

Health and Care Overview and Scrutiny Committee

Monday 11 July 2022

10:00

Council Chamber, 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
1 July 2022

A G E N D A

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 30 May 2022** (Pages 1 - 10)
4. **Integrated Care System (ICS) and Integrated Care Board (ICB) Update** (Pages 11 - 16)
Report of the Integrated Care System
5. **Primary Care Access Update** (Pages 17 - 26)
Report of the Integrated Care System
6. **Maternity Services Update** (Pages 27 - 32)
Report of the Integrated Care System
7. **Staffordshire Healthwatch Update** (Pages 33 - 40)
Report of Staffordshire Healthwatch
8. **District and Borough Activity Update** (Pages 41 - 46)
Updates from the District and Borough Council Representatives
9. **Work Programme 2022-23** (Pages 47 - 50)

Report of the Scrutiny and Support Officer

10. Exclusion of the Public

The Chairman to move:-

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

11. The Families Health & Wellbeing (0-19) service (Pre- decision) (Pages 51 - 70)

(Exemption paragraph 3)

Report of the Director for Health and Care.

Membership

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

Notes for Members of the Press and Public

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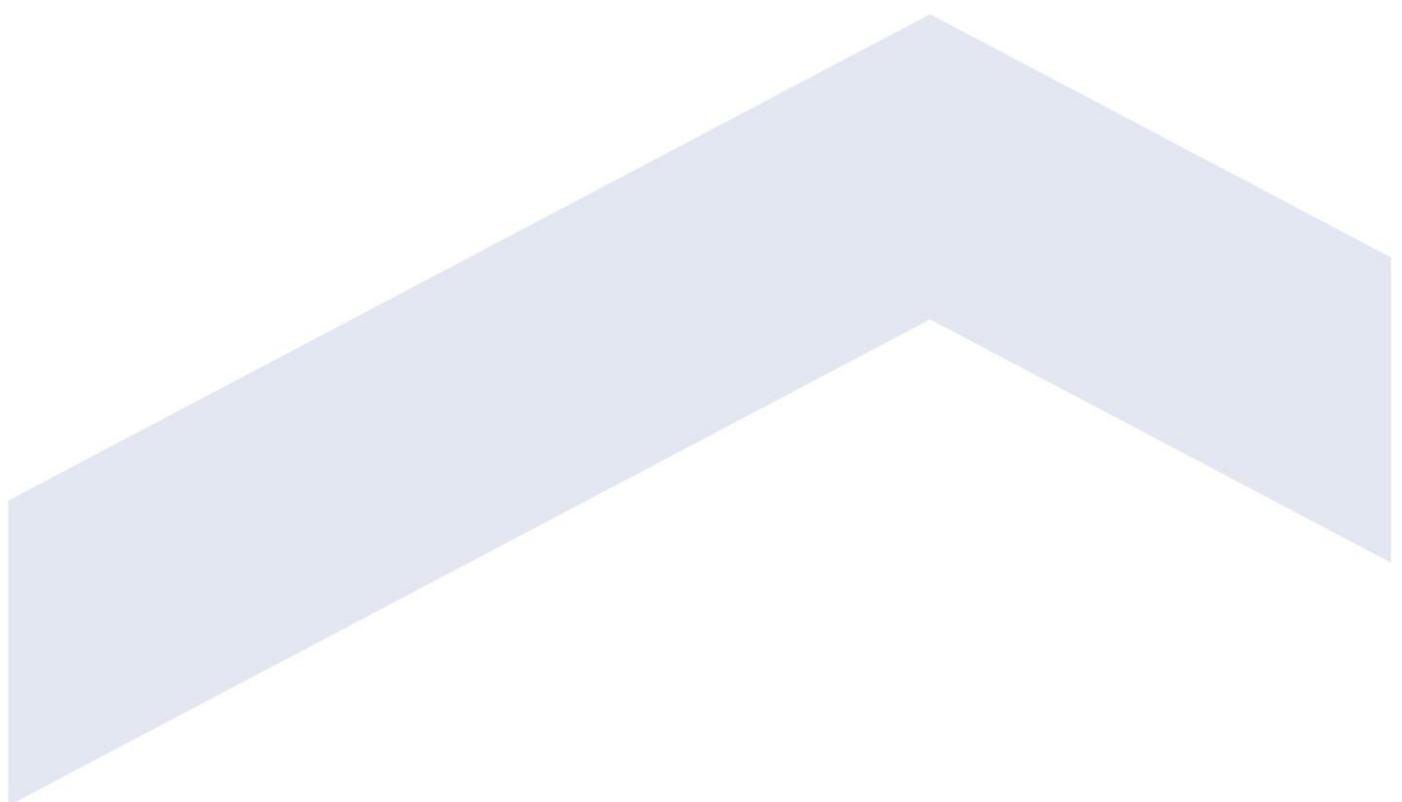
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**Minutes of the Health and Care Overview and Scrutiny Committee
Meeting held on 30 May 2022**

Present: Jeremy Pert (Chairman)

Attendance

Councillor Patricia Ackroyd	Barbara Hughes
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Bernard Peters
Ann Edgeller (Vice- Chairman (Scrutiny))	Mike Wilcox
Phil Hewitt	Ian Wilkes
Jill Hood	

Also in attendance:

Apologies: Martyn Buttery, Rosemary Claymore, Richard Cox, Keith Flunder, Lin Hingley and Janice Silvester-Hall

PART ONE

1. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

2. Minutes of the last meeting held on 11 April 2022

Resolved: That minutes of the meeting held on 11 April 2022 be approved and signed as a correct record.

3. Elective Recovery

The Planned Care Lead for Staffordshire and SoT ICS and Chief Operating Officer UHNM were in attendance to provide an update report in respect of Elective Recovery across the three main provider organisations that serve Staffordshire and SoT, namely University Hospital of North Midlands (UHNM), University Hospital Derby and Burton (UHDB), and the Royal Wolverhampton Trust (RWT).

Members noted that although significantly reduced, the number of Covid patients in hospital beds continued to put pressure on the Trusts. The report outlined actions that were planned in respect of elective recovery endeavours to reduce waiting for an elective procedure, the approach as an Integrated Care System (ICS) with regard to elective recovery and an update on Cancer Service performance for the three providers as of April 2022.

Committee noted that:

- The first milestone was to eliminate the number of patients waiting 104 weeks by the end of June 2022 and 78 week waits by March 2023. Patients were waiting for complex surgery and more specialist services. Limited workforce was a challenge, particularly theatre staff, there was more flexibility with surgical staff.
- The aim was to reduce the waiting period to 18 weeks, where it had been pre-pandemic. Members suggested that an ambition for zero waiting time would be ideal, but recognised it was unlikely. Hospital Trusts were working closely with independent sector to reduce waiting times, the NHS had always worked with the independent sector and would continue to do so.
- Backlog had built up during the first wave of Covid when apart from cancer and critical surgeries many surgeries were ceased or slowed. The challenge of treating patients who had been waiting was acknowledged, conditions had progressed. There was a growing number of urgent surgeries and a reduced number of less urgent longer waits.
- Members were assured that all theatres were currently operating at 100% and new theatres were planned.
- Progress on addressing the backlog :
 - RWT was on track, it was geographically well placed and was well supported by other Black Country NHS Trusts.
 - UHNM secured some support with bariatric patients from Worcester area. UHDB was struggling with bariatric patient treatment
 - County Hospital was trying to ensure a range of procedures at hospital day surgery in the local area, major surgery would be dealt with elsewhere.
 - Cannock Hospital -Two further theatres were operational to focus on a broader range of procedures
 - Burton hospital had also invested in additional theatre space.
- Approach to elective recovery three areas:
 1. Demand management- alternatives to referral/ fit for surgery
 2. Existing capacity best use - NHS and independent sector
 3. New capacity at sites.

