

Health and Care Overview and Scrutiny Committee

Monday 30 May 2022

10:00

The Oak Room, County Buildings, Stafford

The meeting will be webcast live which can be viewed at any time here:

<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell
Director of Corporate Services
20 May 2022

A G E N D A

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 11 April 2022** (Pages 1 - 10)
4. **Elective Recovery** (Pages 11 - 18)

Report of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS)
5. **Changes to the Healthy Communities Service from April 2023**

A presentation from the Director of Health and Care detailing changes to the Healthy Communities Service from April 2023 will be provided at the meeting.
6. **District and Borough Health Scrutiny Activity Update** (Pages 19 - 22)

Report of the District and Borough Representatives
7. **Work Programme 2022-23** (Pages 23 - 26)

Report of the 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	Lin Hingley
Councillor Patricia Ackroyd	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Martyn Buttery	Jeremy Pert (Chairman)
Rosemary Claymore	Bernard Peters
Richard Cox (Vice-Chairman (Overview))	Janice Silvester-Hall
Ann Edgeller (Vice-Chairman (Scrutiny))	Mike Wilcox
Keith Flunder	Ian Wilkes
Phil Hewitt	

Notes for Members of the Press and Public

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Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 11 April 2022

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Barbara Hughes
Richard Cox	Thomas Jay
Ann Edgeller (Vice-Chairman (Scrutiny))	Janet Johnson
Keith Flunder	David Leytham
Phil Hewitt	Paul Northcott (Vice-Chairman (Overview))
Jill Hood	Janice Silvester-Hall

Also in attendance:

Tracey Shewan, The Director of Communications and Corporate Services for the 6 Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCG) and Integrated Care System (ICS)

Chris Bird, Executive Director of Partnerships, Strategy and Digital, North Staffordshire Combined Healthcare NHS Trust and Staffordshire and Stoke on Trent ICS Senior Responsible Office for Sustainability.

Dr Richard Harling, Director Health and Care SCC

Apologies: Philip Atkins, OBE, Martyn Buttery, Rosemary Claymore, Colin Wileman and Ian Wilkes

Substitute: Councillor Julie Cooper substitute for Councillor Ian Wilkes

PART ONE

73. Declarations of Interest

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

74. Minutes of the last meeting held on 15 March 2022

Resolved that the minutes of the meeting 15 March 2022 be approved and signed as a correct record.

75. Cannock Minor Injuries Unit (MIU) Update

The Director of Communications and Corporate Services for the 6 Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCG)

and Integrated Care System (ICS) provided a verbal update relating to Cannock MIU.

Committee was advised that the CCG was looking to provide a step-in provider to provide services at the Cannock MIU for the people of Cannock and that they were working towards re-opening the service in June 2022.

Resolved:

1. That the update on Cannock Minor Injuries Unit be noted.

76. Care Home Update

Care Home Update

The Director of Health and Care provided the Care Home update report as requested at a meeting on 31 January 2022.

He updated Committee on changes since the last meeting including:

- The Discretionary Fee Review
- Care home Covid controls relaxed - restrictions on visiting activity and admissions were required in event of Covid outbreak.

The Director advised Government guidance had also been updated and that in relation to paragraph 3c(i) relating to Covid tests, the following now applied: (i) there was no longer a requirement for staff contacts to take a PCR test, this had been replaced by (ii) a requirement for staff for to take Lateral Flow Tests (LFT) in the event they were contacts. Also, (iii) in case of an outbreak at a care home all staff and residents would need to take LTF and PCR tests.

The Committee noted the following comments and responses to questions:

- The Council's increase in fees for residential and nursing home placements for 2022/23 was 6.24% and this had been offered to providers with the application of a 3% quality premium for some placements and a 3% productivity saving for others. This would reduce the variation in care home fees, and was consistent with Government's adult social care reforms with the requirement to determine and move towards a Fair Cost of Care for each local authority area, with additional funding provided through the "Market Sustainability and Fair cost of Care Fund: purpose and conditions 2022 to 2023".
- Quality premium. Committee was assured that the Council would continue to work with all care homes to maintain and improve quality with a combination of support and challenge. There would be a

particular focus on care homes rated as requires improvement by the Care Quality Commission.

