

Health and Care Overview and Scrutiny Committee

Monday 12 June 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
2 June 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. **Primary Care Dental Overview** (Pages 9 - 14)
Report of the Integrated Care Board
5. **Primary Care Access** (Pages 15 - 26)
Report of the Integrated Care Board
6. **Primary Care Estate** (Pages 27 - 36)
Report of the Integrated Care Board
7. **District and Borough Scrutiny Activity** (Pages 37 - 42)
Report of the District and Borough Representatives
8. **Work Programme 2023-24** (Pages 43 - 46)
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

Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	John Jones
Chris Bain	Leona Leung
Val Chapman	Jeremy Pert (Chair)
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Mike Sutherland
Phil Hewitt	Ian Wilkes
Monica Holton	David Williams
Jill Hood	

Notes for Members of the Press and Public

Filming of Meetings

Staffordshire County Council is defined as a Data Controller under the Data Protection Act 2018. The County Council has agreed that Public meetings should be the subject of live web transmission 'webcasting'. Fixed cameras are located within meeting room for this purpose.

The webcast will be live on the County Council's website and recorded for subsequent play-back for 12 months. The recording will also be uploaded to YouTube. By entering the meeting room and using the seats around the meeting tables you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of webcasting.

If you have privacy concerns about the webcast or do not wish to have your image captured then please contact the Member and Democratic Services officer named at the top right of the agenda.

Recording by Press and Public

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

**Minutes of the Health and Care Overview and Scrutiny Committee
Meeting held on 20 March 2023**

Present: Jeremy Pert (Chair)

Attendance

Patricia Ackroyd	Phil Hewitt
Charlotte Atkins	Dan Maycock
Philip Atkins, OBE	Bernard Peters
Richard Cox (Vice-Chair (Overview))	Janice Silvester-Hall
Ann Edgeller (Vice-Chair (Scrutiny))	Mike Sutherland
Philippa Haden	Mike Wilcox

Also in attendance: Julia Jessel

Apologies: Keith Flunder, Lin Hingley, Jill Hood and Barbara Hughes

PART ONE

50. 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).

51. Minutes of the last meeting held on 13 February 2023

The Committee noted a duplication of "to help" on page 2 of the minutes and highlighted that Councillor Steve Norman was not recorded as having attended the Committee as a Substitute Member.

Resolved – That, subject to the amends stated above, the minutes of the meeting held on 13 February 2023 be confirmed and signed by the Chairman.

52. Social Care Workforce Update

Councillor Julia Jessel and Amy Duffy, Senior Commissioning Manager, presented the Social Care Workforce Update. The Committee were informed that the Strategy detailed key actions as a collective partnership to support the on-going challenges faced by the Staffordshire social care workforce. The Committee were also informed that the recruitment process had been refined to be more efficient. It was highlighted that the strategy had been formed for the whole of the social care industry and a number of organisations and partners had been consulted.

The Committee were advised that people enjoyed working within the care industry and the strategy was based around recruitment, training and retention. In 2021/22 there were 21,000 filled posts in adult social care in Staffordshire. There had been a downward turn in the overall number of person employed in the sector in comparison from 2020/21:

- 11,500 employees working in residential and nursing care settings (marking a reduction of approx. 500 staff),
- 7,200 providing home care (marking a reduction of approx. 700 staff)
- 950 working in community-based care (including day opportunities).
- 1,400 personal assistants (providing support to both children and adult, and on behalf of the NHS).

It was reported that by 2024 it was projected that a workforce of 23,983 would be required. Taking into account the staff required due to increase in demand and potential staff turnover would require 6,336 new staff. By 2027 the estimated number of new staff required was 16,463.

The Committee were advised that there were 8 key workstreams focussed on supporting the social care workforce:

- Data & intelligence
- Information Sharing
- Journey to work
- Learning and Development
- Valuing social care
- Digitalisation
- Recruitment and Retention
- Transport

The Committee noted the following comments and responses to questions:

- Details of new uplifted rates of pay were not yet known.
- The Cabinet Member highlighted the importance of social care workers in the industry adding that care workers needed to feel valued. There were the dignity in care awards to give care workers recognition and a second celebration event being considered.

- Gathering a collective intelligence through exit interviews was difficult as there were over 500 individual providers in Staffordshire however work was being undertaken to bring together the data in a more cohesive manner so that common trends could be identified and addressed.
- In 2021/22, the overall turnover rate of the workforce was reported as 32.2% with 59% of leavers remaining within the social care workforce. The overall vacancy rate in Staffordshire was 9.9%.
- Feedback which had been received highlighted levels of pay, learning and development opportunities and team support and ethos.
- Employee benefits were being explored, the County Council's employee benefits scheme had been extended to some care workers and the possibility in further extending the NHS employee benefits scheme was being considered.
- There is a high turnover rate within children's social care. The Committee requested a briefing note on this.
- Training, development and apprenticeships were discussed. The Committee were informed that increasing the number of apprenticeships was being explored. Working alongside other providers so that there was an employment opportunity at the end of the apprenticeship. It was highlighted that apprenticeships were available to people of all ages.
- There would be targeted and localised recruitment campaigns. The ICS have undertaken a pilot in five secondary schools to promote health and social care careers. The Committee were also informed that a virtual work experience opportunity with the ICS was being developed.
- There were a number of zero-hour contracts in the sector, and it was discussed that there was a need for them as they give flexibility for the employer and the employee, however a reduction in the number of zero-hour contracts would help with staff retention. Work-life balance was also discussed to retain staff.
- Individual providers had attempted cash incentives related to recruitment and retention, however feedback from these providers was mixed.
- Digital competences in the workforce were wide ranging. A national digital framework which would set out expectations and training requirements for the workforce was expected.
- Feedback from workforce had highlighted that feeling valued and celebrating good practice and achievement was important. The Council were looking at ways to recognise and reward the workforce. Qualifications were also discussed as a mechanism to give young people aspiration.

- Colleges and Universities had been involved in the creation of the strategy. There was a workstream which was looking to establish a local social care academy which would offer qualifications at a number of levels. The Committee agreed to hold a focussed session on social care education in colleges. In relation to the proposed social care academy as the government were looking to bring in T levels.
- The Committee requested that a report detailing the progress against the action plan be brought to Committee in 12 months.
- The Committee also requested the market sustainability plan which was due to be published at the end of March 2023 and that they be invited to the workforce event on 19 April 2023.
- The Committee agreed to host a round table discussion with care providers: The Staffordshire Association of Care Providers and Nexxus and one or two smaller providers to discuss the Staffordshire Social Care Workforce Strategy and to seek their views on the strategy.

