Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 3 October 2022

Present: Jeremy Pert (Chair)

Attendance

Patricia Ackroyd	Philippa Haden
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Barbara Hughes
Rosemary Claymore	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Mike Wilcox

Also in attendance:

Peter Axon, Chief Executive Integrated Care Board (ICB)
Phil Smith ICB
Chris Bird ICB
Steve Fawcett, Clinical Lead UEC, ICB
Tracey Shewan, Director of Communications and Corporate Services ICB
Heather Johnson, Chief Nursing and Therapies Officer, ICB
Dr Lorna Clarkson ICB
Jenny Collier MPFT
Mish Irvine MPFT
Paul Bytheway UHNM
Mark Doherty WMAS
Richard Harling SCC
Andrew Jepps SCC

Apologies:

Jak Abrahams, Richard Cox, Phil Hewitt, Lin Hingley and Ian Wilkes

13. 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).

14. Minutes of the last meeting held on 11 July and 1 August 2022

Resolved:

1. That minutes of the meeting held on 11 July 2022 be approved and signed as a correct record subject to a change to the attendance of substitute member representing Lichfield District Council not Tamworth Borough Council.

2. That the minutes of the meeting 1 August 2022 be approved and signed as a correct record.

15. System Pressures

The Chief Executive ICB, introduced the report and provided context on the current pressures nationally and in Staffordshire. The impact of the Covid pandemic had brought about unprecedented levels of ill health, which increased demand and pressures on urgent and emergency care UEC, ambulance services, discharge and domiciliary care across the Country. Discussions relating to funding support systems locally and nationally were ongoing, including £500 million for social care support, the funding would be available but the difficulty across the system would be appointing staff and this was of significant concern moving into the winter pressures.

The Chief Delivery Officer, ICB, outlined the report and slides highlighting the current pressures and indicated that workforce, demand, and acuity of patients compared to pre-covid were the prevalent issues. Staffing capacity and flow had been impacted by Covid spikes and Covid levels were rising again. Handover delays at hospitals had been stressed as the issue causing public concern and Royal Stoke was receiving support relating to handover delays, but it was explained that all partners have a role to play in system flow and the report detailed the operational response for interventions being taken at each point of the pathway:

Interventions were grouped in areas:

- Pre-hospital
- In-hospital
- Discharge
- Learnings
- Winter Planning

The presentation did not detail the preventative work that was also taking place to look at long term sustainable solutions for the emergency care system.

Committee noted main messages from the presentation:

- There were significant pressures on domiciliary and care home provision and a discharge review was due to commence.
- System colleagues from Health and Care had built learning into forward plans and were working together, meeting daily to discuss escalations and agree tactical actions.
- Capacity plans were prepared to address additional winter pressures, including flu and covid, capacity plans work alongside existing plans for elective and cancer services.
- Additional capacity, workforce would be a challenge moving into winter.
- Flu and Covid boosters were rolling out, Committee supported the importance of individuals receiving both vaccinations.
- The relationship with Staffordshire and Stoke on Trent local authorities was good, there was an opportunity to consider what worked and what could be improved in the discharge review, and put in place quick wins and actions coming from the review, if possible, but not at risk of destabilising the winter plans.

The following comments and responses to questions were noted:

- A concern was raised about people queueing outside in poor weather for vaccines at the Fire Station in Leek. An apology was given to those people affected and a written response would be provided to Councillor Charlotte Atkins.
- Workforce numbers and initiatives to grow the workforce. It was understood that additional staff would be required, recruitment and retention of staff was a big issue and solutions were in place to address workforce issues, these included new roles, the public sector reserve model to support in case of escalations and training new to care people to create a new workforce. In addition to help work life balance ICB had employed three retention co-ordinators to support managers to look at ways to retain staff through rota management, flexibility etc. and the drive to recruit innovative and international staff was ongoing.
- The work life balance solution would be essential to retain and recruit staff. Finding the right balance between work from home and additional hours and the right flexibility.
- £5.7m capacity scheme funding and other funding had been invested in winter and transformative schemes. Funding was considered sufficient, but workforce was an issue.
- ICB Clinical and Professional Lead would oversee the system review on discharge. It was confirmed that Partner feedback had been received and the draft plan would be considered in the next few weeks. An update would be presented to committee in November 2022.

