

## **Health and Care Overview and Scrutiny Committee**

Monday 29 January 2024

**10:00**

Council Chamber, County Buildings, Stafford

The meeting will be webcast live and archived for 12 months. It can be viewed at the following link: <https://staffordshire.public-i.tv/core/portal/home>

John Tradewell  
Deputy Chief Executive and Director for Corporate Services  
19 January 2024

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### **Agenda**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 20 November 2023** (Pages 5 - 10)
4. **Minutes of the meeting held on 27 November 2023** (Pages 11 - 16)
5. **Access to General Practice in Staffordshire** (Pages 17 - 70)  
Report of the Staffordshire and Stoke-on-Trent Integrated Care Board.
6. **Social Prescribing - Primary Care, SSOT ICB** (Pages 71 - 78)  
Report of the Staffordshire and Stoke-on-Trent Integrated Care Board.
  - a) Provider View of Social Prescribing - Support Staffordshire (Pages 79 - 88)
  - b) Supportive Communities Programme Overview (Pages 89 - 94)
7. **SSOT ICB Primary Care Dental Overview** (Pages 95 - 102)

Report of the Staffordshire and Stoke-on-Trent Integrated Care Board.

8. **District and Borough Health Scrutiny Activity** (Pages 103 - 108)
9. **Work Programme** (Pages 109 - 114)
10. **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.

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## **Part Two**

(All reports in this section are exempt)

<b>Membership</b>	
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	

## **Notes for Members of the Press and Public**

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### **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 November 2023**

Present: Jeremy Pert (Chair)

<b>Attendance</b>	
Philip Atkins, OBE	Jill Hood
Richard Cox (Vice-Chair (Overview))	Kath Perry, MBE
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	

**Also in attendance:** Baz Tameez, Councillor Simon Tagg, Councillor Paul Northcott, Councillor Jacqueline Brown and Councillor Rupert Adcock.

**Apologies:** Charlotte Atkins, Chris Bain, Val Chapman, Phil Hewitt, Thomas Jay, John Jones, Leona Leung, Bernard Peters, Ian Wilkes and David Williams

**Part One**

**42. Declarations of Interest**

There were no Declarations of Interest on this occasion.

**43. Health impacts of Walleys Quarry Landfill Site, Silverdale**

Katie Spence - Regional Deputy Director Health Protection from the UK Health Security Agency(UKHSAs), Alec Dobney - Regional Head, Environmental Hazards and Emergencies from the UKHSAs, Will Proto – Consultant for Health Protection from the UKHSAs, Steve Barlow – Public Health Registrar from the UKHSAs, Nesta Barker – Service Director, Regulatory Services from Newcastle Under-Lyme Borough Council and Dr Richard Harling, Director of Health & Care from Staffordshire County Council attended the Committee to discuss the Health Risk Assessment of air quality monitoring results from March 2021 to August 2023 at Walleys Quarry Landfill Site and the health impacts.

The Committee were advised that on 5 October 2023 the Environment Agency (EA) announced that there were concerns around the accuracy of the historic hydrogen sulphide data collected around the Walleys Quarry Landfill site.

The Chairman informed Committee that the Environment Agency had been invited to attend the Committee however, the EA had declined the invitation. The Chairman, on behalf of the Committee, wrote to the

Secretary of State for Environment, Food and Rural Affairs and the Minister for Environmental Quality and Resilience to request that the EA reconsider their position to not attend the Committee. The Minister for Environmental Quality and Resilience wrote back to the Chairman to advise that “the EA believe that Staffordshire County Council have all the information requested to inform their discussion at the Health Scrutiny Committee. Consequently, they have decided not to attend.”

The Committee expressed their disappointment that the EA had not attended the meeting to answer questions that the Committee may have had and requested that the correspondence be made publicly available. The Chairman agreed.

The UKHSA informed Committee that:

- Due to the issues with the calibration of monitoring equipment raised by the EA, the historic hydrogen sulphide data that UKHSA had used to produce monthly risk assessments since March 2021 now had a greater degree of uncertainty.
- No reference to the monitored hydrogen sulphide data had been included within August’s risk assessment.
- Due to the historic hydrogen sulphide data having a greater degree of uncertainty which currently invalidates the previous human health risk assessments, UKHSA could at this stage only qualitatively assess the risk to human health on a theoretical basis assuming that the local population may have been exposed to levels of hydrogen sulphide above the long-term health-based guidance value prior to September 2023.
- Pending further investigation, the new hydrogen sulphide data could not form a continuation of the old datasets.
- To assess short-term peak exposures, UKHSA compare data to Acute Exposure Guideline Values (AEGLs)
- Historic data reported in March 2021 showed that AEGL-1 had been exceeded. Without confidence in the current hydrogen sulphide dataset UKHSA could not say whether further breaches of the AEGL-1 had occurred. However, hydrogen sulphide concentrations would have been required to be a factor of 50 times higher to reach the AEGL-2 values, where there may have been concern for irreversible or other serious long-lasting effects of impaired ability to escape, which was extremely unlikely.

The UKHSA concluded that:

- UKHSA could not currently rely on historic hydrogen sulphide data to assess the risk to people’s health. The risks of long-term health problems were likely to be small but could not be excluded at this stage. UKHSA were aware that some people continue to experience

- short-term health effects.
- UKHSA recommended that all appropriate measures continue to be taken to reduce the off-site odours from the landfill site, to reduce the health impacts experienced in the local community.

The Committee noted the following comments and responses to questions:

- UKHSA were waiting for the Department for Environment, Food and Rural Affairs (DEFRA) and the EA to confirm if the data from March 2021 – August 2023 could be retrospectively recalculated and adjusted to provide that data if it was possible. It was reported that it may not be possible to adjust the data due to the complexity of the data.
- It was reported that the monitoring equipment had now been calibrated correctly. There were ongoing risk assessments made by the UKHSA based on the current data since the monitors were recalibrated in September 2023. The Current data from September 2023 did not highlight cause for concern as emissions were within acceptable parameters and the long-term risk to health was low.
- It was reported that there was a safety factor incorporated in the risk assessment for people at a higher risk of harm due to, for example, pre-existing respiratory issues or age.
- It was important to recognise the impact on the community, the physical and mental impacts as a result of the issues at Walleys Quarry. The NHS had arranged a specific mental health support service and a health helpline for local residents to access support.
- There was a meeting scheduled with the chief scientific officer at the EA in December 2023 to look at the data and determine if the data collected in between March 2021 and August 2023 could be adjusted and made usable. It was reported that the EA were investigating if the calibration issue had happened elsewhere. The UKHSA did not have scenarios depending on the outcome of this meeting, however a risk assessment could be completed quickly if data was made available.
- There had been some analysis done in Autumn 2022 to look at current routine data such as deaths, hospitalisation, GP consultations and prescribing data to determine if there were any signals to indicate health impacts due to exposure to Walleys Quarry. It was reported that this analysis had not yet highlighted any impact at population level however this analysis could not exclude impact at individual level individual circumstances or long-term impacts. The Committee discussed and recommended that the analysis be updated where possible.
- UKHSA confirmed that they were receiving sufficient data in order to make a risk assessment. The Committee discussed that the monitoring equipment around Walleys Quarry should remain in place

for the foreseeable future to ensure that the levels of hydrogen sulphide were consistently reducing. The UKHSA supported this proposal.

- There was limited data available to assess the impacts of prolonged exposure to hydrogen sulphide. There had been studies of communities exposed to higher levels of hydrogen sulphide, however these studies had a number of limitations and did not necessarily reflect the population living in proximity to Walleys Quarry. The Committee discussed that there was a need for further longitudinal studies of health impacts in the community, as a result of long-term exposure to hydrogen sulphide.
- The Committee also discussed the wider impacts of Walleys Quarry on the local community. The Committee supported the proposal to have a study into these wider impacts of Walleys Quarry.
- The Health and Safety of the staff working on the site as a result of the emissions from Walleys Quarry was raised and the Committee agreed to write to the Health and Safety Executive to highlight the issue.

The Committee agreed to ask the following questions to the Environment Agency:

**Reliance on the data collected from the monitoring stations.**

1. Are we certain it is just the monitoring of H<sub>2</sub>S that is affected? If so, how do we know that?
2. Given the data on other pollutants and toxins, has an independent third party verified that this data is accurate, otherwise we might just be making assumptions based on another false picture?

**Process Evaluation**

3. What is the Environment Agency's internal auditing processes in respect of Environment Agency equipment?
4. Were these routine audits just not completed during the intervening years?
5. How did this issue go on for the past six years – since 2017 – and why was it not picked up sooner – i.e. what are the fail-safe measures to prevent these sorts of mistakes happening in the future?
6. Has a full drains-up 'lessons learned' being completed on these failings and can that be shared with committee?
7. When the general public, experiencing the smell coming from Walleys Quarry for so long, and started complaining did no one think



of bringing in a separate independent third-party body to verify that the Environment Agency's readings were accurate or to check the verification process?

8. What happened between Friday 1<sup>st</sup> September 2023 and 5<sup>th</sup> October 2023, in detail, between the Environment Agency knowing that there was a problem with their data and the time that information was shared with the general public?

9. Why do the 3 / 4 monitoring stations monitor different things?

### **Retrospective Recovery of the Data**

10. The figures being under reported, the stats – will it be too difficult to infer the same pattern due to many environmental factors too... In the absence of which – where do we stand?

11. There are no timescales related to the retrospective recovery of the data – can you give some further details on the size and scale of the work to be completed – surprised no indication on the basis of how long to consider – resources team size, being given to it.

### **Wider Impact Across Staffordshire / the UK**

12. How many other monitoring stations at landfill sites are there in Staffordshire – well in England?

And are they similarly affected.

### **Staffordshire's Health & Care Overview and Scrutiny Committee**

13. Given the understanding that some of the information regarding the monitoring equipment at Walleys Quarry could be incorrect, can you please explain in detail why the invitation to meet with Staffordshire Health and Care committee was not accepted?

14. Can you please explain the main nature of the complaints you received in October 2023... 115 to the EA and another 26 to Newcastle Borough Council. This would give the committee a better understanding of the main concerns that people living in the vicinity of the Quarry are still worried about.

### **Longer Term Impact**

15. How is the Environment Agency going to try and build trust with partners and the general public, that its data in future is accurate and reflective of the situation?

16. Given the lack of longitudinal studies on the impact of Hydrogen Sulphide on groups of people, will the Environment Agency fund a health impact study to identify this, specifically based on the

Walleys Quarry local population, so that it can fill this gap in knowledge and make sure that any impact of their regulation of this site is mitigated for fully?

**Clarification on the Papers submitted.**

17. What does "The calibration slopes between sulphur dioxide and hydrogen sulphide within the analysers, had not drifted relative to each other since the beginning of September. Therefore, we are confident that this data from the beginning of September is also reliable." mean and what does a third-party expert advice?

**Resolved** – That (a) the report from the UK Health Security Agency and the Environment Agency be received.

(b) the correspondence between the Chairman and the Secretary of State for Environment, Food and Rural Affairs and Minister for Environmental Quality and Resilience be made publicly available.

(c) the Committee recommend and support:

- that the Director for Health and Care undertake analysis of health data, where possible, in order to determine if there were any signals to indicate health impacts due to exposure to Walleys Quarry.
- that the Environment Agency maintain the monitoring equipment around Walleys Quarry for the foreseeable future to ensure that the levels of hydrogen sulphide was consistently reducing.
- the Director for Health and Care continue to pursue the proposal to have a study into wider impacts as a result of Walleys Quarry.

(d) the Committee write to the Health and Safety Executive to highlight health and safety concerns of staff working at Walleys Quarry, in light of the announcement from the Environment Agency that there were concerns around the accuracy of the historic hydrogen sulphide data collected around the Walleys Quarry Landfill site.

(e) the Committee request a response to the questions detailed above from the Chief Executive of the Environment Agency.

**Chair**

**Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 27 November 2023**

Present: Jeremy Pert (Chair)

<b>Attendance</b>	
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Leona Leung
Val Chapman	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Paula Stanton (Substitute)

**Also in attendance:** Baz Tameez

**Apologies:** Phil Hewitt, John Jones and David Williams

**Part One**

**45. 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).

**46. Minutes of the last meeting held on 13 November 2023**

**Resolved** – That the minutes of the meeting held on 13 November 2023 be confirmed and signed by the Chairman.

**47. Minutes of the meeting held on 31 July 2023**

The Committee were advised that the Chairman of Safeguarding Overview & Scrutiny Committee, Councillor Bob Spencer and the Vice-Chair, Councillor Gill Burnett-Faulkner attended the Committee meeting on 31 July 2023, however this was not reported in the minutes.

**Resolved** – That the Committee note the omission of Councillor Bob Spencer and Councillor Gill Burnett-Faulkner in the minutes of the meeting held 31 July 2023.

## 48. Maternity and Neonatal Services Update

Helen Slater, Associate Director for Transformation at Staffordshire and Stoke-on-Trent ICB and Karen McGowan, Associate Director Nursing, Quality & Maternity at Staffordshire and Stoke-on-Trent ICB presented the Maternity and Neonatal Services Update to the Committee.

The Committee noted the following comments and responses to questions:

- Assurance was given that there was a Patient Safety Specialist officer in place as per the Ockenden report.
- Freedom to speak up policies across the ICS were being refreshed. Assurance was given that the providers within Staffordshire were ensuring that there were robust speak up processes in place.
- The Freestanding Midwife-led Birthing Units (FMBU) at County Hospital and Samuel Johnson Community Hospital were suspended at the beginning of the pandemic in line with national guidance. It was reported that significant staffing challenges had prevented these units to reopen safely. The ICB had worked with UHNM and UHDB to outline the current position of FMBUs and had presented a case for change to NHSE and they supported the proposal to continue with an options appraisal process and public engagement regarding the birthing services at County Hospital and Samuel Johnson.
- Prior to the temporary closure of the FSBUs, the number of women choosing to give birth there remained low. In 2019/20, 94 women gave birth at County Hospital and 220 women gave birth at Samuel Johnson Community Hospital. It was reported that these numbers were significantly below the 350 births per unit per year recommended in 2018 for the FMBUs to be clinically and financially viable.
- A draft Communications and Engagement plan setting out the Public Engagement activities over the next few months had been shared with the Staffordshire and Stoke-on-Trent People and Communities Assembly and ICB Quality & Safety Committee and feedback would be incorporated into the business case.
- Home birthing services were also suspended during the pandemic and had subsequently been restored and were currently paused due to workforce challenges. It was reported that the ICB received regular updates in relation to the anticipated reintroduction of these birthing services within Q4 2023/24.
- Staffordshire and Stoke-on-Trent had the second highest neonatal mortality rate in the UK. The UHNM Neonatal Improvement Group had been re-established to better understand the data and identify areas for learning. It was also reported that the Children and Young

People Programme Board had commissioned an Infant Mortality review and a steering group had been established to look into the wider social factors which may impact on neonatal mortality rates.

- A full route cause analysis is completed for every neonatal death.
- Following a CQC visit to UHNM Maternity Services in March 2023, a S29a notice was issued with further actions included in the final report. The Trust's response to these actions was overseen by the ICB and NHSE.
- The Committee discussed that SSOT ICB should investigate the feasibility of an external audit of maternity services in Staffordshire.
- There had recently been successful recruitment campaigns in both UHNM and UHDB to reduce the vacancy rate. The Committee were informed that initially the influx of new recruits would require support and present additional pressure however, the Committee were assured that there was still a skill mix of midwives and some of the posts had specific skill requirements.
- Inductions of Labour at UHNM remained a challenge as a result of ongoing workforce challenges; spontaneous labour would take priority over an Induction.
- Healthwatch Stoke and Healthwatch Staffordshire had completed a joint review of maternity services at UHNM which was due to be published in the coming weeks.
- A Dashboard of data had been developed by the SSOT ICB and UHDB and UHNM.
- Staffordshire and Stoke-on-Trent were included in a pilot to appoint a Maternity and Neonatal Independent Senior Advocate to support women and families who had experienced a traumatic episode. This was a temporary post and work was ongoing to extend the funding for a further 12 months. There was also the Maternity & Neonatal Voice Partnership (MNVP) which had processes to work Mothers and identify champions who worked with these women and families who had experienced a traumatic episode.
- NSCHT and MPFT provided a birthing trauma service. There was also a bereavement service available.
- Assurance was given that there were translation services available to families and there had been investments in translation technology.

**Resolved** – That (a) the report be received, and the Committee comments be noted.

(b) Staffordshire and Stoke-on-Trent ICB investigate the feasibility of an external audit of maternity services in Staffordshire.

(c) the Committee receive an update on maternity services and on the Freestanding Midwife-led birthing Units.

## 49. SSOT ICB Performance and Finance Overview

Paul Brown, Chief Finance Officer presented the Staffordshire and Stoke-on-Trent ICB Performance and Finance Overview to the Committee. The Committee were presented with a headlines and escalations summary.

An overview of key underpinning deliverables was also shared with the Committee:

- Children and Young People/ Maternity
- Planned Care, Diagnosis & Cancer
- Improving Population Health
- Urgent and Emergency Care
- Mental Health, Learning Disability and Autism
- Primary Care
- End of Life, LTCS and Frailty

The Committee noted the following comments and responses to questions:

- The ICB recognised the value of Patient Participation Groups which regularly provided information to the ICB on General Practices. The ICB offered to support General Practices to establish a Patient Participation Group.
- As per the Mental Health Investment Standard, a greater share of resources had gone into Mental Health Services.
- There were some key underpinning deliverables were behind plan with no mitigations identified to improve the position in year. The Committee were advised that some of the deliverables were unachievable, a reason for this, highlighted to Committee, was due to lack of resource and industrial action.
- The Committee raised concerns around the CAHMS waiting list and requested to receive a briefing note detailing the actions to address the issues.
- At month 6 the ICB was reported a year-to-date deficit position of £66.4m. This was due to CHC inflation and volume challenges, inflation in excess of plan in primary care prescribing and efficiency under-delivery. It was reported that the system had delivered £75.2m of efficiency as of September 2023.
- The Committee discussed the prevention agenda and the role of partners in reducing the number of people needing to access health services.
- The priority of deliverables within the report was not clear. The Committee requested that this be highlighted in future reports.
- Assurance was given that services were safe and continuing whilst development was ongoing.

**Resolved** – That (a) the report be received and, the Committee comments be noted.

(b) the Committee receive a briefing note detailing the actions to address the CAHMS waiting list.

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

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

**Resolved** – That the District and Borough Health Scrutiny activity update report be received and noted.

## **51. Work Programme**

The Committee agreed to add a review of the acute trusts for next years' Work Programme.

