre-decision report requested. Covid update was noted members to share the update and representation of the vaccine programme widely.</p>
Monday 26th July 2021 at 2.00 pm Additional meeting	<ul style="list-style-type: none"> Walleys Quarry Landfill site - Health Implications 		Health and wellbeing implications : Questioning of strategic partners relating to the health and wellbeing implications of odour emissions from Walley's Quarry Landfill Site resulted in a recommendation to write to Government relating to the length of time the issues had been going and the adverse impact on the health and wellbeing of residents in Staffordshire and to request intervention in this matter. Other recommendations related to requests for further information about health and safety of employees, air quality monitoring reports, data relating to mental health impact. Also recommendations to EA to maintain monitoring, share data with PHE and to suggest investigate technical monitoring of emissions at landfill sites and recommendations to CCGs relating to referral pathways for those requiring support for mental health and wellbeing issues associated with Walleys Quarry Landfill Site. EA was requested to provide monthly written briefings of emission levels and a report to this committee in October 2021 to detail the range of works completed.
Monday 9 August 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> George Bryant Centre Maternity Services Covid-19 Update 	Work planning (7.6.2021) SCC PH	<p>GBC- Endorsed the process., requested additional information re clinical data to include in the business case. Highlighted the importance of the community impact assessment.</p> <p>Healthwatch Staffordshire to support face to face engagement with service users, families and carers. Further report requested following consultation.</p> <p>Maternity Services – endorsed the process and requested further trend data for home births.</p> <p>Healthwatch Staffordshire support to contact user groups. Further report following consultation.</p>

Monday 20 September 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Urgent and Emergency Care Programme Difficult Decisions Phase 3 vaccination programmes COVID-19 Update 	Work programme (14.09.2020) Triangulation (2020) & Work planning	Process agreed - Comments re consultation process U&E care programme and Difficult decisions will feed into the consultation process and reports re feedback to future meeting. Phase 3 Vaccination programme – Progress noted, suggestion to include more detail of Flu vaccination programme in Webinar on 29 Sept. Thanked officers for speed of mobilisation. Covid Update- noted increase in case rates, steady take up rate and early winter pressures. To circulate Covid study report. DC/BC requested additional urgent items re GP Access and West Midlands Ambulance Service to be added to work programme.
Thursday 21 October 2021 at 2.00 pm Members Workshop	Introduction to Mental Health workshop <ul style="list-style-type: none"> overview of services from mild to acute provision 	Work Planning (7.6.2021) CS/ASC/CCG	The link to the video for the session was shared with all members and is available on the Health and Care O&S resource page on Mod.gov.
Monday 25 October 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Mental health hospitals in Staffordshire Transformation Programme Update ICS Performance Overview Walleys Quarry Update (26/7/21) COVID-19 update (Verbal) 		Assurance given that actions were ongoing to maintain quality assurance and improvements. A lessons learned from Eldertree Lodge report would be circulated. Update noted and CCG to feed back comments relating to need for face to face meetings. The performance update was noted, this will form part of the overall dashboard for Health in Staffordshire. Noted and further update in 3 months including update on impact on residents mental health. Noted and continue to monitor.
Monday 29 November 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Overview of public health outcomes and services COVID-19 update 		
Monday 13 December 2021 at 10.00 am Additional meeting	<ul style="list-style-type: none"> GP Access West Midlands Ambulance Service/ ICS/ CCG Home Care Update 		System pressures
24 January 2022 VC Scrutiny Lead Inquiry day	Wider determinants of Health <ul style="list-style-type: none"> AM – Healthy you - Diet/ obesity/ activity healthy life expectancy. PM – Healthy Environment impact – housing, planning, food outlets 	Full day 2 sessions	Currently being scoped – meeting 29 November will add context. Role of partners including community support and Parish Councils Involving DC/BC, Parish Councils, healthwatch and voluntary sector.
Monday 31 January 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Care Home services – review of market and health and care plan for sector medium term Integrated Care System (ICS) Integrated Care Hubs (MPFT) 		These are provisional items to prioritise and schedule at triangulation meeting 14 December Potentially move back to April 2022 – too early in January? <ul style="list-style-type: none"> Impact of Long COVID Health and Care post COVID lessons learned
Work Group Nov - Feb 2022 VC Overview lead	<ul style="list-style-type: none"> Mental Health and wellbeing in Schools, including the Healthy Schools Programme 		Scoping with the ViceChair Overview
Tuesday 15 March 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Use of advances in technology in Health & Social Care Draft Mental Health Strategy Workforce Planning 		

Tuesday 19 April 2022 at 10.00 am Scheduled	Environment Day <ul style="list-style-type: none"> Climate change – what are Staffordshire’s health and care partners doing Impact of air pollution on health Vice Chairs Report Mental Health and well being in Schools 		Corporate and Prosperous – considering Climate Change The green NHS programme *Potentially move back to April 2022 – too early in January? <ul style="list-style-type: none"> Impact of Long COVID Health and Care post COVID lessons learned
To be scheduled Chair Lead holding to Account	<ul style="list-style-type: none"> Scrutiny of Corporate Plan (Single item) Focus on Health and Care 	Work planning (7.6.2021)	Corporate O&S - 29 July 2021 officers to prepare performance data: Draft Corporate Plan to be considered (date to be agreed)

Working list of items		
Suggested Items	Background	Possible Option
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
Workforce Planning (Accute Hospital Trusts)	Requested by Chairman at Committee meeting on 26 October 2020	
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	Draft February 2022
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	Briefing ciculated August 2021 – schedule early 2022
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
Mental Health: Community	To be scheduled (work planning - 07.06.2021)	
Mental Wellbeing Children: engage with education providers	To be scheduled (work planning - 07.06.2021)	Work Group
Mental Health : Acute – shortage of childrens beds	To be scheduled (work planning - 07.06.2021)	N/A
Childrens Dentstry – Flouridisation/ orthodontic access	To be scheduled (work planning - 07.06.2021)	
Womens Health Strategy	To be scheduled (work planning - 07.06.2021)	
Application funding for Adult Social Care	To be scheduled (work planning - 07.06.2021)	

Membership

Jeremy Pert Chairman)
Paul Northcott (Vice-Chairman - Overview)
Ann Edgeller (Vice-Chairman – Scrutiny)

Jak Abrahams
Charlotte Atkins
Philip Atkins
Richard Cox
Keith Flunder
Thomas Jay
Phil Hewitt
Jill Hood
Janice Silvester-Hall
Ian Wilkes

Ward/District Councillors

Jill Hood (Stafford)
Martyn Buttery (Cannock)
Rosemary Claymore (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Colin Wileman (East Staffordshire)
Joyce Bolton (South Staffordshire)
David Leytham (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

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

Monday 7 June 2021 at 10.00 am;
Monday 5 July 2021 at 10.00 am;
Monday 26 July 2021 – Special meeting - Castle House NuLBC
Monday 9 August 2021 at 10.00 am;
Monday 20 September 2021 at 10.00 am;
Monday 21 October at 2pm - Mental Health Workshop;
Monday 25 October 2021 at 10.00 am;
Monday 29 November 2021 at 10.00 am;
Monday 13 December 2021 at 10.00 am special meeting WMAS/ GP Access
Monday 24 January 2021 (TBC) at 10.00 am – Wider Determinants
Monday 31 January 2022 at 10.00 am;
Tuesday 15 March 2022 at 10.00 am;
Tuesday 19 April 2022 at 10.00 am.

Working Party meetings to be scheduled September 2021 - February 2022
Paused awaiting timelines

