

Health and Care Overview and Scrutiny Committee

Monday 27 November 2023

10:00

Council Chamber, County Buildings, Stafford

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John Tradewell
Deputy Chief Executive and Director for Corporate Services
17 November 2023

Agenda

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 13 November 2023** (Pages 1 - 4)
4. **Minutes of the meeting held on 31 July 2023** (Pages 5 - 8)
5. **Maternity and Neonatal Services Update** (Pages 9 - 16)
Report of the Staffordshire and Stoke-on-Trent ICB.
6. **SSOT ICB Performance and Finance Overview** (Pages 17 - 30)
Report of the Staffordshire and Stoke-on-Trent ICB.
7. **District and Borough Health Scrutiny Activity** (Pages 31 - 36)
8. **Work Programme** (Pages 37 - 42)

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.

Part Two

(All reports in this section are exempt)

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

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**Minutes of the Health and Care Overview and Scrutiny Committee
Meeting held on 13 November 2023**

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	John Jones
Chris Bain	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	

Also in attendance: Julia Jessel & Baz Tameez

Apologies: Val Chapman, Phil Hewitt, Leona Leung and David Williams

Part One

38. Declarations of Interest

There were no Declarations of Interest on this occasion.

39. Minutes of the last meeting held on 16 October 2023

The Committee agreed to make the following amendments to the minutes under item 34:

- A spelling error in the 2nd paragraph should read “within”.
- The 4th bullet point should read “patient”.

Resolved – That, subject to the amendments referred to above, the minutes of the meeting held on 16 October 2023 be confirmed and signed by the Chairman.

40. West Midlands Ambulance Service WMAS Performance Update

Vivek Khashu, Strategy and Engagement Director, Mark Docherty, Clinical Director, Nick Henry, Paramedic Practice and Patient Safety Director and Murray MacGregor, Communications Director, presented the West Midlands Ambulance Service Performance Update to the Committee.

The Committee received incidents, transport and conveyance data, operational demand and handover delay data and average Category 2

response times.

The Committee noted the following comments and responses to questions:

- The ambulance data incorporated Stoke-on-Trent.
- UHNM was a major trauma centre so response times around the hospital were likely to be lower due to the number of ambulances in and around the hospital.
- Handover delays were a system wide issue and were related to capacity within all parts of the system. More patients were accessing A&E as an alternative to primary care services and the committee discussed the need for more communications to highlight the most appropriate pathway for individuals and care. The West Midlands Ambulance Service (WMAS) had a public health strategy and were working with partners in the ICS. The Committee commented on the role for Public Health and Local Authorities to keep people healthier for longer.
- The ambulance activity was reducing over a sustained period as WMAS had found alternative pathways for patients.
- WMAS were recommending an independent review of the required resourcing to improve performance and present scenarios to WMAS of what the ambulance model could look like across the West Midlands. The last ambulance review in the region was in 2009. The Committee endorsed the proposal for an independent review.
- An ambulance crew would attend 7-8 jobs in a 12-hour period pre-COVID. The current Staffordshire average was 3.2 jobs in a 12-hour period. This was partially due to hospital handover delays; however, the other causes were unknown, and the independent review would identify these causes.
- The Committee noted that patients were triaged on arrival at A&E.
- Concerns were raised around patients who self-presented to hospital when they needed an ambulance but had made the journey independently due to high ambulance wait times. Their condition, particularly if driving, may have put themselves and others at risk.
- In some incidences, Category 2 or 3 calls had become Category 1 calls due to ambulance delays and the patient's condition had deteriorated.
- Walsall Hospital A&E handover performance was amongst the best in the country as they operated a different handover model within the hospital.
- Frail and elderly people were at risk of significant injury as a result of a fall. The WMAS had been working with the SSOT ICB to get more lifting aids in care homes for patients who had had a fall.
- SSOT ICB had commissioned the fire service to provide a falls service however these schemes were not usually sustainable due to short term funding. The fire service were not CQC registered to

provide patient care and without adequate training, a patient risked further injury.

- The Ambulance Service had also changed its guidance on patients who had fallen, where they had previously recommended that those patients did not eat or drink until the arrival of an ambulance crew. Now they recommend that the patient keeps hydrated and comfortable.
- The increased trajectory of lost hours as a result of hospital handover delays had been identified by WMAS, this was due to increased pressure in the summer months.
- There was a Community Rapid Intervention Service (CRIS) for patients at risk of needing admission to hospital who operate for 12 hours a day, 7 days a week, which is highly regarded by WMAS. WMAS commented the benefit if this service operated 24-hours a day to triage people out of the ambulance service if there was not an emergency need. The committee supported the concept.
- Due to the rurality of some towns and villages within Staffordshire, the low number of cases and lack of resource, ambulance response times for those areas would be unlikely to hit response time targets.
- When Community Ambulance stations were closed in Staffordshire, research found that the local resources only attended 5% of cases in the local area. Hospital handover delays had impacted response times in rural areas.
- Staffordshire was a net importer of ambulances as Staffordshire needed more ambulance resource which was supplemented from other areas of the West Midlands (as it was the regional trauma and a specialist centre).
- WMAS provided assurance that they prioritise on a case-by-case basis regardless of location/ rurality.
- Due to patient safety and governance arrangements, the landscape of Community First Responders (CFR) had changed, and a regulated qualification had been introduced across the West-Midlands. Due to training requirements and safety, it was not appropriate for CFRs to have blue lights or carry high grade drugs. It was reported that the school which delivered the training had been rated grade 2 (good) by OFSTED.
- There were hospital ambulance liaison officers in place in Staffordshire to coordinate the flow of patients at the hospital. They also ensure ambulance crews were using the right service.
- The Committee discussed facilitating a Summit meeting between Staffordshire health partners to share best practice and look at ways of optimising all parts of the health pathway.
- It was reported that best practice meetings between Walsall Hospital and Staffordshire Acute Trusts were ongoing.
- The Committee discussed if the KPIs were appropriate to highlight performance and identify ways of improving system flow and requested to receive comparative benchmarking data with other

areas in the West-Midlands. They also requested to receive data on the utilisation of ambulances per day and the number of people conveyed to hospital but not admitted.

- There was a need to triage calls and to reduce the number of calls requiring an ambulance. There were some examples of where an ambulance had been called and attended a patient which could have been prevented by other areas of the ICS.
- WMAS invited Members of the Committee and the SSOT ICB to experience a typical evening at WMAS.

Resolved – That (a) the performance update be received, and the Committee comments be noted.

(b) the Committee endorsed:

1. WMAS proposal for an independent review.
2. the proposal for lifting aids to be installed in care homes, with appropriate training.

(c) the Committee recommend further discussions between the ICB commissioner and WMAS regarding the extension of the Community Rapid Intervention Service operation hours.

(d) the Committee noted that discussions with the Commissioner regarding Community First Responders were ongoing and the Chairman asked to be kept up to date with progress in these discussions.

(e) the SSOT ICB Commissioner further investigate training provided to Staffordshire Fire and Rescue service officers to provide the commissioned falls service. The Chairman asked to be kept up to date with progress in these discussions.

(f) the Committee give further consideration to facilitate a Summit meeting with all relevant parties from within the Staffordshire ICS to identify ways of improving wider system flow for all parties in the system.

(g) the Committee would like to encourage parties to meet with Walsall Hospital to look at ideas to share mutual best practice on hospital handovers.

(h) the Committee requested WMAS to look at the KPIs and provide benchmarking data and information on the utilisation of ambulances within Staffordshire. The Committee requested to receive the numbers of people conveyed to an acute hospital but were not admitted.

Chair

**Minutes of the Health and Care Overview and Scrutiny Committee
Meeting held on 31 July 2023**

Present: Jeremy Pert (Chair)

Attendance	
Philip Atkins, OBE	Jill Hood
Chris Bain	Leona Leung
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	David Williams
Phil Hewitt	

Also in attendance:

Apologies: Charlotte Atkins, John Jones and Kath Perry, MBE

Part One

18. Apologies

19. Declarations of Interest

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

Councillor David Williams declared an interest as an employee for the UHDB and a Governor for UHDB.

20. Adult Social Care Enhanced Assurance

The Cabinet Member for Health and Care, Dr Richard Harling, Director for Health and Care and Amanda Stringer, Lead Commissioner for Adult Social Care presented the Adult Social Care Enhanced Assurance to the Committee. It was reported that the Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of the statutory duties set out in part 1 of the Care Act 2014. The Council has commenced preparations for Enhanced Assurance, including a "CQC readiness review" from West Midlands Association of Directors Social Services in March 2023.

It was reported that the CQC had released a framework that they intended

to use for assessment which comprises of four themes and within those themes there were nine quality statements:

1. Assessing needs
2. Supporting people to live healthier lives
3. Equity in experiences and outcomes
4. Care provision, integration and continuity
5. Partnerships and communities
6. Safe systems, pathways and transitions
7. Safeguarding
8. Governance, management and sustainability
9. Learning, Improvement and innovation

Alongside the quality statements, the Council had identified strengths as well as some areas for development which the Council was seeking to address prior to the CQC assessment. These strengths and areas for development were shared to the Committee.