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

**Chair**







## Health and Care Overview and Scrutiny Committee

**Monday 29 January 2024**

### Access to General Practice in Staffordshire

#### Recommendation(s)

I recommend that the Committee:

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

#### **Report of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) – Paul Edmondson-Jones (Chief Medical Officer & Deputy Chief Executive)**

#### Summary

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

1. The Overview and Scrutiny Committee is asked to receive a presentation and appendix 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. In response to the National Delivery Plan for Recovering Access to Primary Care, a System Level Access Improvement Plan (SLAIP) has been developed.
3. Primary Care Networks (PCNs) have developed PCN Access Improvement Plans, reflecting the requirements of the National Plan and these plans are included in the SLAIP.
4. 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.
5. The presentation outlines:
  - a. Fuller Stocktake Report
  - b. Management of General Practice Appointments
  - c. National delivery plan for recovering access to primary care
  - d. Challenges
  - e. Drivers
  - f. London South Bank University Study
  - g. Patient Experience
  - h. Appointment Activity
  - i. Workforce Data
  - j. Health Inequalities
  - k. PCN Actions

- l. Local response to National Ambition 1 – Empowering Patients
- m. Local response to National Ambition 2 – Build Modern General Practice
- n. Local response to National Ambition 3 – Build Capacity
- o. Local response to National Ambition 4 – Cutting Bureaucracy
- p. Communication & Engagement

### **Link to Strategic Plan**

Primary Care – General Practice Access

### **List of Background Documents/Appendices:**

Appendix 1 – SSoT ICB OSC Staffs Appendix 290124

### **Contact Details**

Lead Officer: Paul Edmondson-Jones, Chief Medical Officer & Deputy Chief Executive,  
Staffordshire and Stoke-on-Trent ICB

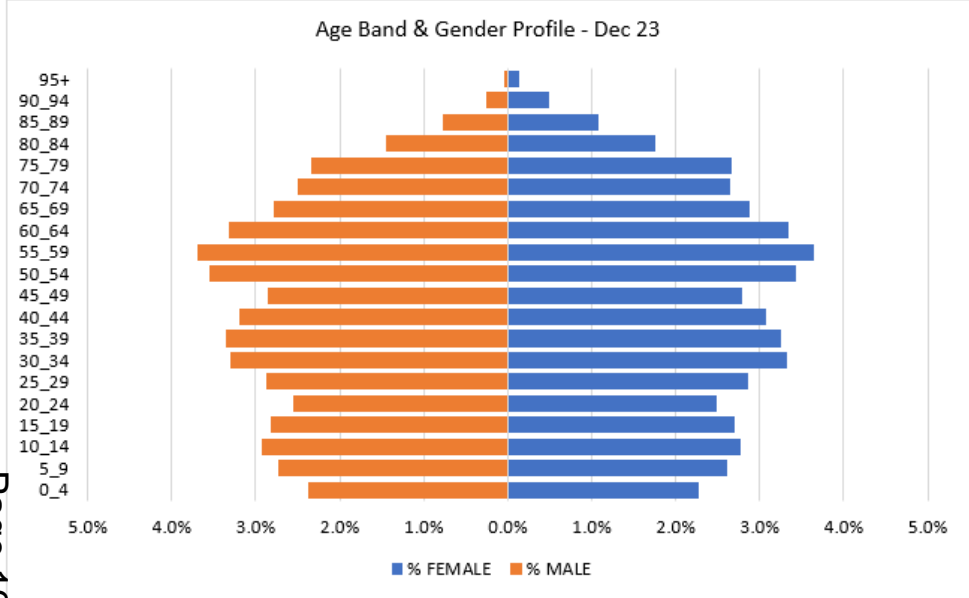
Report Author: Vicky Oxford

Job Title: Primary Care Programme Lead

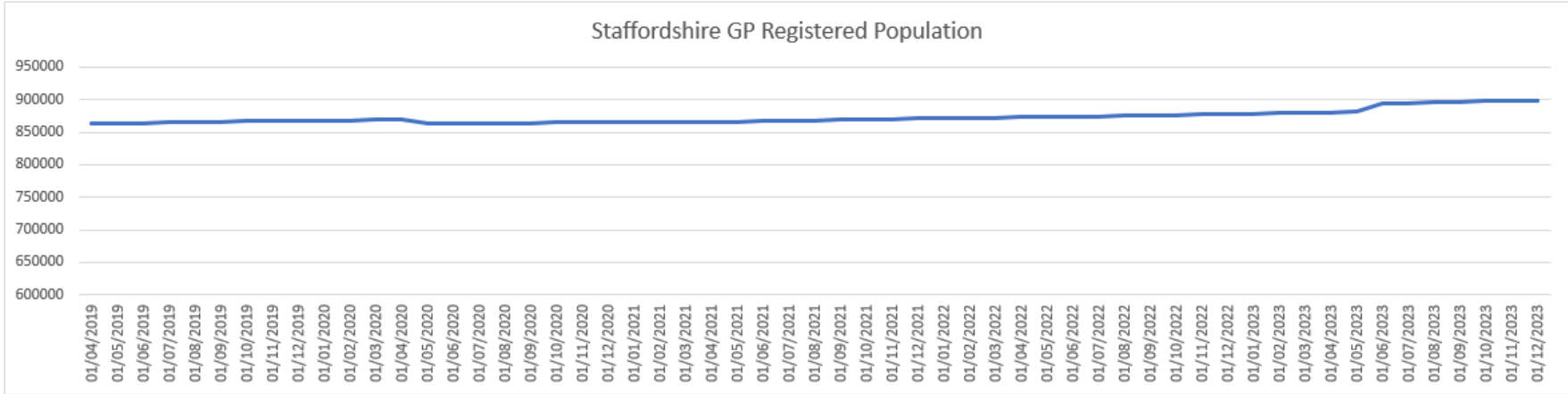
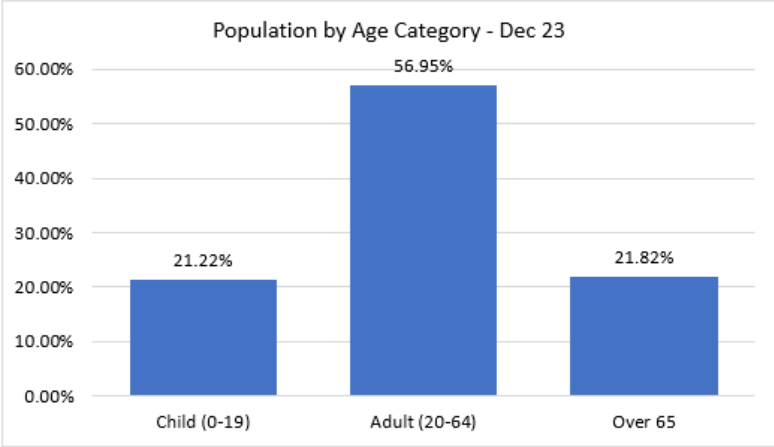
E-Mail Address: [vicky.oxford@staffsstoke.icb.nhs.uk](mailto:vicky.oxford@staffsstoke.icb.nhs.uk)

# Staffordshire GP Registered Population

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451,537 (50.2%) Female	447,372 (49.8%) Male	898,909 Total Registered Population
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Data Source: NHS Digital - GP Registered Population Publication

**NOTES**

Data Source: NHS Digital - GP Registered Population Publication

**Summary**

The GP registered population of Staffordshire (Sub ICB Locations) has been steadily increasing month-on-month. A sharper increase is apparent during June 2023 due to the merger of Haymarket Health Centre and Loomer Road Surgery. The merger moved GP registered population of Haymarket Health Centre into the North Staffordshire Sub ICB location footprint.

The total GP registered population of Staffordshire stands at 898,909 patients as at December 2023.

# Staffordshire – Deprivation

## Summary

### Index of Multiple Deprivation

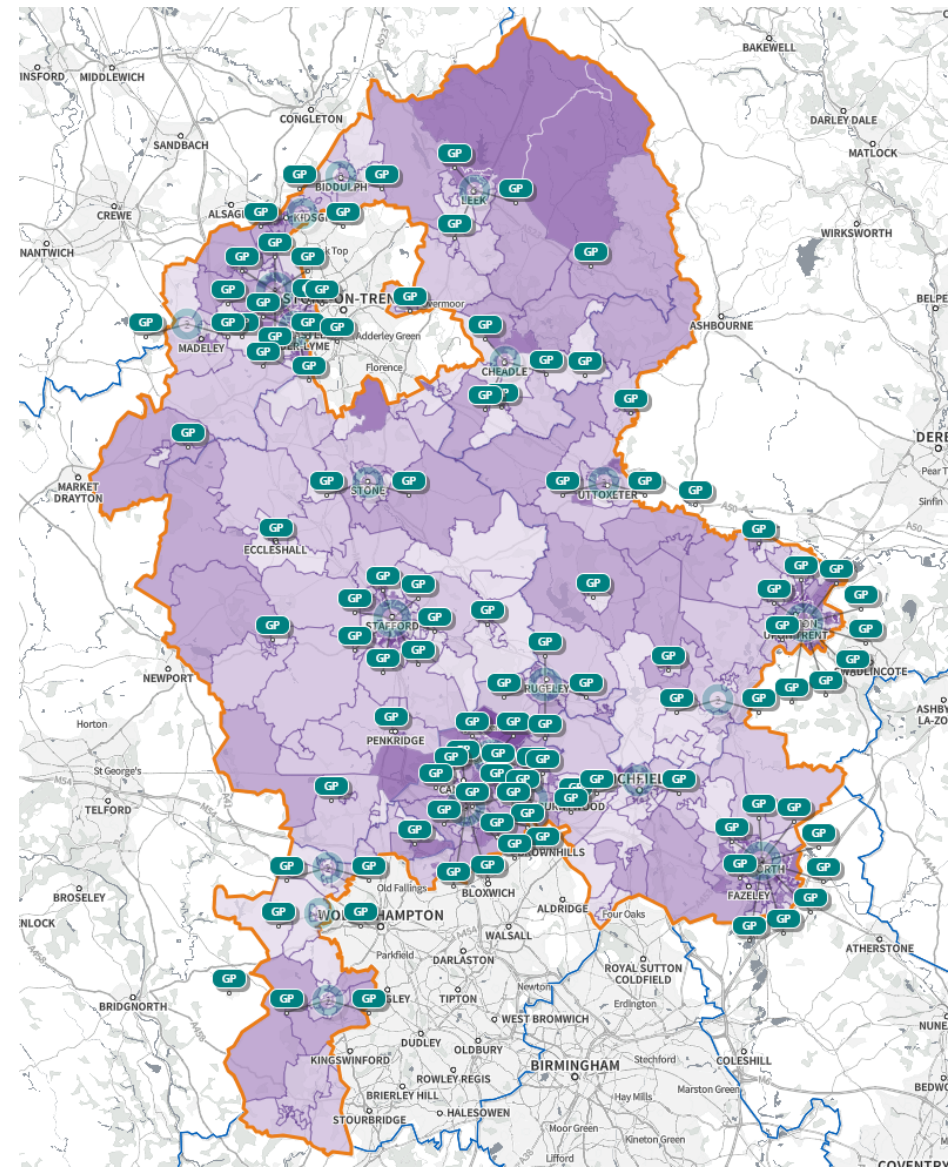
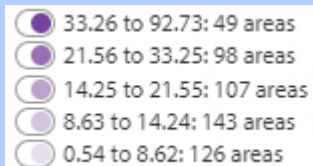
The indicator focuses on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

Staffordshire (Sub ICB Locations) Index of Multiple Deprivation average score is 16.63.

The England-wide Index of Multiple Deprivation distribution is 0.54 to 92.73 with a mean value of 21.67.

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation. The locations of GP practices have been included.

The colours represent the quintiles:



## NOTES

Data source: [SHAPE - Shape \(shapeatlas.net\)](https://shapeatlas.net)

# Supporting GP Practices and People

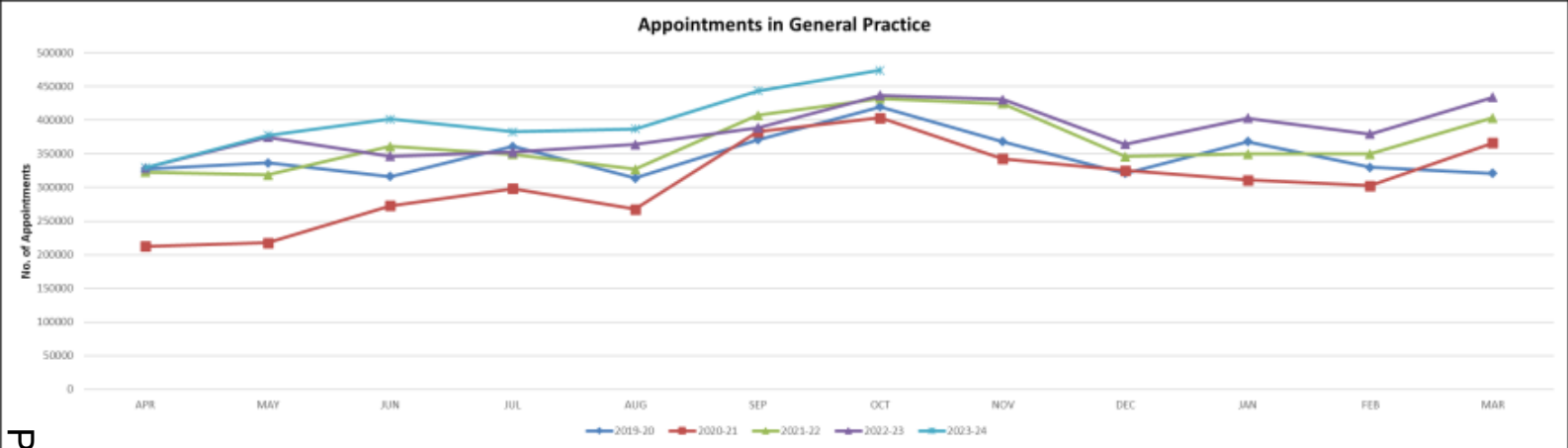
- Population health management approach, currently being rolled out across Staffordshire and Stoke-on-Trent
- Primary Care Networks (PCNs) have identified a Health Inequalities Lead who are championing and working with colleagues across the PCN and system health partners to identify, develop interventions and engage with patient focus groups to tackle neighbourhood health inequalities.
- Practices deliver against a local Quality Improvement Framework (QIF). The QIF identifies those areas of deprivation and provides additional funding to those practices to enable them to focus on long term condition management to try and close the inequalities gap.

# General Practice Appointment Activity

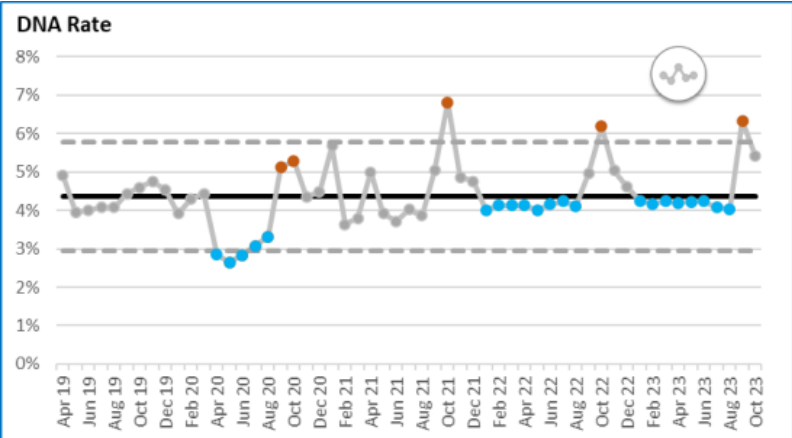
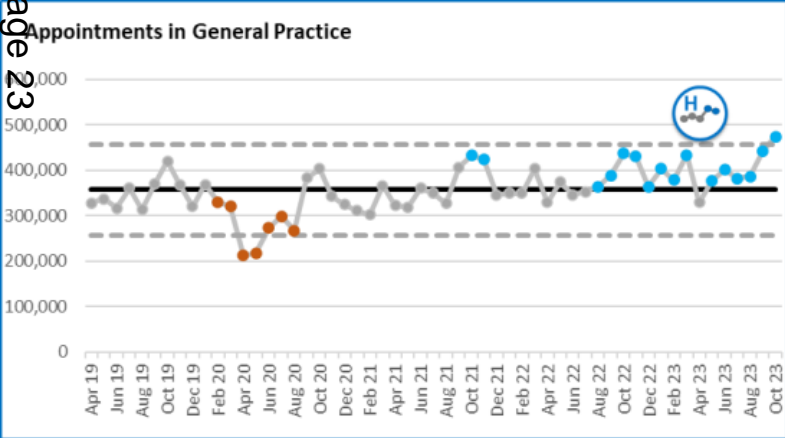
- GP practices in Staffordshire are offering more appointments than the pre-Covid period (2019-20)
- In October 2023, general practice appointment activity in Staffordshire was 12.9% higher than the same period in 2019/20 and 8.5% higher than October 2022.

# General Practice Appointment Activity – Staffordshire

Latest available published data:- October 2023 (released monthly)



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## Summary

### Current View

- In October 2023, primary care appointment activity in Staffordshire was 12.9% higher than the same period in 2019/20 and 8.5% higher than October 2022.

### Historic Trend

- Appointment activity declined from February 2020 to August 2020 (special cause variation) due to the impact of COVID 19. Appointment levels returned within the normal range from September 2020, further increases are apparent from August 2022.
- DNA rates declined sharply early to mid 2020. DNA rates increase from September to November each year.