- Members noted that health inequalities had broadened over the course of the pandemic and that information to inform services was being evaluated.
- Patient choice – some patients had declined a date offered if it did not suit their own circumstance. Members were assured that those patients would not go to the 'back of the queue' and that patients would be managed both on urgency and time they have waited.
- Referral conversations between clinicians were increasing to ensure appointments were not made when it was not necessary, making more efficient use of clinician time and a better use of patient's time.
- Concern was raised about GP Access: triage, form filling and digital appointments which were difficult for the older population who prefer to go to the doctor's surgery. Assurance was given that there would be ways for all residents to access primary care. The pandemic had changed the way NHS worked, its aim was to have a more flexible model of communication, a discussion with the most appropriate consultant in the preferred way and for the patient a mix of digital, telephone and face to face consultations. ICS had launched the GP Access plan and was communicating to the public about ways to make contact and the different roles in practices.
- Equal access for minority communities in Burton and other areas, it was understood that lessons had been learned during the Covid vaccination roll out and would be used in future campaigns.
- Training and development of staff in technology to use digital or video routes as enablers to the public. Some staff already used digital solutions with patients, data on numbers could be provided.
- During the pandemic many staff had been redeployed to areas of need and roles that they were not employed to do, they were now returning back to their teams, for theatre staff this was having a positive impact.
- Members were assured that communications and support for staff under pressure remained in place, also wellbeing support. Staff were now working slightly differently, and more staff were being recruited. It was noted that mask wearing and other measures were still in place as Covid was an ongoing issue.
- Members welcomed an update on the recent critical incident (CI) called at UHNM by the NHS system. The flow through the hospital was exceptional. Members understood that this was not one thing that had changed, but that a number of actions from across the system had been built to an improved flow through the hospital. Members were assured that lessons learnt, and changes made would be followed in future critical incidents.

The Chairman thanked the Chief Operating Officer and Planned Care Lead for their contribution to the meeting. Committee was satisfied that there

was a clear plan to address elective recovery and progress being made to address the 104 week backlog by June 2022 and 78 week backlog by March 2023. Committee welcomed the additional increase in hospital theatre space, the drive to pull in additional staff, and recognised the improvement made and positive communications with residents.

Resolved:

1. That the Health and Care 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.
2. That further information be circulated to members of the Health and Care Overview and Scrutiny Committee on the following matters:
 - a. A theatre plan for University Hospital North Midlands (UHMN)
 - b. The forecast for 104 week wait by specialism
 - c. The extent of digital consultation data

4. Changes to the Healthy Communities Service from April 2023

The Lead Commissioner Public Health and Prevention provided a report and presentation about proposals for the integrated lifestyle services from April 2023.

Committee was advised that the service contract had focussed on residents with most need in 148 super output areas, for a range of issues:

- weight management
- physical activity
- stop smoking
- social isolation prevention
- falls prevention
- NHS health checks

The services were reported to be good overall and had surpassed outcome targets in all areas, but the take up of services had been low due to the eligibility criteria which had made access restrictive. A third of adults in Staffordshire were classed as overweight or obese and additional Government funding for weight management last year had enabled the eligibility criteria to be opened up to anyone over 18 years which had increased take up.

Other programmes and initiatives such as the Supportive Communities Programme and Better Health Staffordshire had been developed. Communities and the voluntary sector provided support for physical activities, fall prevention and social isolation prevention. Public Health has also developed a Mental Wellbeing Programme and a range of self-help approaches including APPs and use of social media to reach out to members of the public. The range of support in communities provides

opportunity for the Healthy Community Services to focus on fewer issues, therefore increase funding for the key priorities. It can remove the eligibility restrictions to make access to services easier.

The Lead commissioner advised that proposals stemmed from recent consultation. He outlined the proposals for the new contract from April 2023 and invited members to consider what was the most effective and efficient use of resource.

Committee noted the following comments and responses to questions:

- A key issue was the eligibility criteria which had impacted on take up of some services. Members welcomed the removal of the eligibility criteria, the focus on fewer intervention activities, and considering the alternative approaches available to address the issues.
- Members endorsed the 'less is more ethos' moving forward, the need to reserve services for those that need them most and find alternative ways to promote services for all through other programmes, to achieve outcomes.
- There was concern that the weight management programme had not reached the people it needed to. Members were assured that in addition to doctor referrals community engagement officers were promoting the service and reaching out to people in the community to build the message and increase referrals to services from other sources. Many referrals were self-referrals from social media and campaigns.
- In terms of funding allocated to each service it was questioned if there had been a cost benefit analysis of smoking cessation services in terms of preventing hospital spend due to people quitting smoking. Members were assured that smoking cessation services had been very well evaluated and were cost effective locally and nationally.
- The cost of services: £500k in targeted weight management (approx. 50%) and non-targeted, £800k stop smoking services and £200k for targeted NHS health checks.
- It was noted that there was separate system in place for drug and alcohol service - the Staffordshire Treatment and Recovery Service (STAR). The Government had recently invested in drugs and alcohol services however the funding allocation had not directly benefitted Staffordshire yet, it would receive funding in the third funding cycle. The CQC inspection earlier this year had resulted in a good rating. There were gaps across the service, but it was felt that Government funding would help close the gaps. Members raised concerns about the lack of support for people with alcohol and drug problems and that they need face to face sessions to help with mental health relating to drugs and alcohol problems. Members were invited to talk to officers

outside of the meeting to feed in their comments and concerns in relation to the Draft Mental Health Strategy.

- Mental Wellbeing - Members were assured that there was a process of engaging partners across Staffordshire to focus on key priorities and to help to engage with public and raise awareness of services. Mental Wellbeing was not part of Healthy Community Services discussion today.
- A concern was raised about weight management reaching minority communities in Burton East Staffordshire, where there was a high risk of obesity in ethnic minority communities. Members were reassured where communities were at greater risk eligibility criteria had been lowered. The service was embedded and reaching out to communities and workplaces to talk about weight management and other services available. Officers agreed to meet with East Staffordshire Members to discuss the specific needs of that area to be reflected in the tender.
- It was clarified that the reference to diabetes in the presentation should specify type 2 diabetes.
- In terms of pathways into schools, members were advised that there was a separate Families Health & Wellbeing (0-19) Service tender which included weight management and other services for young people.
- A member highlighted the need to encourage residents to focus on nutrition, and weight management, all related to their diet. There was concern that people opted for fast food rather than cook for themselves.
- District and Borough Councils (DC/BC) have a key role to play, Chief Executives from DC/BC had been asked to nominate a link officer. County and District Council officers were developing good relationships.
- It was clarified that the outcome targets were set having regard to data research, benchmarks, and good practice experience of partners in other areas, and that the key measure of quality was feedback from clients which had been built into the programme.
- It was confirmed that the Joint Strategic Needs Assessment contained data for all Districts and Boroughs and that when requested it would be possible for officers to provide ward data for Tamworth area.
- Service commissioning – It was clarified that the Council used a prime provider model rather than have several specialists working together. The prime provider was commissioned to have contractual arrangements with the Council and could sub-contract to specialist providers e.g. weight management commissioner could sub-contractors to specialist provider such as slimming world or weight watchers. The Chairman questioned the commissioning model, indicating there may be some specialist providers that may not sub-contract and suggested that officers could re-look at the

commissioning model. It was explained that the 7 year contract allowed relationships to form between contractor, sub-contractors and partners overtime to create stability.

- Better Health Staffordshire, focus was on weight management and obesity. Historically there had been a lack of coordination and collaboration to communicate what information, guidance and advice was available to the public about services and how to access them. Mapping demonstrated that the public had many opportunities and options to exercise and eat well, sports clubs, community activities etc., as such there would not be a requirement for specialist providers in this area.
- The role for the ICS relating to obesity. Public health and ICS work in partnership. Prevention is public health role under the public health funding arrangements, where intervention is failing or people have not been picked up through the prevention pathway, the ICS provide bariatric services and some specialist nutritional services.

The Chairman thanked the Lead Commissioner Public Health and Prevention for the presentation and responses to questions. He welcomed the increased focus on priority service, the focus on outcomes, improved impact in communities and he highlighted the importance of starting prevention early in schools.

Resolved:

- 1) That Health and Care Overview and Scrutiny Committee note the report detailing the changes to Healthy Communities Service from April 2023.

5. District and Borough Health Scrutiny Activity Update

The Chairman advised that officers were reviewing the Joint Code between County and District Councils to reflect the way of working in health scrutiny.

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

- The Lichfield District Representative raised an issue relating to maternity services and the temporary closure of Samuel Johnson Hospital in Lichfield, he advised that some facilities in Burton Maternity Unit were also temporarily closed. He requested an update report relating to the re-opening of the unit at Samuel Johnson Hospital. The Chairman advised that the Transformation of Maternity Services would be considered at a meeting on 11 July 2022.

- The Cannock Chase District Representative Cllr Philippa Haden would be invited to attend a briefing relating to the Cannock Minor Injuries Unit MIU.

Resolved:

1. That the District and Borough Updates be noted.

6. Work Programme 2022-23

The Chairman introduced the draft work programme item and indicated that planning the work programme was an opportunity to prioritise and focus on what items to consider through the year.

The Chairman highlighted the need for the Committee to develop a formal way of scrutinising issues. For example - look in depth at issues based on the risk to residents or auditing the processes that the NHS go through in relation to a patient's journey. He highlighted the importance of challenge, if the committee had done enough detailed scrutiny to be assured by evidence provided and responses given.