It was reported that the CQC would use five types of evident to assess against the nine quality statements:

1. Experience from people who receive care, unpaid carers and their representatives; this feedback may be from surveys or interviews;
2. Feedback from staff and leaders and the Council's own self-assessment;
3. Feedback from partners including care providers, NHS organisations, Health Watch and voluntary sector;
4. Processes including waiting times, audits, documented policies and strategies; and
5. Outcomes achieved.

The Committee noted the following comments and responses to questions:

- The Council received feedback from compliments and complaints and feedback from residents who had received an assessment. The Committee discussed the balance of evidence being fair and accurate between compliments and complaints.
- The Council had sought advice on inspections from children's social care and the NHS to take any learning.
- Communication with the community and the role for Healthwatch to ensure that the seldom heard voices could be heard was discussed.
- The quality statements and strengths and weaknesses would demonstrate to the CQC that the Council was competent and self-aware.
- The County Council was implementing a range of different technologies, and there was more work to be done to move towards internet and AI.
- All service users were involved in an initial assessment when determining the level of care that they needed. There was a quality

improvement team and the Council held service providers to account on the level of care that they were providing. Any issues raised with the Council would be investigated and would be resolved.

- There had been a cultural shift at the Council to promote strength-based practice to help residents remain independent.
- The Committee were advised that there was a strong assurance improvement plan in place which listed all the actions and priorities and would be shared with the Working Group.
- There were staff challenges and efforts of recruitment was ongoing. The County Council had a people strategy and requested staff feedback and surveys to improve retention. There was also a social care workforce strategy which was approved by Cabinet in April 2023.
- There was no national way of measuring social care flow and different Local Authorities measure performance differently, so benchmarking was difficult.
- Agencies were working together and sharing data.
- The Health and Wellbeing Board would be considering the "Right Care Right Person" National Partnership arrangement between policing, health, and other agencies.
- The Occupational Therapy waiting list was regularly reviewed for risk and those on the list were deemed to be of low risk.
- Care homes were independent businesses and staff concerns around equipment, in the first instance, should be raised with the management of that business.

The Committee agreed that an Adult Social Care Assurance Working Group should be established to provide overview & scrutiny of the Councils Self-assessment and the progression of areas of development.

Resolved – That (a) the Committee commented and noted on the Adult Social Care Enhanced Assurance from October 2023.

(b) An Adult Social Care Assurance Working Group be established to provide overview & scrutiny of the Councils Self-assessment and the progression of areas of development.

21. District and Borough Health Scrutiny Activity

The Chairman endorsed the District and Borough Authorities who had approved the revised Code of Joint Working and encouraged the other District and Borough Authorities to do the same.

The Chairman also endorsed the preventative agenda and the Developing Healthier Communities work with Public Health and encouraged District and Borough colleagues to contact Staffordshire County Councils Public Health team.

It was reported that Cannock Chase District Council would be looking into social housing in their work programme for this year.

Resolved – That the District and Borough update be received.

Chair



Health and Care Overview and Scrutiny Committee Monday 27th November 2023

Maternity and Neonatal Services Update

Recommendation(s)

I recommend that:

1. Overview and Scrutiny Committee (OSC) receives and takes note of the content of the report – recognising progress towards improving maternity and neonatal services whilst also acknowledging the challenges maternity services are currently facing.
2. OSC receives a further update in March 2024 on the:
 - a. Home Birth service,
 - b. The service change programme being undertaken on the future of the birthing services at the Freestanding Maternity Birthing Units (FMBUs),
 - c. The recommendations that will arise from the review of Maternity services currently being undertaken in Nottingham and any further reviews or recommendations that are made during that period.

Report of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) – Lynn Tolley, Acting Chief Nursing and Therapies Officer, Staffordshire and Stoke-on-Trent ICB.

Summary

3. This paper provides a briefing to Staffordshire OSC on specific areas as requested:
 - The strategy of maternity service delivery
 - Recruitment of maternity staff
 - Post Ockenden update
 - Freestanding Midwifery Birthing Units at County Hospital, Stafford and Samuel Johnson Community hospital, Lichfield
4. This paper is also an opportunity to provide an update on maternity and neonatal service provision to the residents of Staffordshire and Stoke-on-Trent (SSOT) and includes areas of particular focus, responses to regulatory reports (CQC) and also areas to be commended as well as areas that need further support.
5. In order to ensure the Local Maternity and Neonatal System (LMNS) is still fit for purpose, a review of the governance processes has been undertaken. This was to ensure appropriate Quality Assurance of Maternity and Neonatal services and acknowledgement of system support for Quality Improvements are consistent with recent Maternity guidance.
6. All those working in maternity and neonatal services continue to address the challenges of workforce gaps whilst also remaining responsive to recommendations that arise from inquiries where delivery has fallen well below what should have been expected.

Report

Background

7. Maternity services in Staffordshire and Stoke-on-Trent in recent years have been provided from a number of locations:
 - a. Royal Stoke University Hospital and Queens Hospital, Burton, offering Consultant and midwife led services.
 - b. Freestanding Midwifery Birthing Units (FMBUs) at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield, and
 - c. Home Birth services provided by both University Hospitals of North Midlands UHNM) and University Hospitals of Derby and Burton (UHDB)
8. Women are also able to access maternity services from neighbouring providers organisations outside of Staffordshire and Stoke-on-Trent, e.g., Royal Wolverhampton NHS Trust (RWT), Good Hope Hospital, Walsall Manor.
9. Post Ockenden update - In October 2022, a paper was presented on Staffordshire and Stoke-on-Trent's response to the Ockenden Report.
10. Further updates have been requested and include a second Ockenden Insight visit to UHNM Maternity services on the 7th of September 2023 with representation from the ICB and NHS England. The Insight Visit Team sought opportunities to witness first-hand how actions taken to meet the Ockenden recommendations had been embedded into everyday practice. Activities included touring the unit, with a particular interest in the 'soon to be opened' (at that time) Maternity Assessment Unit (MAU) Triage area and really informative, useful discussions with various members of the Maternity and Neonatal team.
11. The visit was very positive, with those who had visited previously in April 2022, commenting on the significant improvements that were seen. A further visit is planned with ICB Maternity personnel and the NHS England Regional Chief Nurse on the 9th November, where it will be possible to see the MAU Triage area in action and talk to staff about the differences to mothers and families since it opened on the 18th September.
12. The visit culminated in the Deputy Regional Chief Midwife for the Midlands. Presenting the Chief Midwifery Officer Silver Award to a Midwifery Support Worker (MSW) for her remarkable contribution to recruitment and retention of the MSW workforce.
13. The Chief Nursing Officer (CNO) and Chief Midwifery Officer (CMidO) Awards have been developed to reward the significant and outstanding contribution made by nurses and midwives in England, and their exceptional contribution to nursing and midwifery practice. The awards have also been extended as part of Dame Ruth May's commitment to recognising the contributions of healthcare support workers (HCSWs) and maternity support workers (MSWs) who consistently demonstrate the NHS values in their everyday roles.
14. We are in the process of strengthening the established governance arrangements with neighbouring Integrated Care Systems (ICS's) for regular progress against the Ockenden report.
15. Staffordshire and Stoke-on-Trent was successful in being included in a pilot to appoint a Maternity and Neonatal Independent Senior Advocate (MNISA) to the area, a

recommendation in the Ockenden Report, to support women and families who have experienced a traumatic episode. The ICB were hugely successful in appointing a very experienced neonatal nurse and trainer, who started in post on 17th August. Other areas are still to appoint or have appointed to different banded posts. These individuals are from various backgrounds as the job specification did not state maternity and neonatal, or even clinical experience, as requirements; the key was ensuring independence from the local LMNS. The MNISA appointed for Staffordshire and Stoke-on-Trent worked in East Kent previously and brings a wealth of knowledge and experience.

16. At the present time, the programme is paused and a restriction on what information can be shared or promoted locally. This has allowed time for the MNISA to complete all the necessary training but also take up the offer to join the NHSE national steering group and influence the programme and associated policies and documentation. A monthly MNISA update is provided to the LMNS Partnership Board. Funding was for 12 months initially, however, talks are progressing regarding additional funding, but yet to be agreed.

Maternity Strategy - Aligning ICB governance processes to NHSE Guidance

17. In March 23, NHS England published the Three Year Maternity and Neonatal Delivery Plan which focuses on 4 key themes:
 - i. Listening to and working with women and families with compassion
 - ii. Growing, retaining and supporting our workforce
 - iii. Developing and sustaining a culture of safety, learning and support
 - iv. Standards and structures that underpin safer, more personalised, and more equitable care
18. A full version of the Delivery Plan can be found at <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf>
19. All system partners are required to rag rate themselves against the different elements of the delivery plan. This is being done at the monthly Quality Safety and Oversight Forum (QSOF) which reports to the Staffordshire and Stoke-on-Trent Local Maternity and Neonatal System Board. Membership of QSOF includes UHNM, UHDB and RWT and used as an overarching framework for providers to demonstrate compliance against a variety of maternity action plans.