Resolved – That (a) the Committee noted the progress made by partners to date on the Staffordshire Social Care Workforce programme

(b) the Committee considered the on-going challenges faced by the social care workforce and the range of actions and initiatives identified by the programme to address these and continue to support the social care workforce.

(c) the following be shared with the Committee:

- A staffing update on the Childrens social care workforce.
- The Market Sustainability Plan
- An invite to the workforce event due to be held on 19 April 2023.

(d) the Committee hold a focussed session on social care education in colleges in relation to the proposed social care academy as the government were looking to bring in T Levels.

(e) a report detailing the progress against the action plan be brought the Committee in 12 months.

(f) the Committee host a round table discussion with care providers: The Staffordshire Association of Care Providers, Nexxus and one or two smaller providers to discuss the Staffordshire Social Care Workforce Strategy to seek their views on the strategy.

53. Staffordshire and Stoke-on-Trent ICB update on 2023/24 Operational Plan

Paul Brown, Chief Finance Officer at Staffordshire and Stoke-on-Trent Integrated Care Board presented the Staffordshire and Stoke-on-Trent ICB update on 2023/24 Operational Plan to the Committee. The Committee were advised that the system was required to agree three planning documents:

- A plan for the financial year 2023/24 (reflecting local and national priorities)
- A five year 'Joint Forward Plan'
- A Strategy

The Committee were advised that the financial position had been challenging. Over COVID the ICB broke even and it was expected to break even this year (22/23). It was reported that four priorities had been identified in 2023/24:

- Urgent and emergency care
- Tackling backlogs
- General practice
- Complex individuals.

The Committee noted the following comments and responses to questions:

- The plan will have timelines against each of the objectives and will be sent to the Committee when completed.
- Integrated Care Hubs were enablers of the outcomes highlighted in the report. Which would reduce the number of trips to A&E and calls to 999 as patients could be treated elsewhere.
- The ICB were due to take on the responsibility of Dentistry on 1 April 2023. It was reported that the Dentistry contracts were underspent.
- There was a lack of dentist schools in Staffordshire. The Committee and the ICB discussed that Keele University could offer dentistry courses.
- There was a need for more GPs and workforce to strengthen existing practices and primary care to reduce emergency calls.
- There was a Mental Health investment standard in response to under investment in mental health. In funding terms, mental health was now prioritised over physical health.
- Improving Healthy life expectancy was the long-term focus. In the short term, four priorities had been identified and targets had been associated with them such as waiting times for ambulance category

2 and 3 calls. The Committee agreed to receive the first quarter performance against these targets at a future meeting alongside the Key Performance Indicators and the Operational Plan.

- 10% of the work the NHS does is in relation to diabetes. Long term investments were being made to reduce the number of people with diabetes.
- As a reward of breaking even, £6 million extra capital had been given to the ICB. There was a £300million legacy financial debt and if the ICB were to breakeven for two consecutive years the debt would be written off which would allow the ICB to make investments. Capital was limited but some could be spent on estate.
- The Operating plan was a work in progress, there was more focus detailed in the long term in the plan which would be shared with the Committee when completed.
- Contacts within the ICB related to the Women's Health Strategy working group was to be shared with the Committee when available.

Resolved – That (a) the Committee noted the Staffordshire and Stoke-on-Trent Integrated Care Board's approach and current position in the development of the 2023/24 Operational Plan as set out by NHS England in the 2023/24 priorities and operational planning guidance.

(b) the Committee receive the first quarter performance against the targets in the Operating Plan at a future meeting alongside the Key Performance Indicators.

54. District and Borough Health Scrutiny Activity

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

The Committee discussed the content of the report and that it was compliant with the Francis report. It was reported that the Code of Joint Working had been agreed by the Leaders Board. The Committee agreed a small working group to look in detail at the District and Borough Councils Work programmes.

Councillor Haden advised that she had attended a virtual ward at the Royal Wolverhampton Trust and the Committee agreed to attend the virtual ward.

Councillor Maycock advised that Tamworth Borough Council had received the Healthier Communities report and had requested Staffordshire Public Health to attend to go through the recommendations within the report.

Councillor Wilcox informed the Committee that Lichfield District Council has invited the ICB to talk about the George Bryan Centre and the Burton Health and Wellbeing Centre.

Resolved – That (a) the District and Borough Health Scrutiny Activity report be received and noted.

(b) a working group be convened to look in detail at the District and Borough Councils work programmes.

55. Work Programme 2022/23

The Chairman informed the Committee that the Work Programme for 2023/24 was being drafted.

Resolved – That the Work Programme be noted.

Chairman

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 12 June 2023

SSOT ICB Primary Care Dental Overview

Recommendation(s)

I recommend that:

- a. This report is received as an update on the current dental position relating to access in Staffordshire and Stoke on Trent

Report of Chris Bird – Chief Transformation Officer

Summary

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

1. The report provides an update in regard to the current dental position in Staffordshire and Stoke on Trent
2. The reports outlines performance data including activity and access, the challenges, national initiatives, local actions to improve access to dental care.

Report

Background

Please find attached report (appendix 1)

Link to Strategic Plan

Primary care dental access recovery as part of NHS Operational Plan:

'Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels'

Link to Other Overview and Scrutiny Activity

Primary Care access

Community Impact

Refer to CIA guidance on the [Learning Hub](#)

List of Background Documents/Appendices:

Appendix 1 – report enclosed

Contact Details

Assistant Director: Sarah Jeffery – Portfolio Director for Primary Care

Report Author: Sarah Jeffery
Job Title: Portfolio Director for Primary Care
Telephone No.: 07791694937
E-Mail Address: sarah.jeffery3@StaffsStoke.icb.nhs.uk

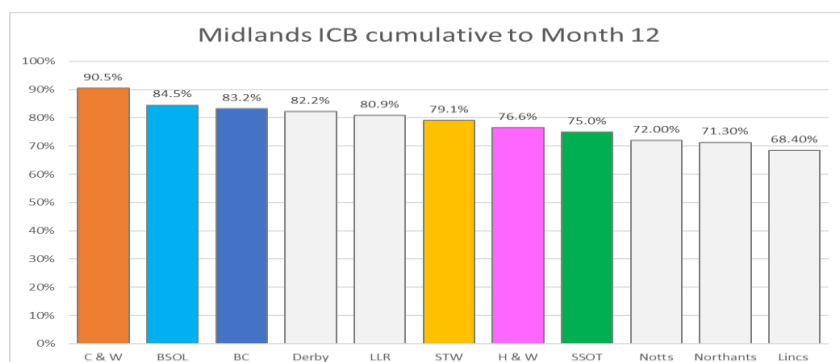
Staffordshire and Stoke on Trent (SSOT) ICB Primary Care Dental Overview

Context

Dental Commissioning was delegated to Integrated Care Boards from 1st April 2023 which creates opportunity in providing better support our populations in ensuring dental services meet their needs. The following paper outlines the current position and puts into context the challenges around dental access and includes the national and local actions being taken.