- It was considered important to have flexibility to deploy staff where needed. ICB had been very impressed with UHNM ability to deal with the elective backlog, for 78-week waits and managing expectations for 104 week waits. Members understood that it was essential to ringfence the dedicated support but noted it would be harder through winter pressures to mitigate risk across the system.
- Communication strategy. Issues relating to backlogs and waiting times had been communicated, members questioned how an individual would know their waiting time to receive treatment or diagnosis.
    - ICB Communications team advised that campaigns were underway to provide a range of information and publications about the winter vaccines and where to get support.
    - UHNM had carried out a validation exercise on contact details and had purchased a texting service to try to give people an estimated time on the waiting list. Members were advised that long waits had significantly reduced and would be down to single figures by November. They acknowledged that people had a choice to delay appointments where necessary due to life events.
    - MPFT Community Services had also carried out a validation exercise, to check contact details, there were no people waiting over 52 weeks.
- Delayed diagnosis position. Some specialist areas had workforce issues but generally there has been improvement in waiting times. Additional CT Scanning was in place on two sites and there was a plan to recover the 6 weeks position for cancer scans, but there was still a challenge with ultrasound scans. Staff training and other measures had resulted in a much improved position.
- In relation to the hidden backlog of people coming forward to GP practices post pandemic, this was difficult to manage, there may be hidden pockets of demand, but the individuals need to come forward. The number of GP appointments were back to pre-pandemic levels. There was still sustained pressure on GP services, the complexity and acuity of conditions presenting were generally higher than normal levels pre-pandemic. The ICB Communication team were running campaigns to encourage people who were concerned about health issues to come forward and get help.
- In relation to flow rates through the system and pinch points, the CE ICB advised that discharge process goes through several steps in the pathway and if it started to block at any stage the entire system stalls and there was a struggle to move people through the system. Urgent and emergency care (UEC)was thought of as a 'wicked problem,' the best way to simplify the problem was to look at small changes in the process, all elements were relevant, flow within each organisation is important as well as interfaces between organisations.

- Flow improvement initiative 'North Bristol' Pull model rather than a push model. Push model gives an impetus of flow asking organisations to proactively prepare for patients along the pathway. Consultants were looking at the flows and pathway in the system. This work was critical to improvement, pulling together a number of strands which were data based and making changes to move through the pathway.
- The initiatives in the report align to Winter Plan and would be implemented prior to Winter 2022. The impact of the initiatives would be circulated to committee in briefing notes.
- Call abandonment referred to 111 calls, but some people do call 999. The 111 call abandonment was low in Staffordshire and should be congratulated.
- Repeat admissions, discharge in a timely and safe manner. It was a fine clinical balance of when to discharge patients. Many were frail and elderly, they were not kept in hospital longer than necessary.
- In relation to winter demand and activity planning, figures were based on 2019 -20 activity plus flu and Covid numbers, current challenges relating to acuity levels were planned in. Assurance was given that winter demand was looked at and reviewed in light of current challenges.
- The Chairman highlighted that there may be opportunities to bring other partners into the system to help services at end-of-life pathway and to visit frail and elderly people to help prevent hospital re-admissions.

The Chairman thanked guests for their contribution to the meeting and for the work being done to mitigate and respond to pressures in the system.

Resolved:

That the Health and Care Overview and Scrutiny Committee note the progress report.

16. Integrated Care Board (ICB) Performance

The Chief Executive ICB and Director of Communications provided context and detailed data relating to NHS services performance in Staffordshire and Stoke-on-Trent. Senior representatives from ICB commissioning and provider organisations attended virtually to respond to members questions on the eight portfolios based on current priorities:

- Population Health, Prevention and Health Inequalities
- Planned Care
- Children, Young People and Maternity
- Frailty and Long-Term Conditions

- Primary Care
- Mental Health
- Learning Disability and Autism
- Workforce

Members had discussed several of the priorities and performance issues in the previous agenda item relating to systems pressures.

Committee noted the following comments and responses to questions:

- Text Reminder Service: All providers operated a text reminder or support service to patients on a waiting list and this was recognised as good practice to reduce the number of people not attending appointments (DNA's). Specific reminders were sent where appointments were in high demand to make best use of resource. Members asked for further evidence to be circulated relating to how consistent text reminders usage was across health and care services.
- Reaching people when their main language was not English. The Communications Manager advised that a lot of lessons had been learned through Covid and there had been work with partners and community leaders to reach many diverse communities.
- Free standing midwifery units for Samuel Johnson and County hospitals. Due to staffing pressures in maternity services, it was unlikely that the units would be open by December 2022. Safety and quality of service was paramount, and the staff shortages as a result of sickness had recently meant temporary closure of the main maternity unit. The Chairman advised that maternity matters were scheduled for the agenda on 17 October and would be taken up at that time.
- The Frailty Action Plan was moving forward. The strategy was agreed in 2020-21 by Clinical Commissioning Groups CCGs; the ICB operating model in the system had recently been signed off and frailty and long-term conditions was one of the seven portfolios. This enabled a change in ways of working in the Integrated Care System and assurance was given that this would be moved forward. The end of life programme would also be moved forward in the same portfolio in an effectively and timely manner.
- Primary Care face to face appointments: Challenge around access, the level of appointments offered equated to pre-pandemic numbers approx. 4,000 a month in Staffordshire. Challenges were around workforce and workload. Workforce - Recruitment and retention of GPs, digital locum appointments and primary care teams supporting practices with care of patients. Workload – complexity and acuity were issues, it was a mixed economy two-thirds face to face appointments, community pharmacists and some through patient choice and care at home e.g., blood pressure monitoring.