The Chairman advised that a framework for Health Scrutiny was being developed which he would share for comments. Committee members would use the framework when prioritising topics, focussing on the issues, and developing lines of enquiry.

Members considered the draft Work Programme and suggested items for inclusion of the work programme 2022-23.

- **Dental Health** – Focus on access to NHS dentistry
- **Health Visitor Service** – Current service position
- **West Midlands Ambulance Service** – Public concerns about service. System problems and impact on WMAS
- **Women's Health** – The breadth of matters to be covered necessary to establish a working group to agree key lines of enquiry. Members appointed – Councillors Janice Sylvester Hall, Patricia Ackroyd, Barbara Hughes, and Ann Edgeller.
- **Innovation** - The Chairman suggested the Committee ask Staffordshire University to host an innovation day to invite suppliers to present innovations to improve patient and partners journey and invite partners to attend.
- **NHS Visual Impairment Services** – Good practice in District and Boroughs
- **Thinking healthier in all we do** - Wider Determinants
Members identified areas:
 - **Housing** - key role to play in District and Borough Councils

- **Lack of litter** –District Council members give planning permission take aways and off licences – map out and compare numbers of off licences and take aways in relation to obesity
- **Healthy life expectancy**
Wider determinants workshop on 21 June 2022 at 2pm.
- **Mental Health Strategy** – awaiting timelines for the report to be released.

Next meeting of the Health and Care Committee takes place on 11 July 2022. Items on the agenda:

- ICS & ICB update
- Primary Care update
- Transformation Programme – maternity services

Resolved

1. That the matters identified be included in the Health and Care Overview and Scrutiny Work Programme 2022-23

Chairman

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 11 July 2022

Integrated Care System (ICS) update

Recommendation(s)

I recommend that:

- a. The Overview and Scrutiny Committee note the progress in the development of the ICS.
- b. The Overview and Scrutiny Committee note the developments in appointments to the NHS Integrated Care Board (ICB).

Report holder: Peter Axon: Interim Chief Executive Designate ICB

Summary

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

The Overview and Scrutiny Committee is asked to note the developments in the creation of the ICS, which includes the Integrated Care Partnership (ICP) and the NHS ICB.

Report

Background

1. ICS Transition Update:

- 1.1 The Staffordshire and Stoke-on-Trent ICS transition arrangements over the last couple of months have taken a number of significant steps forward on the journey to be formally established on 1 July 2022. This paper summarises progress across a small number of key areas, namely –
 - ICS establishment
 - Board appointments
 - ICP strategy development
 - Delivery portfolios
 - Place working
 - Provider collaboratives
 - Clinical professional leadership
 - Working with People and Communities Strategy.

2. ICS establishment

- 2.1 Following royal assent, the Integrated Care System, including the NHS Integrated Care Board, was formally established on the 1 July 2022.
- 2.1 42 NHS Integrated Care Boards (ICB) and 42 Integrated Care Partnership (ICP) committees have now been established, with statutory responsibilities for improving health and care services. The new ICB in Staffordshire and Stoke-on-Trent replaces the six Clinical Commissioning Groups and will have the statutory responsibility for commissioning and monitoring local health and care services including GP services. In April 2023 these duties will increase when the ICBs become responsible for primary care services (pharmacy, dentistry and optometry) and also some specialised commissioning.
- 2.1 This change presents a genuine opportunity to deliver our ambitions for greater integration between health and care, to reduce inequalities and improve health and care outcomes for local people. It is our collective responsibility to ensure we capitalise on this opportunity, to deliver real change that goes beyond infrastructure and to address some of the challenges that we face.

3. NHS ICB Board Development

- 3.1 Following the appointment of the five non-executive directors (NEDs) for the ICB in January 2022, a national recruitment process was undertaken to secure the executive director posts. The full complement of executive director posts is now in place to ensure the ICB has the capacity and capability to undertake its functions from the 1 July 2022:
- Chief Finance Officer – Paul Brown
 - Chief Medical Officer – Paul Edmondson-Jones
 - Chief Nursing and Therapies Officer – Heather Johnstone (interim 12-month appointment)
 - Corporate Governance Director – Sally Young
 - Chief People Officer – Alex Brett (shared post with Midlands Partnership NHS Foundation Trust)
 - Chief Digital Officer – Chris Ibell (shared post with Midlands Partnership NHS Foundation Trust)
 - Chief Delivery Officer – Phil Smith
 - Chief Transformation Officer – Chris Bird (12-month secondment).
- 3.2 Following engagement with partners, the ICB Board membership also includes:
- Chief Executive (CEO) of Staffordshire County Council – John Henderson
 - City Director of Stoke-on-Trent City Council – Jon Rouse
 - One primary care representative – To be appointed
 - One physical health NHS provider – Tracy Bullock CEO of University Hospitals North Midlands NHS Trust
 - One mental health NHS provider – To be appointed.

- 3.3 The inaugural Board meeting will take place on the 1 July 2022 to ratify the key policies and procedures, that have been developed during shadow form over the past few months.
- 3.4 Each ICB is required to have a Constitution and the Bill sets out proposed statutory and mandatory requirements of what must be included, there are sections which are able to be localised, such as ICB Board composition, nomination and selection criteria, and terms of office. The local Constitution was developed following engagement with partners and was assured by NHS England and Improvement (NHS E/I). It is available on the websites of the CCGs and future ICB website www.staffsstoke.icb.nhs.uk
- 3.5 In preparation for the launch of the ICB we have met regularly with NHS E/I to seek assurance. They have praised our progress and readiness as a system. Our comprehensive Development Plan has been assured by NHS E/I and we are making strong progress in this inaugural year.

4. ICP Development

- 4.1 The next stage is to develop the Integrated Care Partnership (ICP), which is a far-reaching, multi-agency committee. This is likely to involve over 60 people and will meet quarterly. During 2022/23 its primary role is to develop the Integrated Health and Care Strategy, which will set the overall direction for local services building on existing networks and Health and Wellbeing Board plans. The first partnership meeting is expected to take place in July or August 2022 and committee papers will be available on the ICS website.

5 Emerging “Delivery Portfolios”

- 5.1 The ICB and ICS Chief Executives Forum have recently approved the establishment of seven portfolios that encompass the core clinical and service ambitions of the system. These portfolios will be supported through the appointment of capacity within each. Achievement of the objectives within each portfolio will be enabled through both Place and our Provider Collaboratives. It is envisaged that Place will mainly focus on those services that operate at community and neighbourhood level (horizontally integrated services). Whereas our Provider Collaboratives will focus more on specialised, secondary care services (vertically integrated arrangements such as Urgent and Emergency Care). These two emerging aspects of our operating model are described in more detail below.

6 Working at Place Level

- 6.1 With the ICB now fully established, the development of Place working arrangements can gain momentum. Although the strategy and statutory

responsibilities will sit at a systemwide level (ICB/ICP), the real engine room for delivery will be at a Place and Provider Collaborative levels. In line with the national White Paper, the shadow Board agreed that in Staffordshire and Stoke-on-Trent activity would be delegated to two Places (geographical areas), aligned with the footprints of the upper tier local authorities. This will better support integration between health, care and the voluntary sector and ensure that services are designed based on local needs and local insight.

- 6.2 Building on the work that has taken place over the past few months, the population health management work-stream, in particular, will be working with Place to identify the local priorities, using local data and networks. Over time our Places will be given delegated authority and budgets to support delivery of national and local priorities and delivery of the overarching system strategy that will be developed by March 2023.

7 Provider Collaboratives

- 7.1 Key to delivering integration is through building closer networks and removing barriers across: health and social care, physical and mental health, and health and care and the voluntary sector. A Provider Collaborative is a key mechanism to enable this.
- 7.2 A Provider Collaborative Board has been established to oversee the development of our Provider Collaborative arrangements. In the past much of the focus has been on redesigning NHS commissioning. The new provider collaborative will focus on how NHS providers can support the integration agenda, supporting service redesign, making greater use of our People and budgets and sharing insight. This Board will report on progress into the ICB and ICP.
- 7.3 As well as the potential for an overarching Provider Collaborative Board, the system is also determining the benefit that specific Collaborative groups would bring, for example an Urgent and Emergency Care Provider Collaborative, bringing together all parties relevant to the UEC pathway to redesign service provision.

8 Clinical and professional leadership

- 8.1 Following engagement with clinicians and health professionals across the ICS, the new Clinical and Professional Leadership Framework was approved at the shadow ICB in May. This work will be overseen by the Chief Medical Officer for the ICB.

