

Health and Care Overview and Scrutiny Committee

Monday 30 January 2023

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
20 January 2023

A G E N D A

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on** (Pages 1 - 8)
4. **Integrated Care Partnership (ICP) Strategy** (Pages 9 - 20)
Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board
5. **Inpatient Mental Health services previously provided by the George Bryan Centre** (Pages 21 - 46)
Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board.
6. **Developing Integrated Care Hubs in the context of changes to NHS capital arrangements** (Pages 47 - 68)
Report of Midlands Partnership NHS Foundation Trust.
7. **District and Borough Health Scrutiny Activity** (Pages 69 - 74)
Report of the District and Borough representatives.
8. **Work Programme 2022 - 23** (Pages 75 - 78)
Report of the Scrutiny and Support Officer.

9. **Exclusion of the Public**

The Chairman to move:-

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

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

Notes for Members of the Press and Public

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

Present: Jeremy Pert (Chair)

Attendance

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 Silvester-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

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 30 January 2023

Integrated Care Partnership (ICP) Strategy

Recommendation(s)

I recommend that:

The Health and Care Overview and Scrutiny Committee

- a. Support the initial Integrated Care Partnership Strategy and actively engage where appropriate to turn the strategy into reality.
- b. Take time to actively discuss and comment upon the Initial Strategy at Appendix A.
- c. Take opportunities available to them to socialise the ICP Strategy in appropriate forums, using the Initial ICP Strategy at Appendix A to provide the framework for such socialisation.

Report of Paul Edmondson-Jones / Lynn Millar

Summary

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

1. The Health and Care Overview and Scrutiny Committee support the initial Integrated Care Partnership Strategy and actively engage where appropriate to turn the strategy into reality.

Report

Background

2. The Integrated Care Partnership (ICP) is a partnership of senior leaders across health, local authorities, voluntary sector, and other agencies to provide a united voice and single, integrated strategy focusing on improving the overall health of the population.
3. The ICP meets quarterly and is jointly chaired by Prem Singh, Chair of the NHS Integrated Care Board, Cllr Abi Brown, Leader of Stoke-on-Trent City Council and Cllr Alan White, Leader of Staffordshire County Council. Cllr Abi Brown led this meeting, and the Chair position will be rotated with the agenda co-developed.

Integrated Care Partnership (ICP) Strategy

4. The second meeting of the Integrated Care Partnership (ICP) was held on 23 November 2022 and this briefing provides a summary of key themes.

Prevention and the wider determinants of health

5. People are living longer healthier lives however England lags behind other countries. We must move on from diagnosing and treatment to well-being and prevention. Population health aims to improve physical and mental health outcomes. The ICS approach must focus on the four pillars of population health to really achieve our collective ambition for the people of Stoke-on-Trent. The four pillars focus on, the wider determinants of health, our health behaviours and lifestyle, an integrated care system and the places and communities we live in.
6. The ICP discussed what needed to be different going forward which included:
 - a. promoting healthy decision making
 - b. fair and equal access for all
 - c. making the best use of resources
 - d. working with individuals to empower them to make healthy choices
 - e. working with people and communities to empower them to build healthy, supportive, and thriving neighbourhoods.

Progress on the Integrated Care Partnership Strategy

7. The ICP strategy is a national requirement and sets out the ambition, vision, and approach for the ICP over the next 5 years and beyond. It is co-produced and owned by the ICP and local communities and described how the health, care and wellbeing needs of the local population are to be met. The strategy will build upon local knowledge and address how we will work towards increased integration of health, social care, and other services. The initial strategy will be published on 23 December 2022. In early 2023 we will engage with our stakeholders which will help to develop the final strategy which is set to be published in March 2023.

Building on the priorities of our partners

8. The ICP Strategy will be underpinned by the five local government and NHS sources and will bind the strategies together to make the impact greater than the sum of the parts. This includes:
 - a. Ten national NHS priorities for 2022/23
 - b. Staffordshire County Council Strategic Plan 2022-26
 - c. Staffordshire County Council Health and Wellbeing Plan 2022-27

- d. Stoke-on-Trent City Council Joint Health and Wellbeing Strategy 2021-25
- e. Stoke-on-Trent City Council Strategic plan vision, priorities, and objectives 2020-24

Key Themes - The Five P's

- 9. Key themes that were discussed and agreed by the ICP during the meeting on 23 November, and which will feature throughout the ICP Strategy are:
- 10. Prevention and Inequalities - promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all
- 11. Productivity - making best use of resources and targeting those in greatest need, or with greatest ability to benefit
- 12. Personalised care - holistic, integrated care designed around personal needs and preferences
- 13. Personal responsibility - working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner
- 14. People and communities - Working with people and communities to empower them to build healthy, supportive, and thriving neighbourhoods
- 15. Underpinned by Population Health Management - intelligent decision making with intelligence to improve population health outcomes

ICP Strategy Development

- 16. A phased approach is being taken to develop the ICP Strategy in a collaboration with all Partners.
- 17. Phase 1 (to Dec 2022) led to the publication of an Initial ICP Strategy by reviewing evidence about our population needs, what good might look like from existing good practice, research evidence and innovation, and what this could look like for Staffordshire and Stoke-on-Trent.
- 18. Phase 2 (to 31 March 2023) a co-production approach to writing will lead to the publication of the Final ICP Strategy following involvement and engagement from system wide stakeholders, and agreement of and commitment to the ICP Strategy by the ICP.

Link to Strategic Plan

19. ICS Vision, Purpose, and Aims are underpinning the ambition of the ICP Strategy to join partners together to be greater than the sum of their parts.
20. ICS Vision - Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work
21. ICS Purpose
 - a. Giving children the best start in life so they can start school ready to learn
 - b. Having the right services to help you live independently and stay well for longer
 - c. Helping you receive joined-up, timely and accessible care, which will be the best that we can provide
22. ICS Aims
 - a. Improve outcomes in population health and healthcare
 - b. Tackle inequalities in outcomes, experience, and access
 - c. Enhance productivity and value for money
 - d. Help the NHS to support broader social and economic development

Link to Other Overview and Scrutiny Activity

23. None recorded

Community Impact

24. 10.1 [Learning Hub](#) not accessible – none recorded at this time

List of Background Documents/Appendices:

25. Appendix A - Initial ICP Strategy <https://staffsstokeics.org.uk/wp-content/uploads/2023/01/SSOT-ICP-Strategy-Draft-22-23.pdf>

Contact Details

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**Staffordshire and
Stoke-on-Trent**
Integrated Care Partnership

ICP Strategy

A summary for the public



When Integrated Care Systems were created, their aim was to join up working and remove barriers to accessing health and care services.

As part of this, an **Integrated Care Partnership (ICP)** was formed. This partnership brings together the senior leaders across the NHS, Local Authorities, Police, Healthwatch and the voluntary sector who regularly meet together. The partnership provides a united voice for Staffordshire and Stoke-on-Trent.

One of our first tasks was to develop an **Integrated Care Strategy**. This strategy will address the broad health and social care needs of our local population. It will focus on long-term ways to improve the overall health of our area.

This goes beyond treating sickness, to tackling the **causes of ill health** such as employment, environment, and housing issues. The strategy will be the guide for us when making decisions, commissioning and delivering services.



“A single strategy and infrastructure will help us to reduce variation and inequalities and provide direction, but the real delivery will happen at a community (Place) level. To achieve this, we will all need to work in new ways, and use local data and insight. We will want to involve our staff, partners and local people at every step of this journey towards integrated and better care.”

As an ICP, we make sure that the right partnerships, policies, incentives and processes are in place to support practitioners and local organisations to work together to help people live healthier and more independent lives for longer.

By working together, the partnership can deliver bigger and better things for the people of Staffordshire and Stoke-on-Trent and to achieve our vision:

Vision



Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

We have four aims to help us achieve this vision:

Aims



Improve outcomes in population health and care.



Tackle inequalities in outcomes, experience, and access.



Enhance productivity and value for money.



Help the NHS to support broader social and economic development.

There are already strong relationships with Staffordshire County Council and Stoke-on-Trent City Council, which have strengthened during our collective response to COVID-19. We want to embed and further develop effective system working arrangements, and empower decision making at a local level.