Monitoring and regulation

20. Following a CQC visit to UHNM Maternity services in March 2023, a s29a notice was issued with further actions included in the final report published in June 2023. The Trust's response to these is being overseen by the ICB and NHS England via a monthly System Maternity Oversight and Assurance Group (SMOAG). The meetings commenced in August for a period of 6 months. A slide deck with responses to the CQC actions following a s29a letter, is presented at the SMOAG, together with other specific areas of note. Three of the six SMOAG meetings have now happened, with the third including attendance from CQC representatives and an invite to Healthwatch colleagues as well as a MNVP (Maternity & Neonatal Voices Partnership) representative. There is still a lot of work to do but UHNM have been congratulated on the successes they have shared, particularly regarding recruitment and retention of the midwifery workforce.
21. UHDB are also receiving support from NHS England but through the Maternity System Support Programme (MSSP). This consists of 2 day a week on site support and

improvements addressed through 8 identified work streams. A CQC visit was undertaken to both Royal Derby and Queens Hospital Burton sites in August. The draft report is awaited.

Recruitment of maternity staff

22. Operational pressures continue within all maternity and neonatal services providing care in Staffordshire. UHNM and UHDB as RWT report positive recruitment programmes and are taking proactive action to attract midwives into their services. Primarily this will be newly qualified midwives in the Autumn but also includes experienced midwives and international midwives in the run up to Christmas. They all continue to work towards their Birthrate Plus® establishment (see paragraph 33 for further detail).
23. There remain significant challenges with appointing to consultant posts, specifically Neonatal Consultants. At the start of September, UHNM stated that there was the possibility the Tier 3 pathway for babies under 27 weeks gestation from Shropshire Telford and Wrekin, may need to cease because of the long-term sickness of 4 Neonatal Consultants. NHS England established daily meetings with the ICB and neighbouring Trusts who may have been able to offer mutual aid. The Trust were able to establish a weekend rota through approaches to staff and locums known to the Unit and who were familiar with the Unit. These meetings reduced to twice weekly and are now held weekly. UHNM have since recruited to 2 of the Consultant vacancies; one able to step straight into the post and the other who will be supported to develop into the role and 3 of the 4 Consultants on long term sick are now back after a phased return. In recognition of the challenge nationally, the government has identified funding for the obstetric and neonatal workforce for 2023/24 and 2024/25.

Inductions of Labour (IOL)

24. The latest recommendation, published this year, states that mothers should be offered an IOL at 7 days past their due date, i.e. 40+7. Women may be booked for an IOL, but inevitably if another woman presents in labour then they will take priority. Because of the unpredictable nature of labour and the workforce challenges, there will be times when IOLs have to be delayed, resulting in a breach. In recent times, there have been a number of breaches and an area for discussion at the System Maternity Oversight and Assurance Group (SMOAG). IOLs are reported into the ICB via a daily sitrep report. NHSE have recently identified additional metrics to be added to the report from 23rd October, including the status of Neonatal Units, where applicable. The new amended template is awaited. Sitrep data is analysed by the regional team, helping to identify areas of improvement and the production of a report to be shared with ICBs.
25. On call managers have access to SHREWD (Single Health Resilience Early Warning Data Base), a digital platform which provides a visual real time display of activity across our providers. Discussions have commenced between the Digital Midwives in UHNM and those responsible for SHREWD in the ICB, with a view to including IOL figures provided on the daily sitrep, but with more regular updates. Staffordshire and Stoke-on-Trent would be forerunners if this is successful. The benefits of utilising SHREWD have been recognised by NHS England and other providers with an expectation that this will be extended across the region.

Neonatal Mortality.



26. Recently published MBRRACE data highlighted that seven of the ten ICBs with crude neonatal mortality rates significantly higher than the 2021 UK average of 1.56 per 1000 live births, are in the Midlands. Staffordshire and Stoke-on-Trent ICB had the second highest rate at 2.6, with Stoke-on-Trent at 4.74 (the highest in England), and Staffordshire at 1.83. UHNM had a rate of 2.94.
27. To better understand the figures and identify areas of learning, the UHNM Neonatal Improvement Group (NIG) is being re-established with the UHNM Lead Consultant Neonatologist agreeing to chair the meeting. Membership will include the UHNM Director of Midwifery, Clinical Director and medical staffing representative, as well as the Neonatal Unit Matron and Neonatal Network ODN (Operational Delivery Network) Manager. The agenda will include neonatal mortality, progress against Saving Babies Lives, the Neonatal Critical Care Review Action Plan and neonatal and neonatology staffing.
28. Alongside this work, the Children and Young People (CYP) Programme Board had commissioned an Infant Mortality review which showed that the majority of deaths occurred in the first 28 days, i.e. within the neonatal period. A Steering Group has been established as a consequence and met on the 3rd October with ICB Midwives in attendance. Members from the NIG will also attend this meeting to ensure an overlap. A senior midwife from RWT has also expressed an interest in joining both meetings, in order to share the learning wider.
29. An investigation into the deaths of babies under 27 weeks of age within Neonatal Intensive Care Units in the West Midlands in 2021, was undertaken in January 2023. A total of 70 deaths were identified, ten of which were from multiple births: 3 triplets and 7 twins. No obvious trends were identified.

Points for concern

30. Initially the influx of new recruits; Consultants and, particularly newly qualified midwives, will require support and present additional pressure, in the short term.
31. Inductions of Labour at UHNM continues to remain a challenge, consistent with many Trusts across the Midlands
32. Uncertainty until the decision regarding the FMBUs is concluded.

Points for celebration

33. Successful recruitment campaigns in both UHNM and UHDB have significantly reduced the vacancy rate.
34. UHNM has achieved or is on a trajectory to achieve actions identified from the CQC visit in March 2023, including the opening of a new MAU/Triage unit in September 23.
35. The ICS has successfully introduced and is working to achieve the aims of the Three Year Maternity and Neonatal Delivery Plan.

Freestanding Midwife-led birthing Units (FMBUs) and Home Birth service

36. FMBUs are midwifery-led units, separate from a hospital, where some pregnant people (considered low-risk) can choose to give birth. They do not have immediate obstetric,

neonatal, or anaesthetic care, so people may need to be transferred to an acute hospital if there are complications during or after birth. The FMBU services (births only) at County Hospital and Samuel Johnson Community Hospital were suspended at the beginning of the pandemic in line with national guidance to ensure safe staffing within the consultant units at Royal Stoke Hospital and Queens Hospital, Burton, UHNM and UHDB, respectively, and remain so.

37. Home birthing services were also suspended and have subsequently been restored and are currently paused. The Trusts are anticipating the reintroduction of the birthing services within Q4 2023/24. The ICB receives regular updates in relation to this.
38. Whilst the initial closures were directly related to Covid-19, significant staffing challenges in the maternity workforce have prevented both Trusts from being able to safely reopen these units. Both Trusts continue to provide antenatal and post-natal care at their FMBUs and offer the choice of a consultant led or midwifery led birth at Royal Stoke University Hospital and Queens Hospital Burton.
39. Staffing shortages in midwifery remain a challenge across the NHS with a shortage of just under 2,500 midwives across England (Royal College of Midwives, 5 April 2023). Birthrate Plus® assessments have been completed for UHNM and UHDB but do not factor in births at the FMBUs for UHNM. A minimum of 11.0wte is required 24/7 at each unit, to ensure the presence of 2 midwives at every birth. Both Boards funded an increase in midwives to achieve Birthrate Plus® through a combination of Ockenden funding and Trust investment. Recruitment campaigns have been undertaken at both Trusts and progress with recruitment has been made. Both Trusts have a recruitment trajectory to meet safe staffing requirements in line with Birthrate Plus®, by April 2024 and includes newly qualified and international midwives and midwives acquired through the recruitment campaign and events. Both Trusts however, remain short of the budgeted establishment. UHNM has midwifery vacancies at 57.53wte and UHDB has vacancies at 41wte (as of 1st October).
40. An increase in complexity has seen more women presenting with comorbidities and requiring consultant-led care since 2021, thereby substantially reducing the number of women suitable for low-risk care in the FMBUs. The Birthrate Plus® assessments support this with 60-70% of women in delivery suites assessed as being in the highest levels of complexity categories and therefore requiring obstetric care on a main Trust site.
41. Prior to temporary closure of the units and despite repeated campaigns to promote the FMBUs, women choosing to give birth there remained low; in 2019/20, 94 women (an average of 8 per month) gave birth at County Hospital and 220 women (an average of 18 per month) gave birth at Samuel Johnson Community Hospital. These numbers represent a significant gap from the 350 births per unit per year recommended in 2018 for the FMBUs to be clinically and financially viable.
42. Approximately 10% of women opting to use the FMBUs require transfer to an obstetric unit during labour or immediately after birth. With national pressures on ambulance services, there is a high risk of delays in transfer for women that develop complications, an important safety consideration. The Birthplace in England Research Programme (2022), coordinated from the National Perinatal Epidemiology unit, University of Oxford, identified that, “whilst midwifery-led birth units appear to be safe and offer benefits to the mother, especially for low risk mothers having a second or subsequent baby, for women having a first baby there is a high probability (36% chance) of needing to be transferred to an obstetric unit during labour or immediately after birth”. It has also become apparent very recently that the

FMBUs are not an attractive place to work for midwives wishing to develop their competency and experience.

