

## **Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 28 November 2022**

Present: Jeremy Pert (Chair)

<b>Attendance</b>	
Charlotte Atkins	Thomas Jay
Richard Cox (Vice-Chair (Overview))	Julia Jessel (Cabinet Member)
Ann Edgeller (Vice-Chair (Scrutiny))	Paul Northcott (Cabinet Member)
Keith Flunder	Bernard Peters
Philippa Haden	Janice Sylvester-Hall
Phil Hewitt	Mike Wilcox
Jill Hood	Ian Wilkes
Barbara Hughes	

**Also in attendance:** Councillor Jessel & Councillor Northcott

**Apologies:** Jak Abrahams, Patricia Ackroyd, Philip Atkins, OBE and Lin Hingley

### **Part one**

#### **29. 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).

#### **30. Minutes of the last meetings held on 17 October 2022**

**Resolved** – That the minutes of the meeting held on 17 October 2022 be confirmed and signed by the Chairman.

#### **31. Public Health Performance Dashboard**

The Cabinet Member for Health and Care and the Cabinet Support Member for Public Health and Social Care introduced the Public Health Performance Dashboard to the Committee. Members were advised that Staffordshire's response to the COVID-19 pandemic highlighted how

accurate, timely data can be used to assess performance, inform decision making and keep the Council up-to date with successes and challenges. Members were provided with a demonstration on the dashboard.

The Committee were informed that the system had been designed to provide detailed and specific data which could be broken down to give Annual, Quarterly and Monthly figures. The importance of the quality of data was highlighted. Members were advised that the next step was to provide access for the Committee Members in order to further explore the dashboard.

The Committee noted the following comments and responses to questions:

- The Committee requested to receive a longer training session in order to learn how the dashboard works.
- The dashboard data should be reviewed by the Committee on a regular basis.
- The Committee discussed if the dashboard could be able to be broken down to include specific district data. In response, the Committee were advised that some of the district data was not always helpful in creating a clear picture, however Members were invited to further explore the dashboard and if Members felt any data was missing, there would be an opportunity to further explore this.
- The dashboard will inform the annual delivery plan to shape how services will be commissioned. The Council would then work with providers to unpick some of the technical data.
- Data integrity had been carefully considered and only accurate data would be included in the dashboard.
- Members requested to have an opportunity to look at the topics within the dashboard, in response Members were informed that the topics were aligned to the Delivery Plan and Strategic Framework.
- The dashboard was not intended to be a public dashboard at present as the data and dashboard did not provide contextual information.
- The dashboard did not refer to children as there is a separate dashboard for children's services.
- Were the Council undertaking comparisons with other Councils for learning and best practice, in response, the Committee were advised that the Council regularly compare with similar authorities and best practice was shared.

**Resolved** – That (a) the Committee be sent their log on details in order to review and feedback on the dashboard.

- (b) the Committee receive training on how to use the dashboard
- (c) the Committee advise on improvements that could be made in phase 2.
- (d) the Committee consider trends at an upcoming meeting.

### **32. Developing Healthier Communities**

The Vice Chair, Councillor Edgeller spoke to the Committee and highlighted that more needed to be done between District and Borough Councils and the County Council to encompass the health of all residents throughout Staffordshire. She went on to invite Members to consider the evidence within the report to draw conclusions about what the Committee can influence.

The Committee noted the following comments and responses to questions:

- Within the report, the Recommendation to review what is already happening within District and Boroughs to support health and well-being referred to engaging with officers in areas such as planning, licensing and Leisure should also include housing.
- District champions are vital to continue this work and had been discussed with the Chief Executives to assign a senior officer in each district.
- Importance of District/Borough Scrutiny Committees to drive this work.
- The role of Parish Councils. Parish Councils have influence to spread the messages locally. A one size fits all approach may not be suitable.
- Newcastle Under Lyme Borough Council were currently looking to embed Health in all Policies. Examples and best practice will be shared with other District/ Boroughs.
- The Francis report underpinned working with District and Boroughs.
- The Code of Joint Working was currently being refreshed.
- District and Boroughs should engage with this work, in response, the Committee were advised that Public Health needed to demonstrate how this links to the corporate objectives in the District and Boroughs, there should be links to health in all policies within Local Plans when they are refreshed.
- The Committee discussed that the aim was to embed health in all policies in the District and Boroughs and in Parish Councils. Each District and Borough should receive this report.
- The Committee discussed the recommendation in the report to identify a named district lead to act as the conduit between the

county and other districts and to be the health champion or advocate for this work. The Committee agreed that the district lead should be a senior officer and a councillor.

**Resolved** – That (a) - the Health and Care Overview and Scrutiny Committee receive and note the Developing Healthier Communities Workshop report.