- 8.2 The framework sets the overall direction for how we will ensure the voice of clinicians and a wider range of health and care professionals is informing our work. Over the past few months we have strengthened connections between our different workstreams, for example with finance colleagues working closely with the Health and Care Senate to ensure our decisions are informed by our experts. Importantly, this will help us to deliver our ambitious priorities and deliver improved care for local people.
- 8.3 To support the framework the Board agreed the recruitment of two clinical directors/Deputy Chief Medical Officer (up to eight sessions each) and we will be working with HR to support the recruitment for these posts. In addition, there will be 20 sessions for senior clinical programme leads (to support our new Portfolios) and 48 sessions for clinical locality or place leads. There will be further communications about these opportunities over the coming weeks.

9 Working with People and Communities Strategy

- 9.1 The Working with People and Communities Strategy outlines how we will involve and engage local people and staff to deliver our statutory duties for involvement. We would like to thank partners, patient groups and the voluntary sector for their contributions to this key document. This is a live strategy during 2022/23 and will evolve as we develop our approach. The strategy can be viewed on the [website](#).
- 9.2 The guiding principles behind the strategy are to:
- **Recognise** the work that is already being done by partners and within communities to champion the public voice
 - **Celebrate** and build on what is working well
 - **Strengthen** our approach by identifying gaps and finding ways to fill them to address inequalities.
- 9.3 On-line events have been organised in July to discuss the latest developments in health and care services, answer people's questions on the changes and seek views on the above strategy.
- 9.4 Several face-to-face roadshows are also being finalised, with dates to be promoted shortly. To find out more or book a place [visit the website](#) or contact the team on 0333 150 2155.

List of Background Documents/Appendices:

Presentation will be provided on the day

Contact Details

Interim Chief Executive Designate ICB: Peter Axon

Report Author: Tracey Shewan

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Please note that from Friday 1st July the CCGs become the NHS Integrated Care Board and all emails will change to the format below:

Firstname.surname@staffsstoke.icb.nhs.uk

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 11 July 2022

General Practice Access Plan, Staffordshire and Stoke-on-Trent July 2022

Recommendation(s)

I recommend that:

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

Lynn Millar

Summary

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

The Overview and Scrutiny Committee is asked to receive the following presentation which is the six Staffordshire and Stoke-on-Trent CCGs (to become the NHS Integrated Care Board) action plan with regards to improving general practice access.

Report

Background

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

1.0 The key activates are listed below for June 2022

1.1 Public communications

- 5 key messages to better understand primary care continue to be promoted across the out of home campaign within supermarkets, bus shelters and social media
- Primary care toolkit, materials, posters, translated and accessible materials distributed

- Campaign landing page on the ICS website is now live 'Know Your GP Surgery'
- Advertising in the community is being encouraged via patient groups, libraries, community centres etc
- Translated and accessible materials will be shared with community groups, faith leaders so that they can choose the best medium for their communities

1.2 Digital

- Undertaken targeted discussions with practices around our Digitally Enabled Primary Care Services project to improve their digital capabilities and infrastructure
- Purchased an online consultation solution from AccuRx, following the end centrally funded NHSD national contract.
- Provided practices with additional IT equipment where this has been requested
- Promoted NHSE's national cloud-based telephony offer
- Redmoor Health supporting practices plan and implement advanced telephony
- Continued to rollout additional Teams DDI lines to GP Practices where this has been requested and supported with technical guidance
- Supported configuration of practices within GP connect to allow direct booking capabilities from 111
- Beginning configuration of a pilot PCN for GP Connect to allow direct booking capabilities from 111
- Redmoor Health support for patient communications - websites, social media and messaging

1.3 Quality variation and resilience

- Re launch of the Time to Care Programme – practices have been offered 'Accelerator programme'
- Quality visits complete, themes and trends will be identified and worked up into a document to be shared with PCC
- Training package for GP receptionist will go live from July 'Weathering the storm' supporting staff post covid.
- Package of support for PCNs on managing challenging situations/violent & aggressive patients has been rolled out – evaluation underway
- Primary Care Health and Wellbeing sessions – needs analysis survey - The Staff Support and Counselling Service provide a suite of workshops

Link to Strategic Plan

Primary Care – general practice access

Link to Other Overview and Scrutiny Activity

Primary Care – general practice access

Community Impact

Refer to CIA guidance on the GO platform

List of Background Documents/Appendices:

Appendix 1 GP Access Plan presentation

Contact Details

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General Practice Access Plan

Staffordshire and Stoke-on-Trent

July 2022

Summary of completed actions/achievements



Public communications

- 5 key messages to help patients better understand primary care continue to be promoted across the campaign
- Primary care toolkit, materials, posters, translated and accessible materials distributed w/c 13 June
- Campaign landing page on the ICS website is now live [Know Your GP Surgery - Together We're Better \(twbstaffsandstoke.org.uk\)](https://www.twbstaffsandstoke.org.uk)
- Survey via ICS People's Panel complete, feedback from the responses is reflected in the campaign
- Advertising in the community is being encouraged via patient groups, libraries, community centres etc
- Translated and accessible materials will be shared with community groups, faith leaders so that they can choose the best medium for their communities.

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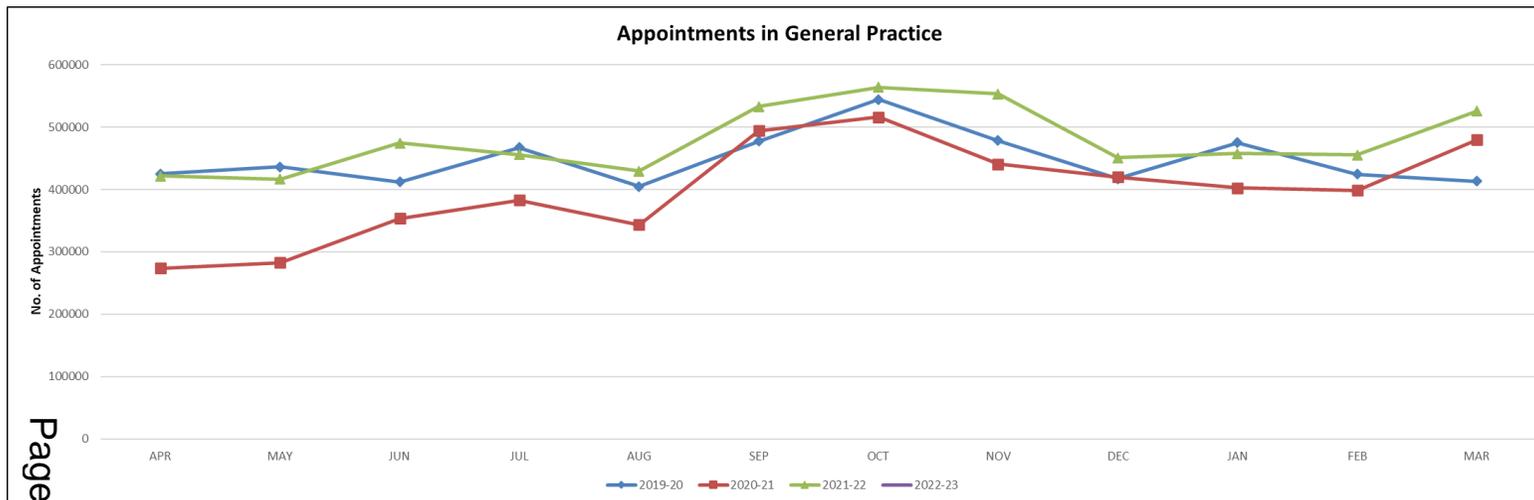
Digital

- Undertaken targeted discussions with practices around our Digitally Enabled Primary Care Services project to improve their digital capabilities and infrastructure
- Purchased an online consultation solution from AccuRx, following the end centrally funded NHSD national contract.
- Provided practices with additional IT equipment where this has been requested
- Promoted NHSE's national cloud-based telephony offer
- Redmoor Health supporting practices plan and implement advanced telephony
- Continued to rollout additional Teams DDI lines to GP Practices where this has been requested and supported with technical guidance
- Supported configuration of practices within GP connect to allow direct booking capabilities from 111
- Beginning configuration of a pilot PCN fo GP Connect to allow direct booking capabilities from 111
- Redmoor Health support for patient communications - websites, social media and messaging

Quality variation and resilience, training and development

- Re launch of the Time to Care Programme – practices have been offered 'Accelerator programme'
- Quality visits complete, themes and trends will be identified and worked up into a document to be shared with PCC
- Training package for GP receptionist will go live from July 'Weathering the storm' supporting staff post covid.
- Package of support for PCNs on managing challenging situations/violent & aggressive patients has been rolled out – evaluation underway
- Primary Care Health and Wellbeing sessions – needs analysis survey - The Staff Support and Counselling Service provide a suite of workshops and we are looking to arrange a wide range of these topics for Primary Care staff across Staffordshire and Stoke on Trent. The topics range from challenging unhelpful thinking, a manger's response to stress and taming anxiety.
- Staff Psychological Wellbeing Hub - Our team of qualified mental health professionals is here to offer help, support and give advice to staff who feel they would benefit from some additional support for their psychological wellbeing. We can give space for you to talk about your individual experiences, give advice and signpost to potential sources of support and help you to access evidence-based therapies if required.