43. In recent years, the ICB has completed various involvement activities to understand people's experiences of using maternity services. During 2019 and 2020, a range of activities were undertaken to listen to people and understand what worked well and what could be improved in health and care services as well as seeking views on emerging models of care and criteria for evaluating proposals. In 2021, post pandemic feedback was sought, together with views on the Home Birth services and new models of care proposed at that time.
44. More recently, the ICB have been working with colleagues from UHNM, UHDB and Derby and Derbyshire ICB to outline the current position in relation to the FMBUs and the Home Birth services. Currently, each Trust is using the workforce in a different way to deliver safe services. On the 17th July 2023, a case for change was presented to NHS England as part of a strategic sense check meeting in relation to the temporary closures of the two FMBU units. A letter was received from NHSE in response, supporting the proposal to continue with the options appraisal process and public engagement regarding the birthing services at County Hospital and Samuel Johnson. The process is being led by Staffordshire and Stoke-on-Trent ICB who have the statutory duty for this project and ensuring public involvement. Since then, the Maternity Service Change Project Group with membership from all appropriate system partners, has reviewed proposals further and are looking to share these with stakeholders at a public facing deliberative event.
45. A draft Communications and Engagement plan setting out the Public Engagement activities over the next few months, has been shared with the Staffordshire and Stoke-on-Trent People and Communities Assembly and ICB Quality & Safety Committee. Feedback from that event will be incorporated into the business case which will then progress through NHSE Assurance and ICB governance processes. We can confirm at this stage no decision has been made.

Link to Strategic Plan

46. The Staffordshire and Stoke-on-Trent ICS has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

Our purpose

47. If you live in Staffordshire and Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
48. Through local services we will help you to live independently and stay well or longer.
49. When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.
50. This report supports the ICS priority 'Delivering improvements in Children and Young Peoples services and Maternity care'.

List of Background Documents/Appendices:

51. See links within body of report.
52. Appendices must be in separate documents, and named Appendix 1 – Document Title, Appendix 2 – Document Title and so on.



Contact Details

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Health and Care Overview and Scrutiny Committee Monday 27th November 2023

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) Performance and Finance Overview

Recommendation(s)

I recommend that the Committee:

- a. Note the performance overview.

Report of the Staffordshire and Stoke-on-Trent ICB – (Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent ICB)

Summary

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

1. Note Appendix 1 (Report to the ICB Board on Performance and Finance: Month 5) which was received at Staffordshire and Stoke-on-Trent Integrated Care Board on 16th November 2023. The report provides:
 - a. An executive summary outlining key headlines and escalations.
 - b. A performance overview against high-level metrics and deliverables within the 2023/24 operating plan
 - c. Exception reporting against our One Collective Aim and Four System Priorities
 - d. A finance summary including a month 5 position and an update on efficiency delivery.

Report

Performance and Finance Report

2. The ICB Performance and Finance report was presented at the Staffordshire and Stoke-on-Trent Finance and Performance Committee on 7th November.
3. Key issues and discussion focused around:
 - a. financial delivery and the year-to-date deficit position
 - b. elective care long wait performance and the impact of ongoing industrial action on reducing waits
 - c. annual physical health checks for those with Serious Mental Illness (SMI) and the actions in place
 - d. Urgent and Elective Care (UEC) Performance which remains challenging across the system, deterioration in Category 2 ambulance response times and increase in ambulance handover delays.

Link to Strategic Plan



4. Staffordshire and Stoke-on-Trent ICB plans align to the outcomes, priorities and the ways of working set out in the Staffordshire County Council Strategic Plan 2022-26 through the following aspirations:
 - Be healthier and independent for longer.
 - Encourage good health and wellbeing, resilience and independence.
 - Offer every Staffordshire child and young person the best start in life, and the chance to achieve their potential.

List of Background Documents/Appendices:

5. Appendix 1 – ICB Performance and Finance Report

Contact Details

Lead Officer: Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent ICB.

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Report to the Health and Care Overview and Scrutiny Committee on Performance and Finance

Health and Care Overview and Scrutiny Committee Meeting – 27 November 2023



Executive Summary

This report contains:

1. An executive summary outlining key [headlines](#) and [escalations](#).
2. A [placemat](#) that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our [One Collective Aim](#) and [4 system priorities](#).
4. A finance summary including a [month 6 position](#) and an update on [efficiency delivery](#).

The report was presented at the Integrated Care Board (ICB) Finance and Performance Committee (F&PC) on 7 November 2023 with discussion around:

- [Urgent and Emergency Care \(UEC\) performance](#) remains challenging with business continuity incidents impacting on performance and delivery at University Hospitals of North Midlands (UHNM). Deterioration in Category 2 ambulance response times and increase in ambulance handover delays. Focus on front door alternative pathways continues along with focus on all discharges, frailty and outward flow. The system escalation plan level 4 plus actions are in place to manage risk across the UEC pathway.
- [Serious Mental Illness \(SMI\) annual physical health checks](#) in quarter 1 and the actions required both in relation to getting the checks undertaken but then recorded in GP systems, so they pull through into the data feeds, to ensure fully accurate reporting.
- A separate in-depth paper was presented outlining [Elective Care Long Wait Performance](#). System partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024 in accordance with the national planning guidance. However, despite progress being made the rate of improvement is being hampered by the ongoing industrial action by both junior doctors and consultants.
- At month 6 at a system level, we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m. The system has reported a net risk of £141m prior to recovery actions. We are currently working through the impact of the recovery actions to determine the most likely outturn. Drivers of the deficit continue to be excess inflation, Continuing Healthcare and the impact of industrial action. Capital is forecasted as expected however medium-term challenges remain and require national monies to achieve plan.

Headlines Summary




































Headlines

- [One Collective Aim](#) - Category 2 calls show a 1% reduction on the previous month, and 6.8% below the same period last year. Category 3 calls decreased by 9.6% on August but were up 0.8% on the same month last year.
- [Urgent and Emergency Care \(UEC\)](#) - Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year. Virtual Wards (VW) showed 62% occupancy delivered through increased capacity of 214 VW Beds. This is below the target of 67.7% from a planned capacity of 251 VW Beds for the end of September but continues to show growth.
- [Tackle Backlogs \(Planned Care\)](#) - Eliminating 104+ and 78+ week waiters (ww) has been impacted by industrial action, but downward trends are still evident. 104ww are below 5 across the ICB. At University Hospital of North Midlands (UHNM) improvements have been made in 65+ and 52+ ww, currently each of these cohorts of patients is below the plan.
- [Diagnostics](#) – Performance against the 7-core test plan (of 78.1% of patients to be seen in <6 weeks in August) was 68.6%, the fourth consecutive month below the plan. Activity decreased in four of the seven tests (albeit minimally), when compared to last month. [Magnetic resonance imaging \(MRI\) and Gastroscopy activity](#) in August exceeded the plan – the only tests to do so again this month.
- [Cancer](#) – The number of patients whose treatment started after 62 days (at UHNM in month) is below plan in August and Septembers (provisional) data. The [28-day faster diagnosis pathway](#) saw 65.5% of patients told within 28 days, (below plan of 69.9% in M5) and below the national standard of 75%.
- [General Practice/Primary Care](#) – Access targets in primary care are on track and delivering as expected against plan. The number of [completed referrals to Community Pharmacist Consultation Service \(CPCS\)](#) from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals to CPCS per 1,000 patients compared to Midlands and National.
- [Prevention and Health Inequalities](#) National Objective on increasing the percentage of appropriate patient on lipid lowering therapies – the national target of 60% has not been met in Q1 with performance sitting at 55.9%. Data for July and August 2023 indicates a small increase but remains under target.
- [Children and Young People](#) Year to Date (YTD), all age groups for [emergency asthma admissions](#) were lower than they were in 2019/20, however, the YTD rate of emergency epilepsy admissions was slightly higher in the 11-17 (30.2 v 28.4) age group compared to 2019/20.
- [Complex individuals](#) – Colleagues from Midlands Partnership Foundation Trust (MPFT), local authority, Integrated Care Board (ICB) and Commissioning Support Unit (CSU) attended the first Continuing Healthcare (CHC) working group meeting 19th of Oct. Types of service and data collection scope were agreed with the aim of producing a CHC dashboard.
- [Efficiency Programme](#) – The system cannot collectively deliver breakeven and, without additional action our deficit will be £141m. A series of recovery programmes have been identified and we are in the process of evaluating the financial impact (in year and recurrent) coupled with further short-term measures to impact a revised forecast outturn.