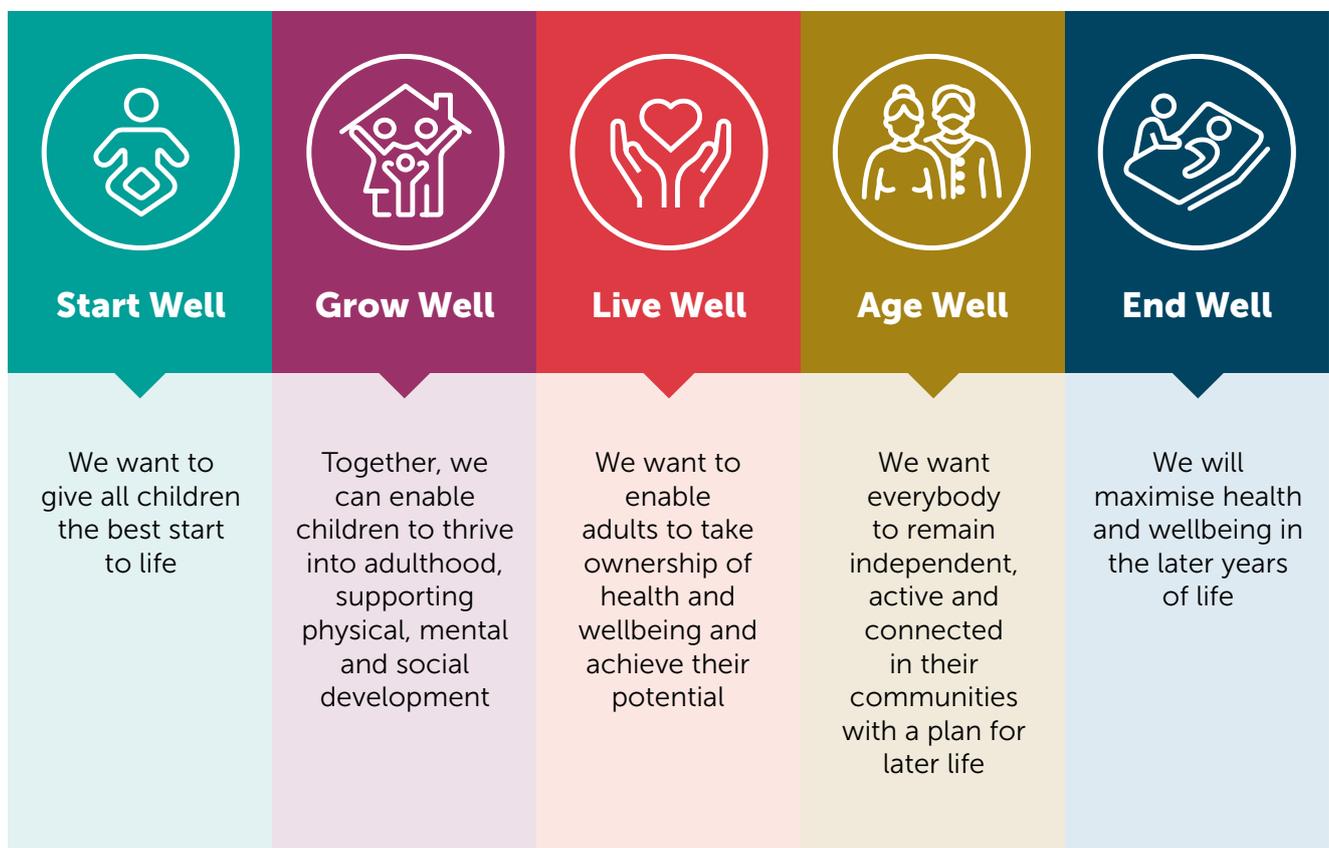
The challenges in Staffordshire and Stoke-on-Trent

Our services are generally safe and well-led – thanks to our incredible staff. But many challenges and opportunities will affect our ability to deliver quality, safe services in the future.

We have an increasingly older population, but some people are not always living longer in good health and others are spending longer at the end of life living with one or more long term conditions and complex health and care needs.

One of the results of this is that we are seeing a demand on services in our area which will be a challenge to meet when we look at the available workforce.

Many of our challenges will take years, if not decades, to fully address. So we need an ambitious strategy to show how we will turn our aims and priorities into a reality.



We want every person to Start Well

We still see too many babies with low birth weights, and babies dying before their first birthday. Risk is increased by social, environmental and behavioural factors.

Women from minority ethnic groups and our most deprived communities do not have the same access to and experiences of care during pregnancy. This increases the risk of poor birth outcomes.

We have a high rate of emergency hospital admissions in under-5s. The number of under-5s being taken into care is also high.



There should be no barrier to Grow Well

In 2020/21, an estimated 44,200 children in the region were living in low-income families risk of poverty. The current cost of living crisis will likely affect even more.

Over the past five years, the number of children with special educational needs (SEND), including learning disabilities and autism, has increased, and a large local population is living with learning disability. They have particular developmental needs, and can find it hard to access appropriate accommodation and healthcare in order to achieve their potential as they progress into adulthood.

Physical, mental and social development is closely aligned with educational attainment, so targeted support is needed to improve the number of children achieving a good level of development at key milestones.



Adults will take ownership of their health and wellbeing to enable them to Live Well

Health inequalities increase across the life course. Many people can expect to be living with a long-term condition or degree of disability before the age of 65.

People in our most deprived communities have an increased risk of poor health and disability whilst still of working age. People are spending more of their lives living with poor health.

Suicide rates are higher than average, and hospital admissions due to self-harm are rising. Three in every four suicides are in men, and more common in our more deprived communities.

Excess alcohol, being overweight and being inactive are risks to the health and productivity of our working-age population – increasing the risk of long-term conditions, musculoskeletal conditions and frailty in later life. Rates of alcohol harm and healthy life expectancy in women are worse than the national average.



We have a growing over-65 population, we want them to age well in Later Life

By 2035 we expect the over-65 population to have grown by 25%.

In 2019, an estimated 35,720 of over-60s lived in income-deprived households, and many will also be at risk of fuel poverty in the winter. The current cost of living crisis will likely affect even more.

This growth is likely to mean more people living with a learning disability and/or autism, frailty and one or more long-term conditions such as dementia, diabetes and depression.

It is estimated that at least half of this age group could be living in social isolation, especially informal carers.



In the last year of life, we will support people during End of Life

Everyone needs end of life care which may not just be health related.

Based on national data about people in their last year of life, we can expect 71% to experience an emergency hospital admission and 34% to spend more than four weeks in hospital.

What are the key themes?

These are the five things we need to change if we are going to make a difference. This may need us to undertake transformation in our services, to make that happen.

We firmly believe that communities are the best medicine. Our themes have been developed to take account of that. Looking at prevention, for example, we can promote healthy decision making for our local population. And when it comes to our neighbourhoods we will work with local people and our communities so they become healthy, supportive and thriving.



People and communities

..... working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods



Personalised care

..... holistic, integrated care designed around personal needs and preferences



Personal responsibility

..... working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner



Prevention and Inequalities

..... promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all



Productivity

..... making best use of resources and targeting those in greatest need, or with greatest ability to benefit



Underpinned by Population Health Management

improve population health outcomes through intelligent change making.

Your voice

Over the last few pages you have seen the outline for our strategy for the Integrated Care Partnership. In that strategy, we have outlined the things that will need to be different as we go forward.

We would like to hear from you, about the content and if there are gaps in our thinking. Are there areas that we have missed?

Next steps?

- Engage with the residents of Staffordshire and Stoke-on-Trent
- Listen to the feedback received
- Publish the ICP Strategy March 2023.

Proud to be working with:



Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 30 January 2023

Inpatient Mental Health services previously provided by the George Bryan Centre

Recommendation(s)

I recommend that:

- a. The committee receives the update around the programme of work.
- b. The committee reviews the contents of the communications and involvement plan and advises on any additional information that is required by members to feel assured that due process is being followed and that the planned public consultation is sufficient to augment its extensive work to discharge its statutory duty (footnote: s14Z45 National Health Service Act 2006 as amended) to involve patients, carers and the public in developing and considering this change proposal.
- c. The committee decides/considers whether, in the context of all the NHS services provided in Staffordshire, members deem this proposal to be a substantial change to services in its area.

Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Report

Background

1. The previous updates to this committee in August 2021, October 2021, March 2022, August 2022 and October 2022 provided detail on the background of this programme, therefore this is outlined in summary here.
2. The pre-consultation business case (PCBC) outlines the proposal to align commissioning arrangements for the provision of acute mental health inpatient services in south east Staffordshire with national policy, system-wide strategic vision and the established operational position. The geographic area covered in this proposal includes Stafford, Tamworth, Lichfield and East Staffordshire including Burton upon Trent.

The proposal takes account of national best practice, clinical quality and safer staffing. It is set against the background of reduced admissions and shorter patient hospital stays achieved by transforming mental health community services in Staffordshire over the past few years. Those services provide enhanced support to adults with severe mental illness and older adults experiencing severe mental illness or dementia.

3. A fire in February 2019 led us to accelerate the work we had already started to transform mental health care. This necessitated trialling new ways of working, aligned to the national guidance of enhancing community based services.
4. The aim of an effective acute care pathway for people with a functional mental illness is that as service users become more ill, intensive community support both enables them to recover without requiring acute inpatient admission and if an inpatient admission is unavoidable, intensive community support facilitates early discharge. A short-term inpatient admission is an option for a small minority of service users.
5. The aim of an effective acute care pathway for people with dementia is to maintain their independence in their usual place of residence and that there are a range of community support services able to respond to individuals' needs.
6. The population of Staffordshire stands at 876,100. This population is projected to increase by around 4% by 2039. Nationally around 19% of adults aged 18-64 are estimated to have a mental health condition. In Staffordshire that equates to 166,459 adults. Over 13,600 residents of Staffordshire are estimated to be living with dementia. Dementia prevalence is also set to increase by 3,500 people across Staffordshire by 2030.
7. Prior to February 2019 analysis shows that 75% of south east Staffordshire patients admitted for an inpatient mental health stay were admitted directly to St George's Hospital, this was because their illness was too serious for them to be treated at the George Bryan Centre. Since February 2019 through to July 2022, 783 patients who live in south east Staffordshire have been admitted to a mental health inpatient stay which equates to 5 patients a month who would have been admitted to the George Bryan Centre, had it remained open.