Contracted dental activity

During 2022/23, SSOT achieved 75% of contracted dental activity. Under delivery of activity via national corporate dental contracts such as Bupa, 'Mydentist' and Rodericks) is significantly impacting this overall performance position.



The table below outlines the contracted and scheduled activity across corporate dental contracts and other dental contracts. There are 20 national corporate dental practices in the ICB footprint. For example, if the corporate dental contracts had matched the performance of all other dental contracts in the ICB of 79.8% then the scheduled activity would be **increased** by 75,271 Units of dental activity (UDA). For context, UDAs are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs, and dentures are 12 UDAs.

SSOT Contract type	Contracted	Scheduled	Percent of contracted activity achieved
Corporate dental contracts (26.7% of ICB)	493,486	318,531	64.5%
Other dental contracts	1,351,908	1,078,210	79.8%

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Subject to regulation changes, from 2024, commissioners will be able to unilaterally re-base a contract that has under-delivered over a three-year period. This will release funding to enable the commissioning of replacement dental activity through a procurement or by increasing the contract values of existing well performing contracts that have plans in place to be able to meet increases activity levels. This equates to an estimated c. £1.74m potentially available from March 2024.

Challenges to access to dental care

During Covid, the numbers of unique patients accessing a dentist in the last 24 months declined due to the challenges that covid presented in accessing dental care (e.g. infection control). Whilst this position started to increase from March 2022, SSOT are now seeing smaller increases in the numbers of unique patients seen in the last available month of data and are struggling to recover to pre pandemic levels for several reasons.

The main issues preventing recovery in terms of access to dental care are:

- National shortage of performers – recruitment and retention challenges (dentists are choosing not to work in the NHS and instead choosing to practice privately).
- Contract hand backs by providers unwilling to continue to provide NHS services (relating to dissatisfaction with the dental contract).
- To date, there has been inability to rebase contracts unilaterally, where there has been historical under delivery and therefore funding is unable to be targeted to direct patient dental care where this is most needed.

National Initiatives – Dental Contract Reform (requires regulatory change)

National contract changes have been implemented to date with the aim of improving access for those most in need.

These include:

- Improved payment to encourage dentists to take on more complex cases
- Flexibility about which dental professionals will be able to provide treatment, freeing up dentists' time
- Renewed guidance and monitoring of patient recall periods.
- Where dentists do not deliver as many units of dental activity (UDAs) as their contract allows, the funding for unused capacity may be transferred to other dental practices that can provide additional appointments.

The focus of the next phase of national contract reforms is under consideration and is expected to include supporting patients who don't currently have access to an NHS dentist to improve access, further improved changes to the UDA system, prevention and improvement on the nations oral health and professional development of dental teams to make the NHS a rewarding place to practice dentistry.

Local Actions

As part of SSOT ICB's commitment to improve access, we are looking to support a range of initiatives to improve dental access along with our other West Midlands ICBs (subject to final sign off). This includes:

- Children's Community Dental Services (CDS) Support Practices, to support the management of children within a local dental practice, but with expert advice provided by the CDS service. This supports managing patients closer to home and relieves pressure from the CDS service, 111 and

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

A&E.

- Weekend access scheme, to commission additional routine activity
- Infrastructure investment scheme for dental practices to reconfigure premises to enable contractors to deliver additional NHS activity (part of future proofing in terms of potential redistribution of dental activity).

Further work the dental commissioning team is undertaking to help retain access includes:

- Redistribution of handed back activity to other providers who achieve key criteria (re-procure as a last resort option where this is not possible) ensuring patients can continue to access the dental care they need determined through the outputs of the Health Equity Audit
- Extended repayment plans to support contractors in financial difficulty and prevent further contract hand backs which impacts on access.

The 6 West Midlands ICBs have also commissioned a review of dental provision across the West Midlands to help to understand the current position within ICBs (including gaps in service) to support future decision making and dental access improvement. The outputs will be available in June and will be reviewed to determine short-, medium- and long-term plans to support further improvements in dental access. The ICB we are absolutely committed to improving access to dental care as we recognise this is currently a significant challenge.

The above demonstrates the commitments we can make immediately to support addressing the access challenges and once the review of the gap analysis has been completed, this intelligence will be used to develop further initiatives to improve access.

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 12 June 2023

General Practice Access **Recommendation(s)**

I recommend that:

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

Report of Chris Bird (Chief Transformation Office, Staffordshire and Stoke-on-Trent ICB)

Summary

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

The Overview and Scrutiny Committee is asked to receive a presentation and paper as an update in regard to general practice access.

Report

Background

1. Updates regarding general practice access have previously been presented to the Overview and Scrutiny committees for information and discussion.
2. Challenges remain in relation to demand and capacity in general practice which is impacting access.
3. The ICB Primary Care Team continue to work with practices in terms of access as part of the overall access programme plan that is in place.
4. The presentation outlines:
 - a. General Practice appointments and GP Patient Survey
 - b. Information regarding demand and capacity
 - c. The National Delivery Plan for Recovering Access to General Practice
 - d. ICB Primary Care Team Access Programme Delivery

e. Challenges impacting on access

Link to Strategic Plan

Primary Care – General Practice Access

Link to Other Overview and Scrutiny Activity

Primary Care – General Practice Access

Community Impact

Refer to CIA guidance on the [Learning Hub](#)

List of Background Documents/Appendices:

Appendix 1 – slides 'General Practice Access Update'