- Fair cost of care. It was clarified that this would tend to equalise payments between local authority and privately funded individuals. Committee understood that this would typically cost local authorities more and privately funded individuals less, albeit with a varying impact on local authorities and people self-funding their care.
- It was too early to estimate the cost to the Council. Estimates were difficult to calculate for a range of reasons but there were national tools being developed to help calculate the Fair Cost of Care that would be used.
- There was increasing concern nationally that Government funding for all adult social care funding reforms was substantially short of their actual cost and Government was being lobbied by Local Government to ensure reforms were properly funded and that there were not un-costed liabilities falling on local authorities.
- It was clarified that with the introduction of cap on care costs and capital thresholds, people self-funding their care could come to the Council for a Care Act assessment and financial assessment. It was expected that the increase in assessments would require considerable resources for the extra staff, and that the extra requirement would have to be estimated based on number of self-funders currently in the County with sensitivity analyses based on the proportion that may come forward.
- In terms of Covid booster jabs it was confirmed that 55% of care home staff had received a second booster, a figure for care home residents would be circulated to members.
- The Director was confident that the £32 million additional government funding during the pandemic did meet most of the additional costs of activity in most of the care homes. The risk highlighted was that the funding was non-recurrent, and as the pandemic was not yet over there may be unfunded liabilities in the future.
- Occupancy rates. The current occupancy rate was 80%, care homes typically based business plans on around 85% occupancy rate. If occupancy rates remained lower than this then there were two potential risks: either that care homes raised the average price of a placement to increase the revenue per bed whilst having fewer beds occupied; or that care homes financial sustainability might be compromised.
- There is not a target care home occupancy figure, the aspiration would be to have people looked after in their own home. The Council's intention is to offer the market insight into what future demand and capacity requirements, to help care homes plan for the next 10-20 years.

- A member expressed concern that Oxyvision was being used in care homes and had a preference for personal care of residents. It was clarified that Oxyvision was being piloted at the moment as an alternative to close supervision residents who required intensive monitoring. The Council was keen to encourage innovation in the care market and had to trial technologies to see if they could work and were beneficial. Committee was advised that benefits of Oxyvision were that it was less intrusive for individuals and that it freed up staff time. It was not envisaged to replace personal care but had potential to complement it.
- Listing of care home's Care Quality Commission ratings in Staffordshire was available both on the Council and CQC websites.
- Pressures on the NHS and adult social care remained high in the face of high demand and elevated staff sickness absence levels. Hospital discharges were difficult with discharges to home care more problematic than to care homes. 50 care homes were affected by Covid outbreaks and although Government guidance was more permissive and allowed care homes to admit residents, many were still anxious about doing so. The Council was working with them to encourage an appropriate balance between infection prevention and control and timely admission both for new and returning residents, in order to help flow through the urgent care system.
- Joint procurement. The Council worked closely with NHS on quality improvement and joint planning, but there was little joint procurement. There were separate procurement systems in place and an opportunity to consider joining these up, especially in light of the Government policy on Fair Cost of Care. The Council would discuss this with the new Integrated Care Board (ICB).
- In terms of the residents' voice, it was clarified that good care homes consider feedback from their residents and the Council reviewed people annually and considered their safety and quality of life. It was acknowledged that information could be better collated and that this could be explored further. The Chairman welcomed this suggestion which he felt would provide additional assurance and visibility.
- Number of care homes in Staffordshire. It was clarified that pre-pandemic the Council had concluded that there may be insufficiency capacity particularly in nursing homes, which had led the Council to consider building new nursing homes to the South and middle of the county. However in light of lower bed occupancy post-pandemic it would now be necessary to review capacity requirements to ascertain if there was a need for the Council to intervene in the market.

The Chairman thanked the Director for Health and Care for the report and thanked care homes for the work they continue to do in difficult circumstances. The report had highlighted several strategic issues that

the committee may want to consider for inclusion in the work programme 2022-23, as follows:

- Quality of care homes based on CQC rating
- Sustainability of care homes
- Fee payment
- Cost saving measures
- Staff recruitment and retention

Resolved:

1. That the Care Home Update report be noted.

77. NHS approach to Climate Change - Staffordshire and Stoke on Trent Integrated Care System (ICS) Plan

System Approach to Climate Change

The Executive Director Partnerships and ICS Senior Responsible Officer for Sustainability provided a report and presentation detailing the wide-ranging programme of change that the NHS was undertaking to address the challenge of climate change.

The committee noted that the NHS had an ambitious target to become net carbon zero by 2045, initially tackling emissions from within the NHS by 2040, and to work with and influence partners in the supply chain to reduce emissions by 2045. The NHS carbon footprint was 5% of the UK total and acute hospitals were the biggest contributor to carbon footprint in the NHS, with primary care a second contributor.

The update captured work that had been done to date, the work currently in progress and the work that would need to be done over the coming years. It was explained that the NHS could not deliver all of these measures in isolation and would require the support of, and ability to work with, a wide range of partners across Staffordshire including Local Authorities at both upper and lower tier level.

Each ICS was required to produce a plan, the Staffordshire & Stoke-on-Trent Integrated Care System (ICS) Green Plan (the plan) was in place by 31st March 2022 and a webinar launch was planned in May 2022, which Members would be invited join.

An ICS work group had been formed to bring forward ideas to develop delivery of the plan and it was noted that ICS was in conversation with Staffordshire County Council about adding the NHS voice to the recently formed Staffordshire Sustainability Board.

The main areas of focus and timelines for the Green Plan were outlined and a case study – ‘keep well keep warm’ was given to demonstrate how

investment in solar panels at hospitals in Staffordshire had generated a return which had been invested in a local charity 'Beat the cold' to address issues that had an impact on the health of residents.