### NOTES

**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)

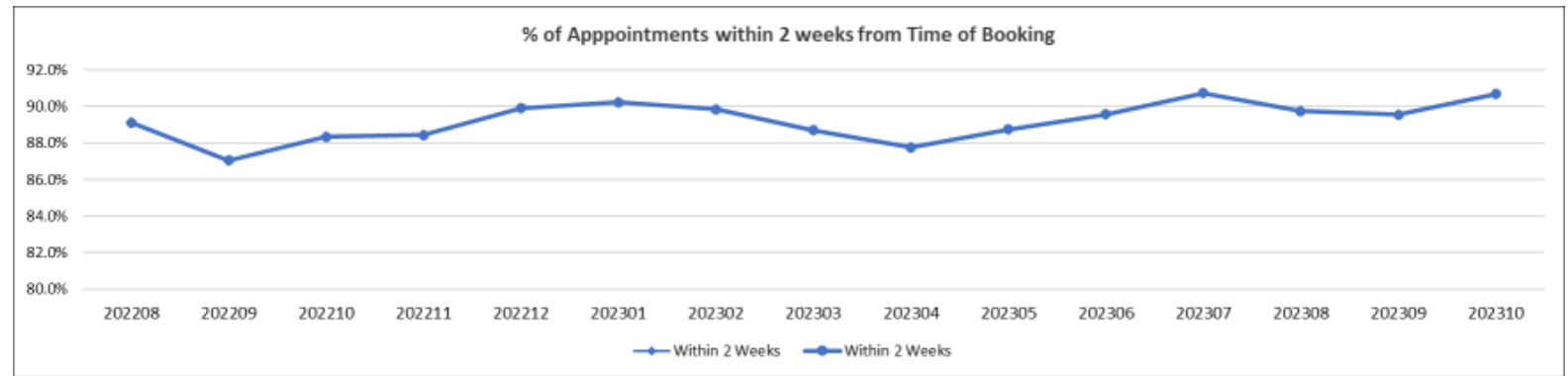
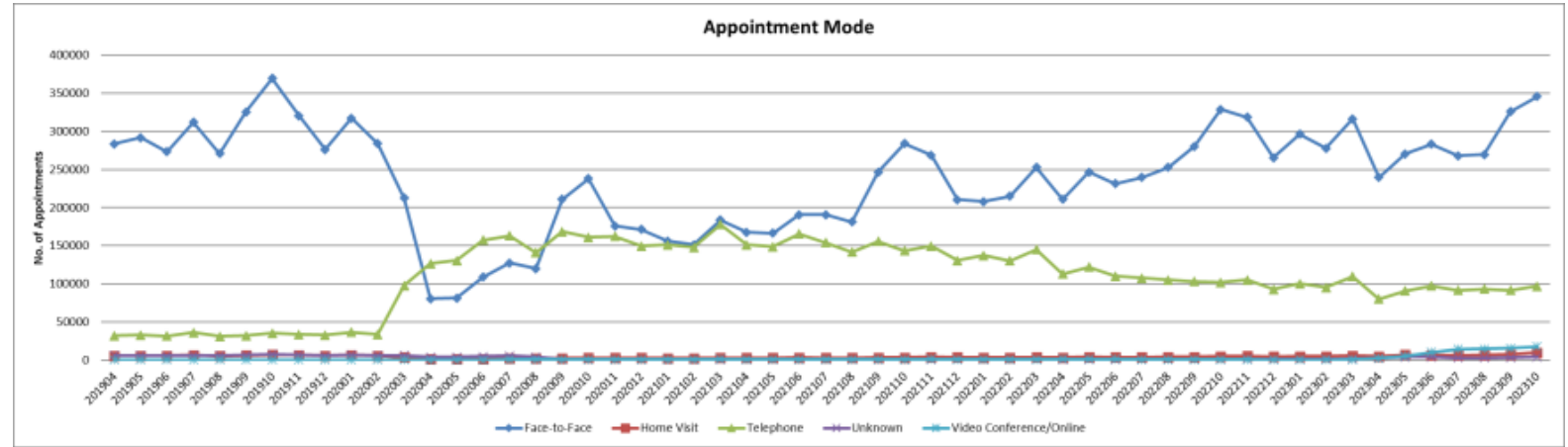
Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Appointment Activity – Staffordshire

Latest available published data:- October 2023 (released monthly)

## Summary

- The proportion of face-to-face appointments stands at 72.9% for October 2023 (compared with 88.0% in the equivalent month in 2019/20). This is higher than the national average standing at 70.9%. Practice variation across Staffordshire ranges from 33.1% to 97.9% face-to-face, with 63.2% of Staffordshire practices above the national average.



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90.7% of appointments took place within 2 weeks from time of booking (within the 8 appointment categories), falling above the IIF higher threshold (>90%). Sub-ICB comparison shows 3 out of the 5 Staffordshire Sub-ICB locations are in the highest performing quartile nationally for this indicator.

## NOTES

**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)

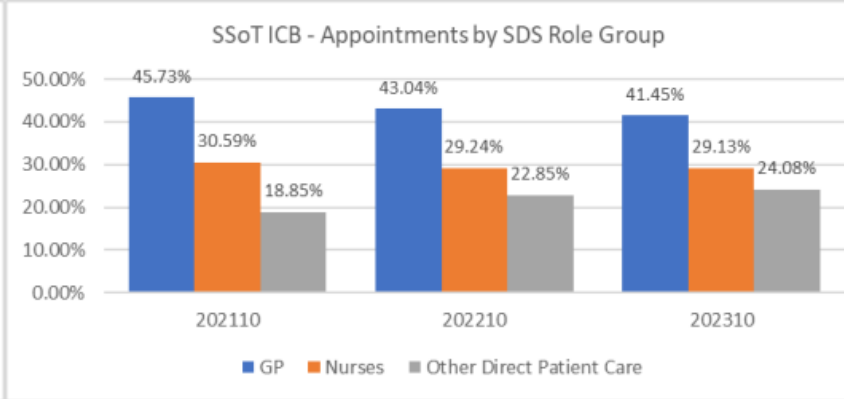
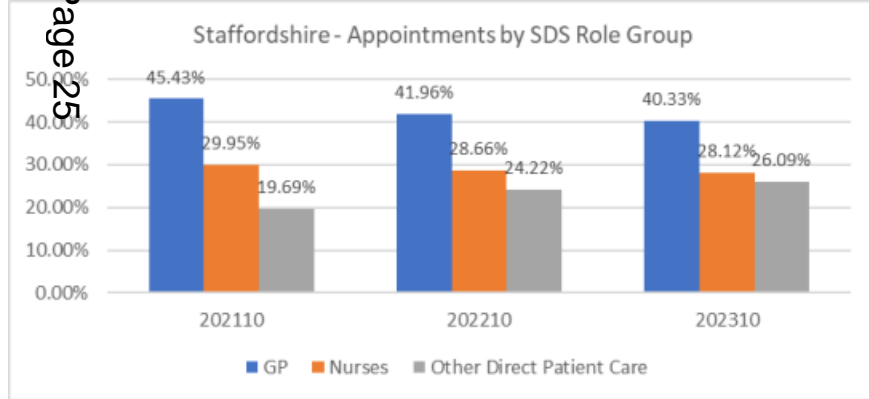
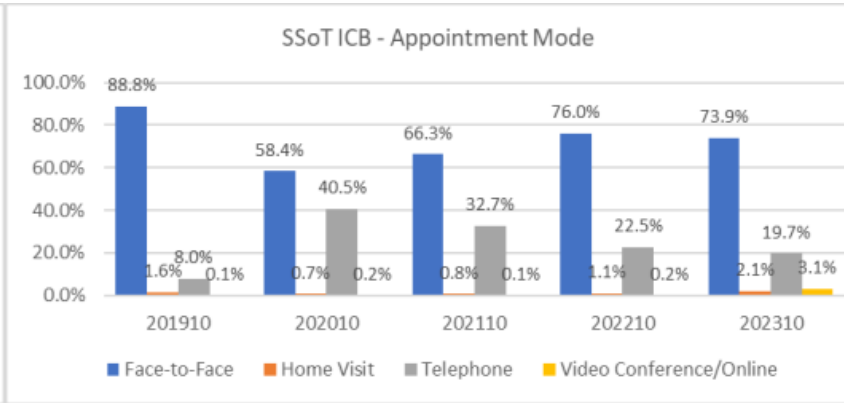
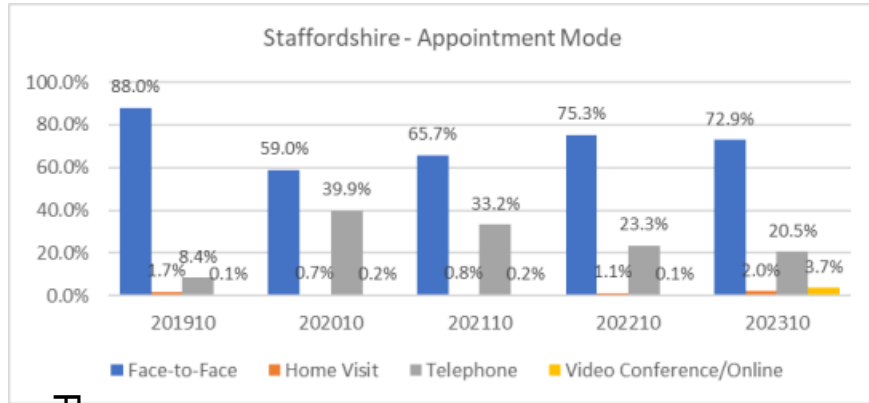
Practice level data is available [Appointments in General Practice - NHS Digital](#) – However, caution should be taken when comparing between practices due to the widespread variations in working methods and appointment recording. Some of the working methods relate to patient choice/preference/demographics.

Due to the sensitivity of this data, it is not for wider circulation.



# General Practice Appointment Activity – Staffordshire

Latest available published data:- October 2023 (released monthly)



## Summary

### Appointment Mode

The % of appointments delivered face-to-face sharply declined early 2020 due to the impact of COVID-19. A year-on-year comparison shows levels have since been increasing, although not to the same % as seen in 2019. The coincides with a decrease to telephone appointments dropping to 20.5% by October 2023. The proportion of Video Consultation appointments, whilst low, has seen a slight increase over recent months.

### Health Care Practitioner

Appointments with a GP have seen a slight decline from 2021 to 2023, standing at 40.3% of all appointments within Staffordshire for October 2023. Appointments delivered by other Direct Patient Care roles has increased since 2021, reaching 26.1% for October 2023 (Staffordshire). This is higher than the ICB overall % of appointments delivered by Direct Patient Care staff roles.

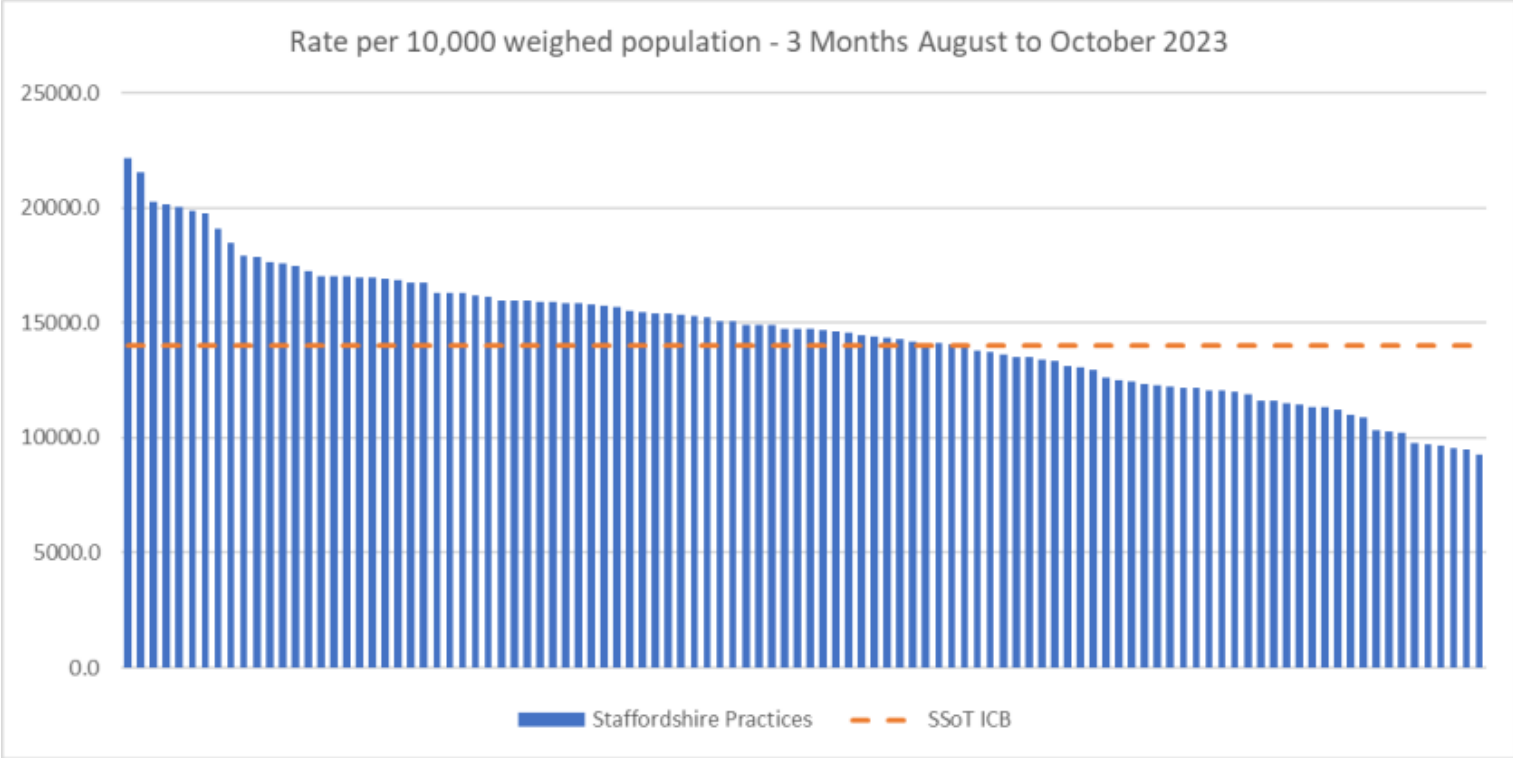
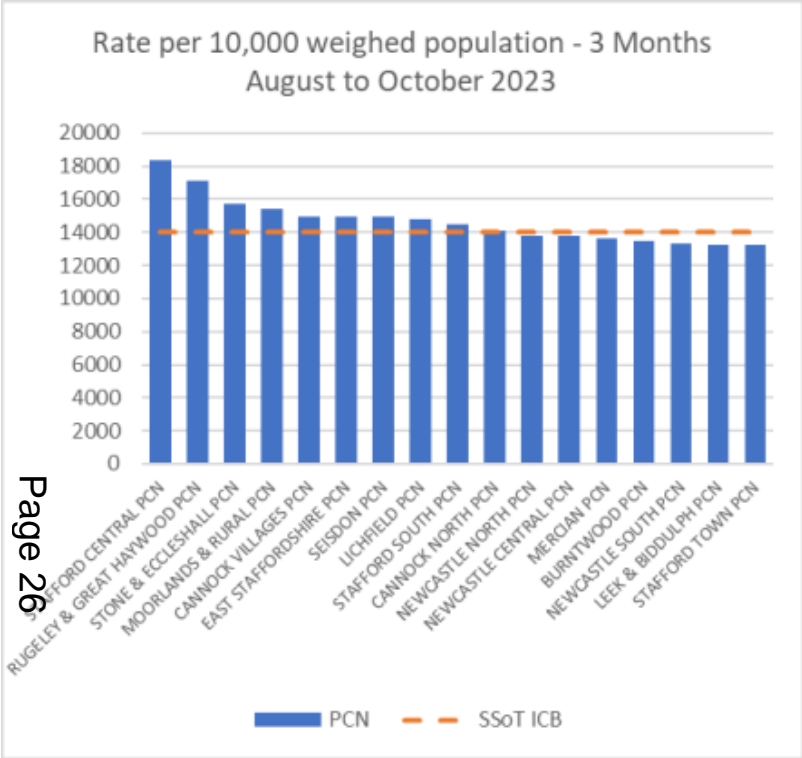
### NOTES

**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)

Practice level data is available [Appointments in General Practice - NHS Digital](#) – However, caution should be taken when comparing between practices due to the widespread variations in working methods and appointment recording. Some of the working methods relate to patient choice/preference/demographics.

Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Appointment Rate per 10,000 – Practice & PCN



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- To note: caution should be taken when comparing between practices due to the widespread variations in working methods and appointment recording. Some of the working methods relate to patient choice/preference/demographics.

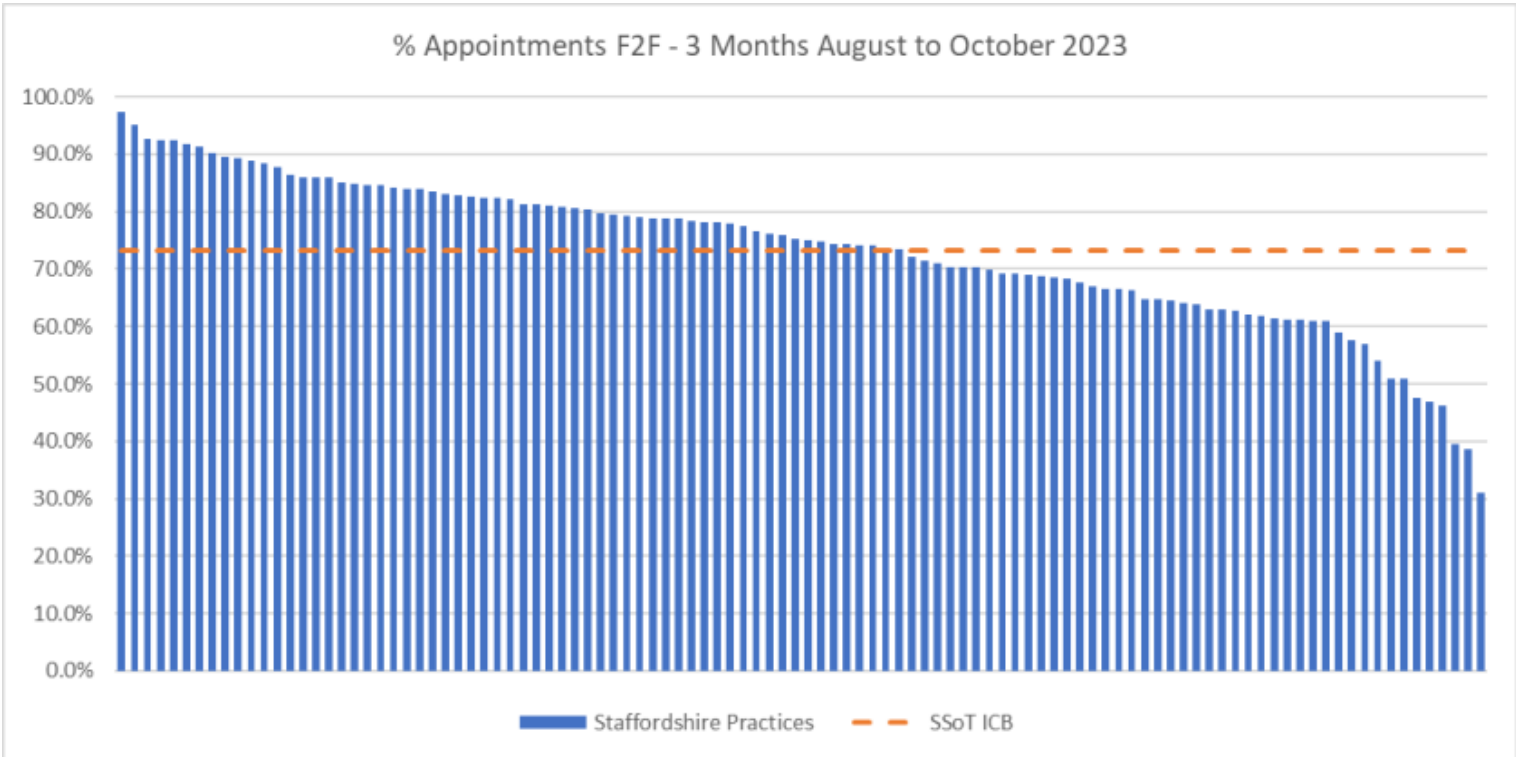
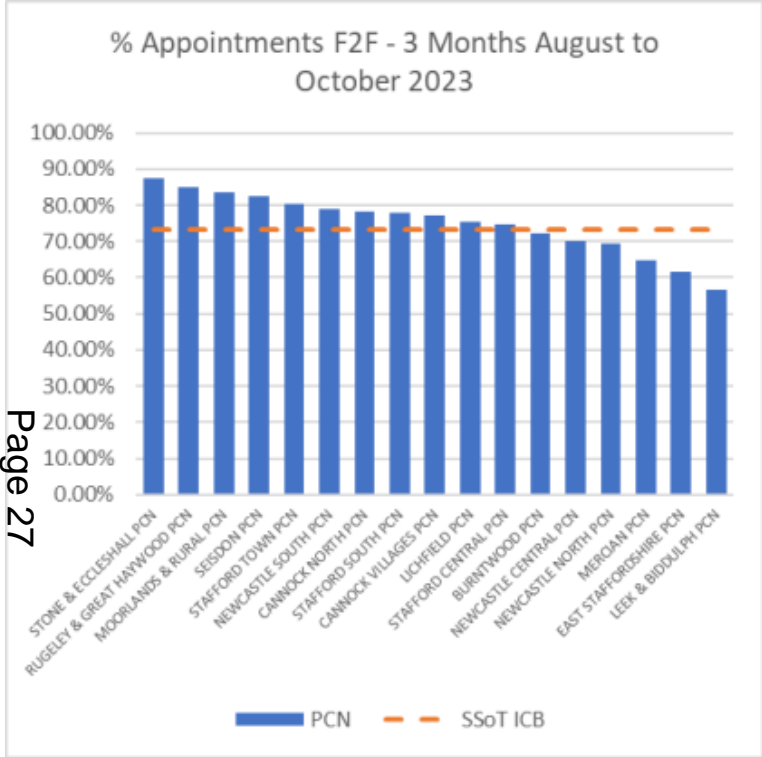
**NOTES**