Current position

8. We have now completed the assurance stage of the process, as outlined below (paragraphs 9 to 16)

9. The West Midlands Clinical Senate conducted an on-site review on 10 June 2022 and were supportive of the proposal to centralise inpatient mental health beds on one site, with recommendations to be considered to further enhance the offer to the community.
10. As part of the governance process, an update has been provided to the ICS Mental Health Programme Board (23 June 2022). In addition, MPFT Major Transactions Committee (28 June) recommended that the business case went to MPFT Trust Board.
11. At MPFT Trust Board on 30 June 2022, the Board agreed that the PCBC could go to the ICB Board as the next stage of the assurance process.
12. In August 2022, the ICB Board considered the draft pre-consultation business case and agreed it was assured by the process undertaken by MPFT to date in developing the proposal and business case and approved the business case to be passed to NHS England for its assurance process.
13. The formal NHSE Assurance panel took place on the 30th November where ICB and MPFT colleagues presented the PCBC and appendices alongside the communications and involvement plan. The presentation also outlined how the ICB had addressed the NHSE tests of change and best practice tests. These include:
 - a. Strong public and patient engagement
 - b. Consistency with current and prospective need for patient choice
 - c. Clear, clinical evidence base
 - d. Support for proposals from clinical commissioners
 - e. In addition, any plans to significantly reduce hospital bed numbers NHS England expect commissioners to be able to evidence that they can meet one of three conditions:
 - i. Demonstrate sufficient alternative provision, such as increased GP or community services in place ahead of bed closures
 - ii. Show that new treatments or therapies will reduce specific categories of admissions
 - iii. Where a hospital has been using beds less efficiently than the national average, that is has a credible plan to improving performance without affecting patient care
14. Following the regional assurance panel and through subsequent discussions, NHSE have confirmed they are assured that the proposals meet the five tests for service change as well as other good practice tests and are content for the ICB to proceed to consultation.

15. The ICB has sought advice from the Consultation Institute and from the ICB legal team as to whether it is legitimate to consult on one option only. It is lawful to consult on one option only. As with previous involvement activity, the ICB through further involvement activity/consultation, will ensure that members of the public have the opportunity to suggest alternative options and if they do so, those options will be given genuine consideration.
16. The Communication & Involvement Plan and consultation materials have been approved by the ICB Quality & Safety Committee at their meeting of 14th December 2022.
17. A further update has been provided to the ICB Finance & Performance Committee in January 2023.
18. The PCBC and consultation documentation was presented to the ICB Board on 19 January 2023 – The Board approved the recommendations:
 - a. To formally approve;
 - iv. Pre-Consultation Business Case and appendices
 - v. Communication and Involvement Plan
 - vi. Consultation Document (including consultation questionnaire)
 - b. To approve the recommendation to proceed to public consultation on the single viable proposal to make permanent the 18 beds at St George's Hospital, Stafford, supported by enhanced community provision.
 - c. To approve that the consultation period to be 6 weeks.
19. One of the main concerns raised from listening to patients, carers and the Health Overview and Scrutiny Committee on this journey towards a long-term solution, is around the impact of travel for those visiting loved ones at St George's Hospital in Stafford, compared with visiting the George Bryan Centre.
20. In mitigation, the enhanced community offer makes it more likely that a person will be cared for in their usual place of residence, rather than being admitted to an inpatient bed. People on low income who claim certain benefits can reclaim transport costs to hospital. MPFT staff will signpost people to any voluntary car schemes that are in place at the time. Digital solutions utilised where appropriate, following the successful use of technology throughout health and social care during the COVID-19 pandemic. Ward staff will do what they can to support visiting arrangements for friend and/or family, which includes flexibility around visiting times.

21. MPFT has drafted a travel standard operating procedure that will apply only to the programme to find a long-term solution for inpatient mental health services in south east Staffordshire and only to support the transition from one location to the other.
22. This has been shared with key stakeholders for comment, including the voluntary and community sector, and Staffordshire Health Overview and Scrutiny Committee. Questions within the consultation will enable the public to have an opportunity to shape the support provided for travel for visitors.

Next Steps

23. Following approval to proceed to consultation by the ICB Board, the consultation will launch on or before 9 February 2023.
24. The enclosed documents set out the detailed communications and involvement plan, with aims, objectives and range of activities summarised below:
25. The objectives of this work will be to gather any further information needed to inform the decision by decision-makers to meet our statutory duties.
26. We will seek to understand people's views on the proposal, and in particular:
 - a. if there are any ideas we have not considered
 - b. if there is any positive or negative impact we need to plan for if we decide to go ahead with this proposal
 - c. how we can support people if these changes are agreed, including how we can support people with flexible visiting, travel arrangements and digital support for communicating with family/carers.
27. The aims of the involvement activity would be to:
 - a. inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and outcome of the involvement activity since 2019 to identify long-term solutions for inpatient mental health services previously provided by the George Bryan Centre
 - b. articulate the current position and the single viable proposal for the future of inpatient mental health services previously provided at the George Bryan Centre
 - c. communicate the future solutions for inpatient mental health services previously provided by the George Bryan Centre.

High level plan

28. The team have reflected on all previous engagement activity and are recommending a six-week public consultation period. We believe this will give sufficient time for people to participate and provide an informed response – but is balanced against the demand on our clinicians during winter and also the potential for ‘involvement fatigue’. This timeline is subject to discussion.
29. A midpoint review will guide whether there is a need to undertake more targeted activity with certain groups and whether there is a need to extend this timeline.
30. Face-to-face activity will be subject to COVID-19 Infection Prevention Control (IPC) requirements to ensure the public safety of staff and public who participate in events and discussions. We will also prepare for a digital first approach in the event national guidance or restrictions are in place. Should face-to-face events need to be replaced with online alternatives, this would be communicated at the earliest opportunity.
31. We would also be looking to launch a range of activities, including but not restricted to:
 - a. Surveys
 - b. Offer a meeting with campaigners/campaign groups
 - c. Online meetings
 - d. Drop-in roadshow events
 - e. Break-out rooms
 - f. Targeted focus groups/one-to-one interviews
32. A report of findings will be produced following the public consultation and this will be shared with this committee and will be subject to the ICB governance processes.
33. A full stakeholder analysis has been completed which includes the District and Borough councils.
34. The outcomes from the public consultation will be included in the development of the decision-making business case (DMBC).

Link to Strategic Plan

35. On 1 July 2022, Integrated Care Boards (ICBs) replaced clinical commissioning groups (CCGs), becoming the statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System (ICS).
36. Working with partners in Staffordshire and Stoke-on-Trent, the ICB have agreed on an ambitious vision which is 'working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.'
37. Their purpose is as follows:
- a. 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
 - b. Through local services, we will help you to live independently and stay well for longer
 - c. When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

Link to Other Overview and Scrutiny Activity

38. The most recent update on inpatient mental health services was in October 2022. In August 2022 the pre-consultation business case and appendices were shared with members.

Community Impact

39. An Equality Impact Assessment (EIA) was completed in March 2022 and refreshed in November 2022. It supported the 2021/22 options appraisal process on the proposed centralisation of inpatient beds to the St George's Hospital site supported by enhanced community services.
40. Quality Impact Assessments have been completed for this service change.
41. A detailed access analysis has been carried out to understand the impacts of reopening beds at the George Bryan Centre for people living in Stafford, Cannock Chase, East Staffordshire, Lichfield, South Staffordshire and Tamworth local authority district areas who are driving or using public transport.

List of Background Documents/Appendices:

- a. Communications and Involvement plan
- b. Draft Consultation document, including questionnaire

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Finding a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre

Communications and Involvement Plan



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This document follows previous communications and engagement (C&E) plans for the inpatient mental health services previously provided by the George Bryan Centre in south east Staffordshire. The contents are subject to discussions following the assurance process – the document sets out two anticipated scenarios and will be updated to reflect the required activity once known.

Background

Following a fire in the West Wing of the George Bryan Centre, Tamworth, in February 2019 – inpatients of the West Wing were transferred to St George’s Hospital in Stafford. The decision was also taken by the Midlands Partnership NHS Foundation Trust’s (MPFT) Board that the 12 inpatient beds on the East Wing supporting older adults should also be temporarily closed due to clinical safety reasons.

This closure impacts on two services:

- Acute inpatient for functional mental health illness for working age residents (18+) – currently transferred to St George’s Hospital in Stafford

- Inpatient beds for older patients (65+) (the majority of which had forms of dementia) – with a primary community model put in place to support their needs. If an inpatient stay were required, they would be transferred to St George’s Hospital in Stafford.

It was recognised a long-term solution would need to be identified to provide acute mental health inpatient services for adults with severe mental illness and older adults with severe mental illness or dementia who were previously supported at the George Bryan Centre.

In 2019, MPFT led a listening exercise to understand people’s experiences of using the services before the fire occurred. They held five events in south east Staffordshire and received a range of correspondence. More details about this activity are available on the [MPFT website](#).