Appendix 2 – Primary Care Access Paper

Contact Details

Director: Chris Bird – Chief Transformation Officer

Report Author: Vicky Oxford
Job Title: Primary Care Programme Lead

Telephone No.:

E-Mail Address: Vicky.oxford@staffsstoke.icb.nhs.uk

Primary Care Access

General Practice

June 2023

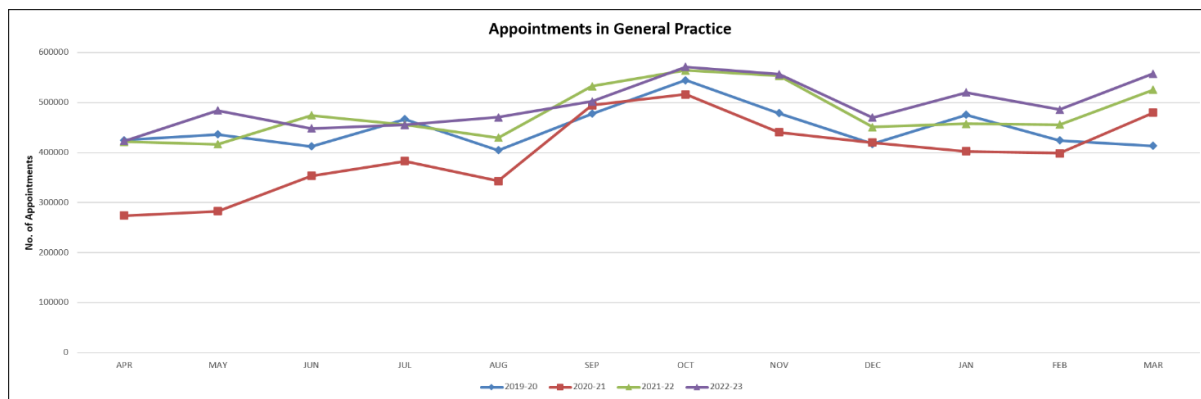
General Practice Access

1.0 Current Position

Since the Covid pandemic, some GP practices nationally have experienced a 20-40% increase in contact with primary care and there has been a decrease in satisfaction with general practice in relation to being able to contact GP practices.

GP practices in Staffordshire and Stoke-on-Trent are offering more appointments than the pre Covid period of 2019-2020 (table 1) however patient satisfaction with access has declined as demonstrated in the national GP Survey results (table 2).

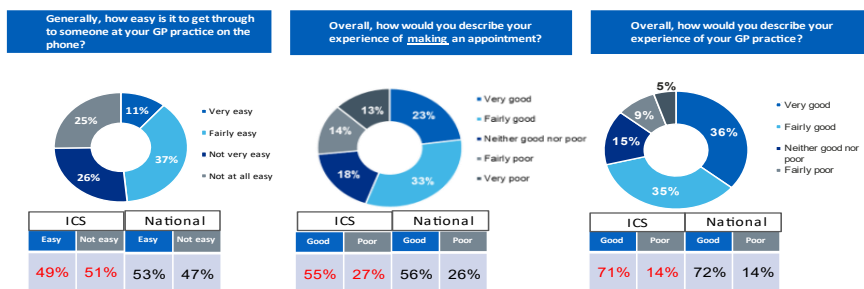
Table 1: General Practice Appointment Activity 2019-20 to 2022-23



In March 2023, primary care appointment activity was 34.9% higher than the same period in 2019/20. There has been an 11% increase overall for 2022/23 compared to 2019/20.

The proportion of face-to-face appointments stands at 74% (compared with 64% in the equivalent month in 2019/20). This is higher than the National average standing at 70% for March 2023. Practice variation ranges from 42% to 100% face-to-face, with 70% of practices above the National average.

Table 2: GP Patient Survey Results



There is increased demand on general practice related to local demographics and an increase in the number of patients aged 70+ with increasing dependency and some with multiple long-term conditions.

GP practices are reporting an increased demand for appointments and prescriptions and an increase in queries relating to hospital referrals and appointments, and telephone access is impacted by referral queries and vaccination queries. There is continued pent up and increased demand including for complex care with many patients generally wanting to see a GP. Locally we have a reduced GP workforce with recruitment and retention issues.

There is a national and local focus on improving this position and enhancing patient experience which is reflected in the Staffordshire and Stoke-on-Trent General Practice Strategy, the national GP Contract changes, 2023-24 and the National Delivery Plan for Recovering Access to Primary Care.

2.0 Staffordshire and Stoke-on-Trent General Practice Strategy

Staffordshire and Stoke-on-Trent General Practice Strategy is based the four building blocks within the Fuller Stocktake Report (Integrated care teams, Same day urgent access, Prevention and Personalised care). The access building block is reflected in the GP contract changes for 2023-24 with the key element in relation to access being:

- Improving patient experience and satisfaction with access

The GP contract changes include:

- Patients to have an assessment of need or be signposted to another service at first contact, regardless of how they contact the practice
- This is an assessment of need not necessarily an offer of an appointment
- A GP practice will not be able to request that patients call back later

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The GP Contract changes 2023-24 are underpinned by the National Delivery Plan for Recovering Access to Primary Care which was published on the 9th May 2023.

3.0 The National Delivery Plan for Recovering Access to Primary Care

The National Delivery Plan for Recovering Access to Primary Care focuses on the '8am rush' in general practice, a reduction in the number of people struggling to contact their GP practice and supports a move to make better use of technology to access general practice, therefore improving patient experience.

To tackle the increasing demands on Primary Care, the plan focuses on four areas to alleviate pressure:

- Empowering patients
- Implementing Modern General Practice Access
- Maximising Capacity
- Cutting Bureaucracy

Empowering Patients

Enabling patients to take a more active role in the management of their health and care by utilising technology that:

- i) provides patients with access to information to inform their health decisions;
- ii) removes inefficiencies and
- iii) increases flexibility for the workforce.

Recommendations:

- Improving information and NHS App functionality
- Increasing self-directed care
- Expanding community pharmacy

Implementing Modern General Practice Access

Patients shouldn't be told to call back another time to secure an appointment on the day. Better digital online contact tools and telephony, and changes to workflow have successfully increased accessibility for patients - the Modern General Practice Access Model. The focus will be on enabling patients to know on the day how their request will be handled, based on clinical need and preference for appointment type, reducing long waits on the telephone and providing patients with more timely information

Recommendations:

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Better digital telephony (cloud based telephony)
- Simpler online requests (online consultation)
- Faster navigation, assessment and response

Maximising Capacity

There is a shortage of GPs to meet the needs of a growing and ageing population, with increasingly complex needs. A focused effort is required to bring new doctors into general practice and retain current GPs. The focus will be on ensuring general practice is utilising all resources to manage increasing demand, managing more patient requests and optimising the use of the full practice team.