Committee noted the following comments and responses to questions:

- In relation to forty new hospitals to be built in the UK as part of the government's Health Infrastructure Plan, it was not yet known if a net zero hospital was to be built in Staffordshire. However, it was confirmed that new estates guidance would apply to all new NHS buildings to ensure they would be net zero or contribute towards becoming net zero.
- In relation to the retrofit of NHS buildings scheme, there would be a review of the NHS estate to establish the baseline position, bring forward a programme of works and as part of that give consideration to optimising estate and how to address issues such as energy efficiency moving forward.
- Anchor Institution Approach – In the NHS long term plan there were commitments for the NHS to pursue, one about sustainability and one about anchor institutions approach, anchor institutions were routed in communities, such as Local Authorities and Universities that tended to employ in the community, provide services in the community and also procure services locally in the community. The NHS was exploring how these two programmes could work together and were in the early stages of bringing them together.
- In relation to procurement guidelines, all suppliers had to provide a 10% social value weighting to demonstrate how they could better meet the aims and objectives of NHS organisations. Members understood there was also a West Midlands Anchor network being established and each NHS organisation was developing plans but at this time no timeline or targets were set. An update on the Anchor Institution Approach would be brought back to the Committee in the 2022-23 work programme.
- 'Keep well keep warm' case study – concerns about fuel poverty were raised and the need for contingency plans. It was acknowledged that there were challenges to some estate and that the wider determinants of health such as financial health, access to employment, secure housing etc should be considered; there was more work to do here with partners. There would be a scrutiny session on the wider determinants of health in June 2022.
- Concern was raised whether targets would be deliverable by 2040 as well as delivering NHS services. Members were assured that the plan would not be carried out in isolation, work with partner organisations was underway and relationships were being developed. Teams were in place to deal with sustainability in organisations and they would work to prioritise who leads on what. There were good examples in the NHS

to build on such as use of anaesthetic gas - which was very specific for NHS to resolve; and there was broader work such as electric vehicle (EV) charging points - where public infrastructure would need to be looked at in partnership. Delivery in general was about ability to work in partnership, it was also key to keep watch on national funding routes to tap into and expedite progress. Members welcomed local services for local people to reduce carbon footprint.

- Engagement with partners – feedback from surveys gave recognition of climate change as a global emergency with an impact on health. nine out of ten hottest years were recorded in the last decade. Although the priority for many was to return to normality following the pandemic, it was recognised that there was work to be done on the case for change and also to work with colleagues about the individual decisions that individual people make on a daily basis.
- The carbon load of each NHS organisation was known by the NHS and there was a range of sustainability champions looking at how to deliver change in the setting they were based in. To understand more about what residents in Staffordshire feel, there was a need to tap into work from Staffordshire and Keele universities and to work with Local Authorities.
- It was understood that the report reflected on work to date, work in progress and future plans and that there was more work to do on the milestone targets and timelines in the plan. Other changes and steps that needed to happen such as the procurement plan in 2023/24 had to be built in, as well as adding in partners ambitions and timelines for net zero. The linked deliverables and dependencies, where things that needed to be in place before others could progress were outlined in the plan.

The Chairman welcomed the detail in the report and presentation and the NHS commitment to net zero by 2040. He acknowledged that a plan and some milestones were in place and that ongoing discussion would inform and evolve the plan through the years to 2040.

Resolved:

- 1) that Health and Care Overview and Scrutiny Committee note the two supporting targets for the NHS in achieving its commitment to net zero by 2050:
 - i. The NHS Carbon Footprint: for the emissions we control directly, to be net zero by 2040
 - ii. The NHS Carbon Footprint Plus: for the emissions we can influence, to be net zero by 2045.

- 2) That Health and Care Overview and Scrutiny Committee note the plans the NHS has brought forward to address the challenge of climate change across the areas of focus as outlined in the report.

78. Spotlight Review of Sexual Harassment in Schools Draft Report

The Vice-Chair Scrutiny introduced the draft report and recommendations of the Sexual Harassment in schools work group.

Committee noted the following comments made relating to the draft report:

- The power of having dialogue and sharing best practice amongst different schools in a smaller format was a suitable alternative.
- In terms of inclusivity, it was suggested that information about inclusivity be made available - regarding potential for people to abstain or not participate.
- When people needed to make a disclosure, they would need to know who, in a position of trust, they could turn to. Young women may have concerns about turning to the police, in light of recent events, and whether to have confidence and trust in the police.
- In the past some schools had multi agency centres in schools where young people could link up with a trusted adult to discuss concerns. During the pandemic growth in demand in mental health (MH) services had increased, members were interested to see if schools had long wait lists for young people to access MH support and if it was improving.
- A member identified parallels between this issue and other work, namely the Voice Programme and the Mental Health Support Teams (MHST) in schools.
- The Chairman questioned whether there was a role for peer mentors and peer role models, and if there was a mechanism, or early warning system to identify behaviours which were unusual for the individual which could indicate there was an issue.
- The Chairman identified potential for an increased role for school Governors, to make sure that that they were satisfied in their schools and colleges, that sexual harassment in schools was taken seriously as an agenda.
- The report had been shared with everyone that had participated as a draft for comment. Next stages – the report would be considered by scrutiny committees. Comments would then be collated and a final version to the Cabinet Member(s) to respond to the recommendations.