(b) the Cabinet Member for Health and Care and Cabinet Support Member for Public Health and Integrated Care consider and provide an executive response to the comments and recommendations in the report submitted:

- 1) Review what is already happening within organisations / locality to support health and well-being, the wider determinants of health and tackle health inequalities. This could be partially achieved by engaging with officers in areas such as planning, licensing, and leisure.
- 2) Review what is being done to undertake health impact assessments (HIAs) and support the 'Health in all policies' agenda.
- 3) Identify a named district lead to act as the conduit between the county and other districts, and to be the health 'champion' or advocate for this work.
- 4) Create a health profile for your district/borough. This will enable the determining and delineation of local need (and assets). Public health colleagues can support this process.
- 5) Embed HIA into the overview and scrutiny process.
- 6) 'Think big': identify three high impact actions/changes which you want to commit to as an organisation. The following examples might be considered:
  - a. If due for a refresh, include a Health and Wellbeing Policy Framework within the local plan
  - b. Embed health and wellbeing within licensing policy
  - c. Conduct HIAs on major strategies/policies (and/or adopt as an approach throughout)
  - d. Dedicate time/resources to help grow the Supportive Communities programme (for example, via mapping community assets or identifying locations for community help points).
- 7) It is recommended that each district/borough develop a plan to achieve these recommendations by March 2023. Note: SCC's

public health team can support with expertise/guidance/tools for HIA and other activities.

- (c) the Health and Care Overview and Scrutiny Committee refer the report to District and Borough Scrutiny Committees for Members to consider the content and recommendations in the report to consider imbedding 'Health in all we do', and ways of working with Staffordshire Public Health Team and with District and Borough Councils to tackle health inequalities and improve health outcomes for their local populations.
- (d) Members of the Health and Care Overview and Scrutiny Committee relay information relating to health and well being to Parish Councils.

### **33. Primary Care Access Plan Update**

Dr Paddy Hannigan Clinical director for primary care for the ICS, Chris Bird, Chief Transformation Officer & Tracy Shewan, Director of Communications and Corporate Services provided a report and presentation on the General Practice Access Plan in Staffordshire. The Committee were advised that there was a 5.8% increase in the number of appointments with patients compared with 2019. There were more workforce pressures with 5.7 WTE per 10,000 patients compared to 5.9 WTE nationally.

The Committee were informed that there were 146 practices across the ICT area, 129 had been rated good by the CQC. Each practice was responsible for their own telephony service.

The Committee were advised of the ongoing plans for GP access to offer a universal service which included:

- Data and feedback triangulation,
- Winter surge capacity
- Accelerator access programme
- Communications
- Access support package
- Workload initiatives
- PCN enhanced access
- Digital

The Committee noted the following comments and responses to questions:

- The COVID-19 vaccination programme was ongoing, and the Flu vaccinations rates were comparable to 2021. The current 7-day rate for COVID-19 was less than 100 per 100,000.
- Admissions in hospital due to COVID-19 numbers were not significant, however there was an increase in Flu admissions.
- Vaccinations in pharmacies was controlled regionally rather than by the ICS.
- Practice nursing does not have the same career path as other nurse roles. The NHS people plan was about to be published to try and address workforce challenges.
- Good practice should be shared between GP surgeries. In response, the Committee were reminded that there are plans to build a universal offer in all GP surgeries so that residents may have the same level of services. This fits in with the new primary care strategy which was currently being developed. The universal offer had already been developed and should be brought to scrutiny early next year.
- Workforce challenges: the UK was not as attractive as other countries to work in health care. It was reported that 26 international medical graduates were trained in Staffordshire and not one took a position in Staffordshire.
- Not everyone can make day appointments at GP surgeries due to work, in response, the Committee were advised that there were a number of services available for evenings and weekends, every PCN had offered evening appointments.
- GP telephony issues, calling GPs for appointments at 8am could be frustrating for patients, there were other methods available to book GP appointments, such as online or using an app. In response, the Committee were advised that the route in was complex and there was not a single option for patients. The Committee commented that the NHS was behind digitally and a digital solution was the way forward.
- Emergency care pathway: 25% of GP appointments may have been better resolved by other means. There was currently a campaign to encourage patients to call 111 before their GP to signpost them appropriately.
- GP surgeries should be mindful of General Data Protection Regulation GDPR.
- The Committee queried if the GP estate was fit for purpose and if any analysis been done. In response, they were advised that there was an audit of estate however many practices were privately owned and as the capital budget was challenged, improving the estate would be a challenge.

The Chairman thanked officers for their presentation and highlighted that the Committee were supportive of the GP action plan however highlighted issues with access into GP surgeries.

**Resolved** – That the presentation on the action plan with regards to general practice areas in Staffordshire and Stoke-on-Trent be received and noted.

#### **34. District and Borough Scrutiny Health Activity**

The Committee received the District and Borough Health Scrutiny activity update report.

Councillor Philippa Haden, Chair of the Health, Wellbeing and The Community Scrutiny Committee at Cannock Chase District Council advised that Cannock Chase District Council had been working to address wider determinants and health in all policies.

The Chairman welcomed this update and highlighted that funding a new post in Cannock was a big statement of intent. The Committee discussed that this work should be monitored and added to a case study which may be shared with other District and Borough Councils.

**Resolved** – That the report be received.

#### **35. Work Programme Update**

Clarification was sought around Dentistry, in response, the Committee were informed that this item was due to be scoped.

**Resolved** – That the Work Programme be noted.

**Chairman**