Recommendations:

- Larger multidisciplinary teams (including Additional Roles Reimbursement Scheme (ARRS))
- Increase in new doctors nationally
- Retention and return of experienced GPs
- Primary care estates

Cutting Bureaucracy

In some practices patient contacts have increased between 20% to 40% since before the pandemic; and there is a risk that GPs are overloaded and spend less time with patients. Around 30% of GP time is spent on indirect patient care. Reducing paperwork will improve efficiency and enable GPs to have more time available for direct patient contact. A focus of the National Delivery Plan is on reducing the time spent by practice teams on low-value administrative work, improving the join up between primary and secondary care services, to give teams more time to focus on a patient's clinical needs.

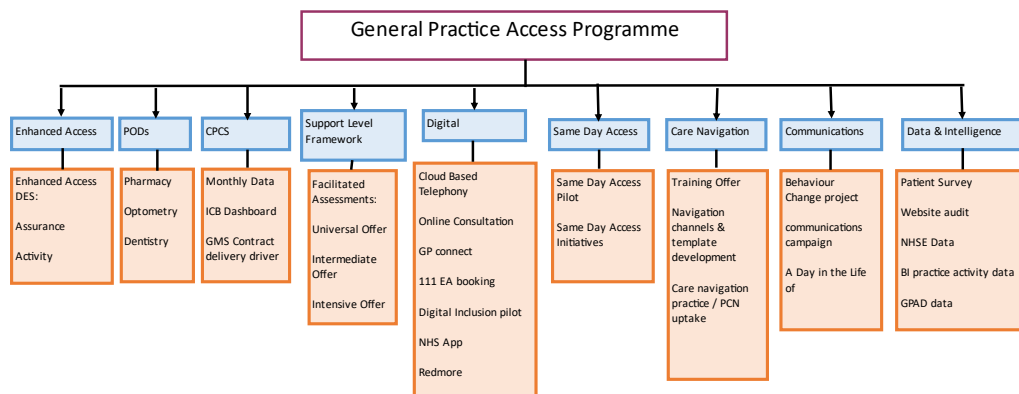
Recommendations

- Improving the primary-secondary care interface
- Building on the Bureaucracy Busting Concordat (Appendix A)

4.0 General Practice Access Programme

To support the delivery of the Staffordshire and Stoke-on-Trent General Practice Strategy and the National Delivery Plan for Recovering Access to Primary Care, a Primary Care Access Programme has been developed under the ICB's Primary Care Portfolio (Table 3). The projects within the Access Programme are designed to support delivery of local and national strategic objectives.

Table 3: ICB General Practice Access Programme



An Enhanced Access service is being delivered by 25 Primary Care Networks (PCNs) via the PCN DES which equates to 1,165 hours of access to primary care per week, delivered 6.30-8pm weekdays and between 9am-5pm Saturdays.

Work continues to maximise use of the Community Pharmacy Consultation Service (CPCS) in primary care which allows patients to be referred to a Pharmacist where appropriate. Currently practices in the ICB are the highest referrers into CPCS in the Midlands region.

A national Support Level Framework has been developed and the ICB is working with NHS England and GP practices to access the support offers available to general practice. The Support Level Framework (SLF) is a tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends.

Digital technology and how this can be used to enhance the patient experience is included in the Access and wider Digital Programmes. GP Practices are being supported to review telephony, online consultations and the use of the NHS App.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The National Delivery Plan entails a national communication campaign and this will be supported with local communications informing patients to enable to them to access healthcare, with the most appropriate health professional in a suitable location to their need.

The ICB Primary Care Team is working with Primary Care Networks (PCNs) and the GP practices within them on the development of PCN Improvement Plans focusing on the requirements of the GP contract changes 2023-24 and the National Delivery Plan for Recovering Access to Primary Care. Improvement Plans will be signed off by the 31st July 2023.

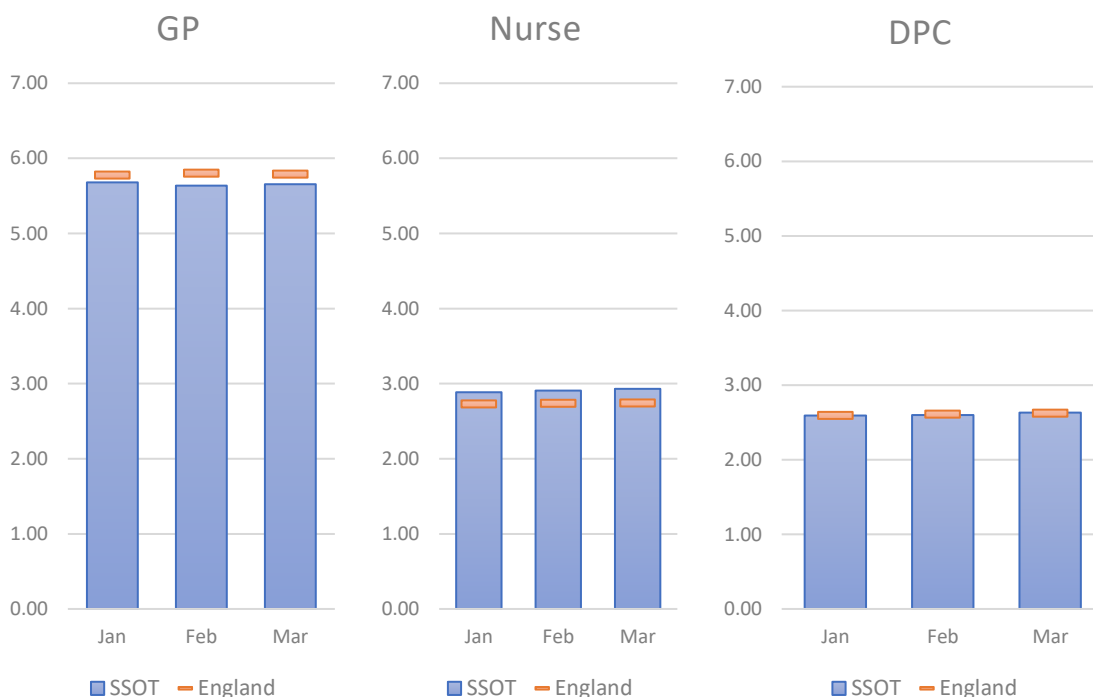
5.0 Accountability

The National Delivery Plan for Recovering Access to Primary Care asks ICBs to develop a system-level access improvement plan which includes a summation of the actions their PCNs and practices have committed to, confirmation of offers of support (for example, uptake of cloud based telephony - currently 80% of our GP practices have some form of cloud based telephony in place) and the outcome expected. ICBs should take these plans to their public boards in October or November 2023 with a further update in February or March 2024.