The Chairman concluded that the report was comprehensive, timely and useful. He suggested that as the report was cross cutting the Corporate

Overview and Scrutiny Committee could determine which committee should monitor the recommendations.

Resolved:

1. That the draft report and recommendations of the 'Spotlight Review of Sexual Harassment in Schools' be endorsed.
2. That the comments of the Health and Care Overview and Scrutiny Committee where appropriate be included in the final report to Cabinet.
3. That the final report be circulated to all members.

79. District and Borough Activity Update

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

Resolved:

1. That the District and Borough Updates be noted.

80. Work Programme 2021- 22

The Chairman introduced the work programme.

Before commencing consideration of the work programme the Chairman advised that since the last meeting of this Committee the final stages of the Ockenden Review Report had been published.

The Chairman had met with the Chief Executive Designate ICS to discuss Staffordshire's response and was satisfied that an initial review of the recommendations verses the maternity services in Staffordshire had been carried out and services were found to be on a green rating on the Red, Amber Green (RAG) scale.

The Director of Communications and Corporate Services ICS advised that Staffordshire and Stoke on Trent ICS would have to consider maternity services again in light of the Ockenden report recommendations and the need to determine if any amendments would need to be made to the Transformation Programme in relation to the future of maternity services.

It was highlighted that one of the key things to look at when this comes to scrutiny was staffing and skills levels in maternity services. There were concerns about the waiting list for maternity services, which had increased 60% and was the highest ever. The Chairman agreed that

vacancy level in Staffordshire could be looked at before June, he suggested that members read the Ockenden report and advised that women's health was on the future plan for the committee.

The Chairman confirmed that a special meeting would not be necessary at this time but that the Committee would consider the Ockenden review outcomes and recommendations when this committee receives its scheduled update report on maternity services in July or September 2022. The Chairman suggested that new committee in 2022-23 take all comments on board.

The next meeting of the Health and Care Committee takes place on 30 May 2022.

1. That Committee note the work programme update
2. The Chairman thanked the members, officers and for hard work and insight during the year.
3. Councillor Hewitt thanked Councillor Jeremy Pert for being an excellent Chairman of the Health and Care Overview and Scrutiny Committee in 2021-22 municipal year.

Chairman

Local Members Interest
N/A

**Health and Care Overview and Scrutiny Committee
Monday 30 May 2022**

**Staffordshire and Stoke-on-Trent Integrated Care System (ICS)
Elective Recovery**

Recommendation(s)

I recommend that:

- a. The Overview and Scrutiny Committee note the current position and actions being taken for the Staffordshire and Stoke-on-Trent ICS in respect of Elective Recovery.

Report Holder: Helen Ashley: Director of Strategy, University Hospitals of North Midlands (UHNM)

Summary

- a. The Overview and Scrutiny Committee is asked to note the current position in respect of Elective Recovery, as a result of the COVID Pandemic across the three main Acute Trust providers for the Staffordshire and Stoke-on-Trent ICS.
- b. The briefing contains actions that are being taken in respect of elective recovery and endeavours to reduce waiting times for patients waiting for an elective procedure.

Report

1. Background

- 1.1 In October 2021 Representatives of the ICS presented to Committee members on the situation in respect of the impact of COVID 19 on the delivery of the NHS Constitutional Standards.
- 1.2 At that time it was noted that the ICS continued to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures.

2. Elective Recovery

- 2.1 The continued prevalence of COVID 19, and the need to stand down elective activity in 2020 and again in 2021 and early 2022, with the agreement of NHS England (NHSE) has had a profound impact on performance.

- 2.2 The prolonged impact of COVID has had a significant impact on delivery against both inpatient and outpatient activity plans. Whilst occupancy levels of COVID inpatients started to decline in late March and early April, social distancing requirements remained in place until early April.
- 2.3 The number of patients waiting >52 weeks has increased throughout 2020/21. As at the end of February 22 there were 7,752 Staffordshire patients waiting more than 52 weeks for their treatment.
- 2.4 Providers continue to ensure that patients who have already had extended waits for their treatment can be prioritised alongside more urgent patients. The use of independent sector capacity continues to be optimised to support elective activity.
- 2.5 The system continues to work on delivery of actions by the Planned Care programme. Provider specific actions support this work through a range of work streams e.g., UHNM Outpatient Service Delivery & Performance work stream, the Enhanced Advice & Guidance sub work stream and the Patient Initiated Follow-up work stream.