**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)

Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Appointments - % Face to Face – Practice & PCN

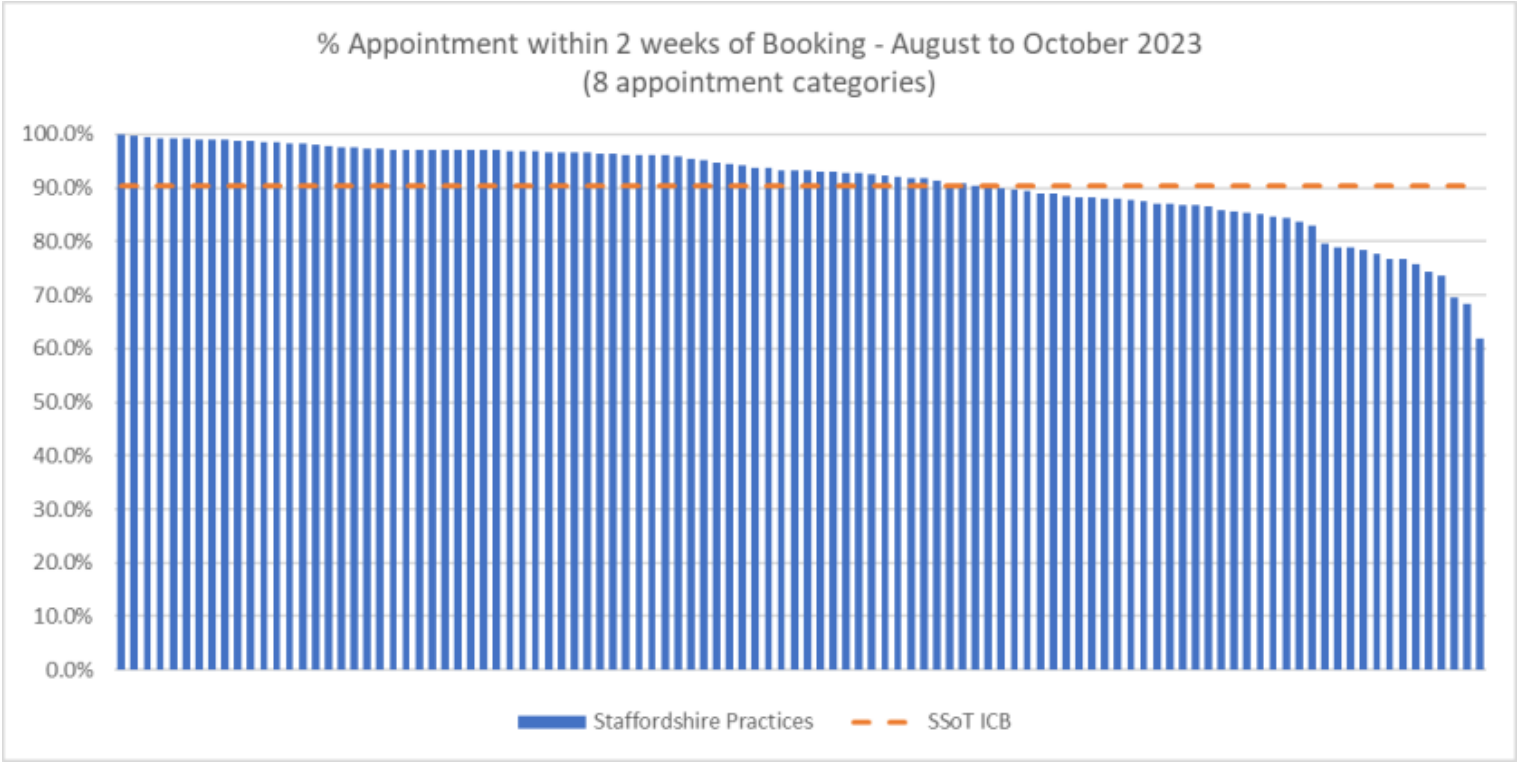
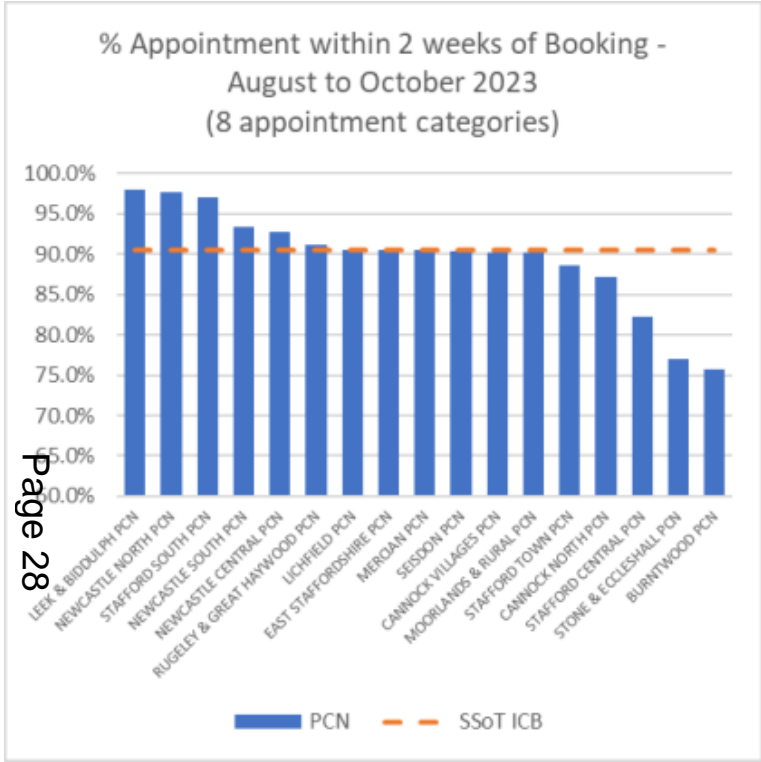
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To note: caution should be taken when comparing between practices due to the widespread variations in working methods and appointment recording. Some of the working methods relate to patient choice/preference/demographics.

**NOTES**  
**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)  
 Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Appointments - % within 2 weeks from Time of Booking- Practice & PCN



- To note: caution should be taken when comparing between practices due to the widespread variations in working methods and appointment recording. Some of the working methods relate to patient choice/preference/demographics.

**NOTES**

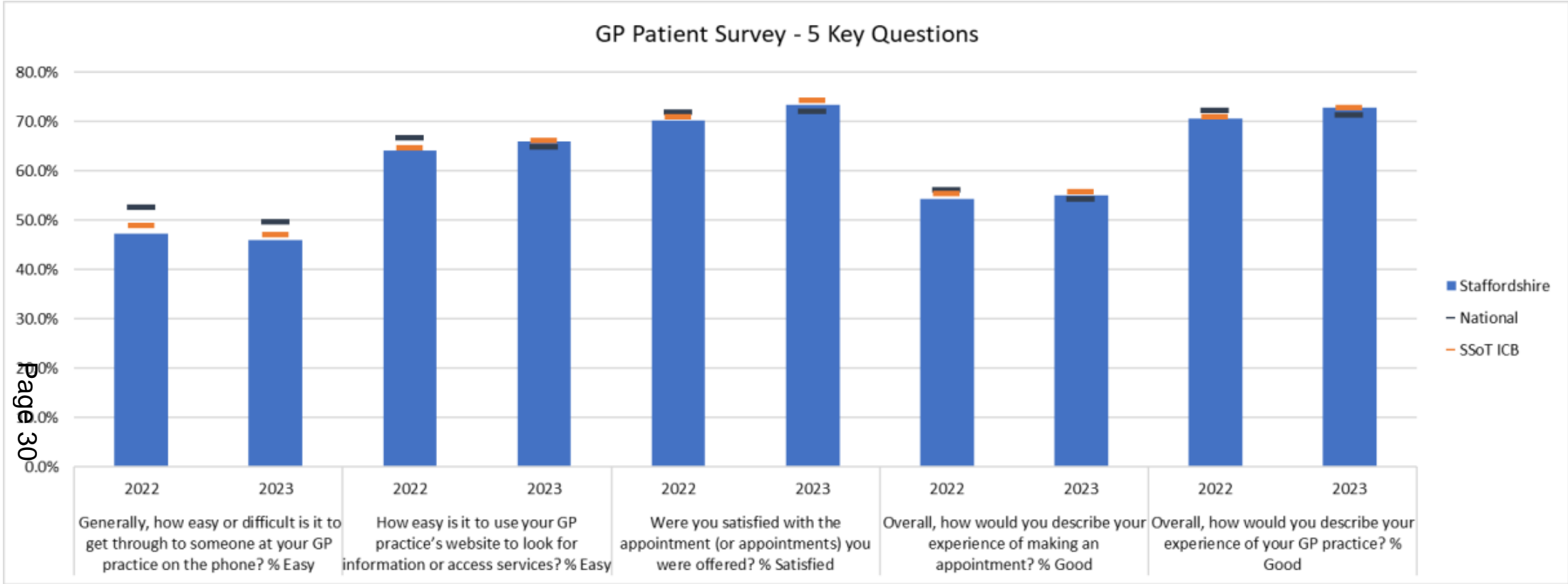
**Appointment data:** Data source: NHS Digital - Appointments in General Practice (experimental statistics). This is an experimental dataset and the full supporting information should be taken into consideration when interpreting activity in General Practice - [Appointments in general practice: supporting information - NHS Digital](#)

Due to the sensitivity of this data, it is not for wider circulation.

# National Patient Survey – Key Questions

- The National Patient Survey is taken annually and the most recent results were published in July 2023.
- There are five key questions within the survey.
- The Staffordshire Sub ICB Location combined GP Patient Survey results saw a slight improvement from 2022 to 2023 for 4 out of the 5 key questions.

# GP Patient Survey 2023

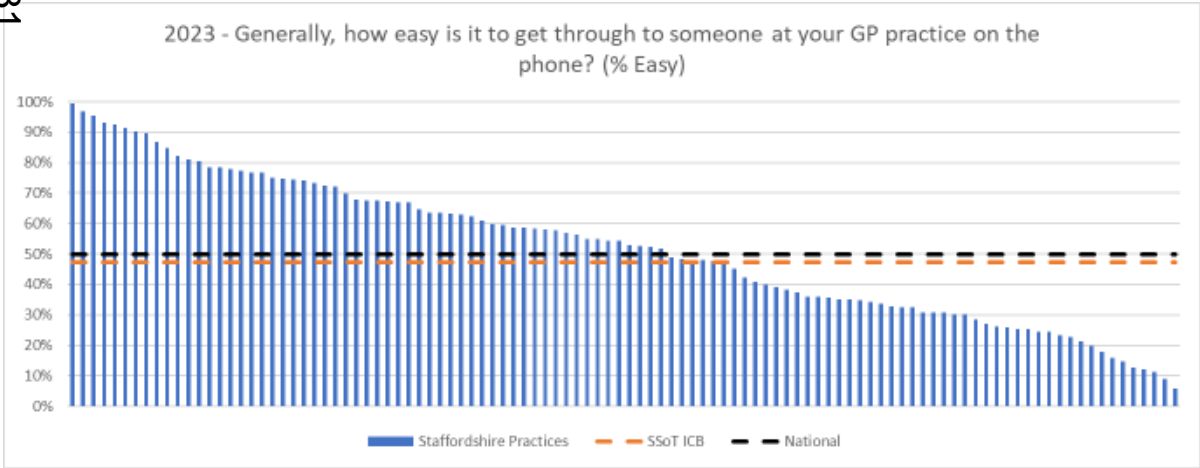
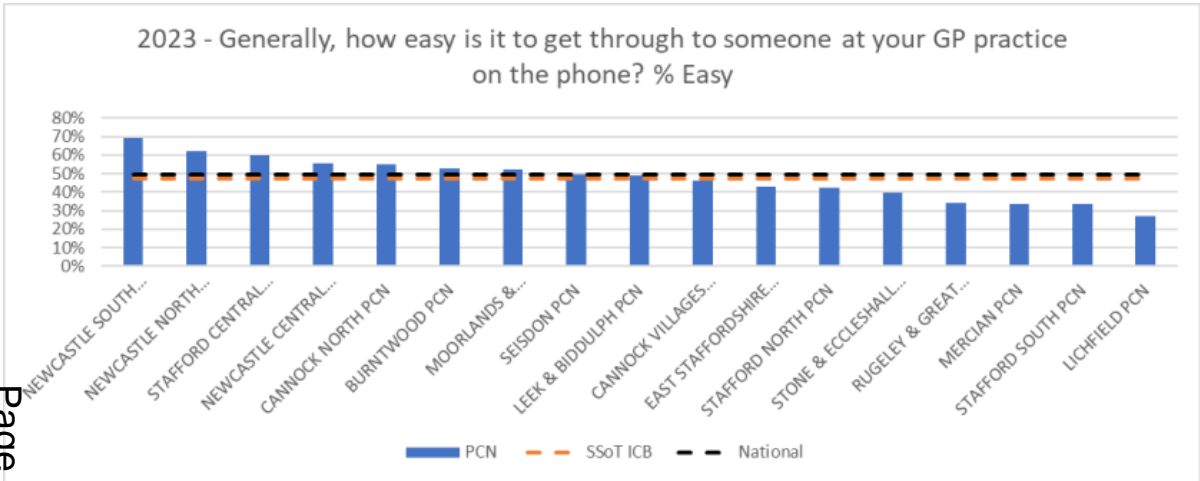


The Staffordshire Sub ICBs combined GP Patient Survey results saw a slight improvement from 2022 to 2023 for 4 out of the 5 key questions. The results were also higher than national for these 4 key questions.

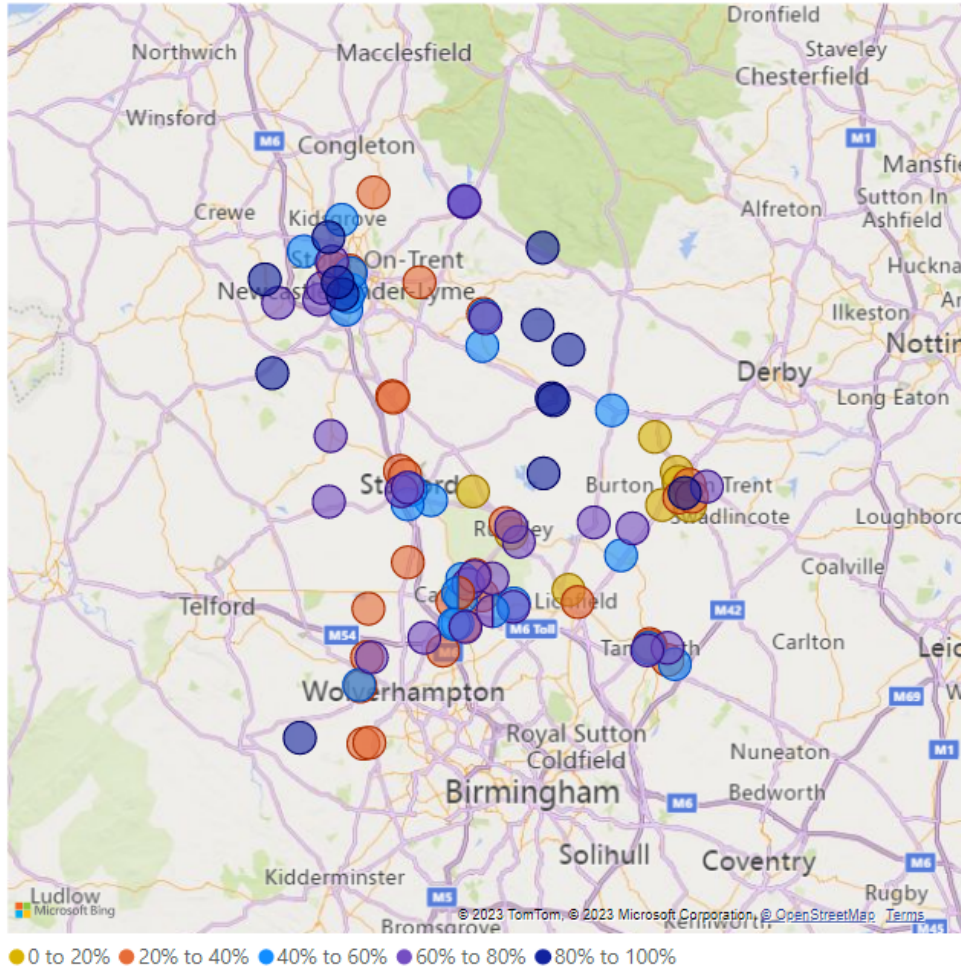
Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