This listening exercise was also held alongside a larger listening exercise by the Together We’re Better Partnership in summer 2019, which gathered views on a range of services including mental health. More details about this activity are available on the [Staffordshire and Stoke-on-Trent Integrated Care System \(ICS\) website](#).

Information gathered during these activities was considered by MPFT’s clinicians and staff to inform the development of proposals for the future of inpatient mental health services formerly provided by the George Bryan Centre.

The programme was paused in March 2020 to allow clinicians and staff to respond to the COVID-19 pandemic. It was restarted in 2021 with a sense-check involvement to understand any new considerations or experiences. The details of this work are available on the [dedicated Integrated Care Board \(ICB\) website page](#) for this programme.

Current position

This plan has been drafted to cover the period **after** the completion of the Business Case and the relevant corresponding governance steps required – it has been prepared in the event that any further formal involvement activity is necessary. Given the uncertainty, this plan includes two potential scenarios:

- Involvement to gather views before a decision is made
- Involvement to share information about a decision, after a decision has been made.

This **draft document** will support planning in the event that further involvement activity may be required to articulate the outputs of the activity since 2019, and to explain the latest position and proposed future of inpatient mental health services previously provided at the George Bryan Centre. Insight from our work in 2021 has identified a need to articulate the wrap-around services and community offer to ensure people are aware of the additional support available.

If required, any further involvement would include the service users, staff, the wider public, and other stakeholders.

Scope of this work

This involvement activity will inform the decision-making about the long-term solution to the inpatient services that have temporarily been suspended at the George Bryan Centre.

We recognise this work has connections with the involvement activity for the Community Mental Health Transformation Programme and the Mental Health Strategy for Staffordshire. Comments received will also be shared with these programmes to support the wider mental health vision.

Aims and objectives

In the event that further involvement activity to gather views is required, the aims of this would be to:

- inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and the single viable proposal identified through the options appraisal process and wider involvement activity since 2019
- understand views about the Business Case and the technical group's recommendation about the single viable proposal detailed within it
- review the views of the service users, carers, and carer representatives to date to inform our approach to involvement to articulate the current position and the single viable proposal for the future of inpatient mental health services previously provided at the George Bryan Centre
- inform decision-making, by listening to the views of:
 - people involved in the 2019 and 2021/22 engagement activity and others who were not to understand if there is anything new/additional that needs to be considered
 - service users and carers living in south east Staffordshire who have experienced the temporary arrangements between February 2019 and July 2021
 - other stakeholders with views about the provision of mental health services.

We will seek to understand people's views on the proposal, and in particular:

- if there are any ideas we have not considered
- if there is any positive or negative impact we need to plan for if we decide to go ahead with this proposal
- how we can support people if these changes are agreed, including how we can support people with travel.

The objectives of this work will be to gather any further information needed to inform the decision by decision-makers to meet our statutory duties.

In the event that further involvement activity to share information is required, the aims of this would be to:

- inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and outcome of the involvement activity since 2019 to identify long-term solutions for inpatient mental health services previously provided by the George Bryan Centre
- articulate the current position and the single viable proposal for the future of inpatient mental health services previously provided at the George Bryan Centre
- communicate the future solutions for inpatient mental health services previously provided by the George Bryan Centre.

Ongoing dialogue would continue with service users and other stakeholders through the usual and current channels during service delivery.

Key messages

- We're committed to an open and transparent dialogue with service users, carers and carer representatives, staff, and partners
- Clinical evidence and best practice shows that a community-led model of mental health is better for the individual than admitting them to hospital
- When an inpatient stay is needed, we want it to be delivered by specialists, as short as possible and focussed on recovery
- We are investing in long-term community mental health services
- This exercise is focused on the services and when this is complete, we will look at the building

Key spokespeople

The following key spokespeople will be media trained and will act as spokespeople for the ICB and MPFT.

Clinical spokespeople:

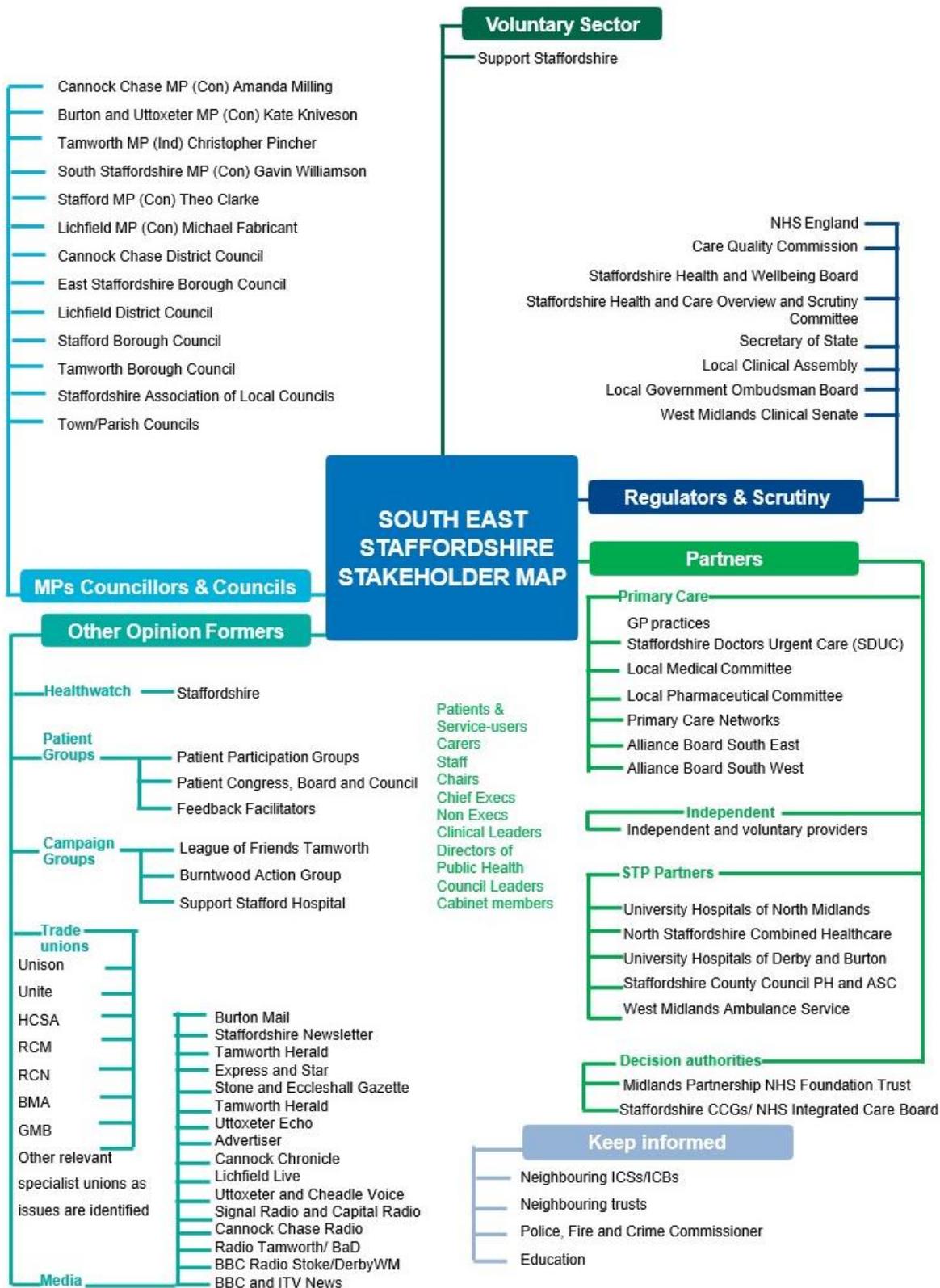
- Paul Edmondson-Jones, Chief Medical Officer, ICB
- Mental health clinician at MPFT – to be identified.

Executive spokespeople:

- Paul Edmondson-Jones, Chief Medical Officer, ICB
- Steve Grange, Deputy Chief Executive, MPFT

Key stakeholders

Our work to map stakeholders has been an iterative process throughout this programme of involvement activity and continues to be so. We have developed a comprehensive database of stakeholders. This is a live stakeholder management system which is updated as details change, and new or additional stakeholders are identified. This is the high-level stakeholder map:



Approach to involvement

Recognising that this phase follows involvement activity in 2019 and 2021/22, we will seek to build on the relationships already established and previous conversations with stakeholders as well as giving people who have not participated so far, the opportunity to have their say.

We will involve the Staffordshire Health Overview and Scrutiny Committee (OSC) in developing our approach to involvement and information activity in autumn 2022. This plan is an iterative document and sets out our initial thinking, subject to the views of the OSC and the ICB Board.

We have reflected on all previous engagement activity and are recommending a six-week involvement period. We believe this will give sufficient time for people to participate and provide an informed response – but is balanced against the demand on our clinicians during winter and also the potential for ‘involvement fatigue’. This timeline is subject to our discussions with the OSC and ICB Board. A midpoint review will guide whether there is a need to undertake more targeted activity with certain groups and whether there is a need to extend this timeline.

Face-to-face activity will be subject to COVID-19 Infection Prevention Control (IPC) requirements to ensure the public safety of staff and public who participate in events and discussions. We will also prepare for a **digital first** approach in the event national guidance or restrictions are in place. Should face-to-face events need to be replaced with online alternatives, this would be communicated at the earliest opportunity.