3. 2022/23 ICS Plan

- 3.1 As part of the 2022/23 NHS England and NHS Improvement (NHSEI) Planning Guidance all ICS / Acute Provider Organisations were asked to deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- 3.2 The ICS has been focussed on the delivery of elective recovery since summer 2021, more latterly the ICS has been supported by PricewaterhouseCoopers (PwC), the designated ICS delivery partner, in the development of an Elective Recovery Improvement Plan (ERIP) that will guide the ICS in delivering the priorities set out in the 2202/23 Planning Guidance.
- 3.3 The ICS planned care programme governance has refreshed the operational delivery priorities and governance structure for 2022/23 to support a clear focus on delivery of the overall elective recovery and performance of the system as well as the broader system transformation programmes.
- 3.4 The Planned Care Board (PCB) and Elective Recovery Governance structure has representation from the three main acute providers; UHNM, Royal Wolverhampton Trust (RWT) and University Hospitals of Derby and Burton (UHDB), as well as oversight of the two main Independent Sector (IS) providers performance and utilisation as NHS Providers, being a key focus of the discussion and actions to maximise opportunities for elective recovery.
- 3.5 In the short term the focus across all providers has been on addressing the number of patients waiting more the 104 weeks and the achievement of the 2019/20 baseline activity levels, however focus is now shifting to the reduction in the number of patients waiting 78 weeks, as well as opportunities for the development of alternative pathways and alternatives to surgery.
- 3.6 The ERIP plan will focus on three main areas –
 - Demand Management - to minimise further increases in the workforce.
 - Improving Productivity and Pathway efficiency – to reduce the existing waiting list and prioritisation.

- Increasing and protecting capacity.

3.7 A significant proportion of the elective activity in the southern part of the County is delivered by providers not based within the ICS. Elective recovery for the population of the Staffordshire and Stoke-on-Trent ICS will therefore be affected by performance at UHDB and RWT. The ICS activity submission is currently planning to deliver circa.101% of pre-pandemic elective and day case activity, with UHNM at 105%, RWT at 112% and UHDB at 93% against a requirement of 110%

4. Elimination of long waits

4.1 All Trusts submitted plans to eliminate 104 week waits by the end of June 2022. Whilst RWT remains confident of its ability to deliver on this requirement, having been supported by other Black Country Trusts to treat a number of these patients, both UHNM and UHDB are flagging significant risk of not being able to treat all patients by the end of June 22. Complexity of surgery and patient choice is a key factor in the Trusts ability to treat these patients.

4.2 All Trusts recognise the challenges they face in eliminating the number of patients waiting over 78 weeks. As it stands for UHNM it is estimated that there will be c.1017 patients waiting over 78 weeks by April 2023. Both UHDB and RWT are predicting zero 78 week waits by April 2023.

4.3 Three monthly clinical reviews will be conducted on this cohort of patients.

5. Outpatient Transformation

5.1 All ICS have been asked to make plans and put in place a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible.

5.2 To achieve this shift, it is anticipated that systems will do at least a combination of the following activities:

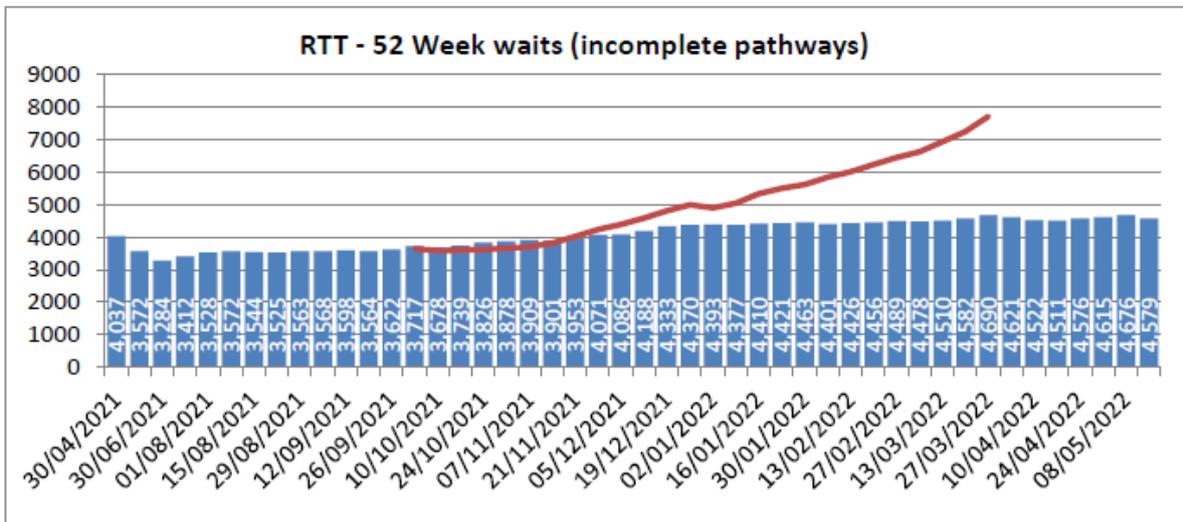
- Expanding the uptake of patient initiated follow-up (PIFU) to all major outpatient specialties, moving or discharging 5% of all outpatient attendances to PIFU pathways by March 2023.
- Ensuring patients are discharged when relevant clinical pathways have been exhausted and no further treatment/support is required, accompanied by clear expectation-setting with patients.
- Digital opportunities e.g., remote monitoring, peri-operative tools, waiting list management tools, outpatient appointment portals, Artificial Intelligence tools. As well as these, systems will also want to explore and include local approaches and solutions for reducing unnecessary outpatient attendances.
- All providers will continue to offer both video and telephone Consultations for outpatient services where clinically appropriate.