Consultation data – April 2022



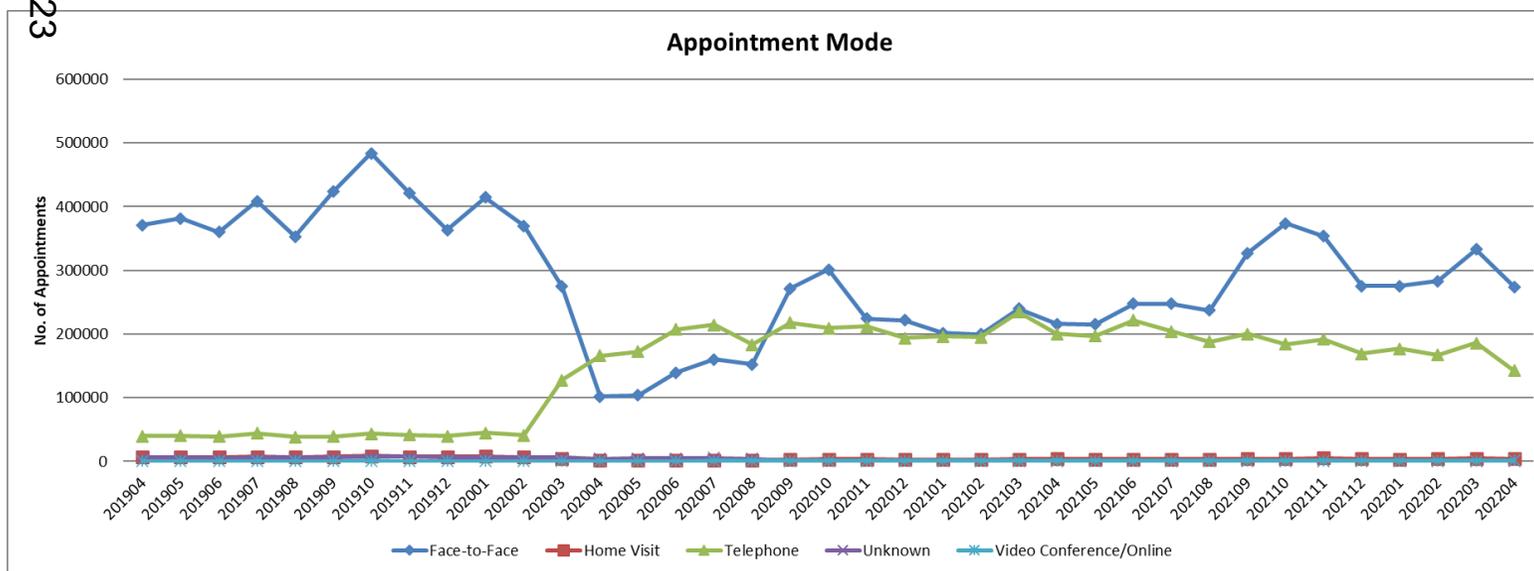
Appointments in General Practice:

- Year on year comparison shows appointment activity for April 2022 is inline with April 2019.

Appointment Mode:

- 64.8% of Appointments took place face-to-face during April 2022.

Please note the source of data has changed from internal GP clinical system extracts to the nationally published Appointments in General Practice data.



1. Communications

- Out of home advertising is now live: traditional media such as digital advertising, bus shelters etc
- Online campaigns via Facebook, spotify and Instagram
- Website copy is now live [Know Your GP Surgery - Together We're Better \(twbstaffsandstoke.org.uk\)](http://twbstaffsandstoke.org.uk)
- Two posters and two audio recording in top five languages for Staffordshire & Stoke –on- Trent. These will be shared with community groups, faith leaders etc so that they can choose the best medium for communities
- In the process of signing off Primary Care materials to provide every practice with a toolkit to standardise the messages that they are giving out to patients such as; briefing sheets, patient text messages, copy for websites, prompt cards to help with conversations

2. Access Improvement Programme (Accelerator Programme)

- The programme is delivered by the national Primary Care Transformation team using a hybrid model of face to face and virtual engagement. Practices who engage with the programme will receive backfill funding which will be confirmed as soon as possible.
- Locally our Primary Care team is beginning to engage with practices to sign up to the scheme
- To sign up practices need to attend a 60 minute introductory webinar – there are 8 webinars over a 2 week period mid/end of June. Practices only need to attend one of the webinars on offer. The programme will commence in September 2022.

3. Record Keeping

- Access Support Package – practices are beginning to undertake the schemes and working closely with the Primary Care on any queries or support needed
- Each element of the package has a lead name attached to support the practices in achieving the scheme
- Practices are beginning use their results to turn into an action plan

7-point plan areas and actions for July 2022

4. Digital Solutions

- Aspiration to enable full adoption of cloud-based telephony across all practices as rapidly as possible.
- Redmoor Health supporting practices with advanced telephony - exploring benefits of implementing advanced telephony, workshops to be delivered to look at different aspects of advanced telephony
- Training for key clinical systems including GPAD, Electronic Repeat dispensing, and core systems has begun and will run over the next 12 months
- Digital Journey Planner with Redmoor Health – first modules looking at patient communications (Websites, social media and messaging)

5. Quality, variation and resilience

- Re launch of the Time to Care Programme – practices have been offered 'Accelerator programme'
- Training package for GP receptionist will go live from July 'Weathering the storm' supporting staff post covid.

6. Training and development

- Primary Care Wellbeing Ambassadors - We will soon be offering the opportunity out to all staff to become a Wellbeing Ambassador for their local teams. Wellbeing Ambassadors will be implemented to promote, identify and signpost to support services to their immediate colleagues.
- Having safe and effective wellbeing conversations - The programme, co-designed with a number of NHS organisations and to be delivered by trained facilitators from Passe Partout, will support delegates to understand what a wellbeing conversation is, when it may be appropriate to initiate one and provide them with additional knowledge and skills to have safe and compassionate conversations about various aspects of wellbeing.
- Financial wellbeing - We recognise that this is a difficult time for our NHS people and we know that financial concerns have consistently been in the top five reasons our people call the free support helpline run by the Samaritans.

7. Workload initiatives

- Community Pharmacy Consultation Scheme – continues to be utilized across the patch
- A Enhanced Access webinar is scheduled to take place on Friday 24th June to go through the plan submission process, timelines and frequently asked questions. PCNs will be required to submit a plan for delivery to meet the requirements of the DES by the 31st July 2022 and Plans must be agreed with the CCG by the 31st August 2022 with service delivery commencing 1st October 2022.

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 11 July 2022

Maternity Services Update

Recommendation(s)

- a. To receive the update around the Temporary Closure of Free-Standing Midwife-led birthing Services.
- b. To receive an update following the latest Ockenden report
- c. To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

Report of Heather Johnstone Chief Nursing & Therapies Officer Staffordshire and Stoke on Trent Integrated Care Board.

Report

1 Background

- 1.1 The previous update to this committee in September 2021 provided detail on the background of this programme, therefore this is outlined in summary here.
- 1.2 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019 with patients, public and members of the workforce and utilised to develop and refine the clinical model of care Transformation Programmes were then placed on hold in response to the COVID-19 pandemic.
- 1.3 In March 2020, in response to COVID-19, both University Hospital North Midlands NHS Trust (UHNM) and University Hospitals Derby and Burton NHS Trust (UHDB) made the decision to temporarily close the Freestanding Midwife-led Birthing Units (FMBUs) at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield in order to consolidate their workforce and service provision on the acute sites. Home birth services were also temporarily suspended at this time.

- 1.4 These temporary closures impacted a small cohort of low-risk women for birthing services only. All antenatal and postnatal services delivered at the respective trusts have continued and have remained at their original location.
- 1.5 Homebirths were re-introduced in May 2020 (UHDB) and June 2020 (UHNM). Homebirth services were again suspended in summer 2021 due to ongoing COVID and workforce pressures. The Trust Quality Impact Assessments (QIAs) indicated no significant impact on quality, safety, patient experience and protected characteristic groups from the service changes.
- 1.6 People who accessed maternity services, and their support partners, along with maternity staff and other support groups were invited to share their experiences and views about their experiences during COVID-19 via an online survey and at an online event during July-August 2021. Feedback from this involvement has been shared with the committee in March 2022.