6.0 Access Interdependencies

There are a number of interdependencies related to access including workforce and estates.

Primary Care workforce per 10,000 weighted population Jan 2023-March 2023



NHS Staffordshire and Stoke-on-Trent Integrated Care Board

As part of our commitment to develop a Staffordshire and Stoke-on-Trent general practice workforce strategy by 2024, the ICB has set up the Primary Care Workforce Implementation Group (PC WIG) that will lead its development. The Primary Care WIG's purpose is to work collaboratively to influence across the system, have a coordinated approach and build confidence in our approach to workforce which enables us to build a primary care workforce for Staffordshire and Stoke-on-Trent for the present and the future. The group have started to bring together work that is already happening across the system and have started to identify task and finish groups to address any gaps. One priority task and finish group is mandated to develop a plan to ensure full utilisation of the Additional Roles Reimbursement Scheme (ARRS) budgets during 2023-24 that will see an increase in the recruitment of roles designed to deliver personalised and coordinated care for patients. The system has recruited a full time retention partner focussing purely on primary care to support the implementation of workforce schemes and they are currently supporting the delivery of the workforce, health, and wellbeing quality improvement module in the National Quality and Outcomes Framework (QOF).

The NHS Long Term Workforce Plan that will be published shortly which will be reflected in local plans.

The ICB Primary Care Team is focusing on estates as access to good quality estate is a requirement of general practice and the staff working within it. The ICB is working with our Primary Care Networks who are currently in the process of creating PCN estate plans. These plans pull together key information, including housing trajectories, and will help to identify key estate priorities for PCNs. This will then be aggregated at an ICB level to enable the ICB to prioritise key projects in the short, medium and long term. These plans will allow the best opportunities to gain funding for extensions and developments through any potential funds that may become available to the ICB.

7.0 Recommendation

That the Overview and Scrutiny Committee receives the paper on the ICB plan with regards to general practice access in Staffordshire and Stoke-on-Trent.

Appendix A – Bureaucracy Busting Concordat

Seven principles to reduce unnecessary bureaucracy in general practice:

1. All policies should be designed with the patient and patient journey at the heart of the process, to ensure a minimum administrative burden for people accessing government services.
2. General practice should only be required to provide evidence of a medical nature when it is unavailable by other means. Always consider why factual medical evidence or opinion is required and only request if it is absolutely necessary with as little frequency and depth as possible. Due consideration should be given to how this request for evidence should be funded if the request is made of general practice staff.
3. When introducing or reviewing an existing requirement for a medical certificate or examination, ensure that the most appropriate professional for the job is able to certify, promoting alternatives to the GP, including other members of the primary care team whenever possible and appropriate.
4. When requesting medical information, ensure standardised forms are available for use and ensure that all information requests are as clear and concise as possible.
5. Always consider digital forms rather than paper-based approaches, with standardisation and the potential for automation or data sharing where appropriate, though digital solutions in themselves do not always reduce bureaucracy. Where possible these solutions should be integrated into general practice systems.
6. When changing or designing a new process or form, ensure it has been co-designed with those who will be using it, for example GPs or other appropriate healthcare professionals, to ensure it is user friendly and supports our aim to reduce bureaucracy.
7. If only medical history is required, where appropriate make provision for the option for patients to provide this themselves rather than requiring it from a GP or health professional. Where possible, this process should be designed without need for GP ratification



Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 12 June 2023

SSOT ICB Primary Care General Practice Estates

Recommendation(s)

I recommend that:

- a. This report is received as an update on General Practice estates across Staffordshire and Stoke-on-Trent

Report of Chris Bird – Chief Transformation Officer

Summary

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

1. The report provides an update regarding the current General Practice estate in Staffordshire and Stoke-on-Trent
2. The report outlines our General Practice estate programme, our system estate charter, Section 106 and Planning approach and challenges to make best use of our estate for General Practice and our population.

Report

Background

Please find attached presentation (appendix 1)

Link to Strategic Plan

General Practice estates is a key element of Staffordshire and Stoke-on-Trent ICS System Estates Charter:

Our Charter



Link to Other Overview and Scrutiny Activity

Primary Care access

Community Impact

Refer to CIA guidance on the [Learning Hub](#)

List of Background Documents/Appendices:

Appendix 1 – presentation enclosed

Contact Details

Assistant Director: Sarah Jeffery – Portfolio Director for Primary Care

Report Author: Andy Hadley
Job Title: Head of Primary Care Estates and Digital Transformation

Telephone No.: 07841804572
E-Mail Address: andy.hadley@staffsstoke.icb.nhs.uk

General Practice Estates

Page 29



12th June 2023

Andy Hadley

Head of Primary Care Estates and Digital Transformation

-  **Introduction**
-  Estates Charter
-  General Practice Estate
-  Collaborative Working
-  Next Steps

Introduction

- 142 practices with a total of 190 buildings included in our estate
- Working to ensure a single version of the truth
- Fuller Stocktake highlights opportunities ICSs have to take a 'one public estate' approach and think creatively about primary care estates
- One of eight key enabling programmes within ICB General Practice Five Year Forward strategy
- A clinical and estates strategy for each PCN will be authored by end of June 2023. Will support NHS England and local systems to have clear understanding of estate needs
- Invited to be pilot area for national programme to focus on system estate opportunities

Estates Charter



No organisation will seek to make a profit through estates from another system partner

This will include primary care and third sector health and care related partners



Space utilisation will be maximised and non-productive space minimized

including making the best use of shared space and digital alternatives – regularly challenging how services are provided



Our estate is a system asset

all estate should be seen an asset to all system partners



We will seek to act as an estate system putting patients at the heart of our decisions so acquisitions and disposals support the system healthcare and a balanced budget