5.3 At ICS level performance is planned to be at 26%, only marginally above the 25% minimum national ambition. UHNM's activity assumptions plan to provide 28% of consultations taking place non face to face (F2F), with RWT at 22% and UHDB at 23% contribution to the overall ICS position outlined above.

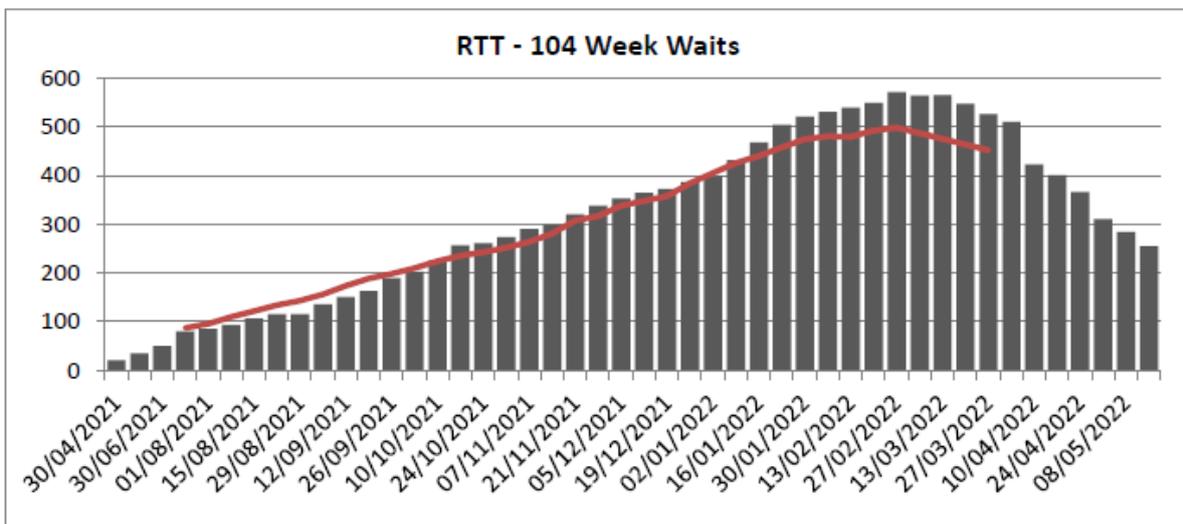
- 5.4 Additionally ICS are required to explore and implement local approaches for reducing unnecessary outpatient attendances.
- 5.5 The system currently falls short of the expectations set out in the Planning Guidance and work is on-going with the regional team to improve both data quality and potentials going forward. Specific actions to support increasing activity include:
- Identify specialties with high volume of referrals, long waiting lists and follow up backlogs.
 - Target GPs not currently using Advice and Guidance, engaging with GPs through the primary care networks.
 - Link with Digital Transformation developments to explore development of a patient portal and other digital enablers to support Advice and Guidance.
 - The ICS will explore the insourcing of additional capacity to operate at the interface of primary and secondary care, for challenged specialties.

6. UHNM Long Waits

52 Week Waits

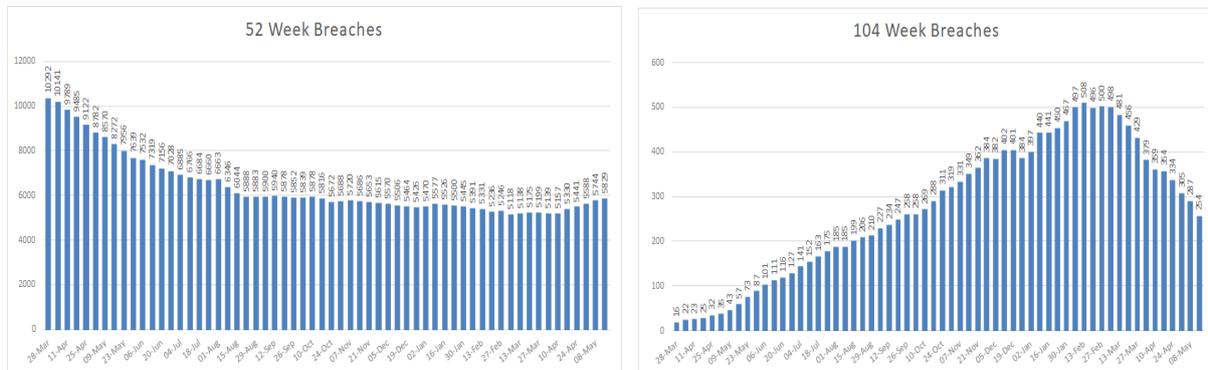


104 Week Waits



- 6.1 As at week ending 15th May UHNM had 4,579 patients waiting more than 52 weeks and 255 patients waiting more than 104 weeks.

7. UHDB Long Waits



- 9.4 The County will benefit from further additional capacity through the further development of the elective hub at Cannock during 2022/23 and 2023/24.