Escalations Summary

- [One Collective Aim](#) – September reported reductions in both Category 2 and Category 3 call volumes, with Category 2 reducing by 1% and Category 3 experiencing a larger 9.6% reduction. Both, however, are higher than the same period last year meaning our one collective aim to reduce these numbers is not being achieved.
- [Urgent and Emergency Care](#) – Continued effort at UHNM and Acute Care at Home (AC@H) to identify suitable patients for [Virtual Ward beds](#) resulted in further increased occupancy alleviating a degree of pressure within the system, however, patient acuity continues to be a barrier to expanded use. Capacity issues identified within the [Acute Care @ Home team](#) – granular level detail (particularly around hard to fill clinical posts) requested from the People Function. Business continuity planning under development for AC@H (anecdotally half number of ACPs on some shifts than usual). Derbyshire Health United (DHU) Healthcare has moved to preferred provider status for the [NHS 111 contract](#) covering the entire Midlands region and will begin the process of agreeing and signing of a new contract to cover the System.
- [Planned Care](#) - The underlying [78ww position](#) is improving however UHNM are currently forecasting 158, 78ww breaches in October and 93 in November. Without the Industrial Action impact, the expectation would be close to zero. UHNM are achieving the [patient initiated follow up](#) initiative (PIFU) target, but this is not resulting in a reduction in follow-ups required. New to follow up ratio's as of 2019/20 compared to 2023/24 are being analysed, this will be available for the next meeting.
- [General Practice/Primary Care](#) – General Practice Winter Surge Plan – activity and finance remodelled in line with reduced level of funding confirmed. Practice level appointments and winter hubs to be funded for 17 weeks, commencing 4 December 2023.
- [Complex Individuals](#) – the number of people with [Severe Mental Illness](#) (SMI) having an annual physical health check in Q1 was 22% below the Q1 plan target of 5,738. Community services are working closely with practices to ensure appointments for joint reviews are being utilised.
- [Efficiency Programme](#) – Following the national escalation meeting, we are now working to assess the most likely forecast outturn.

Overview of key underpinning deliverables

Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent and Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty
<ul style="list-style-type: none"> Design and Implement Long Term Conditions Programme: <ul style="list-style-type: none"> Asthma  Epilepsy and Diabetes  Implement Children with Complex Needs Project  Implementation of the national delivery plan for maternity and neonatal care  	<ul style="list-style-type: none"> Ongoing implementation of Patient Initiative Follow Up (PIFU)  Trajectory for eliminating 65 week waits delivered  Meeting 85% /theatre utilisation  Meeting 85% day case utilisation  Introduce Community Diagnostic HUBs  Optimal use of lower GI 2 week pathway  	<ul style="list-style-type: none"> Systematic implementation of the Core20 approach  Implement NHS Long Term Plan prevention programmes  Utilise population health management techniques  	<ul style="list-style-type: none"> Implement Capital Investment Case  76% of patients seen within 4 hours in A&E  Bed occupancy 92% or below  Full review and priority setting for virtual wards.  Deliver a fully integrated discharge "hub"  	<ul style="list-style-type: none"> Improve the crisis pathways including 111 and ambulance response  Undertake a Psychiatric Intensive Care Unit (PICU) Options Appraisal  Minimise waiting times for autism diagnosis  Improving Access to Talking Therapies  Increased number of people with a Serious Mental Illness (SMI) having annual physical health check  	<ul style="list-style-type: none"> % Appointments within 14 days of booking  Patient Experience (GPPS & FFT positive responses)  Deliver Additional Roles Reimbursement Scheme (ARRS) – Budget utilisation %  Direct Patient Care FTE per 10,000 pop. vs. National  Digital Pathways  GP Referrals to Community Pharmacy Consultation Service (CPCS).  Deliver recovery of dental activity (UDA's)  	<ul style="list-style-type: none"> The creation of a Palliative End of Life Care (PEoLC) strategy  Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care  The creation of a Long Term Conditions (LTC) strategy  Transformation programme around Cardiovascular (CVD), Respiratory and Diabetes  Delivery of the frailty strategy 

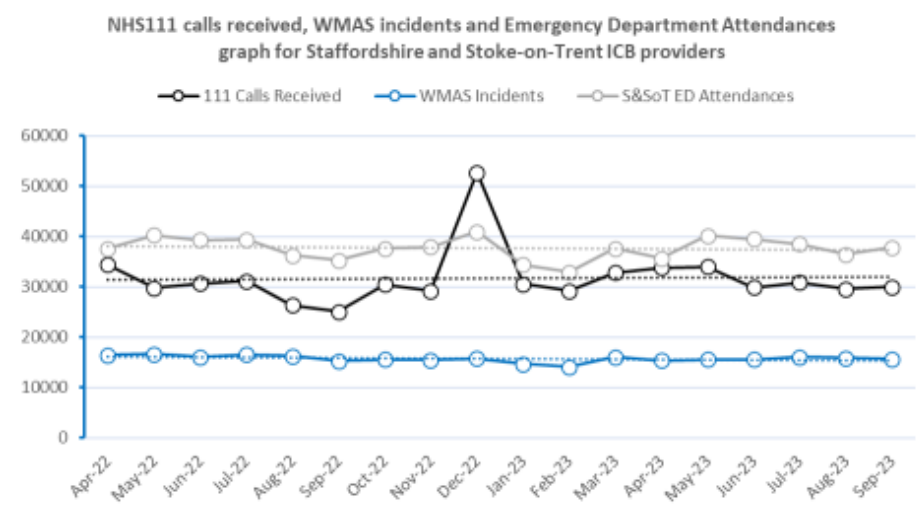
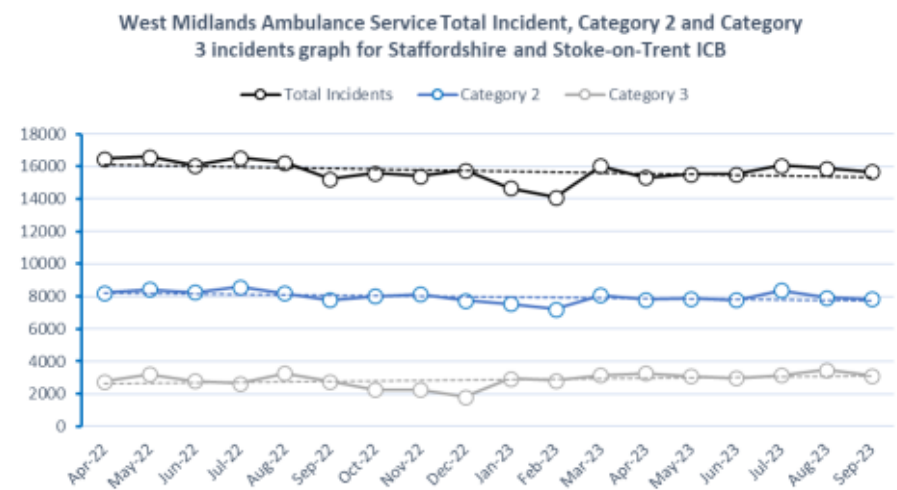
TRAFFIC LIGHT KEY:

-  On track
-  Behind plan and no mitigations identified as yet to improve position in year
-  Measure of success under review by the portfolio
-  Deliverable behind plan, but mitigations in place to try and improve the position
-  Complete

Exception reporting against our One Collective Aim

One Collective Aim	Points to note
<p>Reduce the number of Category 2 and 3 ambulance calls</p> <p><i>The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.</i></p> <p><i>Charts run from April 2022.</i></p>	<ul style="list-style-type: none">• Category 2 calls accounted for just over 50% of the call volumes reported during September. Category 3 calls contracted to 20% of the call volume for the month. Overall call volumes reduced by just over 1% with reductions in Category 2 and Category 3 calls being offset by rises in Category 1 incidents, and calls classified as Category 5 reaching their highest level since December 2022 as focus on the use of Acute Care @ Home is maintained.• A reduction in Fall related incidents was the primary driver in the Category 3 reduction, reversing the rise seen during the previous month. Further analysis however indicates the overall number of falls did not reduce, with the variance returning to being reported under Category 5 incidents.• Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year.• The total number of 111 calls during September 2023 increased by 19.9% when compared to the same period of 2022/23, an increase equivalent to 165 extra calls per day.• UHNM continue in Tier 2 of the national support mechanism, with continual monitoring against all Exit Criteria to gauge progress. UHNM are in segment 3 of the NHS Oversight Framework with 5 exit criteria in place in relation to UEC with challenged performance in Ambulance Handover Delays and > 12 hour waits.• Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times rising above the 30-minute threshold for September, but still performing better than most ICBs in the Midlands region.