We would also be looking to launch a range of activities, including but not restricted to:

- **Survey** – To gather views about the proposal and understand if there is anything else that should be taken into consideration. The survey will also allow us to understand any potential impact of the proposal to retain the additional beds at St George’s Hospital, Stafford, and the enhanced community-led model. We would also seek to understand if there are any alternative considerations to this proposal that are viable
 - **Traditional responses** – In addition to our online survey, people will be invited to phone our Involvement Team on [*insert telephone number*] or to send a survey to our freepost address [*insert address*] to be received by the closing date. People can request a paper copy of the survey or can request support in completing the survey by phoning [*insert telephone number*] or emailing [*insert email address*].
- **Offer a meeting with campaigners/campaign groups** – To seek their views on the proposal, the impacts and the mitigations
- **Online meetings** – Two meetings (one in working hours and one during an evening). These will include a presentation from the ICB and MPFT and a series of breakout sessions to seek views on the proposal
- **Drop-in roadshow events** – These would be face-to-face, subject to any Government guidance and organisational policy in place at the time in relation to COVID-19. Recognising this involvement activity is in the autumn or winter, we believe drop-in events will give the opportunity for face-to-face dialogue but will mitigate any risk of infection transmission. There will be a minimum of four roadshows, in the key towns of Tamworth, Lichfield and Burton, and at least one event each at Sir Robert Peel Hospital and at St. George’s Hospital in Stafford. We will review the level of interest in and attendance at these events and organise more if appropriate. In selecting suitable venues, we will seek COVID-19 secure areas and areas of high. They will be promoted through traditional media, digital channels and through stakeholder channels.
- **Break-out rooms** – These would be provided at both face-to-face and online events and meetings to allow space for one-to-one discussions or to support people requiring time away from the main meeting
- **Targeted focus groups/one-to-one interviews** – We recognise that for some seldom heard groups, alternative channels may be needed. We will work closely with Healthwatch and the voluntary sector to identify existing community and voluntary groups that we can attend. These will be detailed in our action plan.

Provisional timeline

Milestone	Anticipated Date/Timeline
NHS England Assurance Process	November 2022
Update to Staffordshire County Council Health and Care Overview and Scrutiny Committee (status of programme and potential plans for involvement)	January 2023
Integrated Care Board to decide whether to proceed with involvement	January 2023
Potential involvement activity launches	February 2023
Analysis of involvement activity	April- June 2023
Develop decision-making business case	Summer/Autumn 2023

Communication channels

We recognise there is a need to keep people informed throughout this journey to develop a long-term solution for the inpatient mental health services previously provided by the George Bryan Centre. We will use the following channels to keep people informed:

Channel	Stakeholder	Frequency/timeline
Newsletters / intranet / team meetings, and dedicated focus groups	Staff	Monthly
Stakeholder bulletin – using existing bulletins through ICS and MPFT	Partners/other health and care professionals	Monthly
One-to-one virtual briefings/correspondence	MPs/Council Leaders/OSC	As required
Website – the dedicated website page will be updated to provide the latest information about the programme	All (including service users and public)	Ongoing
Media – we welcome the support of the media in helping us to deliver balanced information that will support patients to participate and share their	Media/public	At key milestones

views. We commit to providing regular and timely press releases that are written in plain language and, where appropriate, giving advance notice to reporters. We will launch an ongoing dialogue through the local media, including press releases, social media posts and radio interviews. We will respond to media enquiries in a timely manner, recognising the deadlines that reporters operate within		
Social media – promotion of opportunities to have say.	All	At key milestones
In-depth interviews with representatives or and members of seldom heard groups to gather people’s experiences and views as appropriate	Service users / interested public and seldom heard groups (targeted engagement)	Ongoing
Workshops to be organised to gather people’s experiences and views (as appropriate)	Service users/ interested public/seldom heard groups	TBC
Survey tool to seek feedback from people who cannot attend events	All	TBC

Communications and Engagement resources

We are developing a range of resources to support the planned involvement activity. The resources have been planned to support stakeholders who are interested in the subject matter and will be used as required and as appropriate.

Resources include, but are not restricted to:

Public Information Products:

- Integrated consultation document and survey – online. Including videos or animations where applicable

- Printed consultation document and survey. Links to online resources provided to facilitate access to videos/animations etc
- Summary consultation document
- Accessible consultation document and survey.

Promotional Information Products:

- Website content (including the Business Case and a range of case studies and further information)
- Handout flyer for events
- Poster to promote consultation and/or events. To include QR code to facilitate online access to materials. Translated posters to also be prepared
- Videos/animations
- Toolkit to support partners to promote on social media channels
- Press releases and media briefing
- Stakeholder updates (letters, emails and telephone scripts).

Event Products:

- Event registration form
- Event participation form, including demographic profiling questions
- Facilitator briefing notes and note-taking templates for events
- Presentations for deliberative online events
- Presentation for focus groups and voluntary sector events
- Voluntary sector collateral – presentation, facilitator booklet, and copies of printed promotional materials.

Supporting seldom heard groups

An Equality Impact Assessment (EIA) will be produced that outlines the approach to involving seldom heard groups. We will work closely with the ICS' Local Equality Advisory Forum (LEAF) and the voluntary sector to identify opportunities to involve and empower these groups to get involved.

We will ensure our communications are accessible by:

- Writing in plain language
- Using visuals (including diagrams, animations and accessible documents)
- Providing access to other languages, other document formats (large print, Braille, etc) and British Sign Language (BSL) interpretation when needed
- Arranging events to be at various times and days of the week to maximise attendance
- Asking people if there are any reasonable adjustments needed when attending virtual events and offering alternative ways for people to share their feedback (for example by phone)
- Providing reasonable adjustment and support, for example using interpreters or offering smaller focus groups with existing networks where appropriate.

We will build on our relationships with the voluntary and community sector, to utilise existing networks and their knowledge of working with seldom heard groups. Using these networks, we will work with trusted advocates, for example liaison officers for the homeless or the Gypsy, Roma and travelling communities to support conversations in a way that is approachable and understandable.

Action Plan

The activity set out below is indicative of what would be included in the event future public involvement is required. This is a summary of the key milestones.

Task	Description	Stakeholder	Timeline
TCl review of involvement document	TCl advice on involvement document	TCl	August – September 2022
Business case taken to ICB Board meeting	Approval to go to NHS E assurance	Public meeting	22 September 2022
Internal briefing for staff	West Midlands Clinical Senate Report published	Staff	September 2022
Stakeholder letter including MP briefing	West Midlands Clinical Senate Report published	Stakeholders including MPs/Councillors	October 2022
Press release and offer for proactive interviews	West Midlands Clinical Senate Report published	Media	September 2022
NHS E assurance process	Assurance review meeting	Internal/regulators	November 2022
User testing of involvement document	Small focus group of service users/clinicians	N/A	November 2022
TCl review of revised draft of involvement document	TCl advice on involvement document	TCl	November 2022
Ongoing development of a toolkit of public resources	See communications and involvement products	N/A	September – January 2022

Monthly update in ICS newsletter/ internal channels	Regular (monthly update) on programme's progress	All	w/c 26/09/22 and ongoing thereafter as applicable
Health Overview and Scrutiny Committee	Involving the Committee in planning the approach for involvement activity	Scrutiny Committee	17 October 2022 January 2023
ICB Quality and Safety Committee	Update on programme and sharing draft involvement plan	Assurance	9 November 2022
MPFT Board meeting update	Update on programme	Board	27 October 2022
Media release and offer for proactive interviews	Update on the paper to ICB Board	Media	1 week before ICB meeting
Stakeholder update/ website update	Promotion of Board meeting and what will be discussed	Stakeholders including MPs/Councillors	1 week before ICB meeting
ICB Board meeting	Outcome of NHSE assurance and decision on whether to proceed to involvement, including plan and draft involvement document	ICB meeting	January 2023
Stakeholder update/ website update	Post Board update on next steps and potential involvement activity – include save the dates for events	Stakeholders including MPs/Councillors	After the ICB meeting
Media release and offer for proactive interviews	Post Board update on next steps and potential involvement activity – include save the date for events	Media	After the ICB meeting

Finalise involvement document and materials, finalise events post Board	Final amendments post Board meeting Accessibility checks Printing	N/A	2 weeks after ICB meeting
Offer of phone call to MPs/Council Leaders pre-launch	Update on planned involvement activity	MPs/Council leaders	Week before launch
Website updated	Programme documentation, survey, involvement document, events, animation	All	Day 1
Staff promotion	Internal channels/posters on site	Staff	Day 1
Stakeholder letter	Letter to announce launch of involvement activity and promote ways to participate	All	Day 1
Media release and social media updates	Promotion of ways to participate and information e.g. animation/summary	Media	Day 1
Toolkit for partners	Promotional materials and key messages to cascade information across ICS channels	All	Day 1
Email to voluntary sector groups	Offering attendance at meetings seeking support for promotion	Seldom heard groups	Day 1
GP bulletin	Promotion to GPs through weekly bulletin	GPs	Week 1