# GP Patient Survey 2023 – Ease of getting through by phone

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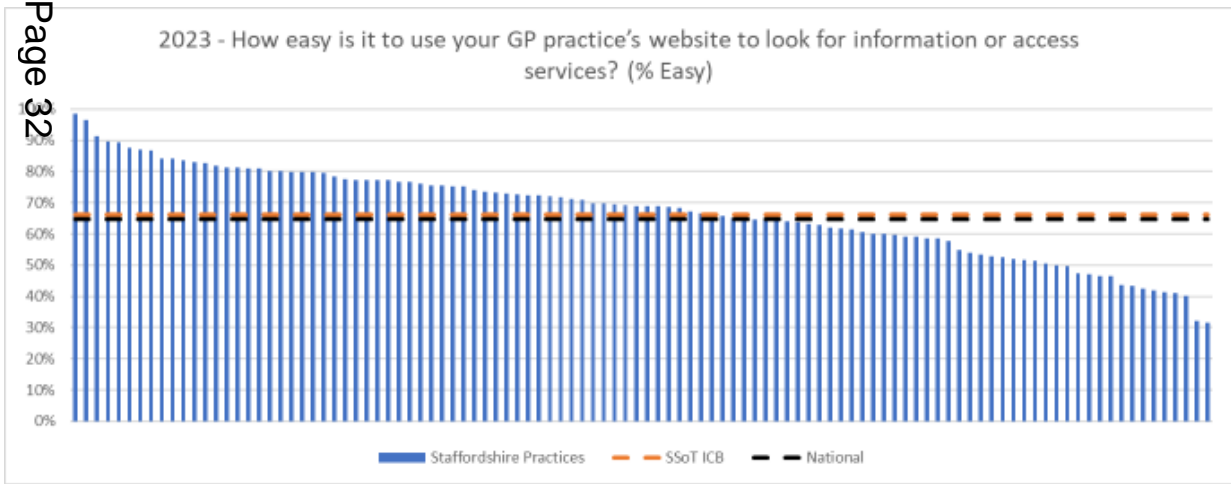
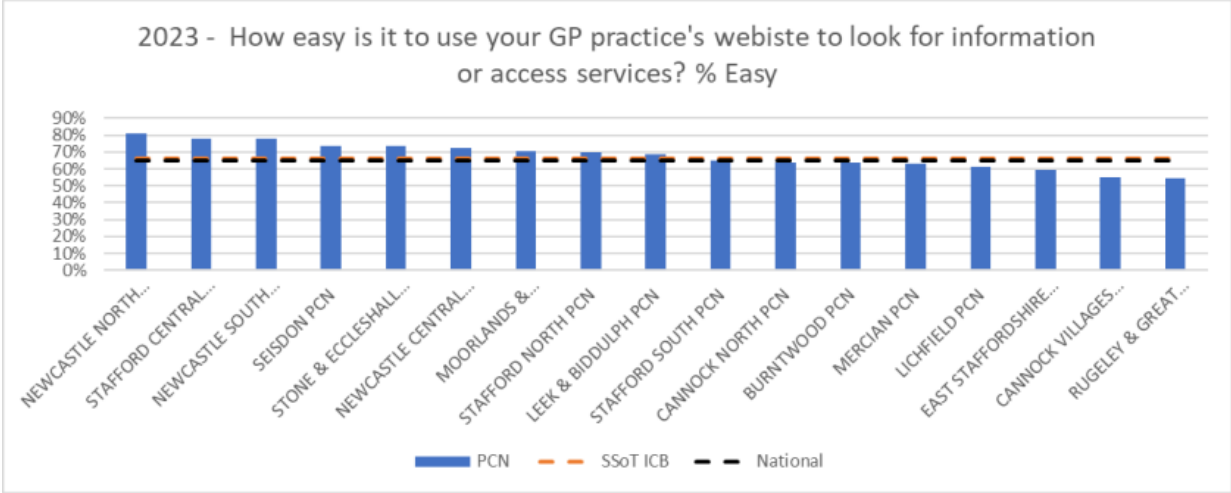


2023 - Generally, how easy is it to get through to someone at your GP practice on the phone? (% Easy)

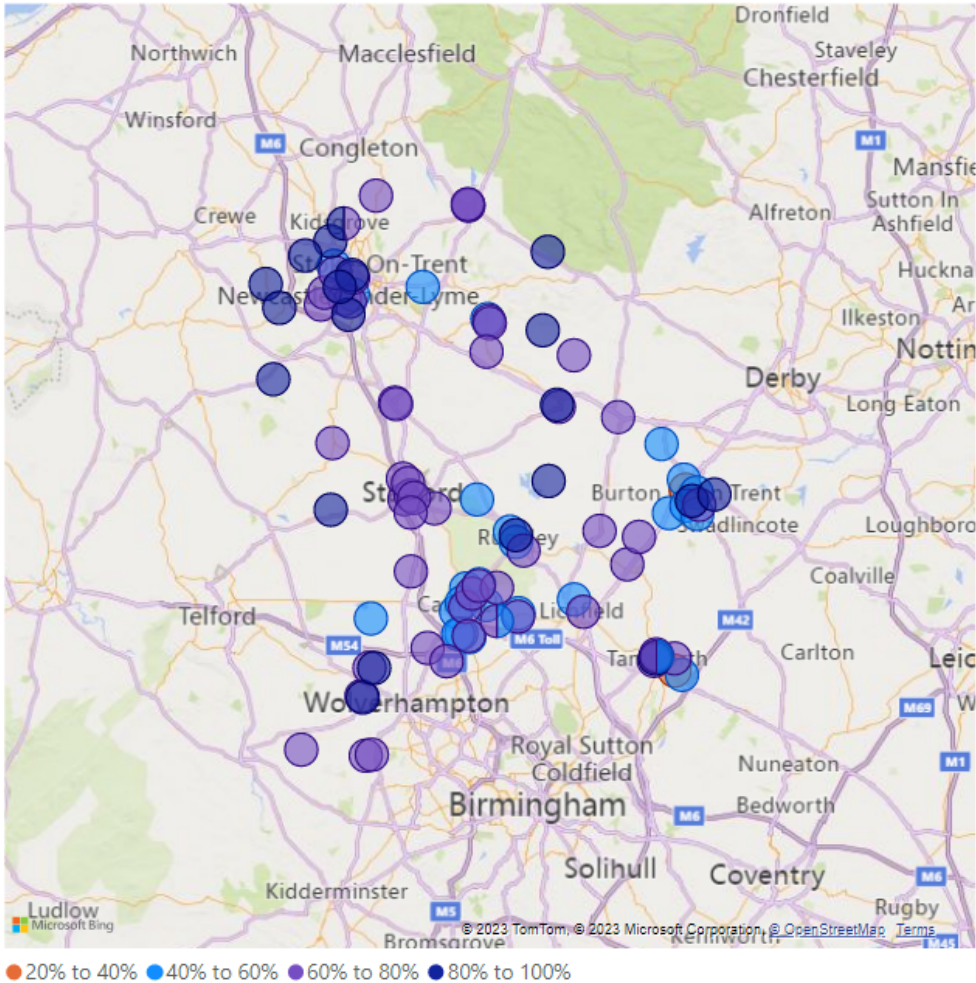


Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

# GP Patient Survey 2023 – GP Practice Website



2023 - How easy is it to use your GP practice's website to look for information or access services? (% Easy)

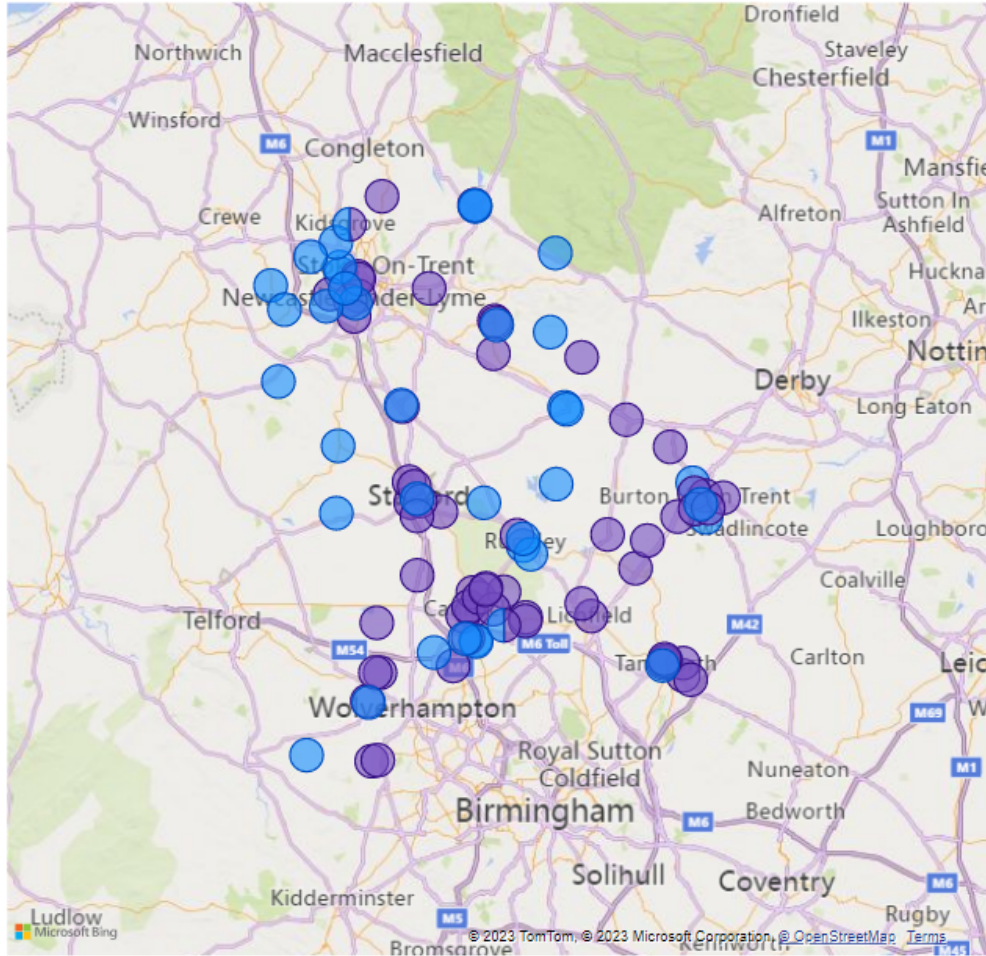
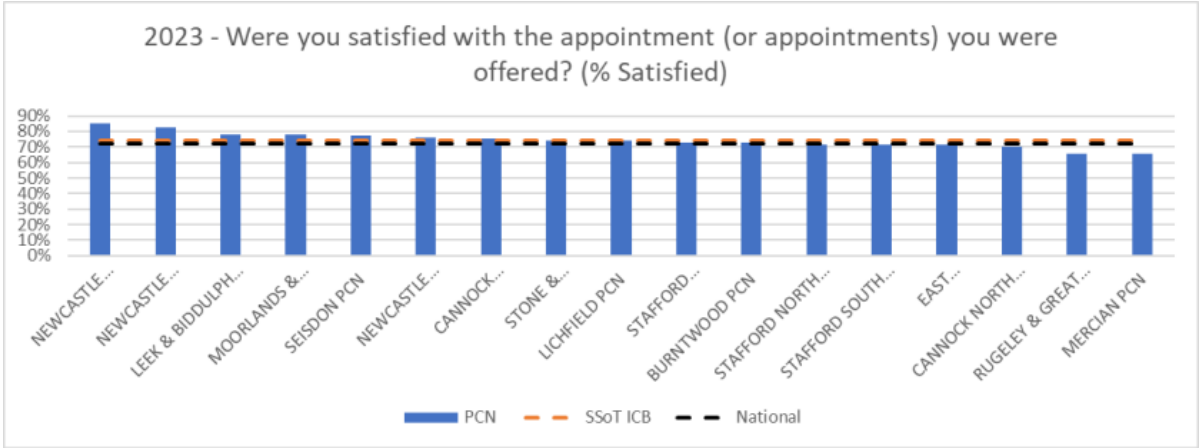


Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

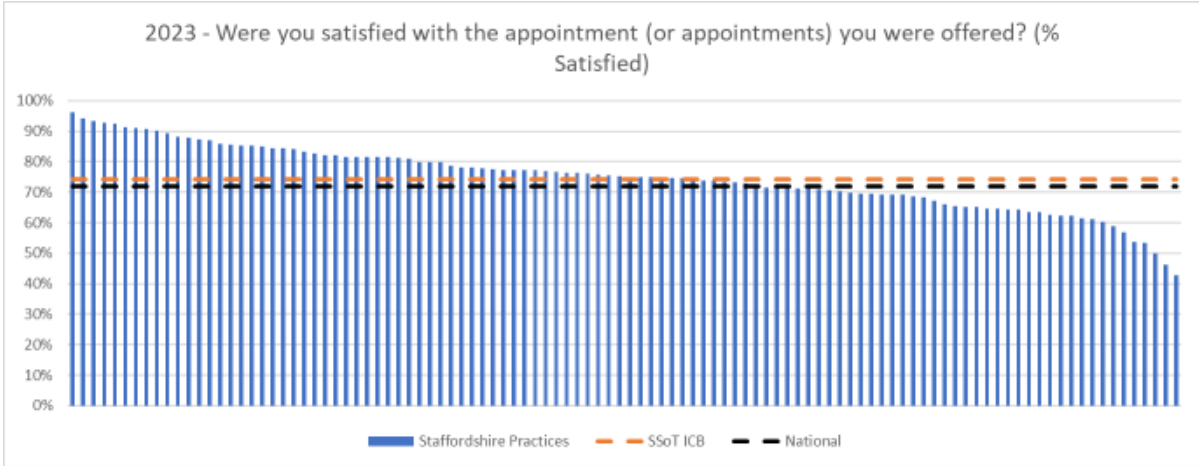


# GP Patient Survey 2023 – Satisfaction with appointment

2023 - Were you satisfied with the appointment (or appointments) you were offered? (% Satisfied)

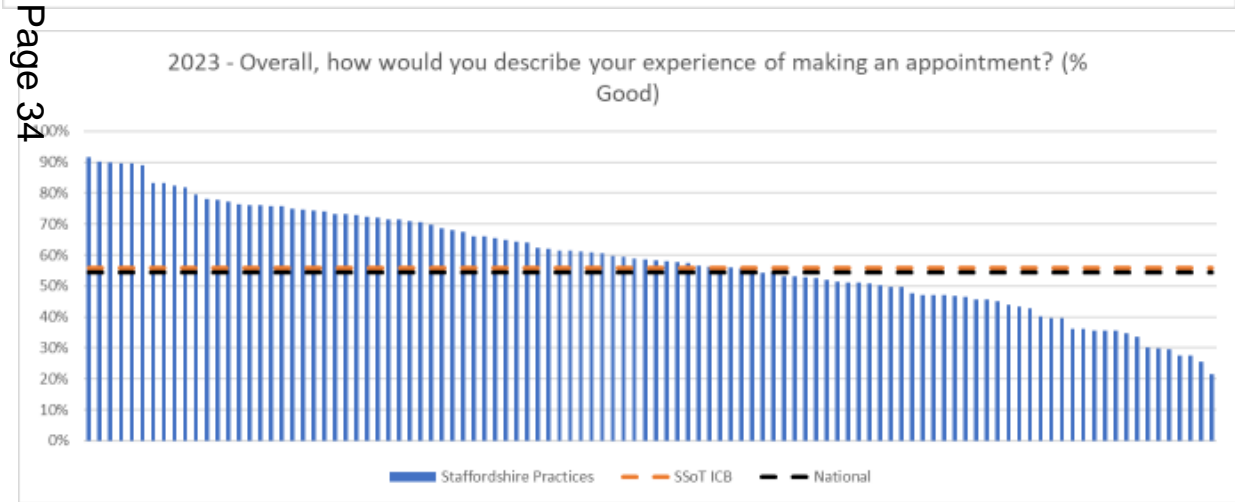
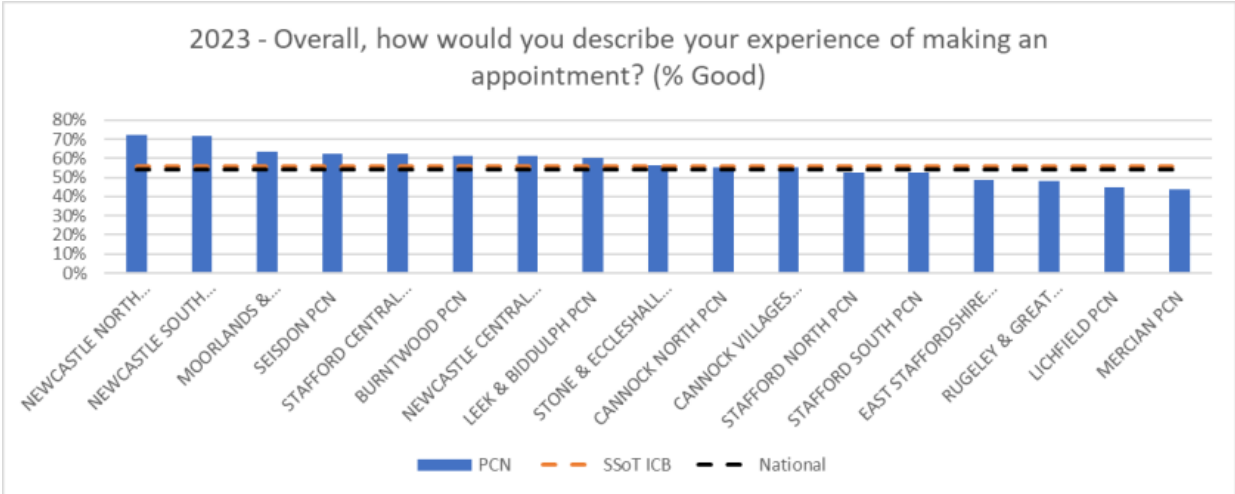