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Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
1. Urgent & Emergency Care Focus on prevention, hospital avoidance and appropriate and timely discharge	<ul style="list-style-type: none"> In hospital – 4hr at UHNM have improved gradually over the past few weeks, but down to 65.8% in the 2nd week of October. Patients waiting 12+ hours remained 400 in average. Surge – Bed occupancy rate in October has gone up 2.6% to 92.9% from September, this is reflective of the pressure we are managing. 50 additional beds requested from Region within the Core bed base. Single Point of Access – National Principles received and the 12 hour per day requirement will be met by the UCCC by extending its opening hours from 8am to 6pm to 8am – 8pm ongoing. The main challenge identified is whether community teams have the capacity to provide a response. Acute Care at Home – Stock take and priority areas shared across the system. UCCC 7 point improvement plan developed to support UCCC triage/trusted assessor model. Virtual Wards - meeting held with The Royal Wolverhampton Trust (RWT) around virtual ward utilisation – improvement plan agreed. Business continuity plans under development to support staffing challenges. Access to local authority (LA) Social Care Support requested for AC@H. Paramedic situated within UCCC proposals under development. Integrated Discharge HUB – MOU agreed and signed off. Data Assurance Workstream developed. Microsoft Teams channel developed for all IDT staff to enable smooth communications and centrally located documents. Organisational Development (OD) plan developed. Frail Elderly Assessment Unit Test of Change commences next week.
2. Tackle Backlog (Planned Care) Backlog reduction	<ul style="list-style-type: none"> 65+ week waits at UHNM over performed plan in August (1,184 against a plan of 1,403), the pace has been impacted by Industrial Action (IA). 78 week waits at UHNM have remained stable despite continued IA. Eliminating 78+ week waiters remains a significant challenge, 158 are forecast for the end of October at UHNM, 93 at the end of November. 104+ week waits: 1 across the ICB (as at w/e 8 October 2023) and forecast to be zero in October and November. Diagnostic activity was below plan in August (across the 7 core tests) by 6.1%, MRI and Gastroscopy the only tests to exceed the plan again. The percentage seen in <6 weeks (at 68.6%) decreased (from July) and was below the plan for August (of 78.1%). Latest UHNM position (w/e 8th October) the 62 day backlog is increasing and is now 503, above their revised trajectory (of 462). The 104 day backlog (UHNM position (w/e 8th October) has decreased to 135 and remains overperforming against their revised trajectory. The 28 day faster diagnosis standard was below plan in August at both UHNM and across the ICB (for all Providers) and below the National Standard of 75%. UHNM are in segment 3 of the NHS Oversight Framework with 8 exit criteria in place in relation to High Proportion of Urgent Cancer waits and High volume of Long Waits > 78 weeks. Regulatory undertakings have also been put in place by NHS England (NHSE).

Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
3. General Practice/Primary Care Ensuring that residents have appropriate, timely and equitable access to services	<ul style="list-style-type: none"> The number of appointments within General Practice remains above plan in August. The % of appointments within 2 weeks from time of booking (within the 8 appointment categories) is above the Investment and Impact Fund (IIF) lower threshold (>85%) and remains above the higher threshold (>90%) in August. Sub-ICB comparison shows 5 out of the 6 SSOT Sub-ICB locations are in the highest performing quartile nationally for this indicator (NHSOF September update). The August 2023 Did Not Attend rate was 4.3% - a decrease of 0.1% from July. The number of completed referrals to Community Pharmacist Consultation Service from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals per 1,000 patients compared to Midlands and National.
4. Complex Individuals Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management	<ul style="list-style-type: none"> All Age Continuing Care – The collaboration of providers has progressed at pace over the last month and there is now clear agreement with regards to roles and responsibilities and what Continuing Healthcare (CHC) functions will remain within the ICB as the statutory responsible body and those that can be transferred for delivery through the collaboration of providers. The collaborative has identified 8 workstreams with project group meetings to be established from w/c 30th October. The CHC Eligibility internal audit has been agreed and is due to commence on 27 November 2023, and in recognition of the statutory duty of the ICB a daily eligibility panel has been implemented with effect from 13 October 2023. Access to NHS Talking Therapies at 4,780 (July and August combined) is below the Q2 plan (7,509) by 36.3%. Access to Children and Young People community mental health services at 14,100 (August rolling 12 month position) is currently below the Q2 plan (15,800) by 10.8%. The Dementia diagnosis rate continues to exceed the national target of 66.7% (by 5.1% in August), however it is below the Q2 stretch target outlined in our local plan (75.7%). Learning Disability Annual Health checks data for September reports performance at 28.7% - 3.3% below the Q2 plan (of 32%). Palliative and End of Life Care (PEoLC) integration workshop held on 17 October 2023 with key partners to establish shared vision and action plan for 2024/27 integrated care. This will be taken through Clinical Improvement Group (CIG) and PcEOL programme board in November 2023. Programme Board for Long Term Conditions held in October – agreed the establishment of CIGs for Cardio Vascular Disease (CVD) and Diabetes.

Finance Summary

- At month 6, at a system level we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m).
- The year-to-date variance to plan sits within the ICB (£42.7m) and UHNM (£10.4m) with North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership Foundation Trust (MPFT) slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
 - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£24.3m)
 - Slippage on efficiency programmes within the plan (£14.2m)
 - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
 - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the [NHS partners in the system face a collective in-year deficit of £141m for 2023/24](#). This excludes risks on elective recovery fund (ERF) both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.
- The system has agreed a recovery plan which was signed off by all Chief Executive Officers (CEOs) and system executives on 29 September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. [We are targeting an outturn of no worse than £100m](#) but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and Industrial Action.
- [Our capital reporting is on track](#) with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.

Month 6 Position

- The general themes driving our financial position are CHC inflation & volume challenges, inflation in excess of plan in primary care prescribing and efficiency under-delivery. There are internal plans being developed and work ongoing to review the CHC challenges the system continues to face. Strong emphasis to close the efficiency gap remains, see the following slide.
- There was a slight improvement at UHNM due to a one-off benefit in relation to a reconciliation being completed on pass-through devices.

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System	Month 6		
	Plan	£m YTD	Variance
Income	2,203.8	2,214.3	10.5
Pay	(597.0)	(591.2)	5.8
Non Pay	(310.8)	(341.4)	(30.6)
Non Operating Items (exc gains on disposal)	(14.4)	(10.1)	4.3
ICB/CCG Expenditure	(1,295.4)	(1,338.1)	(42.7)
Total	(13.7)	(66.4)	(52.7)
			-2.4%

Month 5		
Plan	£m YTD	Variance
1,840.5	1,849.9	9.4
(493.8)	(492.9)	0.9
(258.8)	(284.1)	(25.3)
(12.0)	(8.5)	3.4
(1,089.6)	(1,123.0)	(33.4)
(13.6)	(58.6)	(45.0)
		-2.4%

ICB	Month 6		
	Plan	£m YTD	Variance
Allocation	1,276.8	1,276.8	(30.6)
Expenditure	(1,295.4)	(1,338.1)	0.0
TOTAL ICB Surplus/(Deficit)	(18.6)	(61.2)	(42.7)
			-3.3%

Month 5		
Plan	£m YTD	Variance
1,071.5	1,071.5	(25.3)
(1,089.6)	(1,123.0)	0.0
(18.1)	(51.5)	(33.4)
		-3.1%

UHNM	Month 6		
	Plan	£m YTD	Variance
Income	531.6	543.4	11.8
Pay	(325.1)	(328.2)	(3.1)
Non-Pay	(189.5)	(210.8)	(21.3)
Non Operating Items (exc gains on disposal)	(14.0)	(11.7)	2.2
TOTAL Provider Surplus/(Deficit)	3.1	(7.2)	(10.4)
			-1.9%

Month 5		
Plan	£m YTD	Variance
439.3	449.9	10.6
(267.2)	(273.9)	(6.7)
(157.6)	(175.0)	(17.4)
(11.6)	(9.8)	1.8
2.9	(8.8)	(11.7)
		-2.6%

MPFT	Month 6		
	Plan	£m YTD	Variance
Income	312.4	313.8	1.4
Pay	(225.2)	(217.3)	7.8
Non-Pay	(86.9)	(97.1)	(10.2)
Non Operating Items (exc gains on disposal)	1.4	2.5	1.2
TOTAL Provider Surplus/(Deficit)	1.6	1.8	0.2
			0.1%