2 Proposed model of care

- 2.1 The proposal of care for FMBU is to reinstate intrapartum services at County Hospital (UHNM) and Samuel Johnson Hospital (UHDB) through an 'on demand' model. Low risk women will be offered the choice of delivery at home, the midwife-led birth centres at Royal Stoke University Hospital or Queens Hospital Burton or the FMBUs. Women at high risk will continue to be offered care within the Consultant-led units. This model of care could be supported through a Midwifery Continuity of Carer (MCoC) model.
- 2.2 Implementation of the proposed model would align to the Midwifery Continuity of Carer national strategy.
- 2.3 The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) provide guidance for provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic (RCOG, RCM 2020) dependent upon percentages of midwifery staffing shortages and skill mix and the provision of an ambulance service running as normal.

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-provision-of-midwife-led.pdf>

3 Challenges

3.1 Staffing

- 3.1.1 UHDB and UHNM are continuing to report significant staffing pressures as a result of COVID and non-COVID related absences. Staff who were redeployed from the FMBUs during the first phase of the pandemic continue to be essential within the consultant

units, enhancing the senior midwifery presence and supporting Ockenden safety recommendations.

- 3.1.2 Despite utilising additional bank shifts, agency midwives, on-call community services and pausing secondments, maternity services do not currently have the workforce to implement the proposed model.

3.2 Maintaining homebirth services

UHNM

- 3.2.1 Home birth service was re-launched at UHNM 21 February 2022, following a temporary closure in July 2021.
- 3.2.2 The Trust are liaising with WMAS regarding ambulance response times and all women planning a home birth notified of any actual or potential delayed response times for ambulance services.
- 3.2.3 All women requesting/planning a home birth were notified by their community midwife that this service resumed from 21.02.22.
- 3.2.4 All women requesting/planning a home birth were notified of the circumstances in which the home birth can and may be suspended in the future (e.g. escalation, workforce pressures, inability to maintain one to one care in labour)
- 3.2.5 Since its re-launch, UHNM have supported 2 home births.

UHDB

- 3.2.6 Home birth services have been temporarily suspended since August 2021.
- 3.2.7 UHDB are anticipating that by the end of July 2022, home birth service will be reinstated.

3.3 Plan for on-demand midwife led units

UHNM

- 3.3.1 Intrapartum services at County Hospital remain suspended.
- 3.3.2 Service change in 2022 is dependent on Birthrate Plus® (workforce planning methodology tool) for UHNM that commenced December 2021. It is anticipated that the Birthrate Plus® evaluation report will be available by the end of June 2022.
- 3.3.3 The proposed timeline for reinstatement of services at FMBU via an 'on demand' model cannot be confirmed until Birthrate plus assessment is completed and staffing aligned to support the model.
- 3.3.4 A business case for safe midwifery staffing is progressing and will be informed by the Birthrate Plus® evaluation report.

UHDB

- 3.3.5 Two workforce models have been identified that would staff the on-demand model.
- 3.3.6 These are a community-based model involving the community midwives to be on call for the unit or an acute based model that would release a Midwife to the unit when required with community support.
- 3.3.7 Additional staff scheduled to start work in September 2022, following a robust recruitment campaign.
- 3.3.8 This establishment will allow 5.1 Whole Time Equivalents (WTEs) to be released to support one of the workforce models outlined in 3.3.5.
- 3.3.9 Committed to reopening Samuel Johnson Birth Centre as an on-demand unit in December 2022.

4. Actions/ Mitigations

- 4.1 The Local Maternity and Neonatal System (LMNS) has advised the regional NHS England/Improvement team of the current situation locally regarding the temporary closure of the FMBUs and continue to update them at regional maternity meetings.
- 4.2 Staffordshire and Stoke-on-Trent LMNS Board has been working with both trusts to agree a timeline to reinstate the intra-partum (birthing) service at both FMBUs.
- 4.3 An updated joint Quality Impact Assessment (QIA) was presented to UHNM Quality Safety Oversight Group (QSOG) in October 2021 and the UHNM Quality Governance Committee (QGC) November 2021. The QIA has been updated on 16.05.22
- 4.4 Quality Impact Assessments (QIA) have been submitted to UHDB Trust board and reviewed regularly. Nine concerns have been submitted to the Trust and responded to via their Patient Advice and Liaison Service (PALS). The QIA has been updated on 11.05.22.
- 4.5 The Free Standing Birth Unit at County Hospital has been fully maintained since its temporary closure. Community teams have been utilising the area. All safety checks and environmental audits have been completed as per schedule. Maintenance has been conducted when required.
- 4.6 At Samuel Johnson Hospital, preparatory work has taken place for reopening, including reviewing the functionality of the building following the temporary closure.

5. Ockenden

The interim report in December 2020 recommended 7 actions against which both UHNM and UHDB are almost fully compliant. The full Ockenden report <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review> contains an additional 15 action, with a focus on safe staffing. Each provider is required to benchmark against these actions and report to their Boards.

6. What are the service changes that have happened?

6.1 The service changes are outlined within the background information above.

7. Material service change

7.1 At this stage there are no material service changes. The two-freestanding midwife-led birthing units (FMBUs) remain temporarily closed at present. The Committee will be kept informed once final proposals are confirmed.

8. Summary

8.1 The CCGs, to become the NHS Integrated Care Board, will continue to monitor the quality impact of the temporary closures via the CCGs' Quality Impact Forum. The Maternity and Neonatal Quality and Safety Oversight Forum is operational and is monitoring quality impact and will escalate to the ICB Board.

8.2 The Integrated Care Board will continue to provide regular updates to the Staffordshire Health and Care Overview and Scrutiny Committee regarding these ongoing temporary closures and future plans/timelines.

9. Link to Strategic Plan

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.

- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

10. Link to Other Overview and Scrutiny Activity

Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in September 2021 and the Report of Findings from involvement work was presented in March 2022.

11. Community Impact

To be determined at a future date once final proposals are confirmed.

12. List of Background Documents/Appendices:

N/A

13. Contact Details

Alison Budd, Lead Midwife, Maternity and Neonatal Transformation Programme, Staffordshire and Stoke-on-Trent ICB

Jenny Fullard, Communications and Engagement Service Partner, NHS Midlands and Lancashire Commissioning Support Unit

Telephone No: 07394559626 and/or 0333 150 1602

Address/e-mail: Alison.Budd@StaffsStokeCCGs.nhs.uk and/or jenny.fullard@nhs.net

Please note that from Friday 1st July the CCGs become the NHS Integrated Care Board and all staff emails will change to the format below:

Firstname.surname@staffsstoke.icb.nhs.uk

Local Members Interest
N/A

Health and Overview and Scrutiny Committee – Monday 11 July 2022

Healthwatch Staffordshire update

Recommendation(s)

I recommended that the Committee:

- a. Consider and note the information provided on the progress being made by the new Healthwatch Staffordshire service.
- b. Consider and comment on the information provided which highlights the 2022-23 outline focus and approach, including the potential areas for Focal Investigations.

Report of: Baz Tameez, Healthwatch Staffordshire Manager

Summary

1. The purpose of this paper is to update members of the Health and Care Overview and Scrutiny Committee on the progress and mobilisation of the new Healthwatch Staffordshire service (under Support Staffordshire as the new provider). It also highlights Healthwatch Staffordshire's 2022-23 outline focus and approach.
2. This provides opportunity for Committee Members to consider and comment on the intended approach, along with considering future opportunities for how Healthwatch Staffordshire and the Overview and Scrutiny Committee may wish to work together.
3. The comments and conversation with the Overview and Scrutiny Committee will both help to further inform Healthwatch Staffordshire's work programme, and to identify where further collaboration can add value to the Committee's future work programme.

Background

Healthwatch Staffordshire – new service and mobilisation

4. Support Staffordshire were awarded a three-year contract (with a 1 year extension option), with the annual budget for the Service is £205,000 to run the new Healthwatch Staffordshire service, commencing 1st April 2022.