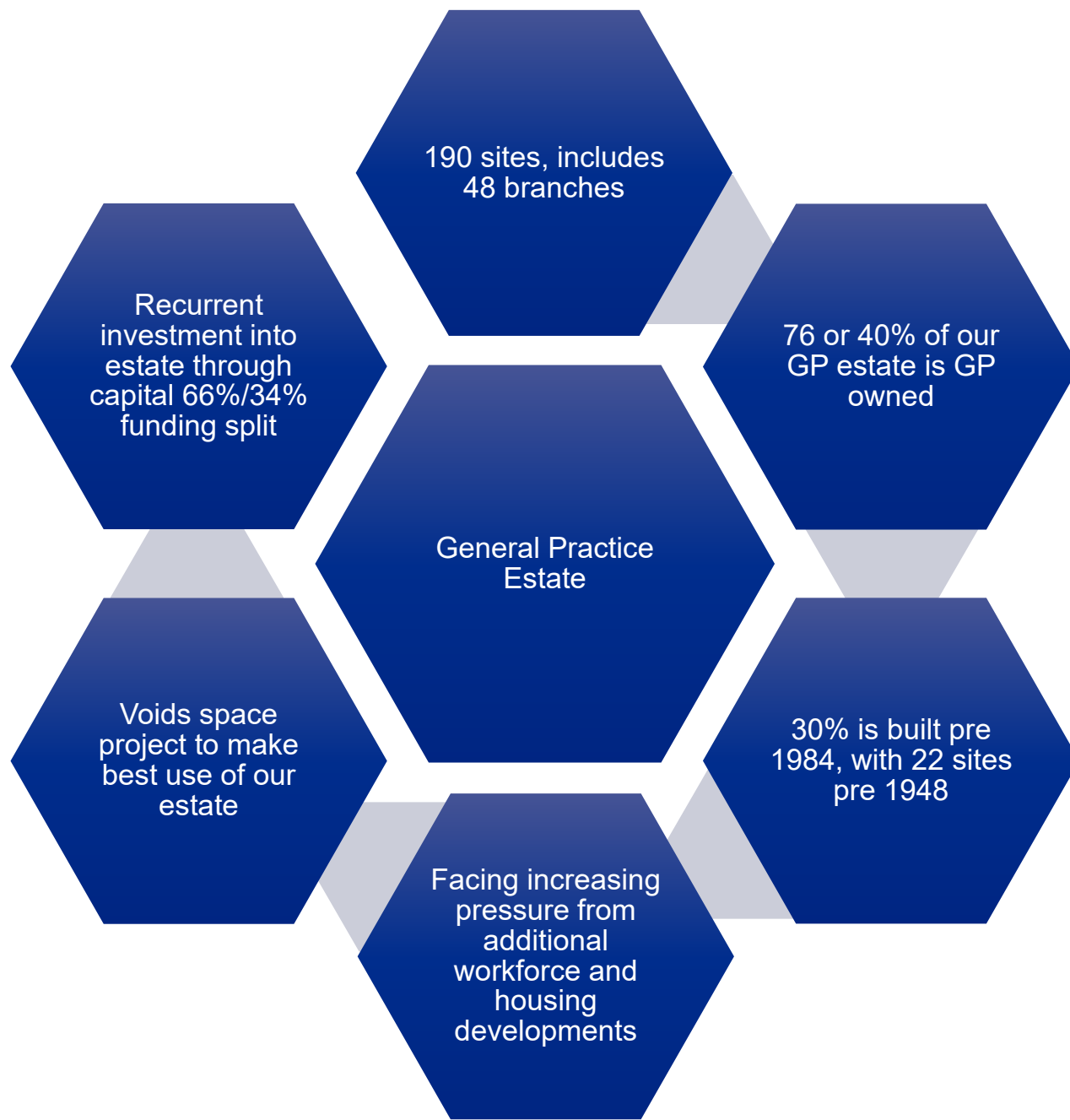


Where a solution saves money they will proceed

The CFOs will ensure that all organisations are the same or better off as a result. No estates decision to save money can be at the cost of system efficiency.

Enhancing the experience of the communities we serve





Collaborative Working

- Increased partnership working specifically with MPFT in order to re-align estate and make best use of estate in line with the system estates charter
- Premises Improvement Grants
- Data and continual improvements to data help – Primary Care Data Gathering and Facet Surveys – expect further updates summer 2023
- The ICB now has a strong working relationship with all planning authorities on S106/CIL and town planning and then this is taken into ICB/Practice discussions to support forward planning
- Additional space requests directed to minimise void space and increase space for practices/PCNs without need to use commercial estate
- Supporting two new developments – Outwoods (on hold nationally and Burntwood second development)
- Leases/rents - providing estates support for practices in lease discussions with Landlords or in respect of property cost queries

Page 34

Next Steps

- PCN estate plans to ensure estate is fully utilised as much as possible. Plans created for where under-utilisation has been identified and allowing re-provision of any under-utilised space allowing for other services to use it more fully for the benefit of the system
- Where feasible re-locate teams into current existing estate rather than creating new estate spaces at additional cost to the system
- Continual improvement in data held regards our GP estate to support, national NHS England, build a case for 2025 funding review which will be key to address needs for future of GP.

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee – Monday 12 June 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 14 March 2023

Date of next meeting: 17 July 2023

8. East Staffordshire Borough Council

East Staffordshire Borough Council's Scrutiny Community Environment, Health and Well Being Committee met on 16 March 2023.

Date next meeting: tbc

9. Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee met on 16 March 2023.

The Committee considered two items:

- Burntwood Health & Wellbeing Centre
- George Bryan Centre

Also considered an update on the work of the Staffordshire HCOSC.

To see minutes follow this link [16 March 2023 minutes](#)

Date of next meeting: 8 June 2023

10. Newcastle-under-Lyme Borough Council

The Health, Wellbeing & Environment Scrutiny Committee last met on 6 March 2023

Date of next meeting: 14 June 2023

11. South Staffordshire District Council

South Staffordshire Councils Wellbeing Select Committee last met on 7th February 2023.

Date of next meeting Tuesday 6th June 2023

12. Stafford Borough Council

Stafford Borough Council's Community Wellbeing Scrutiny Committee last met on 23 March 2023.

Date of next meeting 18 July 2023.