Launch of advertising	Social media adverts to target groups Potential newspaper adverts to promote drop in events	All	Week 1
Community/voluntary sector events	One-to-one/focus group conversations	Seldom heard/targeted groups	Week 1-2
Meeting with campaign group	Deliberative event to understand any views	Campaign Group	Week 1
Focus group for staff	Promotion of focus group for staff	Staff	Week 2
Existing service user focus group	Dedicated focus group	Service users	Week 2
1 st Roadshow drop in event	See approach	All	Week 3
Community/voluntary sector events	One-to-one/focus group conversations	Seldom heard/targeted groups	Week 3-4
1 st Online event	First online event	All	Week 4
2 nd Roadshow drop in event	See approach	All	Week 4
Community/voluntary sector events	One-to-one/focus group conversations	Seldom heard/targeted groups	Week 3-4
Midpoint review	Review of activity at mid-point to understand efficacy of messaging, responses to information and ask of the activity and identification of any further activity which may be required as part of	Internal teams	Week 4

	the overall action plan		
2 nd Online event	See approach	All	Week 5
OSC meeting	Offer for update to OSC through involvement activity	Scrutiny Committee	TBC
3 rd Roadshow drop in event	See approach	All	Week 5
4 th Roadshow drop in event	See approach	All	Week 6
Community/voluntary sector events	One-to-one/focus group conversations	Seldom heard/targeted groups	Week 5-6
Staff message	Reminder of deadline for involvement and how to participate	Staff	Week 5
GP bulletin	Reminder of deadline for involvement and how to participate	GPs	Week 5
Press release	Reminder of deadline for involvement and how to participate	Media	Week 5
Stakeholder letter	Reminder of deadline for involvement and how to participate	Stakeholders	Week 5
Closure of survey on website	Website updated to thank people for participating and to explain next steps	Stakeholders	Midnight last day of survey Week 6
Analysis of findings	Report of findings and public summary to be developed to inform decision making process	N/A	Week 7-17 (depending on volume of responses)

Next steps

A detailed analysis report will be produced by MLCSU on the comments from the involvement activity; this will include a thematic breakdown of comments received and demographic analysis from participants, subject to them sharing this information.

These reports will be shared with the programme team to conscientiously consider the findings to inform the next steps and any decision-making resulting from the findings.

The proposals will be reviewed by the relevant governance routes within MPFT and ICB (with statutory responsibility for decision making). The findings will be shared with the Staffordshire Health Overview and Scrutiny Committee for discussion. The full report of findings and a public summary will be published on our ICB website.

Appendix one: What people have told us so far

2019 listening exercise:

- [Listening exercise paper](#)
- [Summary listening exercise paper](#)
- [Report of findings](#)
- [Summary report of findings](#)
- [Public responses on general practice](#) which should be read with the main report of findings.

2019 involvement activity (MPFT):

A series of engagement events took place in 2019 to establish what was good about the services and what needed improving, to help shape the long-term solutions. Feedback could also be submitted by email or by post.

The Board of MPFT received [a report detailing the outcomes of the engagement exercise](#) on 30 January 2020.

2021 listening exercise refresh:

- [Listening exercise refresh issues paper](#)
- [Summary listening exercise refresh paper](#)
- [Report of findings](#)
- [Summary report of findings](#)
- [Reference Group report of findings](#)

Appendix two: Our Communications and Involvement Charter

Our approach to communications and involvement includes:

- **Awareness** – we will provide clear and timely communications that help stakeholders to understand the complex case for change. We will ensure that the people involved have enough information to make an intelligent contribution and input into the discussion and any later process of options development. We will use multiple channels to help a wide range of stakeholders to understand and influence the issues
- **Discussion** – we will actively encourage two-way dialogue to understand the concerns, ideas, and solutions our stakeholders have. Our clinicians and decision makers will be proactively shaping and attending our public events to listen to feedback first-hand. We will utilise the knowledge, experience, and existing networks of patients, third sector and staff champions to involve as many people as reasonably possible
- **Inclusion** – we will support seldom heard groups to actively participate. Our communications will meet recognised accessibility standards and our activities will be designed to reach groups that may find it difficult to take part
- **Clinically-led** – we will listen to our workforce and clinicians as the experts in their field. We recognise how busy they are and will use the latest tools and technology to support

them to participate in meaningful conversations. Our clinical leaders will encourage their peers to actively participate in clinically led workshops and debates

- **Collaboration and co-creation** – we will work in partnership, facilitating workshops with clinicians, service users and partners to design the right services based on local needs. During the listening exercise phase, we will work to gather information and insight, which we might use later to develop selection criteria
- **Openness and transparency** – we will be open minded and not pre-determine any decisions. We will assure our ICS, Healthwatch and Health Overview and Scrutiny partners, in their essential remit of providing critical challenge. We will provide regular updates and seek their views at every stage of the process
- **Compliance** – we will undertake a robust communications and involvement programme, following the latest best practice and legal guidance. We will adhere to the guidance and statutory duties of the regulators in designing our approach. We will work closely with the Consultation Institute to seek assurance on our approach
- **Feedback** – we will evidence how decision-makers have taken public opinion into account and provide feedback to those consulted.

Appendix four: Version control

Version	4b
Status	Draft
Name of originator / author	Communications and Engagement Team
Name of responsible committee	Transformation Programme Board
Date issued	17 May 2022
Last review	17 June 2022 – signed off by CT
Activity	26 September 2022 refreshed and shared with Programme leads 30 September 2022 26/09/22 Timeline updated following latest meeting with NHS England and shared with Board 09/11/22 Shared with ICB Quality and Safety Committee 10/11/22 Provisional timeline updated
Next review date	Live document
Target audience	Internal with the intention to become a public document

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 30 January 2023

Developing Integrated Care Hubs in the context of changes to NHS capital arrangements

Recommendation(s)

I recommend that:

- a. The Committee note the update provided on the implementation of the clinical commissioning groups' decision-making business case that proposed a model of integrated care and approved the development of four integrated care hubs in North Staffordshire and Stoke-on-Trent.

Report of Clare Trenchard, Associate Director of Communications and Strategic Partnerships, Midlands Partnership NHS Foundation Trust.

Summary

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

1. The committee is being asked to receive an update from the working group that is providing the overview and scrutiny of the North Staffordshire Integrated Care Hubs.

Background

2. North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups undertook a 14 week public consultation between December 2018 and March 2019.
3. This informed a decision-making business case, which resulted in the plan to introduce Integrated Care Hubs across North Staffordshire.
4. Four hubs will be developed at:
 - a. Leek Moorlands Hospital
 - b. Bradwell Hospital
 - c. Haywood Hospital
 - d. Longton

5. The implementation of that decision is being led by Midlands Partnership NHS Foundation Trust (MPFT).
6. In January 2022, the committee received an update from MPFT and the committee was asked to consider how it would fulfil its functions over a sustained period of time as the implementation of the hubs will take a number of years. The committee was also asked to consider how it could support MPFT avoid presenting to multiple overview and scrutiny committees. The result was the establishment of a working group, comprising four members from each relevant county authority and chaired by Cllr Richard Cox, vice chair of this Health and Care Overview and Scrutiny Committee.

Update from the working group

7. There have been two meetings of the working group plus a site visit of each site where a hub is planned.

16th November 2022

8. The first meeting of the working group received a presentation from representatives of MPFT. This presentation covered:
 - a. Details of the pilot areas of a GP referral system, including a demonstration of the system
 - b. What a multi-disciplinary clinic looks like
 - c. How MPFT responded to the consultation feedback about Cheadle and Biddulph
 - d. How MPFT decided which patients would go to which hub
 - e. Whether patients could choose where they went (if they lived in Newcastle, but worked in the city, for instance, could they go to Haywood rather than Bradwell?)
 - f. How the voluntary and community sector will be involved in the model.

Benefits of integrated care

9. One of the main benefits of integrated care is that individuals who need to see different healthcare professionals will be able to do that in one clinic, at one location, in one day and they will only need to tell their story once.
10. In the same place will be voluntary and community sector organisations who can provide additional support to improve the overall well-being of local residents.
11. Three conditions have been prioritised and pilots have started:
 - a. Wound care

- b. Musculo-skeletal
- c. Long-term conditions

Wound care

12. In the same clinic there will be a district nurse and a podiatrist (a specialist in feet or lower leg). Previously, a person would have seen these professionals separately and possibly on different days and locations.

Musculo-skeletal

13. Launching at Bradwell and piloted in Haywood, these clinics feature a physiotherapist, well-being practitioner and activity co-ordinator. These clinics will help to identify people who are experiencing poor mental health due to their physical condition and get them help sooner. It will also help to improve health through exercise.

Long-term conditions

14. This is at an earlier stage than the other two, but is looking to bring together specialists in diabetes, heart conditions and respiratory issues. These conditions were chosen because they are expected to increase over the next few years.