5. The overarching vision is *'To help people get the best out of their local health and social care services; both to improve them today and helping to shape them for tomorrow'*. The high-level outcomes are focused on:
 - 5.1 Engagement - all residents can express their views and have their voice heard.
 - 5.2 Intelligence and evidence – harnessing the residents voice to influence services, providers and commissioners.
 - 5.3 Information – an integrated approach to information, advice and support (including through the Staffordshire Integrated Advocacy Service).
6. An independent Healthwatch Committee has been established (as part of the Support Staffordshire governance), which holds delegated decision-making powers to set the Healthwatch agenda. This committee consists of four (unpaid) Support Staffordshire trustees and at least two independent lay members. We are currently recruiting for Lay Members and have received 3 potential applicants to date.
7. The new Healthwatch Staffordshire Team and organisational structure is:
 - 7.1 Baz Tameez - Healthwatch Staffordshire.
 - 7.2 4 x Engagement Officers covering: Southwest, Southeast, North and a Social Care focussed post. All posts are 30hrs p/w.
 - 7.3 1 x Project Worker/Data Analyst – 22.5hrs p/w.
8. Four employees transferred from the previous provider to Healthwatch Staffordshire on 1st April 2022 and three have been redeployed. Following TUPE processes being completed the necessary recruitment for two Engagement Officer posts has been concluded (start dates are: Southwest Officer 13/06/2022 and Social Care Officer start date is 30/06/2022). This ensures that the new service is at full strength to further deliver on the targeted engagement focus and important collaboration with residents and partners across the local health and social care system.

Healthwatch Staffordshire – our approach and 2022-23 priorities

9. **Volunteers:** As part of expanding and diversifying the important role of Healthwatch volunteers, meetings have taken place with 'Expert Citizens' about their volunteers working alongside Healthwatch Engagement Officers. Expert Citizens are showing interest in supporting Healthwatch Staffordshire, with a view to enhancing the

engagement with seldom heard voices/ communities. Other avenues to diversify and add value to our volunteer base are also being explored, including around student Nurses / Social Workers.

9.1 The previous provider has passed on the previous volunteer list and the process has commenced to reach back out to these volunteers.

10. **Further collaborative working:** Healthwatch Staffordshire will:

10.1 Work closely with the VCSE, public and private sectors- ensuring high quality care is based on patient/ resident feedback.

10.2 Take a collaborative approach with key partners, stakeholders and volunteers in the pursuit of best practice, informed by the public's opinion.

10.3 Contribute to the local voice and to deliberations and strategy of Health and Wellbeing Board, Integrated Care System and commissioners across the health and social care system.

11. We have reached out to Healthwatch Stoke-on-Trent to establish a collaborative working relationship to support the local health and social care system and will also work closely with Support Staffordshire Social Prescribers.

12. To improve on good practice and implement 'best practice' Healthwatch Staffordshire is working collaboratively with Healthwatch England (including ongoing Healthwatch England meetings and communication, as well as work to standardise website to be in line with Healthwatch England).

13. **Engagement and Intelligence:** A Healthwatch Intelligence Network (HWIN) is being established to engage multiple platforms for gathering health and social care data. This will 'network the network' to pull together community voice and feedback, only undertaking new engagement activities where there are gaps or clear rationale for doing so.

13.1 The place-based engagement, through the Engagement Officers and the HWIN will include; local Healthwatch Staffordshire events with relevant VCSE groups and communities, Support Staffordshire VCSE Locality Forums, VCSE Healthy Communities Forums. We will also work with and maximise the collaboration with the Patient Participation Groups (PPGs).

- 13.2 A grant fund will be available linked to the above, to enable engagement with community groups, which is intended to be focussed on extending our reach, in particular to those seldom heard voices / protected characteristics and into rural communities.
- 13.3 There will be a focus on social care including through the Social Care Engagement Officer, with the aim of increasing social care feedback (and not duplicating efforts).
- 13.4 Other intelligence feeds include our website feedback centre, freephone, email, face to face and events engagement.
- 13.5 In addition to using the data we gather we are seeking a far closer working relationship with Staffordshire Observatory, to share data in both directions for mutual benefit. Similar opportunities with NHS partners are also being explored.
14. **Focal investigations:** In addition to gathering resident and patient views in the round, we are taking a prioritisation approach to more effectively deliver a focused and targeted work programme. Each year 3-4 focal topics for deeper investigation will be identified, with reporting and recommendations, to further help inform and influence system change.
- 14.1 In year one (2022-23) the focus will be informed by lessons learnt and key emerging issues from the pandemic, with future years' topics further informed by patient / resident feedback. The longlist for potential 2022-23 focal investigation topics are:
- 14.1.1 Health in parents of young children (0-4)
 - 14.1.2 Root causes of good and poor teenage mental wellbeing
 - 14.1.3 Health outcomes when you've been in care as a child
 - 14.1.4 Healthy and unhealthy places of work
 - 14.1.5 My health isn't just my disability/diagnosis
 - 14.1.6 Being an LGBTQI+ patient/resident in the health and care system
 - 14.1.7 Accessing primary care face to face - when I want to and when I need to
 - 14.1.8 The role of and accessibility of residential care by friends and family
 - 14.1.9 How and why we ignore the inevitability of death and dying
 - 14.1.10 Frailty
 - 14.1.11 Older people accessing services
 - 14.1.12 Transitions in/out of hospital

- 14.2 Informed by ongoing and early engagement with partners and the public the emerging themes for the 2022-23 shortlist include; Mental Health and wellbeing; Older and younger people; Seldom heard voices; and health and social care experiences across LGBTQI+ patients / residents.
15. **Enter and View:** Healthwatch has a statutorily backed right to 'enter and view' any health or care premises within certain parameters. Historically this duty has been used primarily to enter and view residential and nursing homes in the private sector. We will be reviewing how we use this power, with a view to greater coordination with statutory quality and safety teams at Staffordshire County Council and the NHS.
16. **Information Advice and Guidance:** Taking a focus on Information Leadership, Healthwatch Staffordshire will be working with partners to ensure good local Health and Care Information, Advice and Guidance (IAG) is available and accessible.
- 16.1 This will usefully link in with the current review of Staffordshire Connects, and along with further linking with and building on the existing IAG direction, this will help inform and maximise Healthwatch Staffordshire's impact around Information Leadership.
- 16.2 This function also includes the connection and relationship with the Staffordshire Integrated Advocacy Service, now delivered by Asist. This will be built on further, including for example in exchanging data / insight, helping to draw out key themes and to understand any emerging issues alongside wider Healthwatch Staffordshire engagement.
17. **Communicating our role and our outcomes to the public:** The inherited Healthwatch Staffordshire website has been updated to reflect the new provider changes. Work is underway with Healthwatch England to implement to their standard website templates, whilst some further developments / updates are required, this has smoothly transitioned and is fully operational for public use.
- 17.1 Likewise, social media tools are in the process of being accessed by all Healthwatch Staffordshire staff and to keep regularly updated.
- 17.2 The further consideration of future opportunities for how Healthwatch Staffordshire and the Overview and Scrutiny Committee may wish to work together will also help inform opportunities around further communicating our outcomes.

18. **System Change:** As a key part of the wider and developing Integrated Care System, Healthwatch Staffordshire will be further engaging with statutory organisations, partnerships and boards to present our findings and influence system change. These important relationships will help to ensure that the independent residents voice is central to local health and social care services, both to improve them today and helping to shape them for tomorrow.
- 18.1 In addition to the Health and Care Overview and Scrutiny Committee, and wider County Council structures, these will include; Health and Wellbeing Board, Integrated Care Board and Partnership, NHS Patient Engagement structures, NHS Quality Teams, District / Borough Councils, Healthwatch Stoke-on-Trent and Healthwatch England.
- 18.2 Alongside today's initial update and conversation with Overview and Scrutiny Committee Members, we will also build further on the positive first Health and Wellbeing Board conversations in June.
19. As the new Healthwatch Staffordshire service beds in further, the performance monitoring / measures of success are currently being further developed with County Council colleagues.

Conclusion and recommendations

20. This paper updates on progress and mobilisation of the new Healthwatch Staffordshire service and the outline focus and approach for 2022-23. Building on this, it is recommended that the Committee:
- 20.1 Consider and note the information provided on the progress being made by Healthwatch Staffordshire.
- 20.2 Consider and comment on the information provided which highlights the 2022-23 outline focus and approach, including the potential areas for Focal Investigations.
21. The comments and conversation with the Overview and Scrutiny Committee will both help to further inform Healthwatch Staffordshire's work programme, and to identify where further collaboration can add value to the Committee's future work programme.

Link to Strategic Plan

Healthwatch Staffordshire is an independent consumer champion role, helping drive up the quality of local services; resulting in improved

experience and outcomes for people who use services. The delivery of this will also help to inform the Strategic Plan priority to 'Encourage good health and wellbeing, resilience and independence'.

Link to Other Overview and Scrutiny Activity

There is not currently and links to planned work by other Overview and Scrutiny committees.

Community Impact

Healthwatch Staffordshire strives to ensure that the diverse health, social care, cultural and all other needs of the population are represented as fully as possible by the organisation.