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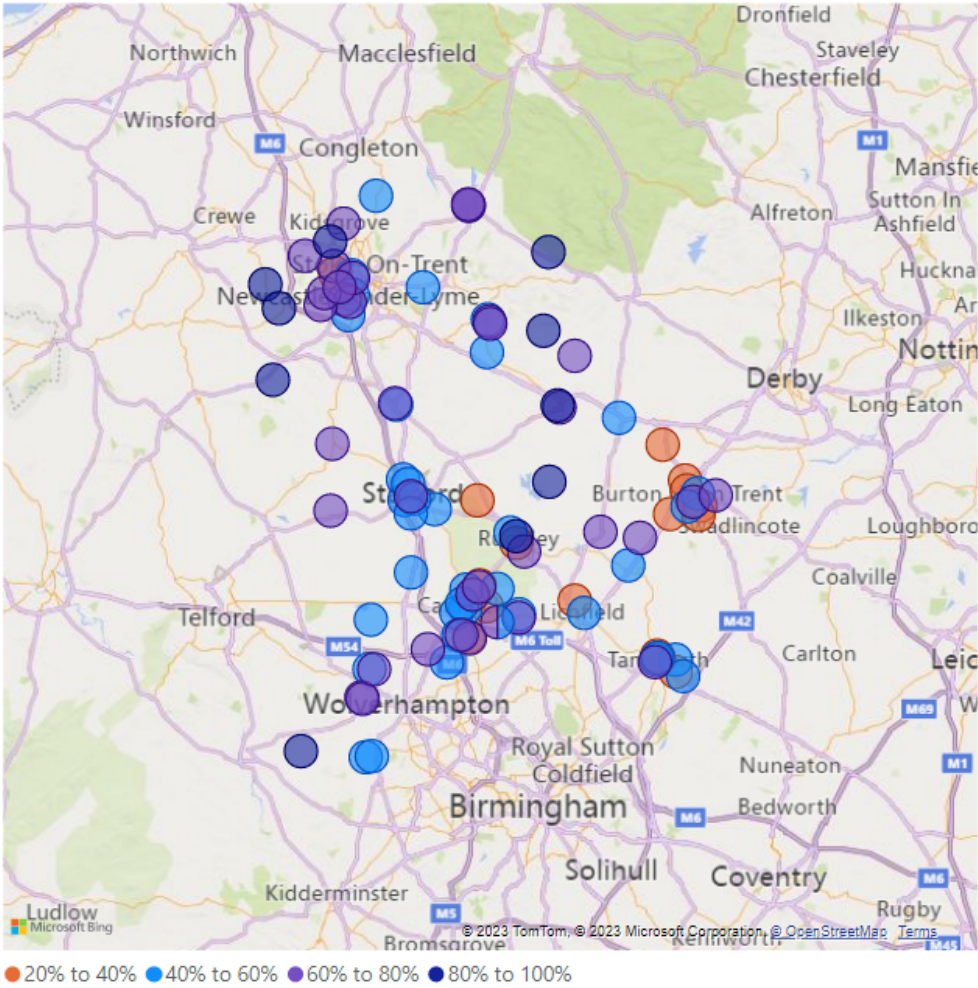


Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

# GP Patient Survey 2023 – Overall Experience of Making an Appointment



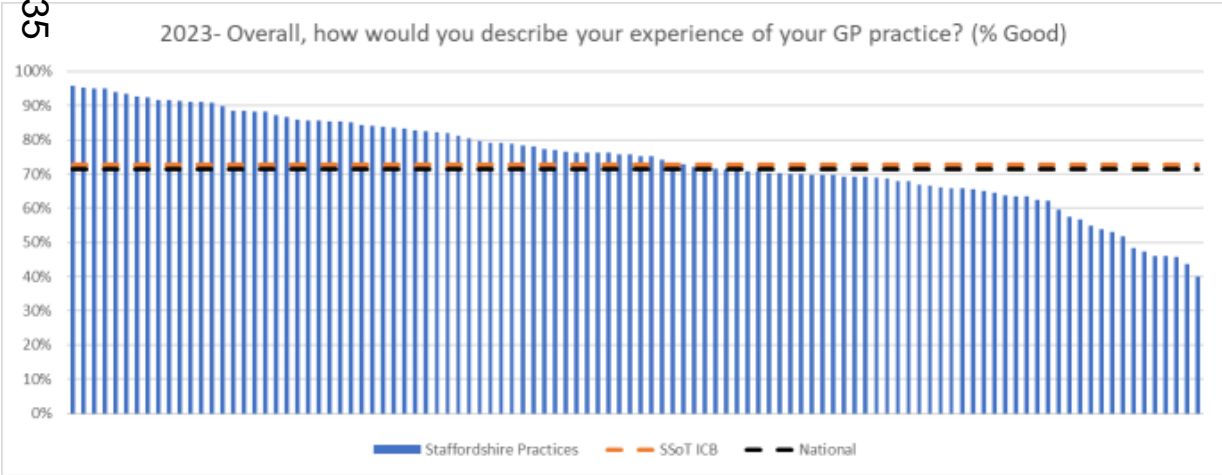
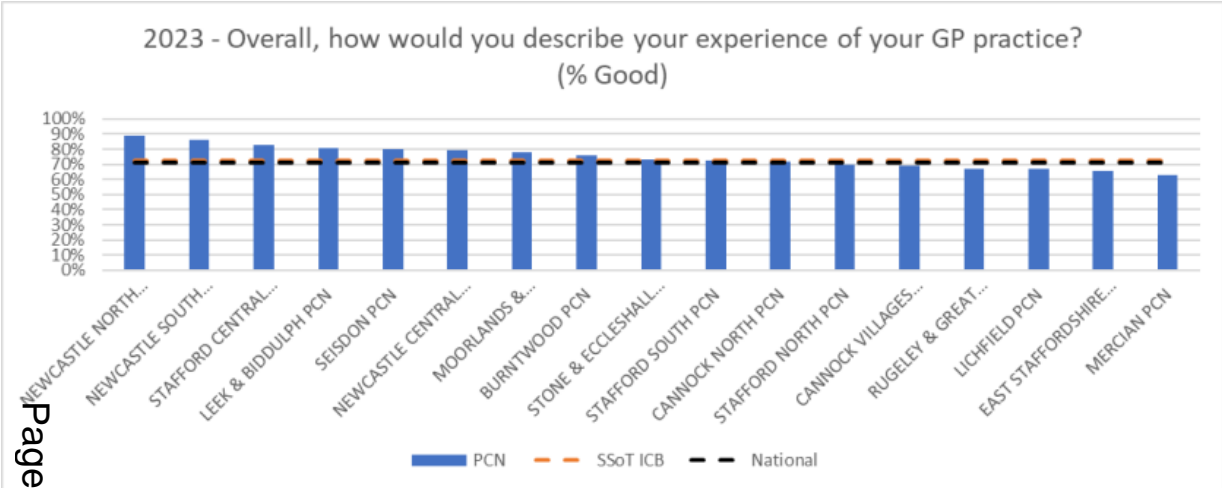
2023 - Overall, how would you describe your experience of making an appointment? (% Good)



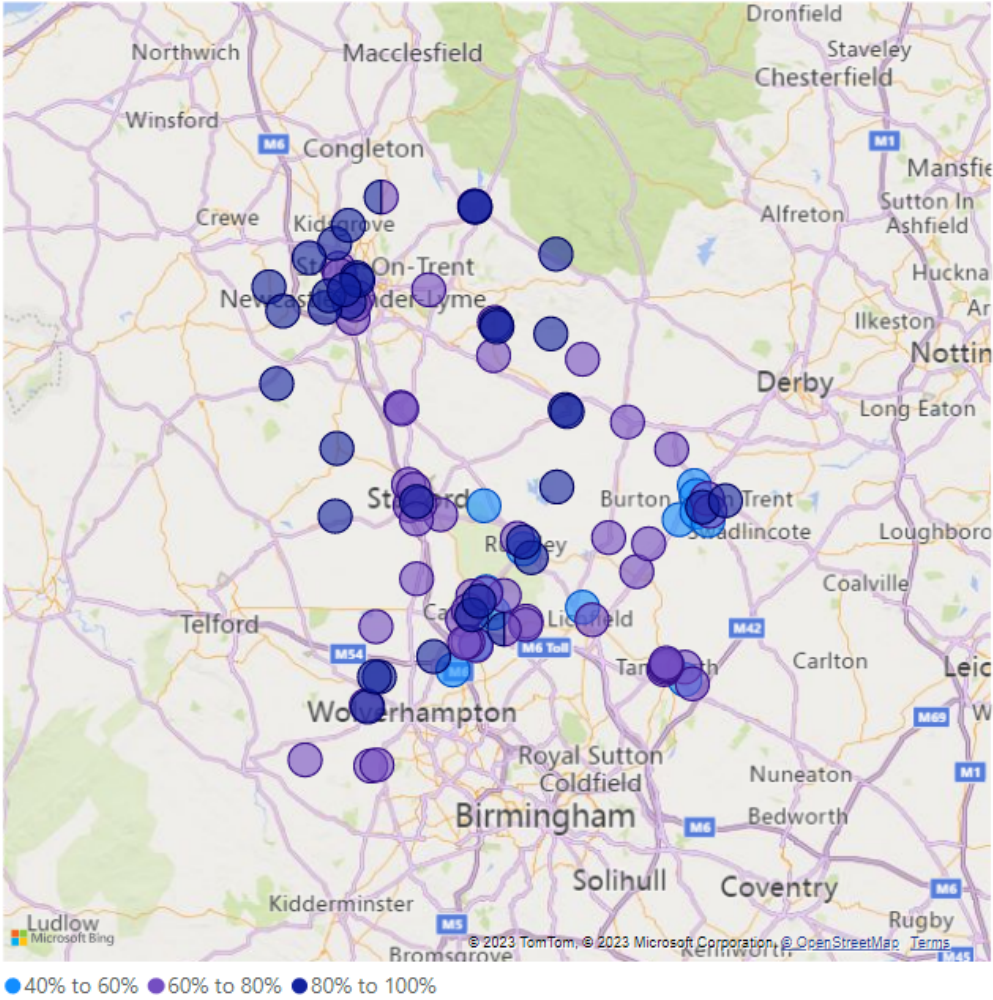
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Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

# GP Patient Survey 2023 – Overall Experience



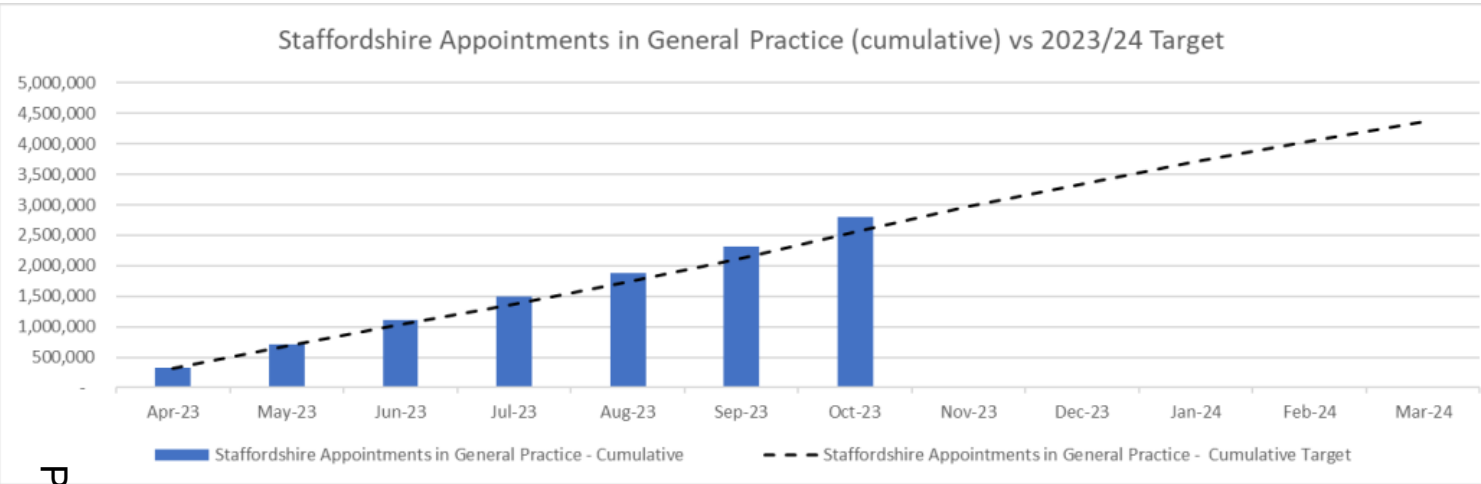
2023 - Overall, how would you describe your experience of your GP practice? (% Good)



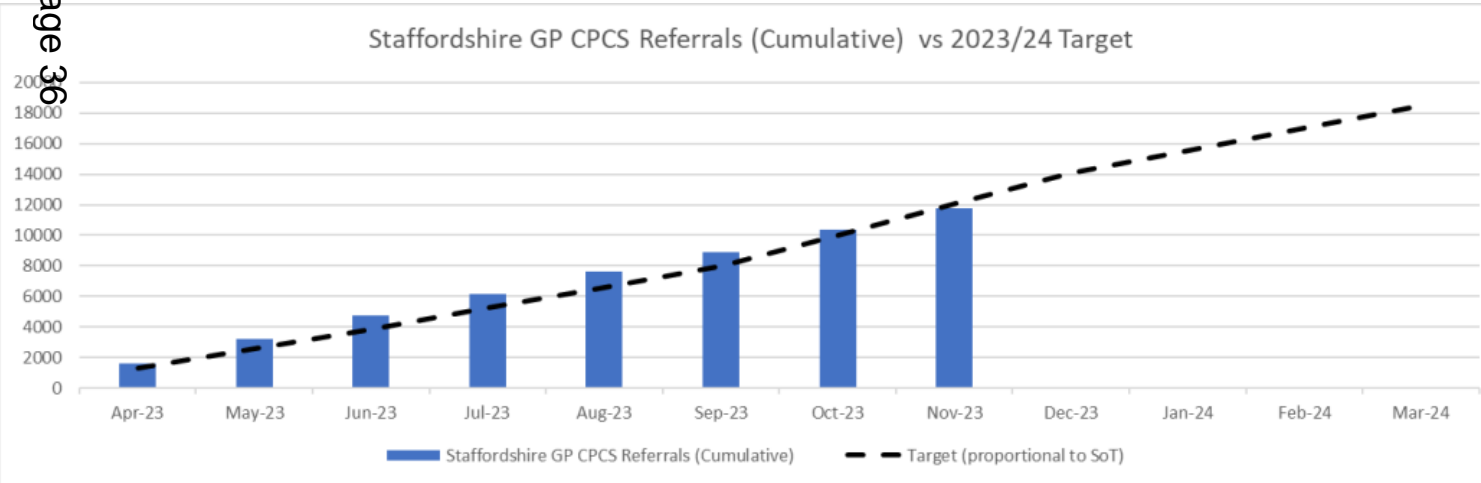
Page 35

Data Source: [Survey and Reports \(gp-patient.co.uk\)](https://www.gp-patient.co.uk)  
 Due to the sensitivity of this data, it is not for wider circulation.

# Staffordshire – Appointments & Community Pharmacy Consultation Service Referrals (Actual vs ICB Plan)



2023/24 YTD (Apr to Oct)	
Appointments vs Target	
ICB Appointments in General Practice - Cumulative	3,651,757
ICB Appointments in General Practice - Cumulative Target	3,390,916
ICB Appointments vs Target	108%
Staffordshire Appointments in General Practice - Cumulative	2,795,908
Staffordshire Appointments in General Practice - Cumulative Target	2,554,672
Staffordshire Appointments vs Target	109%



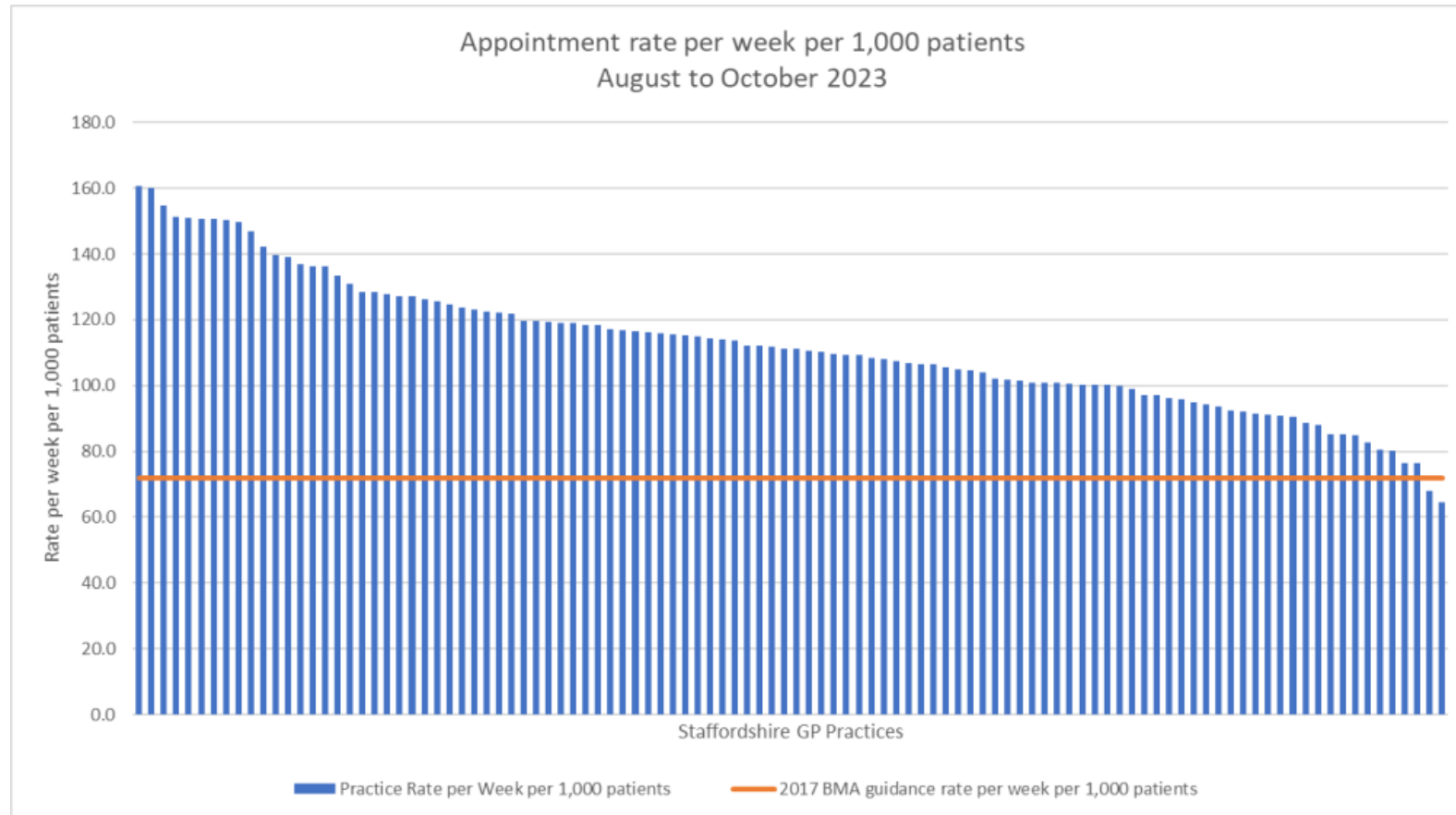
2023/24 YTD (Apr to Nov)	
GP CPCS Referrals vs Target	
ICB GP CPCS Referrals - Cumulative	17,414
ICB GP CPCS Referrals - Cumulative Target	16,000
ICB GP CPCS Referrals vs Target	109%
Staffordshire CPCS Referrals - Cumulative	11,798
Staffordshire CPCS Referrals - Cumulative Target	12,054
Staffordshire CPCS Referrals vs Target	98%

**NOTES**

Data Sources: NHS Digital - Appointments in General Practice, NHS Futures – Midlands Community Pharmacy Integration workspace, 2023/24 Operational Plan.