10. Cancer Services Performance

- 10.1 For 2022/23 all NHS providers are required to return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020) and meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments.
- 10.2 Priority actions should centre on ensuring there is sufficient diagnostic and treatment capacity to meet recovering levels of demand, with a particular focus on the three cancers making up two-thirds of the national backlog (lower GI, prostate and skin).

11. UHNM Cancer Performance - as at April 22

- 11.1 In the early part of 2022 theatre, oncology, diagnostic and surgical workforces were impacted by COVID 19 affecting performance. The Trust continues to conduct a very high number of first appointments, with around 3649 patients being seen in March 2022.
- 11.2 There are currently 474 patients in the 2 week wait (2ww) backlog. A reduction since last month of the 2ww patients who have breached, 145 patients are in colorectal and 115 are in skin.
- 11.3 The 104 day backlog is slowly reducing, currently circa 100.

12. UHDB Cancer Performance - as at 04/04/2022

- 12.1 First treatment activity has steadily increased across April but is not exceeding the number recorded in 2021 across the same period. Subsequent Treatment activity lessened across March but has increased steadily across April. 2021 activity not exceeded.
- 12.2 Endoscopy activity (2 week wait patients that have had an endoscopic procedure whilst on a cancer pathway) remains high, higher than 2019 but not 2021 across most of late March and April.
- 12.3 The number of patients on the 2 week wait pathway waiting to be seen has lessened each week across March and April but remains well above last year.
- 12.4 The 62 day waiting list remains relatively constant but is well above the same period last year.

13. RWT Cancer Performance - as at April 22

- 13.1 Referrals have been fluctuating at a concerning high level since the turn of the calendar year, sitting at 118% of the level seen in April to February 2019/20. In February 2022, referrals were 121% above the equivalent month in 2019/20.
- 13.2 The increased level in the year to date explains the significant challenge in recovering the backlog as well as putting pressure on all other elements of the pathway, e.g. outpatients, diagnostics and surgery.

14. Focus on Health Inequalities

14.1 Acknowledging that during the period of the COVID pandemic there has been a widening in the gap on health inequalities all Trusts are focussing and achieving a better understanding of the inequalities that exist in their patients waiting, as well as tools to help them better understand and manage patients whose healthcare may be at risk of greater deterioration whilst waiting for treatment.

15. List of Background Documents/Appendices:

N/A

16. Contact Details

- Report Author: Helen Ashley
- Job Title: Director of Strategy, UHNM
- E-Mail Address: helen.ashley@uhnm.nhs.uk

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee – Monday 30 May 2022

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 11 April 2022.
7. **Cannock Chase District Council**
Cannock Chase's Health and Wellbeing Scrutiny Committee last met on 23 March 2022. An update was provided to the last meeting.

Date of next meeting: 29 June 2022.
8. **East Staffordshire Borough Council**
East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on 24 March 2022. An update was provided to the last meeting.

Date next meeting: To be arranged
9. **Lichfield District Council**
Lichfield District Council's Overview and Scrutiny Committee last met on 17 March 2022. An update was provided to the last meeting.

Date of next meeting: 26 May 2022
10. **Newcastle-under-Lyme Borough Council**
Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee met on 7th March 2022. An update was provided at 15 March 2022 meeting. The committee is now called the Health, Wellbeing and Environment Scrutiny Committee.

Date of next meeting: 23 June 2022.
11. **South Staffordshire District Council**
South Staffordshire Council's Wellbeing Select Committee last met on 12 April 2022.

Date of next meeting: 14 June 2022
12. **Stafford Borough Council**
Stafford Borough Council's Community Wellbeing Scrutiny Committee was held on Tuesday 8th March 2022, where the following items were considered:-

- **Health and Care Overview and Scrutiny Committee** - a report back on previous meetings of the Health and Care Overview and Scrutiny Committee held on 25 October, 29 November and 13 December 2021 and 31 January 2022.
- A **Members' Item** relating to NHS Dentistry provision within Stafford Borough that was referred back to this Committee for further consideration.
- **Performance Update Report** - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 3 period ending 31 December 2021
- **Work Programme** – a report outlining the Committee's Work Programme for meetings up to March 2023.

Date of next meeting: Tuesday 12th July 2022

13. **Staffordshire Moorlands District Council**

Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel met on 17 March 2022. An update was provided to the last meeting.

Annual Council will be held on 26 May 2022 at which appointments will be made to include the Council's representative on the Health & Care Overview and Scrutiny Committee.

Date of next meeting: To be confirmed.

14. **Tamworth Borough Council**

Tamworth Borough Council's Health & Wellbeing Scrutiny Committee was held on 29 March 2022. An update was provided to the last meeting.

Date of next meeting: 21 June 2022

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 Mrs Patricia Ackroyd	Cllr Philip Atkins
Lichfield	Cllr Michael Wilcox	Cllr Janice Sylvester-Hall
Newcastle	Cllr Ian Wilkes	Cllr Ian Wilkes
South Staffordshire	Cllr Lin Hingley	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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Draft Work Programme – 30 May 2022

Health and Care Overview and Scrutiny Committee 2022/23

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2022/23.