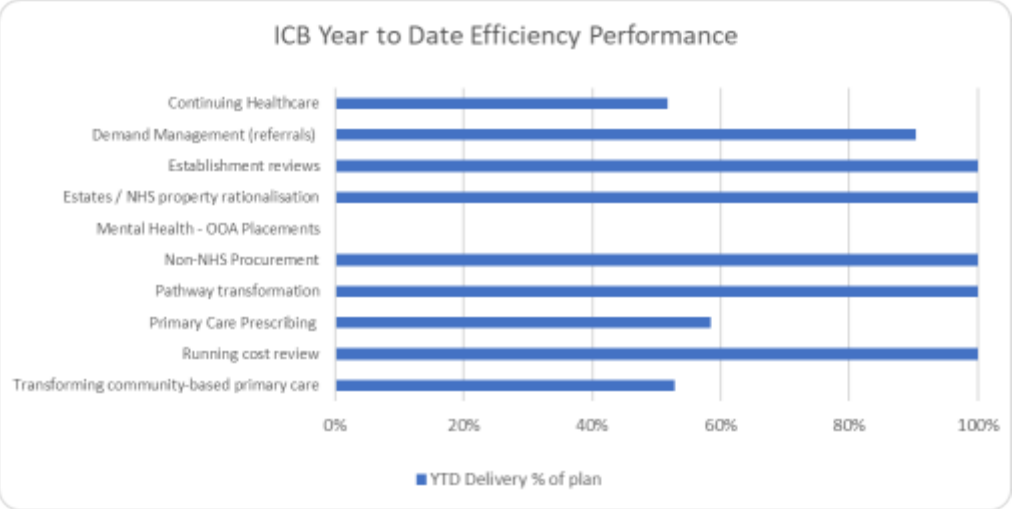
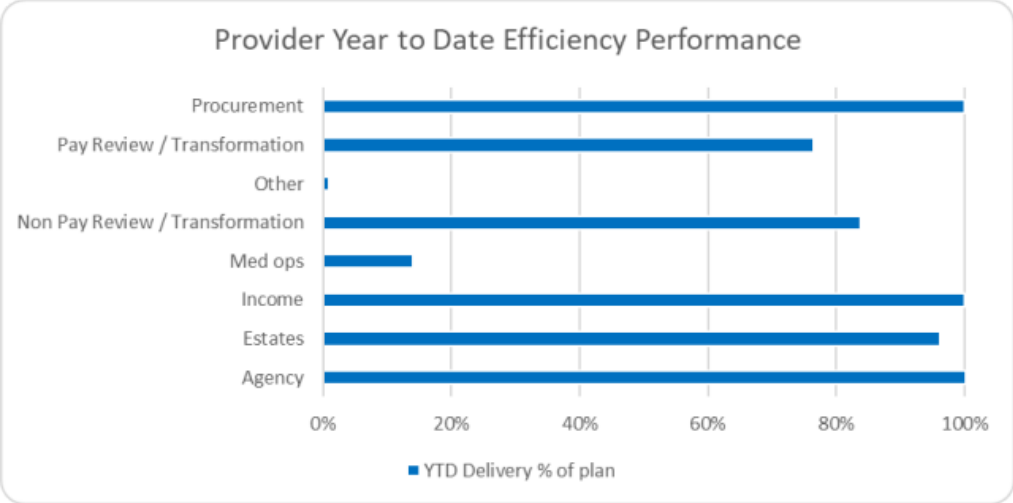
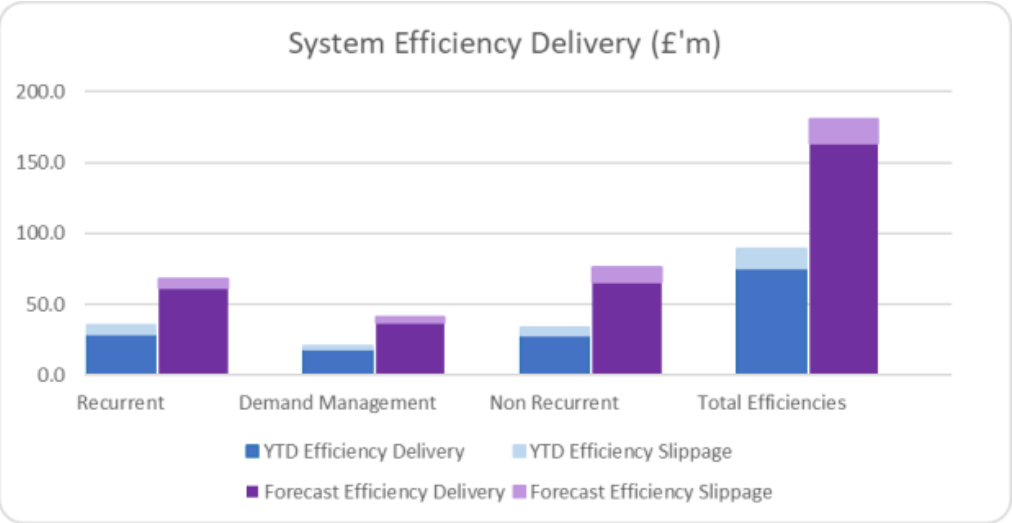
Month 5		
Plan	£m YTD	Variance
260.4	261.2	0.8
(187.6)	(180.8)	6.9
(72.5)	(81.1)	(8.6)
1.1	2.1	1.0
1.4	1.5	0.1
		0.0%

NSCHT	Month 6		
	Plan	£m YTD	Variance
Income	83.0	80.3	(2.7)
Pay	(46.8)	(45.7)	1.1
Non-Pay	(34.4)	(33.5)	0.9
Non Operating Items (exc gains on disposal)	(1.8)	(0.9)	0.9
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.1
			-0.1%

Month 5		
Plan	£m YTD	Variance
69.2	67.3	(2.0)
(38.9)	(38.2)	0.7
(28.7)	(28.1)	0.6
(1.5)	(0.8)	0.7
0.1	0.2	0.0
		0.0%

Efficiency Delivery

- The system has delivered £75.2m of efficiency as of September 2023, 84% of plan, which is an 6% increase on last months delivery levels. Forecasts project the system will recover most of this position by year end, although there is a high level of risk within this forecast due to the size of the efficiency target within the plan.
- Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a £14.1m shortfall of recurrent schemes at year end.
- All organisations have been ramping up assurance of financial year end (FYE) delivery into 2023/24 and the previously identified actions continue.



Finance Summary

- At month 6, at a system level we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m).
- The year-to-date variance to plan sits within the ICB (£42.7m) and UHNM (£10.4m) with North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership Foundation Trust (MPFT) slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
 - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£24.3m)
 - Slippage on efficiency programmes within the plan (£14.2m)
 - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
 - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)
- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the [NHS partners in the system face a collective in-year deficit of £141m for 2023/24](#). This excludes risks on elective recovery fund (ERF) both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.
- The system has agreed a recovery plan which was signed off by all Chief Executive Officers (CEOs) and system executives on 29th September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. [We are targeting an outturn of no worse than £100m](#) but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and Industrial Action.
- [Our capital reporting is on track](#) with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee – Monday 27 November 2023

District and Borough Health Scrutiny Activity

Recommendation

I recommend that:

1. The report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

Summary

1. The Committee receives updates at each meeting to consider any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils.

Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee in which holds the remit for health and wellbeing scrutiny matters and matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.

5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District and Borough committees to the Health and Care Overview and Scrutiny Committee.
6. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the last meeting of the Health and Care Overview and Scrutiny Committee on 28 November 2022.

Cannock Chase District Council

Members of the Council's Health, Wellbeing & The Community Scrutiny Committee last met on 18 September, when members received presentations from the Council's Environmental Health & Public Protection Service, including:

- Food, Health & Safety at Work & Infection Control
- Environmental Protection & Public Health
- Licensing
- Private Sector Housing
- Housing Adaptations and Disabled Facilities Grants

Members were informed how this service makes a significant contribution to addressing wider determinants of health in the District, and reducing health inequalities.

Members were advised of the recent review of the Council's Smoke Control Areas and introduction of fixed penalties for households and narrowboats emitting smoke;

Members were also advised of the recent review of the Council's Taxi and Private Hire Policy, since adopted by Council, which contains key milestones to phase out vehicles powered only by petrol and diesel, so improving air quality through reduced emissions of particulates and oxides of nitrogen.

East Staffordshire Borough Council

The Scrutiny Health and Well Being Committee met on 12th September 2023

Date next meeting: 12 December 2023.

Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee met on 14 November 2023.

Date of next meeting: 30 November 2023 & 19 December 2023.

Newcastle-under-Lyme Borough Council

The Health, Wellbeing & Environment Scrutiny Committee last met on 7 September 2023.

Date of next meeting: 27 November 2023.

South Staffordshire District Council

South Staffordshire Councils Wellbeing Select Committee last met on 10th October 2023. The following matters were considered.

Air Quality

A presentation was delivered by the Team Manager Environmental Health Protection & Licensing (South Staffordshire Council) on Air Quality, covering how Air quality has improved over recent decades; however, it continues to be an environmental risk to public health with children, the elderly and the already vulnerable most affected.

South Staffordshire's previous reviews and assessments have proved sufficient evidence to be satisfied that the Council's area is only likely to see exceedances of the NO₂ annual mean objective. This was further confirmed in April 2019 when the council commissioned Air Quality Consultants to carry out a review of air quality across the district. This work confirmed that the district's air quality is good, but did flag two areas of concern, along the A449 in Penkridge and within Huntington where additional air quality monitoring tubes were located. These have since shown demonstrated NO₂ levels well below objective.

The Environmental Targets (fine particulate matter) (England) Regulations 2023 set targets under this framework for fine particulate matter (PM_{2.5}). The two targets, both to be met by 2040 are:

Annual mean concentrations of PM_{2.5} to be 10 µg m⁻³ or lower
Population exposure to PM_{2.5} to be reduced by 35% compared to 2018 levels

The two targets are designed to work together to drive actions that both reduce concentrations where it is highest and reduce the pollution. Work in South Staffordshire will take place during 2024 to again model air quality across the district with the latest information and data, and then develop a measurement and improvement plan if required focused on the new air quality strategy.

Community Safety Partnership Action Plan

The Council's Community Wellbeing and Partnership Officer and the Deputy commander from the South Staffordshire Policing team provided an update on actions against the newly refreshed Community Safety Partnership Action Plan 2023-2026.