# Appointments against British Medical Association Guidance

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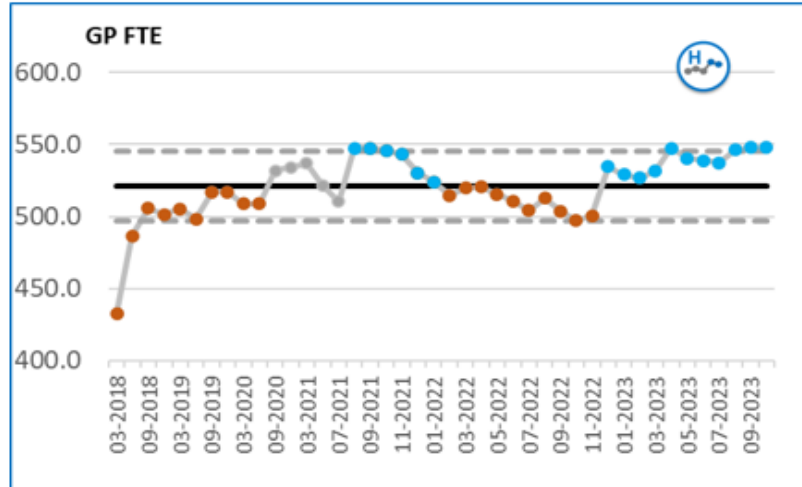
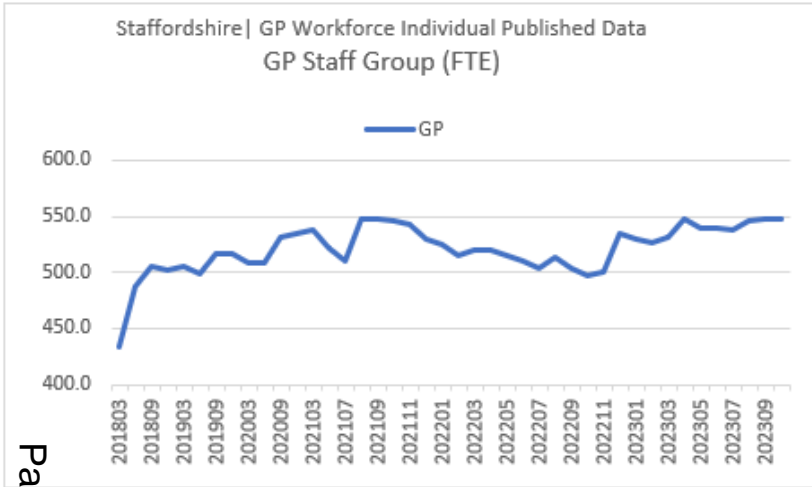


# General Practice Workforce

- There is a changing picture to the general practice workforce
- Fewer qualified GPs and an increase in Advanced Nurse Practitioners
- An increase to additional roles in general practice – healthcare assistants, paramedics, pharmacists, nursing associates, care co-ordinators, mental health practitioners, physiotherapists, dieticians.

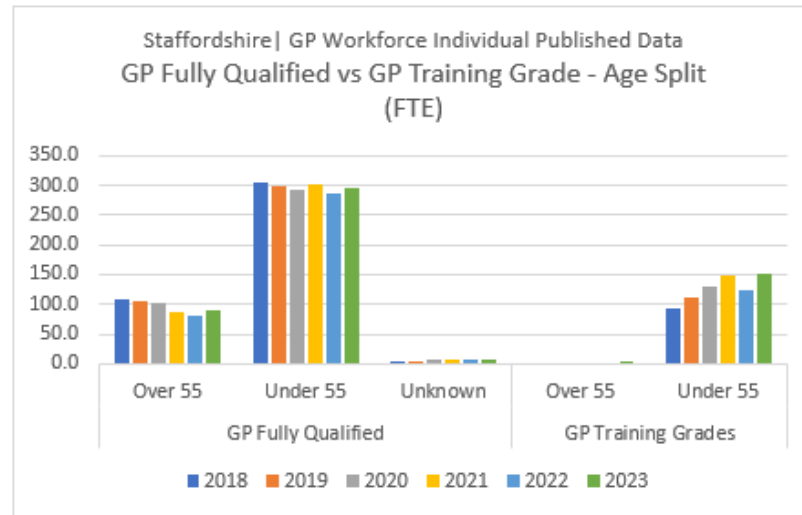
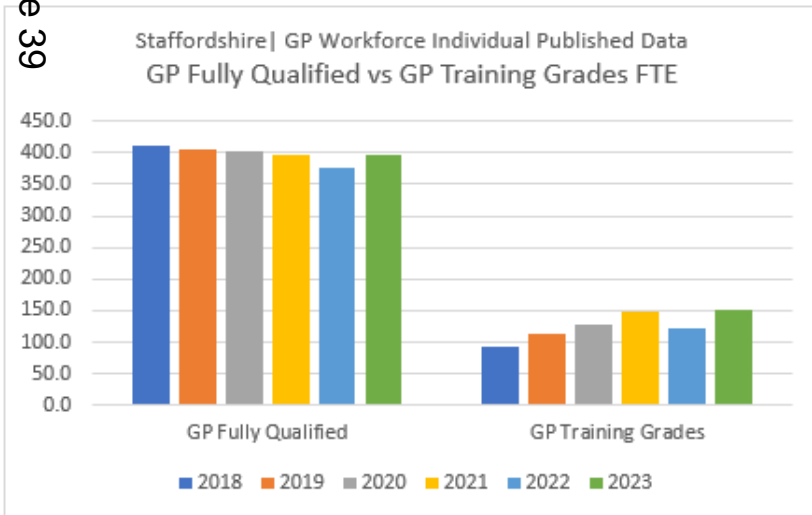
# General Practice Workforce – GP FTE

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From September 2018 General Practitioner (GP) FTE steadily increased reaching a peak of 547.7 during September 2021. GP FTE then declined during 2022, dropping consistently below the mean of 521.0 FTE. Throughout 2023 GP FTE levels have increased and continue to remain above the mean, reaching a peak of 547.9 during September 2023.

Overall, there was an 8.3% increase from September 2018 to October 2023 from 505.8 to 547.7 FTE.



GPs (Fully Qualified) has seen a 4% decrease in FTE from 411.6 in 2018 to 395.3 in 2023, with the 'Over 55' age bracket FTE decreasing by 15% from 107.3 to 91.1. The 'Under 55' FTE age range has remained consistent.

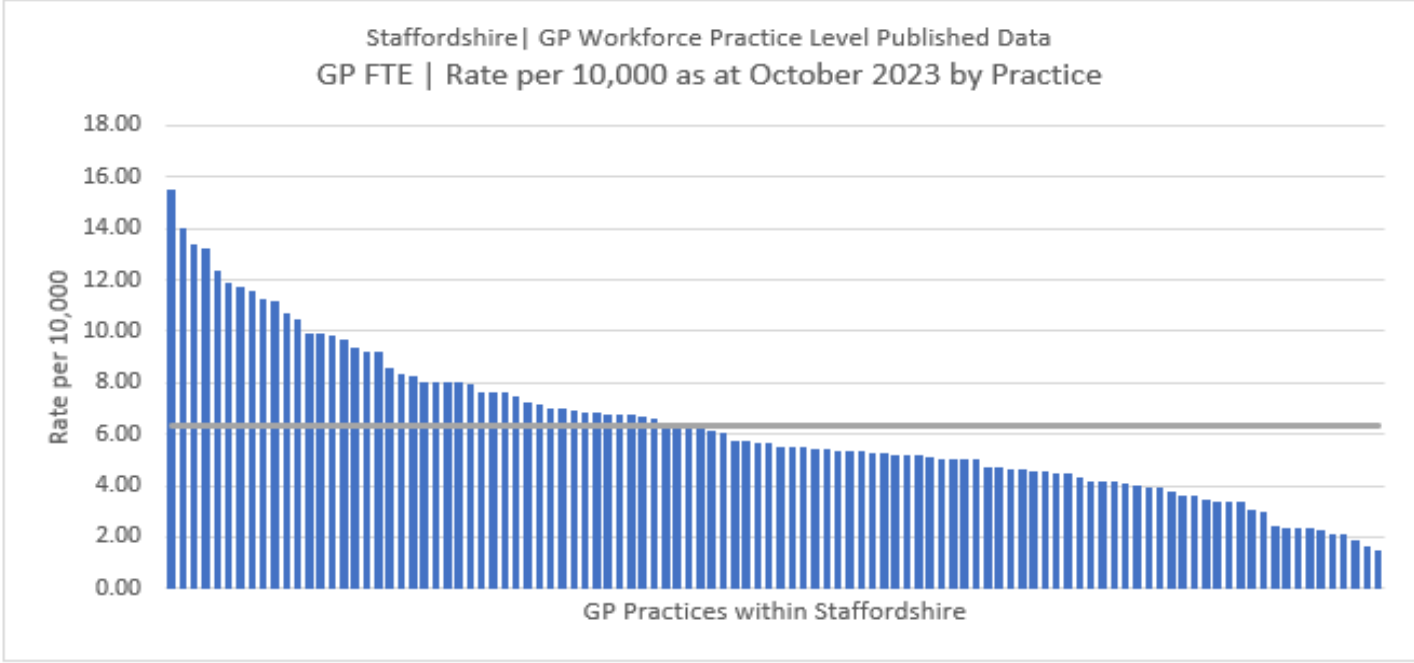
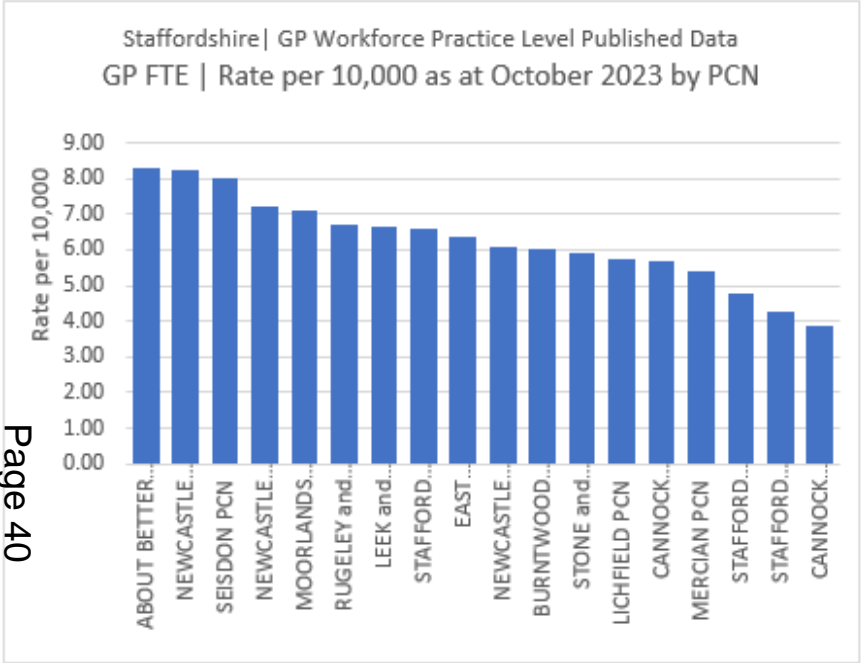
GP (Training Grades) has seen an increase of 62% in FTE from 94.2 in 2018 to 152.4 in 2023.

Data Source: NHS Digital - [General Practice Workforce - NHS Digital](#)

Data points are Sept/Oct due to data availability. Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Workforce – GP FTE Rate per 10,000

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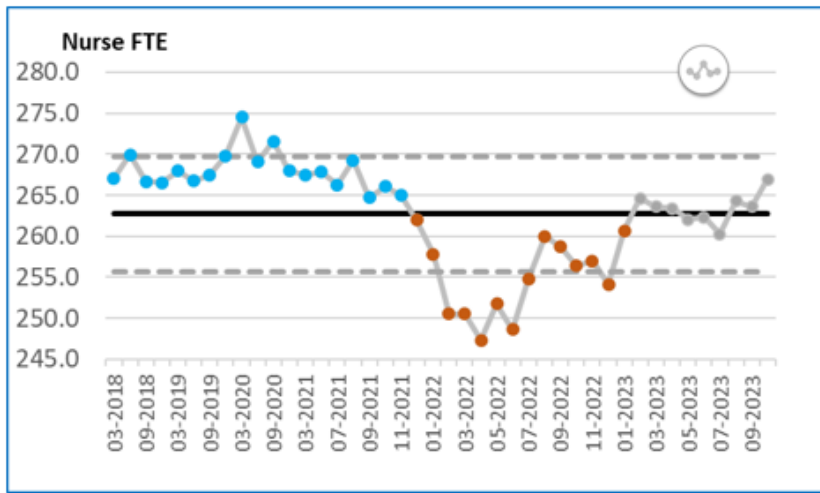
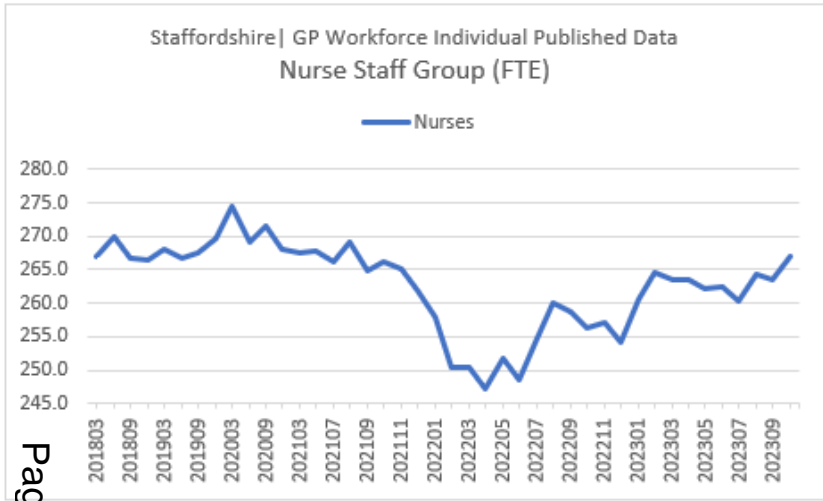
For October 2023, 43% of practices are above the average rate per 10,000 for GP FTE of 6.31.

The rate ranges from 15.51 down to 1.51.

Data Source: NHS Digital - [General Practice Workforce - NHS Digital](#)  
Due to the sensitivity of this data, it is not for wider circulation.



# General Practice Workforce – Nurse FTE

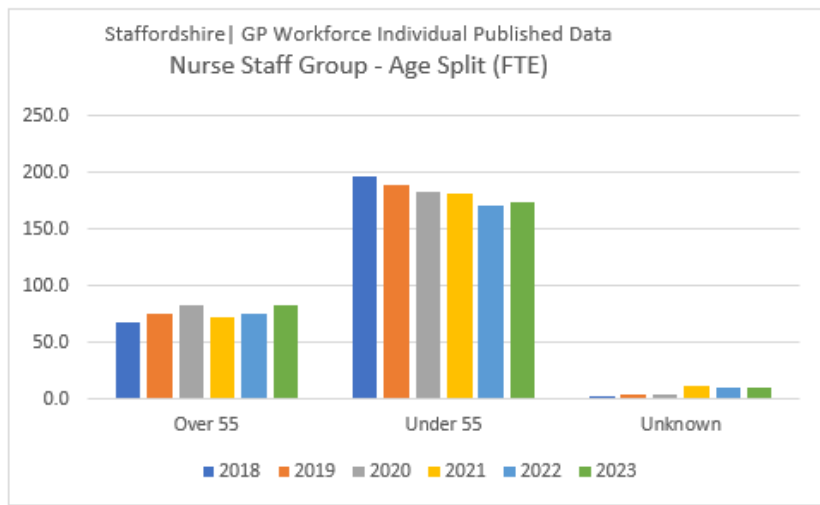
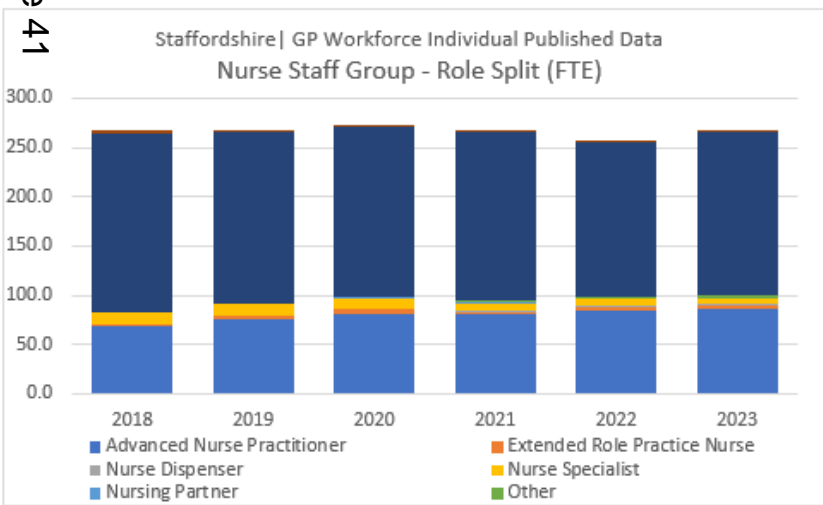


Nurse FTE stayed consistent from March 2018 until November 2021. Between December 2021 and Jan 2023 FTE dropped below the mean of 262.7. From Feb 2023 FTE has seen an increase, with October 2023 at 267.

The Over 55 age group has increased from 25% of Nurse FTE in 2018 to 31% in October 2023.

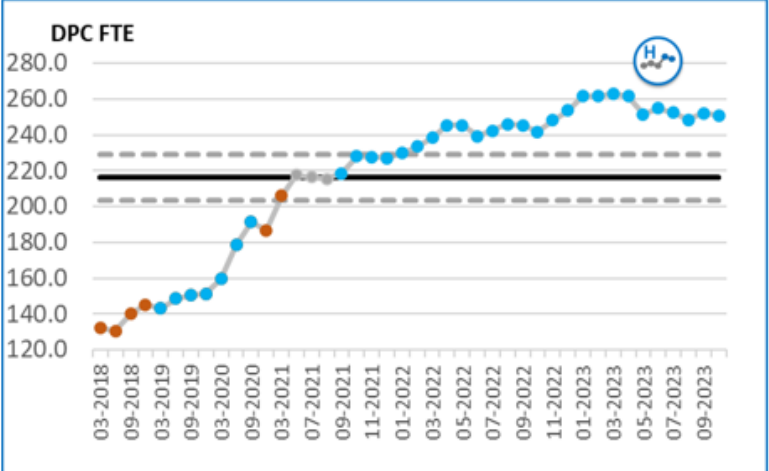
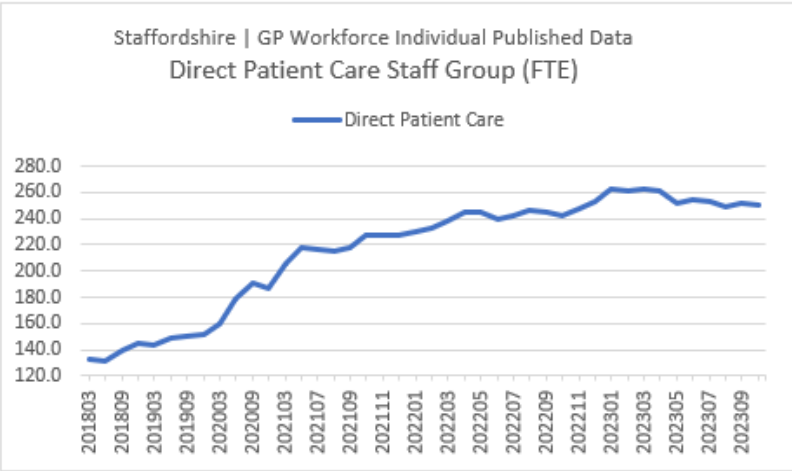
Advanced Nurse Practitioner roles have had an increase in FTE from 68.7 in 2018 to 86.4 in October 2023.