Changes to NHS capital funding

15. The same meeting also heard about national changes to the Capital Departmental Expenditure Limit (CDEL) which has resulted in NHS England setting capital spending limits for Foundation Trusts.
16. At the time the Decision-Making Business Case (DMBC) was approved by the clinical commissioning groups, Foundation Trusts had more financial freedoms and MPFT was able to commit £31.9m to the development of three of the integrated care hubs (Leek, Haywood and Bradwell).
17. The change to NHS capital means MPFT is no longer be able to access cash reserves, held for the purpose of implementing the DMBC.
18. Each Integrated Care System is set a limit for capital expenditure and there is no funding for the hubs in the current Staffordshire and Stoke-on-Trent Integrated Care System plan for 2022-2025.

19. MPFT, with the support of the Integrated Care System, now needs to bid for capital funding. Bids go through a three stage process. The first stage is the development of a strategic outline case.
20. MPFT has agreed to develop four strategic outline cases; one for each hub. It has also agreed to develop one outline business case (OBC), at risk. An OBC would usually only start after NHS England approval of the strategic outline case. The final stage is a full business case.
21. As a consequence of this, MPFT is proposing a period of involvement to determine which of the hub locations progresses to an Outline Business Case first.
22. This was the focus of the second meeting of the working group.

11th January 2023

23. The presentation delivered at the meeting on 11th January 2023 is attached to this report.
24. In summary, MPFT is proposing to conduct an involvement exercise that will help determine the order in which the hubs are progressed and sought feedback from members of the working group on the proposed process and criteria, as part of its wider stakeholder engagement. The decision-making body is the Integrated Care Board and MPFT is updating the System Transformation Group as appropriate.
25. The working group provided two key pieces of feedback:
 - a. Add a stage into the process which captures experience of service users and staff
 - a. Patient experience of pilots
 - b. Experience of people in services which will be integrated into a hub
 - b. Add travel to the criteria – update the work which was completed by the CCG for the decision-making business case.

Conclusion

26. Midlands Partnership NHS Foundation Trust is progressing the integration of care with a number of different service pilots.
27. These pilots will help shape the model of care provided by an integrated care hub; enabling individuals who need to see different healthcare professionals to do that in one clinic, at one location, in one day so they only tell their story once.

28. Changes to NHS capital mean that MPFT now needs to bid for capital funding, which involves the development of three cases; strategic outline, outline business and full.
29. MPFT has agreed to develop four strategic outline cases; one for each hub. It has also agreed to develop one outline business case (OBC), at risk.
30. As a consequence of this, MPFT is proposing a period of involvement to determine which of the hub locations progresses to an Outline Business Case first.

Contact Details

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An informal conversation to help shape the process and criteria for determining the order in which the four integrated care hubs are developed

Agenda

Part one

- MPFT presentation on the proposed design process and criteria around hubs development
- Questions of clarification

Part two

County	City
Apologies	Discussion re the design process and criteria around hubs development and the timeline for involvement
Notes of 16 November Working Group	Next steps
Discussion re the design process and criteria around hubs development and the timeline for involvement	
Next steps – update report to HCOSC 30 January	

A re-cap on the background

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A CCG-led engagement process concluded with a decision-making business case (DMBC) that approved proposals to integrate and expand existing wider community services into Integrated Care Hubs in four locations:

- Leek
- Bradwell
- Haywood
- Longton

Since the DMBC was approved...

- At the time the DMBC was approved, Foundation Trusts had more financial freedoms and MPFT was able to commit £31.9m to the development of three of the integrated care hubs (Leek, Haywood and Bradwell)
- National changes to the Capital Departmental Expenditure Limit (CDEL) has resulted in NHS England setting capital spending limits for Foundation Trusts
- This means MPFT is no longer be able to access cash reserves, held for the purpose of implementing the DMBC
- Each Integrated Care System is set a limit for capital expenditure and there is no funding for capital works in the current Staffordshire and Stoke-on-Trent Integrated Care System plan for 2022-2025
- NHS England's position is that a strategic outline case needs to be developed for each hub in order to bid for money
- MPFT has agreed to develop the four strategic outline cases (the first of a three stage process to access NHS money)
- It has also agreed to develop one outline business case (OBC). An OBC would usually only start after NHS England gateway approval of the strategic outline cases
- We remain committed to bringing investment into Staffordshire and Stoke-on-Trent and to integrating care and we will deliver as much of this as possible from our existing buildings in the meantime.

The purpose of today's conversation

- MPFT is proposing to conduct an involvement exercise that will help determine the order in which the hubs are progressed
- Today, we are seeking feedback from members of overview and scrutiny committees on the proposed criteria
- Other stakeholders will be engaged
- The decision-making body is the Integrated Care Board

How the decision was made about where the hubs would be

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Process used by CCG to determine hub locations

- Hurdle (essential or 'must have' attributes) criteria and desirable criteria were used to assess the options
- A scoring process was undertaken by Reference and Technical Groups
- The scores provided information to the decision-making body and influenced their decision on provisional preferred options

Essential criteria used by CCG

- Clinical sustainability. Does the option support clinical sustainability?
- National and local strategy. Is the option consistent with national and local strategy?
- Affordability. Does the option make best use of system financial resource?

Desirable criteria used by CCG

Grouping	Evaluation criteria	You told us this means:
Desirable criteria	Quality care	<ul style="list-style-type: none"> • Holistic – patient centred, personalised approach • Parity between physical and mental health • Safe, timely and effective • Correct diagnosis • Delivery of waiting times • GP standards for recalls and use of technology • Available, accurate and up-to-date patient information • MDT and Integrated Care Teams – skills mix to meet the needs of patients • Seamless services, patient experience • Good / Outstanding CQC scores • Environment – premises/ languages / clear communication
Desirable criteria	Meets need	<ul style="list-style-type: none"> • Based on demand in the local area • Needs not want - be realistic and honest • Based on clinical evidence • Self-management support • Manage long term conditions within the community – i.e. sufficient depth and quality of services to keep people out of hospital • Timeliness • Equity of service • Objective modelling
Desirable criteria	Accessibility	<ul style="list-style-type: none"> • Travel time & transport routes with subsidised transport • Digital Technology - skype, telephone conversations, apps • Equity of service based on local need • Electronic patient records to be available to all Health and Social Care • Waiting times • GP opening hours – extended hours • Out of Hours • Car parking • Outpatient clinic availability • IT – linking care records across organisations • Communication: Speak plainly, Health literacy, Patient centred language



Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Criteria relevant for our purpose

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Proposed essential and desirable criteria to determine the order (1)

From the DMBC

- Essential - does the option make best use of finances?
- Desirable – meets need (equity of service) and population demographics

Proposed additional criteria

- Ease of build
- Flexibility of existing building
- Level of disruption to existing services (avoiding double moves)
- Priority services (right services, right place, based on need)

Proposed involvement approach

- Develop proposed criteria
- Test proposed criteria with stakeholders
- Share proposed criteria with public and invite feedback and suggest additional criteria
- A reference group of stakeholders to apply the criteria

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Regular updates will be prepared by MPFT for Integrated Care Board

** We are proposing that this be an involvement exercise as we don't believe it to be a significant service change*



Key dates

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Action	Timing
County Council OSC meeting	30 th January 2023
Stoke-on-Trent City Council and Staffordshire Moorlands District Council elections	Mid March – May
Completion of four strategic outline cases (SOCs)	End of May 2023

Page 66 **Feedback from working group**

Feedback from working group

- Add a stage into the process which captures experience of service users and staff
 - Patient experience of pilots
 - Experiences of people in services which will be integrated into a hub
- Add travel into the criteria – update the work which was completed by the CCG for the decision-making business case

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee – Monday 30 January 2023

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

- 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 28 November 2022.

7. Cannock Chase District Council

Cannock Chase's Health, Wellbeing & The Community Scrutiny Committee last met on 5 December 2022. The following matters were considered:

Presentation on the Environmental Health & Public Protection Service

Food and Safety Team: The Environmental Health and Public Protection Manager provided an overview of the service that included the Food and Safety Team, snapshot of food safety 2020-2022, case studies that included premises visited and outcomes of meat manufacturers visited, health and safety/public health and an overview of the priorities, and the challenges ahead.

Environmental Protection: Members were provided with information that covered environmental protection. This included fly tipping, littering, animal welfare etc. Slides were shown that covered who was in the Team, key achievements and challenges, environmental awareness, future actions, stats and figures for environmental crime and also prosecution figures. Case studies were also discussed concerning fly tipping and animal welfare, and the outcomes of these. Members discussed the current issues with the Poplars Land fill site, Norton Canes. Advertising of prices/services and what the site would accept was discussed along with licence limits for pollution. The Officer discussed the levels of pollution and advised that many businesses fell under the threshold. He advised that the permits would provide the threshold of what would be considered the correct level. The Head of Environment and Healthy Lifestyles confirmed that the Poplars Landfill site was run by the County Council along with other sites.

A Member discussed the revocation of the **Air Quality Management Areas (AQMAs)** and the plan to move forward. He expressed some concern that this needed to be more open. The Member also discussed the number of developments planned around the Heath Hayes area and the impact on local health of traffic around the five-ways island. He questioned

whether the (AQMA) should be removed particularly when stats would not be known on the impact for several years.

The Officer reported that monitors would remain in place and a decision was made by Defra that levels were below a certain level, and they would not remove the AQMAs too early. A consultation would be undertaken; however, it was likely that if there were no concerns, the AQMAs would be revoked.