Contact Details

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Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee – Monday 11 July 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 and wellbeing scrutiny matters and 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 30 May 2022.

7. Cannock Chase District Council

Cannock Chase's Health and Wellbeing Scrutiny Committee last met on 29 June 2022. An update can be provided to the meeting.

Date of next meeting: 26th September 2022.

8. East Staffordshire Borough Council

East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on 23 June 2022. An update can be provided to the meeting.

Date next meeting: 22 September 2022

9. Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee last met on 15 June 2022. An update can be provided to the meeting.

Date of next meeting: 19 July 2022

10. Newcastle-under-Lyme Borough Council

Newcastle-under-Lyme Borough Council's Committee is now called the Health, Wellbeing and Environment Scrutiny Committee and had its first meeting with the new remit on 23 June 2022. The following matters were considered:

- Update on Walleys Quarry – this was the first meeting of the committee following the inclusion of environment in the committee's remit. A comprehensive report and presentation were received on the odour issues at the quarry including the current position with the appeal against the Abatement Notice served on the operators by the council, air quality monitoring data, complaint data and the multi-agency work taking place.
- Sustainable Environment Strategy – the committee considered the Sustainable Environment Strategy Annual Report and noted the four priority areas and how the action plan would monitor progress.
- Integrated Care Hubs – the committee received a brief update on Integrated Care Hubs. There would be an opportunity to undertake

some joint scrutiny work with the County Council and Staffordshire Moorlands DC regarding the proposals which included a Hub based at Bradwell Hospital.

- The Work Programme was discussed, and Members proposed items for the next meeting on 5 September including an invitation to the new Police Commander, proposals by Tri-Services to set up a hub to support mental health and a further update on Walley's Quarry.

Date of next meeting: 5 September 2022.

11. South Staffordshire District Council

South Staffordshire Council's Wellbeing Select Committee met on 14 June 2022.

Peter Axon the Interim Chief Executive Officer of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) attended the meeting to update Members on the progress of the ICS.

Date of next meeting: 13 September 2022

12. Stafford Borough Council

The next meeting of Stafford Borough Council's Community Wellbeing Scrutiny Committee is due to be held on Tuesday 12 July 2022, where the following items are due to be considered:-

- Health and Care Overview and Scrutiny Committee - a report back on a previous meeting of the Health and Care Overview and Scrutiny Committee held on 11 April 2022 and 30 May 2022.
- A Presentation related to Anti-Social Behaviour.
- Performance Update Report - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter four period ending 31 March 2022
 - Business Planning Report - a review the programme of business considered by the Community Wellbeing Scrutiny Committee during the 2021/22 Municipal Year
 - Work Programme - a report outlining the Committee's Work Programme for meetings up to March 2023.

Date of next meeting: Thursday 22 September 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 was held on 26 May 2022, at which Councillor Barbara Hughes was re-appointed to be the Council's representative on the Health & Care Overview and Scrutiny Committee.

Date of next meeting: 27 July 2022. Tracy Bullock is scheduled to attend the meeting to provide the annual performance update for Royal Stoke Hospital.

14. Tamworth Borough Council

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 22 June 2022 - link to Agenda and reports pack:

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

Minute No.	Title
6.	<p><u>Chair's update</u></p> <p>Discussed the expected recommendations from the Midlands Partnership Foundation Trust (MPFT) to its Board which were expected to be considered at its upcoming Board meeting regarding inpatient services in south east Staffordshire for adults and the impact on the George Bryan Centre. The Committee supported the Chair drafting a letter, on its behalf, in support of the maintenance of inpatient adult mental health services from the George Bryan Centre. It was noted that during the consultation events attended by some members there had been significant support from those involved in the consultations to the continuation of inpatient services at the George Bryan Centre as well as the improvement in community services.</p>
8.	<p><u>Update on health related matters considered by Staffordshire County Council</u></p> <p>The Committee received three update reports on matters discussed at the Staffordshire Health & Care Overview and Scrutiny Committee relating to meetings held on 15 March, 11 April, and 30 May 2022. County Councillor T Jay highlighted the metrics on waiting times for elective</p>

	<p>procedures and the focus in that area to improve these metrics.</p> <p>Councillor D Maycock updated the Committee on the Healthier Communities workshop which had been organised by Staffordshire County Council which had taken place on 21 June 2022. Areas covered included the focus on health in every policy, how District and Borough Committees can input into the planning process and the role of the Local Plan and communications in terms of public health messaging, and the importance of partnership working with local charities and other organisations.</p>
10.	<p><u>Health & Wellbeing Scrutiny Work Plan</u></p> <p>Some time was spent looking at the Committee’s work plan for this municipal year and areas for the current year were identified as:</p> <ol style="list-style-type: none"> 1. Community and in patient mental health pathways – invite relevant representatives for both community pathways and in patient pathways from Midlands Partnership Foundation Trust to attend 2. Attainment & Skills in Tamworth – a member working group was established which would report back to full committee. To be tied in with young people’s experiences, College developments, engagement with local businesses, include apprenticeships and local education providers. 3. Housing strategy update which had been deferred from June meeting to be considered in July 4. CPR & defibrillator awareness and community engagement 5. Armed Forces Covenant
	Date of the next meeting is 12 July 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 Philippa Haden	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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Health and Care Overview and Scrutiny Committee 11 July 2022

Work Programme 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 at every meeting. Our focus in scrutiny is on tangible outcomes for the residents of Staffordshire, to use the data provided and members experience to debate and question the evidence, to provide assurance in what is being done and reassurance that matters within the health and care system are moving in the right direction. Scrutiny of an issue may result in recommendations for NHS organisations in the county, the County Council and for other organisations.

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 contact 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. This 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				
		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	Considered plans to address backlog & requested further information Noted the increased focus on priority services & outcomes, change to eligibility criteria, impact in communities and early prevention. Planning and prioritisation of work programme items
Tuesday 21 June 2pm	Healthier Communities day		Public Health	Workshop feedback and findings will form the evidence base for a report to committee.
Monday 11 July 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICS and ICB Update Primary Care Access update Maternity Transformation Health Watch Intro to HW year 1 priorities, focal investigations topics The Families Health & Wellbeing (0-19) service. (Pre-decision) 	ICS ICS ICS Healthwatch Pre-decision	Risk & Performance Risk & Public Concern Transformation Partnership Public Health	Peter Axon Lynn Millar Helen Slater Bas Tazim SoS HealthWatch Karen Coker H&C
Monday 1 August 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICS Transformation - George Bryan Feedback from the Healthier Communities Workshop 	ICS	Transformation Chairman	
Monday 19 September 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Adult Social Care Reform Implementation Ockenden Report Care Home Update (31.01.2022) The future of Supported Living Services in Staffordshire Social Care Performance Public Health Dashboard ICS Performance WMAS QA performance update 	Pre-decision ICS Social Care Pre-decision	Social Care Risk & performance Social Care Performance Performance Performance Performance	Jo Cowcher Amanda Stringer.(Cabinet 19 September) https://www.donnaockenden.com/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf Andrew Jepps Sarah Taylor (Cabinet in October) Dr Richard Harling Claire McIver ICS WMAS

Thursday 22 September 2022 at 1:30pm.	<ul style="list-style-type: none"> RWT Acute Trust QA performance update 	Joint with Wolverhampton Hybrid link available	Performance	joint scrutiny RWT Quality Account pre meet to consider 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 UHDB Acute Trust QA performance update 		Workforce Performance	
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	
	<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	
	<ul style="list-style-type: none"> Dental Health 	07.06.2021 30.05.2022	Risk and Performance	Childrens Dentstry – Keep Stoke Smiling (inc Staffs) Flouridisation/ orthodontic access , July 2022 transfer to ICS commissioning
	<ul style="list-style-type: none"> Innovation / technology 	30.05.2022		Staffordshire Universuty/ ICS – demonstration of technology
	<ul style="list-style-type: none"> Health Visitor Service 	30.05.2022		
	<ul style="list-style-type: none"> NHS Visual Impairment Service 	30.05.2022		
Mental Health session	<ul style="list-style-type: none"> Draft Mental Health Strategy PH outcomes and services (Children's) Mental Health Support in Schools 		Policy 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

Item	Focus	Suggested Items
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)	Transformation	
Going Digital in Health (CCGs)	Transformation	Requested at meeting on 16 March 2021 Part of transformation programme

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)
Philippa Haden (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 Workshop
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;

Work Group Meetings

Womens Health WG

Monday 13 June 2022 at 2.30pm

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of Part 1 of Schedule 12A
of the Local Government Act 1972

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