- Concerns were raised on consistency of practices to deliver same day appointments and flexibility for patients. This was part of the design feature of the contractual arrangements, the majority of practices did offer same day urgent offer appointments. There was also an enhanced access programme contracted at PCN level, this was an extended access offer provided by a number of practices.
- Management of referral to diabetes prevention service – the distance travelled to undertake assessments would be provided to members by written response.
- Communicating changes to community pharmacies: There was a campaign underway to explain to the public about changes to GP services. District and Borough Councils were assisting in delivery of the message and toolkits had been developed and shared with Communications teams in District and Borough Councils which would also be circulated to members.
- Concerns were raised about Mental Health Access Practitioner roles conducting telephone consultations. Members were advised that feedback and measuring success was underway to understand the success of operating telephone and video services. Assurance was given that questions had been clinically developed and that findings would be provided to members. Re-assurance was given that some feedback had been given that a telephone conversation was not felt to be an effective consultation.
- Mental Health:
    - Staff levels and CAMHS Service. Challenges around workforce, looking at diversifying workforce, there had been Government investment in mental health, ringfenced money for mental health was helpful. CAMHS was seeing the impact of mental health coming out of the pandemic.
    - Mental Health and wellbeing training for further discussion when the draft mental health strategy was considered.
    - Community mental health projects where was the funding, members requested a simple explanation of the paragraph in the report that confirmed mental health funding was ring fenced.
    - Mental health additional clinics for staff were arranged to respond to demand of staff, these could be accessed by staff as required, some are permanent others bespoke. A written response of where the clinics took place would be circulated to members for information.
    - Mental health support in schools would also be covered in the mental health session.
- The time between booking and receiving an appointment in primary care was of concern, with several red indicators being flagged. It was confirmed that further information sat below the figures submitted and these would be circulated for information.

- Comparisons between accident and emergency departments and four-hour trolley breaches. Members questioned the variance between providers and were advised that each service had unique circumstances that created a level of variation i.e. Royal Stoke was a National Trauma Service and the pressures in Stoke were significant, others sites had community services integrated with acute. They were all unique and unmappable and therefore could not be compared like for like.

The Chairman thanked the ICB representatives for the presentation and for the work they were doing. The data had enabled drilling down into the detail and provided an understanding of the action plans that sit behind the data

Resolved:

1) That Health and Care Overview and Scrutiny Committee note the performance update report.

17. Social Care Performance Update

The Director of Health and Social Care provided an update on social care performance.

Committee noted the following comments and responses to questions:

- In relation to 'maintaining a market for care and support that offer services at an affordable price'. The Director responded that the cost-of-living issues including cost of energy was putting pressure on care providers and that was being monitored along with implications for local authorities.
- Affordable cost of care. Assurance was provided that 'fee uplift' to providers was given with a clear indication that funds should be directed towards pay for staff. Providers that pay more tended to recruit and retain staff which had a levelling up effect.
- Models in terms of dealing directly with employees. Over the last decades the Local Authority direction was to greater outsourcing, Staffordshire was currently looking at enhanced home care as there was shortage of capacity affecting home care. The Council was unlikely to move towards large in-house services, it was more likely that gaps in the market would be dealt with as they arise.
- Financial assessments were of concern for two reasons, first excess of demand over supply, secondly some services may need review and redesign.
- The backlog in financial assessments may result in complaints relating to the charges for home care. Residents did not know what they were going to be charged and then complained when they had

retrospective bills. This leaves the Council open to financial risk and criticism when people accrue debt and cannot pay. This is one of the processes to review this year.