- Theft from Motor Vehicles reduced by 12% (past 12 months to end of Aug)
- Instances of anti-social behaviour have reduced by 32% (past 12 months to end of Aug)

Date of next meeting Tuesday 5th December 2023

- Health Inequalities funding and South Staffordshire Health & Wellbeing partnership action plan
- Healthwatch Staffordshire update

Stafford Borough Council

Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 5 September 2023 and 16 November 2023:

5 September 2023

Members considered the annual report of Freedom Leisure. Performance for Quarter 1 was also discussed. Councillor Edgeller had previously been asked if there were any age restrictions for Crisis Centre at St George's Hospital - she gave an update to Members on this.

16 November 2023

Annual report from Veolia - commented upon assisted collections within the Borough.
Air Quality - the Borough falls within the Defra guidelines.
Visit to Alleyne's Academy in Stone where there is a successful boxing group for young people suffering from trauma.
Housing Plus have allotments on 4 sites with vacancies.

There will be a Homes Plus presentation on 16 January meeting.
There will be a Task and Finish Group at some point in the future regarding food waste collections.

Members would like a presentation from Samaritans / Andy Mans Club regarding suicide prevention.

13. Staffordshire Moorlands District Council

The Council's Health and Wellbeing Committee is due to meet on 6 December 2023.

Items for consideration will be:

- Better Health Staffordshire Presentation
- Update from the Chair (Health & Care O&S Committee 13 Nov 2023, West Midlands Ambulance Service Performance)

14. Tamworth Borough Council

Safeguarding Children and Adults at risk of abuse report

No specific Health related discussion

Housing Strategy Wellbeing Update (including an update from Beat the Cold)

The Committee received an update from the Safer Communities and Home Manager and the Development Manager for Beat the Cold whose presentations included the following information to the Committee:

Beat the Cold is a unique Staffordshire based fuel poverty charity. Work with people on how to be more efficient with your energy, how to use energy for health.

Priority 3: ECO4 Flex - referrals can come in via the NHS and those do not have to meet standard criteria under these circumstances.

The next meeting will be held on 28th November 2023.

Link to Strategic Plan

7. 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

8. 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	Cllr Kath Perry
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:

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Health and Care Overview and Scrutiny Committee 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.

To review our meetings they can be found on this link: [Browse meetings - Health and Care Overview and Scrutiny Committee](#)

Councillor Jeremy Pert

Chairman of the Health and Care Overview and Scrutiny Committee

Health and Care Overview and Scrutiny Work Programme				
Date	Topic	Background/ Basis	Actions/ Outcomes	
Monday 12 June 2023 at 10.00 am Completed	<ul style="list-style-type: none"> Primary Care Dental Overview Primary Care Access Primary Care Estate Work Programme 2023-24 	Reports as identified in the Work Programme Annual update of Work Programme	1. The Committee receive a briefing on the delivery of orthodontics in Staffordshire. This will form a part of the next dentistry update at Committee.	
			2. The Committee wrote to the ICB and Keele university to support a dental school at Keele University.	✓
			3. The Committee receive a briefing note on the model for assessing new development sites.	
			4. The Committee congratulated Midlands Partnership Foundation Trust on gaining University Hospital status.	✓
			5. The membership of the Women's Health Strategy Working Group: <ul style="list-style-type: none"> a. Janice Silvester-Hall b. Ann Edgeller c. Monica Holton d. Jill Hood e. Val Chapman 	✓
			6. The membership of the Integrated Care Hubs Working Group be updated outside of the meeting and be reported back at the next meeting. <ul style="list-style-type: none"> a. Richard Cox b. John Jones (SMDC) c. Barbara Hughes (SMDC) d. Lyn Swindlehurst (SMDC) e. Linda Malyon (SMDC) f. Dave Jones (NULBC) g. Ian Wilkes (NULBC) h. Rupert Adcock (NULBC) i. Gill Heesom (NULBC) 	✓
Thursday 6 July 2023 at 4:30pm Health and Care Training Session	<ul style="list-style-type: none"> Health and Care training delivered by Centre for Governance and Scrutiny 		7. Centre for Governance and Scrutiny provided a training session for Health and Care O&S on upcoming changes in legislation.	✓

Monday 24 July 2023 at 10.00 am Completed	<ul style="list-style-type: none"> ICP Operating Plan System performance System Pressures Update on Elective care performance and recovery SSOT ICS People, Culture and Inclusion Annual Report and update. 		8. The Committee received the ICP Operating Plan and have met with Healthwatch in their scoping of a deep dive into primary care and to review the patients journey for the frail and elderly into the care system.	✓
			9. A breakdown of Cat 2 Ambulance response times was shared with the Committee.	✓
			10. The full winter plan (2023/24) will be shared with the Committee when completed.	
Monday 31 July 2023 Scheduled	<ul style="list-style-type: none"> Introduction to Adult Social Care Assurance 	To review Social Care Services and provide assurance	11. The Working Group has been established and the initial scoping meeting has taken place. The Membership is: a. Jeremy Pert, Richard Cox, Phil Hewitt, Jill Hood, Bernard Peters, Ann Edgeller & Kath Perry.	✓
Thursday 24 August 2023 Completed	<ul style="list-style-type: none"> Member workshop to assess access to information on Social Care 		12. The Workshop took place, and a follow up session will take place on 7 September.	✓
Monday 11 September 2023 at 10.00 am Scheduled	<ul style="list-style-type: none"> Joint mental health & mental wellbeing strategy: "good mental health in Staffordshire" 2023/28 action plan. MPFT & NSCHT – Mental Health performance 	To review the Mental Health action plan and performance.	13. The Cabinet Member for Health and Care has been requested for an executive response to the following recommendations by 10 November 2023. a. the Cabinet Member for Health and Care share the Good Mental Health in Staffordshire Strategy 2023-2028 and the action plan with partner organisations when available. b. the Cabinet Member for Children and Young People as part of the consultation on Adult Social Care and Staffordshire Connects give consideration to expanding the Staffordshire Connects to include a section for children and young people.	
			14. The Committee receive a list of the voluntary sector schemes which had been funded by the NHS.	
Monday 16 October 2023 at 10:00 am Scheduled	<ul style="list-style-type: none"> SSOT ICS People/ Workforce Staffordshire's Social Care Workforce: Adult Social Care Update Freedom to speak up. 		15. The Committee requested to receive: a. current international recruitment data b. data around incidents of violence towards staff c. a full list of leadership development programmes and metrics around learning and development and employee engagement	

Monday 13 November 2023 at 14.00 Scheduled	<ul style="list-style-type: none"> West Midlands Ambulance Service 		16. The SSOT Commissioner further investigate training provided to the Staffordshire Fire and Rescue Service officers to provide the commissioned falls service.	
			17. The Committee give further consideration to facilitate a Summit meeting with all relevant parties from within Staffordshire ICS to identify ways of improving wider system flow for all parties in the system.	
			18. The Committee receive the numbers of people conveyed to an acute hospital but not admitted.	
Monday 20 November 2023 at 12:30 Scheduled	<ul style="list-style-type: none"> Health impacts of Walleys Quarry 			
Monday 27 November 2023 at 10.00 Scheduled	<ul style="list-style-type: none"> Maternity Services ICB 2nd Quarter Performance Report 0-19 Service 	Review impact on investment on social prescribing		
Monday 29 January 2024 at 10.00 Scheduled	<ul style="list-style-type: none"> Primary Care Update Social Prescribing Dentistry and Orthodontics JSNA 			
Site visit to MPFT & NSCHT TBC	<ul style="list-style-type: none"> MPFT 10:00 – 12:00 NSCHT 14:00 – 16:00 	Site visit to view community-based services		
Monday 18 March 2024 at 10.00 Scheduled	<ul style="list-style-type: none"> Carers Strategy Adult Social Care Assurance Working Group Report Mental Health in Schools update. Community Mental Health (Following from Site visits 	Pre-decision to Cabinet 20 March 2024		

	to MPFT and NSCHT)			
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Further and Health and Care Overview and Scrutiny work

Briefings received outside of Committee	<ul style="list-style-type: none"> • Quality Accounts NHS Trusts • Care market • Healthwatch Annual Report 2022/23 • Older People Adult Social Care Commissioning Strategy 2024-2029
Items for future scrutiny	<ul style="list-style-type: none"> • Impact of air pollution on health • Impact of Long COVID • Obesity and Diabetes • End of Life – compassionate communities • Innovation / technology • Healthwatch Annual Report 2023/24 • Public Health Annual Report • Public Health Dashboard • Developing Healthier Communities updates • Scrutiny of Acute providers following from Quality Accounts (UHNM, RWT & UHDB)

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Membership Jeremy Pert (Chair) Richard Cox (Vice-Chair - Overview) Ann Edgeller (Vice-Chair – Scrutiny) Charlotte Atkins Philip Atkins Keith Flunder Phil Hewitt Jill Hood Thomas Jay Kath Perry Bernard Peters Janice Silvester-Hall Ian Wilkes	Borough/District Councillors Ann Edgeller (Stafford) David Williams (Cannock Chase) Monica Holton (East Staffordshire) Leona Leung (Lichfield) Ian Wilkes (Newcastle-under-Lyme) Val Chapman (South Staffordshire) John Jones (Staffordshire Moorlands) Chris Bain (Tamworth)
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