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 2022-23

Date	Topic	Background/Outcomes		
Committee Meetings, Reviews and Consultations		Marked red to consider and agree action		
		Background	Basis	Outcomes from Meeting
Monday 30 May 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Elective Recovery Changes to the Healthy Communities Service from April 2023. Work programme 2022-23 		Risk & Performance Public Health Planning	UHMN Anthony Bullock Chairman
Tuesday 21 June 2pm	Healthier Communities day		Public Health	HW/PH/ VSCE/ DC/BC- post elections with focus on wider determinants
Monday 11 July 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Health Watch Intro to HW year 1 priorities, focal investigations topics The Families Health & Wellbeing (0-19) service. (Pre-decision) The future of Supported Living Services in Staffordshire ICS and ICB Update Primary Care Access update ICS Transformation – George Bryan Centre 	Pre-decision Pre-decision ICS ICS ICS	Partnership Public Health Social Care Risk & Performance Risk & Public Concern Transformation	Bas Tazim SoS HealthWatch Karen Coker H&C Sarah Taylor H&C Peter Axon Requested late spring
Mental Health session To be rescheduled from 30 May	<ul style="list-style-type: none"> Draft Mental Health Strategy Health and Care PH outcomes and services (Children's) Mental Health Support in Schools 		Transformation Public Health Partnership working	Jan Cartman -Frost Strategy delayed Natasha Moody / Karen Coker bring this at the same time as strategy and MHST Karen Coker/ MPFT/ NSCHT
Monday 1 August 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Adult Social Care Reform Implementation H&C performance update Maternity Transformation and Ockenden Report 	Pre-decision	Social Care Performance Risk & performance	Jo Cowcher https://www.donnaockenden.com/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf
Monday 19 September 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> UHDB Acute Trust QA performance update WMAS QA Care Home Update (31.01.2022) 		Performance Performance Social Care	

Thursday 22 September 2022 at 1:30pm.	<ul style="list-style-type: none"> RWT Acute Trust QA performance update 	Joint with Wolverhampton	Performance	Possible joint scrutiny RWT Quality Account (Hybrid) Meet to agree key lines of enquiry
Monday 17 October 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Workforce Planning <ul style="list-style-type: none"> Health and Care Acute Trusts 		Workforce	
Monday 28 November 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> NSCHT performance update 		Performance	
Monday 30 January 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> MPFT performance update 		Performance	
Monday 20 March 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> 			

Work programme for 2022-23 - items		Background	Basis	Target Scheduling Date
To Be Scheduled	<ul style="list-style-type: none"> Impact of air pollution on health 	Work planning (7.6.2021)	Risk	To be agreed
	<ul style="list-style-type: none"> Impact of Long COVID 		Risk	
	<ul style="list-style-type: none"> Obesity and Diabetes 	29/11/21	Public Health	
	<ul style="list-style-type: none"> Social prescribing 	29/11/21	Public Health	
	<ul style="list-style-type: none"> NHS estate – fit for twenty first century 	13/12/21	Planning, Policy & Processes	
	<ul style="list-style-type: none"> End of Life – compassionate communities 		Patient journey	
	<ul style="list-style-type: none"> Womens Health Strategy 	07.06.2021	Patient journey	Childrens Dentstry – Keep Stoke Smiling (inc Staffs) Flouridisation/ orthodontic access , July 2022 transfer to ICS commissioning
	<ul style="list-style-type: none"> Dentistry 	07.06.2021	Risk and Performance	

Items b/f from 2021-22 for consideration	Focus		
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)	Transformation		
'Long' Covid-19 - Reponse by Health (CCGs and Accute Hospital Trusts)	Risk	Agreed at Committee meeting on 14 September 2020	
Going Digital in Health (CCGs)	Transformation	Requested at meeting on 16 March 2021 Part of transformation programme	
Social Care IT system procurement	Patient journey / New Technology	Part of digital transformation item	

Membership

Jeremy Pert Chairman)
Richard Cox (Vice-Chairman - Overview)
Ann Edgeller (Vice-Chairman – Scrutiny)

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

Borough/District Councillors

Jill Hood (Stafford)
Martyn Buttery (Cannock Chase)
Patricia Ackroyd (East Staffordshire)
Michael Wilcox (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)
Barbara Hughes (Staffordshire Moorlands)
Lin Hingley (South Staffordshire)
Rosemary Claymore (Tamworth)

Calendar of Committee Meetings

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

Monday 30 May 2022 at 10.00 am;
Tuesday 21 June 2022 at 14.00 am – Wider Determinants
Monday 11 July 2022 at 10.00 am;
Monday 1 August 2022 at 10.00 am;
Monday 19 September 2022 at 10.00 am;
Thursday 22 September 2022 at 3:30 Joint RWT with Wolverhampton Ccl
Monday 17 October 2022 at 10.00 am;
Monday 28 November 2022 at 10.00 am;
Monday 30 January 2023 at 10.00 am;
Tuesday 20 March 2023 at 10.00 am;