13. Staffordshire Moorlands District Council

Staffordshire Moorlands District Council's Health & Community Overview and Scrutiny Panel is due to meet on 12 June 2023.

An update will be provided after the meeting has taken place.

14. Tamworth Borough Council

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 28th March 2023 and the, 18th April 2023:

Developing Healthier Communities

Following on from the Chairs attendance at a meeting earlier in the year where he had reported to the Committee on the work undertaken by the Staffordshire County Health & Care Overview and Scrutiny Committee regarding Developing Healthier Communities, which that Committee had requested District and Boroughs also consider, the Executive Director, Communities, Rob Barnes and the Assistant Director, Partnerships, Jo Sands, together with a colleague from Staffordshire County Council, Sarah Moore (Commissioning Officer) to provide an overview and some context. This included:-

1. A summary of indicators (including population data) and health conditions where the data showed the figures for Tamworth Borough differed or were less favourable than Staffordshire as a whole / the national average and the ongoing work at Staffordshire County to

develop locality based data was highlighted which is was reported was expected to be ready late this year (Autumn 2023).

2. The broader governance framework within which health operated at the County level which included the Staffordshire Health & Wellbeing Board and an overview of the four priorities set by this Board was provided, which included Health in early life, Good mental health, Healthy weight and Healthy aging.
3. The role that social circumstances and the environment and broader health behaviour patterns, as well and the provision of health services, played in creating healthy communities and how resilience in communities could be developed. In this regard it was reported that County commissioned services from Support Staffordshire and as well as SCYVS and worked with organisations such as Age UK.

Date of next meetings: 1 June 2023 and 11 July 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 David Williams	Cllr Phil Hewitt
East Staffordshire	Cllr Monica Holton	Cllr Philip Atkins
Lichfield	Cllr Leona Leung	Cllr Janice Sylvester-Hall
Newcastle	Cllr Ian Wilkes	Cllr Ian Wilkes
South Staffordshire	Cllr Val Chapman	
Stafford BC	Cllr Ann Edgeller	Cllr Ann Edgeller
Staffordshire Moorlands	Cllr John Jones	Cllr Keith Flunder
Tamworth	Cllr Chris Bain	Cllr Thomas Jay

Contact Details

Report Author:

Zach Simister

Job Title:

Scrutiny and Support Officer

Telephone No.:

01785 276901

E-Mail Address:

zachary.simister@staffordshire.gov.uk

Health and Care Overview and Scrutiny Committee Draft Work Programme 2023/24

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2023/24.

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 2023-24

Date	Topic	Background/Outcomes		
Committee Meetings, Reviews and Consultations				
	Topic	Background	Basis	Outcomes
Monday 12 June 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> Draft Work Programme General Practice Access NHS Dentistry transition plan and access to NHS services General Practice Estates 	Annual update of Work Programme Requested by Committee.	Public Interest and Service transformation	
Health and Care Training Session July 2023 TBC	<ul style="list-style-type: none"> Health and Care training delivered by Centre for Governance and Scrutiny 		Member Development	
Monday 24 July 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> ICB Operating Plan & 1st Quarter performance and KPIs System Pressures – UHNM & WMAS & UHDB (Lessons learned from Winter period) Elective Pressures ICS Workforce Plan 	(joint report which includes a discharge update with Richard Harling from a Council perspective)	Performance	
Monday 31 July 2023	<ul style="list-style-type: none"> Introduction to Adult Social Care Services 	To review Social Care Services and provide assurance	Performance	
Summer (date tbc)	<ul style="list-style-type: none"> Member workshop to assess access to information on Social Care 			
Monday 18 September 2023 at 10.00 am	<ul style="list-style-type: none"> Mental Health Update MPUFT & NCHFT 			
2nd October at 10:00am	<ul style="list-style-type: none"> Possible enquiry session re social care education (requested March 2023) 	Agreed by Committee 24 March 2023		
Monday 16 October 2023 at 10.00 am	<ul style="list-style-type: none"> ASC Workforce ICS Workforce 	Agreed by Committee 24 March 2023		

	<ul style="list-style-type: none"> Feedback from Social Care education session 			
Autumn (date tbc)	<ul style="list-style-type: none"> Member workshop to assess access to financial assessments 			
Monday 27 November 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> Social Prescribing Feedback from two workshops 	Review impact on investment on Social prescribing		
Monday 29 January 2024 at 10.00 am Scheduled				
Monday 18 March 2024 at 10.00 am Scheduled				

Work programme for 2023-24 - items		Background	Basis	Target Scheduling Date
Briefings	<ul style="list-style-type: none"> Quality Accounts NHS Trusts 	Annual		May/June 2023
Page 45	<ul style="list-style-type: none"> Care market 			
	<ul style="list-style-type: none"> Public Health - PH AR - PH Dashboard Developing Healthier Communities updates 			
Requested in 2022-23	<ul style="list-style-type: none"> Impact of air pollution on health Impact of Long COVID Obesity and Diabetes Social prescribing End of Life – compassionate communities (working group?) Innovation / technology – JJ ASC, JP NHS (Phillipa Haden) Health Visitor Service Lichfield DC recommendation Work Programme for 2023/24 that SCC Health & Care Overview and Scrutiny Committee should itemise - S106 monies for GP Practices. (It was known that the ICB had applied to LDC for £550,000 for additional GP capacity sought at the Rugeley Power Station site). Healthwatch Annual Report 			

Membership

Jeremy Pert Chairman)
Richard Cox (Vice-Chairman - Overview)
Ann Edgeller (Vice-Chairman – Scrutiny)
Charlotte Atkins
Philip Atkins
Keith Flunder
Thomas Jay
Phil Hewitt
Jill Hood
Bernard Peters
Janice Silvester-Hall
Mike Sutherland
Ian Wilkes

Borough/District Councillors

Ann Edgeller (Stafford)
(Cannock Chase)
(East Staffordshire)
Leona Leung (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)
Val Chapman (South Staffordshire)
John Jones (Staffordshire Moorlands)
Chris Bain (Tamworth)

Calendar of Committee Meetings

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

Monday 12 June 2023 at 10:00 am
Monday 24 July 2023 at 10.00 am;
Monday 18 September 2023 at 10.00 am;
Monday 16 October 2023 at 10.00 am;
Monday 27 November 2023 at 10.00 am;
Monday 29 January 2024 at 10.00 am;
Monday 18 March 2024 at 10.00 am;