Private Sector Housing Standards Team: Members were provided with information that covered housing standards, information about the team, key achievements and challenges, key action and priorities, case studies relating to an unlicensed House of Multiple Occupation (HMO) and information around the Minimum Energy Efficiency Standards (MEES) Project. In response to Members questions concerning landlords' duty of care to declare the type of residency to the Council, and properties not deemed suitable for a resident. The Officer advised that in terms of landlords and their duty of care, the Council would deal with the licensing of more than 5 people in a property, however there was no requirement for assisted living providers to inform the Council. The Officer also advised that those people residing in unsuitable properties would continue to be engaged and re-assured, and it was hoped that access could be gained to the property for Officers to make an assessment.

Adaptations and Assistance Service ("The DFG Team"): Members were provided with information about the team, the adaptation of homes and reasons for adaptations, key challenges, key actions, key achievements, case studies and visual images of an accessible bathroom and wheelchair accessible ramp. Members asked questions about security for visually impaired people and referrals to the service be it by family members or self-referral. The Officer provided information and advised that safety was a consideration. He gave an example of a person living alone who had a door entry system installed which allowed family members access to his home, given that family members were unsure about who was entering his property given certain illness/conditions he was suffering from. The Officer also explained the assessment route regarding referrals, and it was highly unlikely with a low take up of referrals being made by other people as the assessment would identify any need first.

Environmental Health Admin and Licensing Unit: Members were provided with slides that gave information on the team, the work of the team, partnership working, compliance and enforcement, achievements and challenges, the impact of the service on public safety and examples of helping to ensure public safety.

Statutory Health Scrutiny Items: Update – Staffordshire County Council’s Health & Care Overview and Scrutiny Committee. The Chair reported on the recent meeting she had attended last week that covered numerous items including the public health dashboard and primary care access updates. She reported that comments were made on how well the Committee at Cannock worked, and other Districts and Boroughs were encouraged to do the same. The Chair reported that recent meetings of the County’s Health and Care and Overview Scrutiny Committee could be accessed through their website.

Date of next meeting: 14 March 2023

8. East Staffordshire Borough Council

East Staffordshire Borough Council’s Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on 15 December 2022.

ESBC have recently concluded a review of our Homelessness Service and have focused on the provision for Rough Sleepers. The subsequent report has advocated additional training for officers to increase awareness of those individuals experiencing difficulties within their lives that could lead to them becoming homeless or lead to rough sleeping.

Date next meeting: 25 January 2023

9. Lichfield District Council

Lichfield District Council’s Overview and Scrutiny Committee met on 19 January 2023.

Date of next meeting: 16 March 2023

10. Newcastle-under-Lyme Borough Council

The Health, Wellbeing & Environment Scrutiny Committee last met on 28 November 2022.

Date of next meeting: 6 March 2023

11. South Staffordshire District Council

South Staffordshire Council’s Wellbeing Select Committee met on Tuesday 6 December 2022.

The session was facilitated by Healthwatch Staffordshire and involved a joint workshop on future priorities for the committee regarding health and social care.

Three areas were identified that will be looked at in more depth over the next twelve months.

1. Accessing Primary Care face to face (“When I want to and when I need to”)
2. Being a Seldom Heard underrepresented South Staffordshire group / resident in the health and care system.
3. Root causes of good and poor mental wellbeing and health outcomes.

Date of next meeting Tuesday 7th February 2023.

12. Stafford Borough Council

The last meeting of Stafford Borough Council’s Community Wellbeing Scrutiny Committee was due to be held on Tuesday 10 January 2023, where the following items were 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 3 and 17 October 2022.
- Air Quality Annual Status Report 2022 – a report the work that has been undertaken by the Council to monitor the air quality of the Borough to ensure that there was a good and healthy air quality environment
- Food Safety Annual Report 2021-2022
- Food Safety Service Plan 2022-2025
- Health and Safety Annual Report 2021-2022

The next meeting of the Scrutiny Committee is due to be held on Thursday 23 March 2023.

13. Staffordshire Moorlands District Council

Staffordshire Moorlands District Council’s Health Overview and Scrutiny Panel met on 14 December 2022.

Members considered a presentation given by Mark Docherty, Executive Director of Nursing and Clinical Commissioning, WMAS.

Date of next meeting: 8 March 2023. Vicky Rowley, Commissioning Manager, Public Health and Prevention, SCC will be in attendance to update members on the Loneliness Reduction Plan

14. **Tamworth Borough Council**

Tamworth Borough Council’s Health & Wellbeing Scrutiny Committee met on 29 November 2022.

Date of next meeting: 24 January 2023

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 Daniel Maycock	Cllr Thomas Jay

Contact Details

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Health and Care Overview and Scrutiny Committee 30 January 2023 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

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	Noted the update and included scrutiny of Dentistry and Working with People Strategy on the work programme. Noted update on Primary Care Plan and requested further update. Welcomed the plan for maternity services and requested data on numbers of midwives in Staffordshire. Noted the report and requested performance metrics and structure update. Comments on the Families and Wellbeing (0-19) report to Cabinet.
Monday 1 August 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICS Transformation – George Bryan – Inpatient Mental Health Services 	ICS	Transformation	Additional information was requested to strengthen the business case. Information arising from scrutiny and comments of the Committee informed discussion of Inpatient Mental Health Services at Integrated Care Board on 18 August 2022.
Monday 19 September 2022 at 10.00 am	Cancelled – Queens Funeral (B/H)			
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	HCOSC and CWC carried out joint scrutiny of RWT Quality Account
Monday 3 October 2022 at 10.00 am	<ul style="list-style-type: none"> System Pressure update ICB Performance Social Care Performance The future of Supported Living Services in Staffordshire 	Social Care	Risk and performance <ul style="list-style-type: none"> Performance Performance 	Committee welcomed the work being done to mitigate and respond to pressures in the system. Discharge review to be carried out. Welcomed context and detailed data relating to NHS services performance in Staffordshire and Stoke-on-Trent Noted the performance update, pressures and challenges on social care. Comments from pre-decision scrutiny were to reported to Cabinet.

	<ul style="list-style-type: none"> Clinical Policy Alignment 		<ul style="list-style-type: none"> Pre-decision Transformation 	The Chairman welcomed the pragmatic approach taken by ICB in interweaving this clinical policy alignment work into the Women's Health Strategy.
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 Ockenden Report Inpatient Mental Health Services 		Workforce Risk & performance Transformation	Noted reports and assurance that health and care services were working together to address the workforce challenges and to develop the future workforce. Noted the workforce issues in Maternity services, was re-assured by the progress and pleased that improvements were being made. Noted response to questions and requested a further report once the NHS England Assurance Process had taken place in November 2022. No decision had been made at this point.
Monday 28 November 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Public Health Dashboard Developing Healthier Communities Primary Care Access Plan Update 		Performance Wider determinants Performance	Noted update, members will receive training and have opportunity to comment on phase 2 of the dash boards development. District and Borough Scrutiny Committees should receive the report to consider imbedding 'Health in all we do'. Noted the update and the ongoing work to deliver the action plan.
Monday 30 January 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICP Strategy In-patient MH GBC ICH Implementation – update from ICH WG and report 		Performance Risk and public concern	ICB MPFT Clare Trenchard
Monday 13 February 2023 at 10.00 am	<ul style="list-style-type: none"> Draft Mental Health Strategy Mental Health Support Teams in Schools Update CAMHS 		Policy Performance	Jan Cartman -Frost MPFT ICS -Chris Bird/ Ben Richards
Monday 20 March 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICB Operating Plan Care workforce development strategy 		Risk and Performance	

Work programme for 2023-24 - items		Background	Basis	Target Scheduling Date
<ul style="list-style-type: none"> Impact of air pollution on health Impact of Long COVID Obesity and Diabetes Social prescribing NHS estate – fit for twenty first century 		Work planning	Risk	
			Risk	
		29/11/21	Public Health	
		29/11/21	Public Health	
		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"> UHMN Critical incident lessons learnt 				
<ul style="list-style-type: none"> Innovation / technology 		30.05.2022		Staffordshire University/ ICS – demonstration of technology TBA
<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		
<ul style="list-style-type: none"> Adult Social Care Reform 				

	• Dentistry			(20 March) transfer to ICS commissioning April 2023. possibly 12 June 2023
	• Trusts QA (From January)			12 June 2023

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

<p>Membership</p> <p>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 Nicole Silvester-Hall Ian Wilkes</p> <p>Borough/District Councillors</p> <p>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) Daniel Maycock (Tamworth)</p>	<p>Calendar of Committee Meetings at County Buildings, Martin Street, Stafford. ST16 2LH (at 10.00 am unless otherwise stated)</p> <p>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; Monday 13 February 2023 at 10.00 am Tuesday 20 March 2023 at 10.00 am;</p> <p>Work Group Meetings Womens Health WG Monday 13 June 2022 at 2.30pm Innovations Day TBC Integrated Care Hubs Site visits 4 and 7 November 16 November 2022 at 6pm 11 January 2023 at 6pm</p>
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22 May – Work planning session
Health and Care training
Referral power – Secretary of State.
Update on Adult Social Care Reform

2023-24 (to be confirmed) - 12 June; 24 July; 18 September; 16 October; 27 November; 29 January; 18 March