- In relation to the difference in rating between nursing care homes and care homes. Members understood that it was not likely that the rating was linked to funding. Care homes were able to bid, and they do that on economic viability of their business. A lot of support had been put into clinical specialism in the sector, including nurses seconded from NHS, clinical leadership and improved access to training. There were a wide range of approaches for improvement but there were still quality issues. CQC had changed the inspection regime over the Covid pandemic period, this had now changed again and there were plans to re-inspect homes that had required improvement for some time. Residential care homes tended to integrate into the community and nursing care tended to have the highest levels of frailty and risk.
- It was considered that including care homes that had no rating in the figures, whilst statistically correct, may be misleading in the data- with only 52% of community care homes good or outstanding, it seemed there was a way to go to improve. The Director advised that the rate of inspections of care providers could not be controlled, there were a lot not rated. SCC also used local intelligence and they used their teams to support providers. Members were advised that by applying SCC local intelligence to the unrated homes and overlaying CQC ratings, approximately 80% of all providers would be outstanding or good with fewer requiring improvement.
- In relation to exploring additional capacity to carry out financial assessments and the timeframe to catch up with backlog of financial assessments Members were advised that SCC was looking to increase capacity in the financial assessment team and to try to streamline the processes. Officers would look at a more limited range of information for the assessments and would be monitoring this and any other processes to speed up the assessments.
- Lasting Power of Attorney (LPA) and Court of Protection – Adult Social Care Reforms were expected next year and in preparation information would be reviewed and renewed for the public. Preparing for old age, which would include things about LPA.
- Home Care - A question was raised about sufficiency of home care workforce across the County to help people to live in their own homes. The aim was to have 90% care workers to maintain a consistent rate of care supply. To achieve this, factors such as enhancements for rural providers, short term gaps, new carers, had to be considered.
- There was a challenge around recruitment and retention of carers, vacancy rates of 6%, the gap was met through additional staff hours

and agency workers. SCC had put a lot of support into the sector through care market development team which provided access and support to learning and development, and by increasing the rate paid for home care last year.

The Chairman thanked officers for the report, he acknowledged that this was a challenged area and highlighted that it was a case of quality and availability. The Social Care Reforms and need to upskill and update information and processes moving forward would be considered at a future meeting.

Resolved:

1. That Health and Care Overview and Scrutiny Committee receive the update report.

18. The Future of Supported Living Services in Staffordshire

The Director Health and Care outlined the report detailing feedback from stakeholders on the future commissioning arrangements for Supported Living Services in Staffordshire.

Committee noted the following comments and responses to questions:

- Feedback – all eight District and Borough Councils did attend involvement session.
- There were five hundred people in supported living accommodation in Staffordshire.
- Joint Commissioning across Staffordshire. The Director indicated that services work closely with NHS and noted the suggestion to work towards integration in the future. It was clarified that North Staffs Combined process was ahead of the curve on commissioning services for a particular cohort, they had expertise in that field.
- With supported living the housing and care contracts were two different contracts. They had a right of tenancy regardless of change of care contract. The block contracts were 5-10 years (5 plus 5) there was a need to put a break clause into the contract for the provider to look at the market to see if it was still viable to continue.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the update report.
2. That the Director of Health and Care summarise the comments of the Health and Care Overview and Scrutiny Committee under paragraph 7 of the report to Cabinet on 19 October 2022.

19. Clinical Policy Alignment

The Chairman welcomed representatives of the ICB. Gina Gill outlined the report and process undertaken between 2018 to date to consult and consider the 'Difficult Decisions' now known as Clinical Policy Alignment. The five clinical areas under consideration had been through prioritisation and involvement processes, technical events, and refining proposals:

- Male and Female sterilisation
- IVF
- Hearing loss
- Breast Reconstruction and augmentation
- Removal of Excess Skin following significant weight loss

Quality and equality assessments had been undertaken and the proposals approved by ICB Board. The next stage would be to issue notice to change local policies and notify anyone who was on the waiting list of the change to policy. The assisted conception policy would fall under the Women's Health Strategy and a separate policy would be developed by May 2023.

The Chairman clarified that the report was before committee to comment on the way forward, not to re-invent the clinical process that had been robustly carried out.

Committee noted the following comments and responses to questions:

- It was expressed that people in North Staffordshire had not been able to have hearing aids for mild hearing loss for seven years due to an inconsistency in policy. In response to a request for assurance that clinical evidence was consistent, it was confirmed that although the evidence had moved on since 2015 when the six Clinical Commissioning Groups carried out their reviews, the evidence was based on clinical evidence by each CCG. It was acknowledged that the clinical evidence review had taken time to gather and evaluate all of the clinical evidence, then had to take into account guidance, costs etc all the time looking at new evidence to make sure the right decisions were being made for residents and the health authority.
- In response to a question about National Institute for Health and Care Excellence (NICE) guidance, national policy and local policy, Committee was advised that there was a role for clinical senate making sure guidelines were taken into account in local practice. Local needs were taken into consideration, and local control of commissioning decisions. ICB had now taken over the role of 6 CCGs and provided an ICB footprint which provides one policy to implement based on clinical evidence.

The Chairman welcomed the pragmatic approach taken by ICB in interweaving this clinical policy alignment work into the Women's Health Strategy.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the update report.

20. District and Borough Activity Update

The Chairman advised Members that an update for Stafford Borough Council would be circulated.

Resolved:

1. That the District and Borough Updates be noted.

21. Work Programme 2022-23

Members considered the work programme and suggested the following additions:

- Schedule a special Mental Health Strategy session
- Primary Care update and model for future delivery 28 November 2022
- Healthier Communities Workshop 28 November 2022
- Dentistry 20 March 2023

Chairman