Nurse Specialist, Practice Nurse & Trainee Nurse roles have decreased from 2018 to 2023



Data Source: NHS Digital - [General Practice Workforce - NHS Digital](#)  
Data points are Sept/Oct due to data availability . Due to the sensitivity of this data, it is not for wider circulation.

# General Practice Workforce – Direct Patient Care FTE

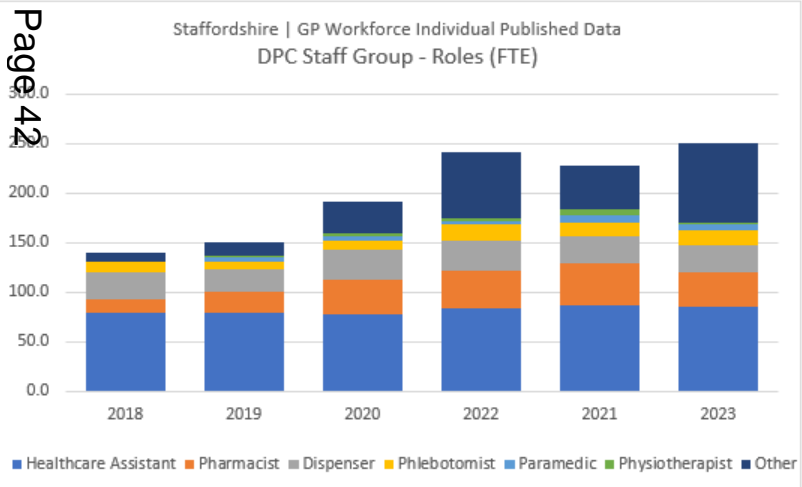


DPC FTE has shown consistent improvement from 132 FTE in March 2018 to 250.9 FTE in October 2023.

The mean FTE for this time period is 216.2 with the highest point being March 2023 at 263 FTE.

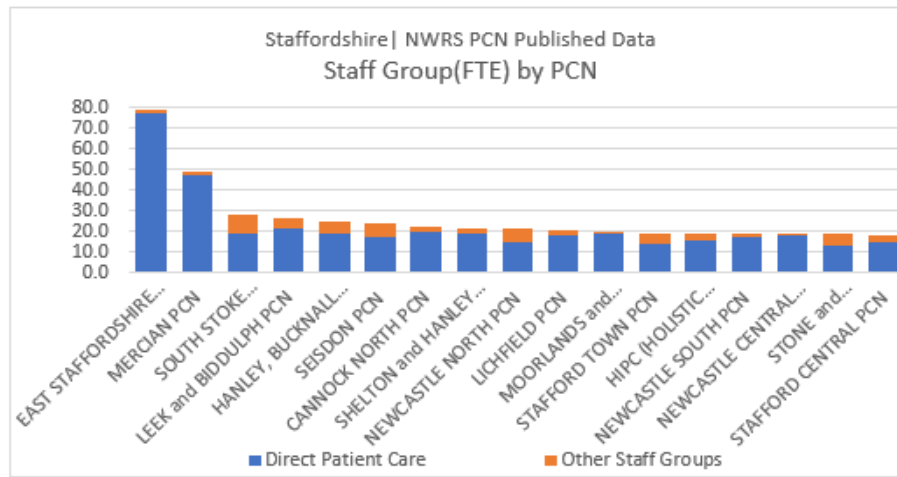
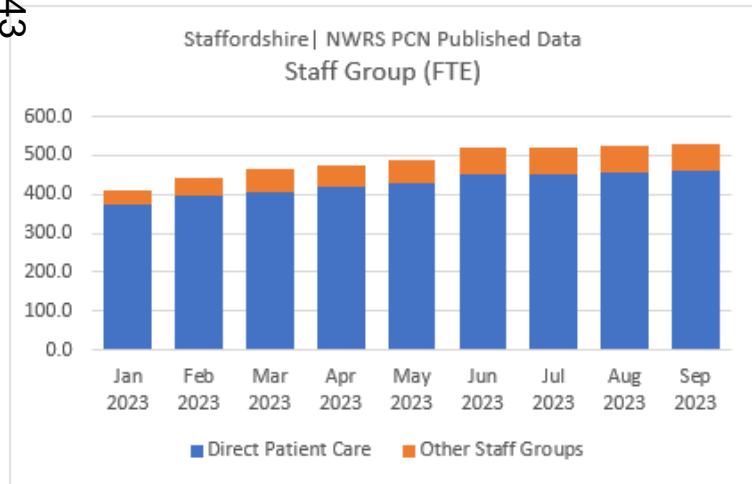
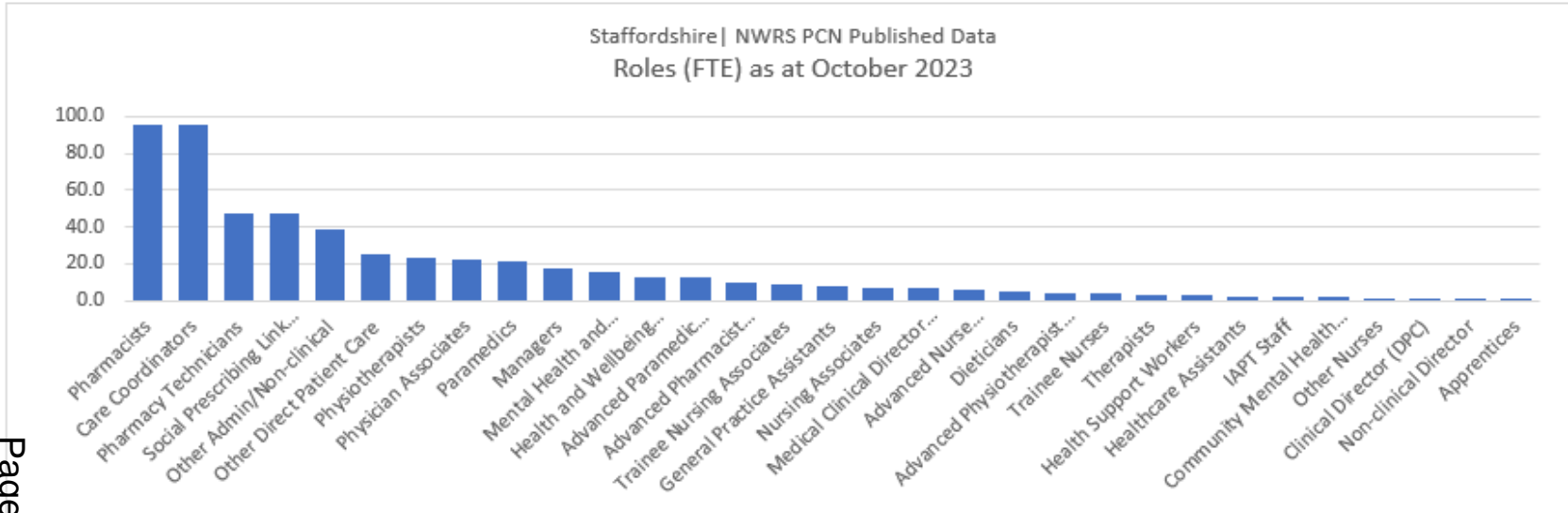
There is a 79.3% increase from September 2018 to October 2023 from at 139.9 to 250.9 FTE.

The largest FTE increases are within the Pharmacist, Physician Associate and Pharmacy Technician staff roles.



Data Source: NHS Digital - [General Practice Workforce - NHS Digital](#)  
Data points are Sept/Oct due to data availability . Due to the sensitivity of this data, it is not for wider circulation.

# PCN Workforce



PCN breakdown is not based on registered population size

PCN Workforce has steadily increased month on month from January 2023 onwards.

From January to October 2023 there has been 33% increase in FTE from 411.1 to 546.3.

The Direct Patient Care Staff Group increased from 373.1 to 471 FTE as of October 2023.

Within the DPC Staff Group, Pharmacist, Care Coordinator and Mental Health Practitioner roles have seen the biggest increase in FTE.

Pharmacist is the role with the greater FTE at 95.9 in October 2023; with Care Coordinators at 95.3.

Data Source: NHS Digital [Primary Care Network Workforce - NHS Digital](#)

As NWRS & ARRS data is PCN level only ABOUT BETTER CARE PCN has been excluded in this data - as only 1 of it's 5 practices is in Staffordshire; the entire data for this PCN data has been counted under Stoke on Trent . Due to the sensitivity of this data, it is not for wider circulation.

# Role of Care Navigation

- Care Navigation supports the delivery of care to people in the most appropriate way. It is a patient centred approach that uses signposting and information to help primary care patients and their carers move through the health and social care system as smoothly as possible and to ensure that their needs are met.
- Care Navigation:
  - ❖ Informs people about the different professionals now working in general practice and the additional skills they bring to patient care
  - ❖ Informs people of the diverse ways to access primary care, including digital access and the different consultation methods available.
  - ❖ Helps people have a positive experience when accessing healthcare from General Practice

# Role of Online Consultation

- Online consultation enables people to contact their GP practice without having to wait on the phone or visit the practice.
- Online Consultation can offer a quick, convenient and secure way to seek advice.
- Patients can complete an online form on a practice website or via an app, which is submitted electronically.
- Practice staff triage the forms and provide the most appropriate response. This can be a phone call, video call, an invitation to a face-to-face appointment or a simple text or online message. The patient can also be referred to other services such as community pharmacy or other workforce such as a physiotherapist or social prescriber.

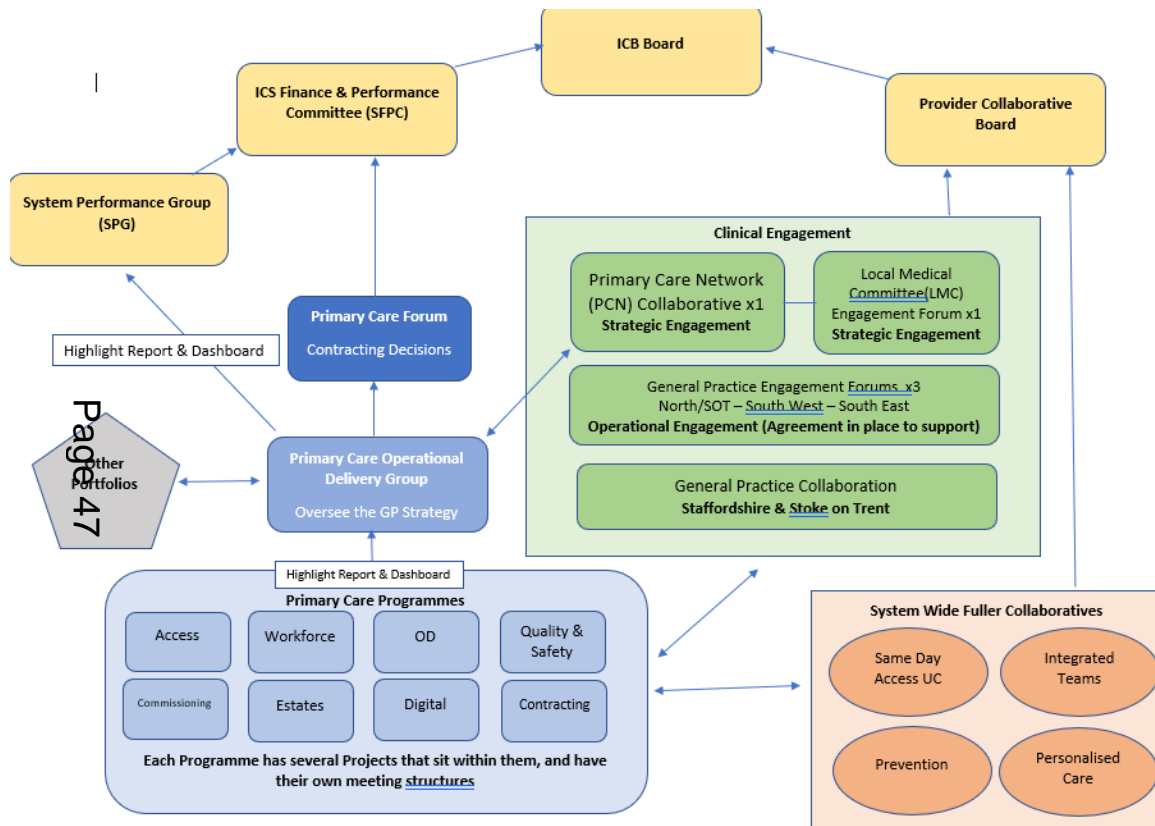
# Metrics within Monthly Primary Care Dashboard

Access	
	Appointments in General Practice (verses plan)
	Appointments in General Practice DNA Rate %
	Appointments in General Practice F2F %
	Appointments in General Practice Telephone %
	Appointments in General Practice % Same Day (New - Operating Plan 23/24)
	Appointments in General Practice % within 2 weeks* (8 National Categories) (New Operating Plan 23/24)
	Total number of social prescribing referrals in year into social prescribing link workers (cumulative)
	CPCS – Referrals to service from general practice
	CPCS – Number of Practices that have made a referral to service

Digital	
Page 46	% patients enabled to book/cancel appts online
	% patients enabled to order repeat prescriptions online
	% patients enabled to view detailed coded records online
	NHS 111 Provider Searching only - Booked Appointments
	NHS 111 Provider Searching only - Search for Slots
	NHS 111 Provider Searching only - % Slots vs Bookings
	All Provider Searching - Booked Appointments
	All Provider Searching - Search for Slots
	All Provider Searching - % Slots vs Bookings
	Number of practices with no successful booking (last 4 weeks from month end)

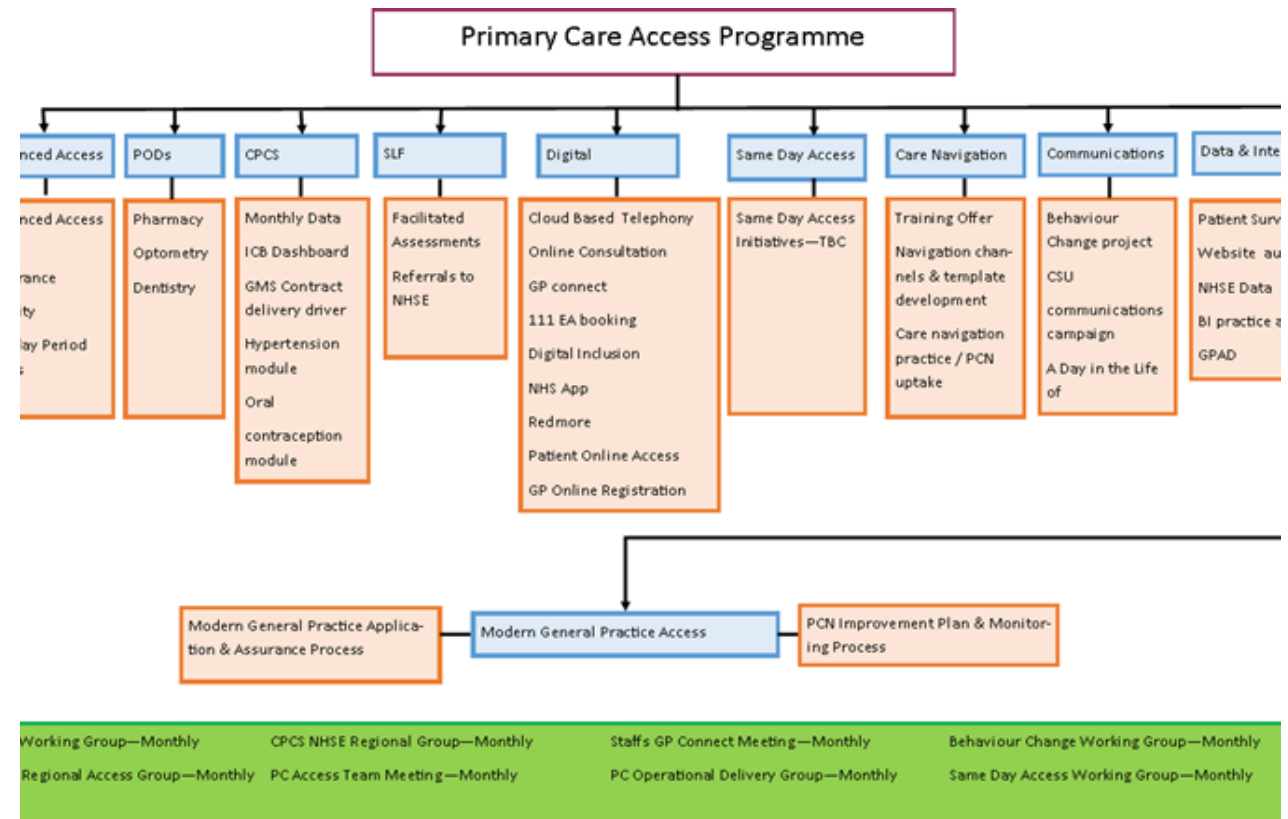
Quality	
CQC Ratings	Overall CQC rating - General Practice - Outstanding
	Overall CQC rating - General Practice - Good
	Overall CQC rating - General Practice - Requires Improvement
	Overall CQC rating - General Practice - Inadequate
	Overall CQC rating - General Practice - No Data Available for reporting period
Annual Patient Survey	Generally, how easy is it to get through to someone at your GP practice on the phone? (% Easy)
	How helpful do you find the receptionists at your GP practice? (% Helpful)
	Were you satisfied with the type of appointment (or appointments) you were offered? (% Satisfied)
	Overall, how would you describe your experience of making an appointment? (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Giving you enough time (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Listening to you (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Treating you with care and concern (% Good)
	Overall, how would you describe your experience of your GP practice? (% Good)
How easy is it to use your GP practice's website to look for information or access services?	
Friends and Family Test	FFT - % Positive experience
	FFT - % GP practice submitting data

# Our Governance



Primary Care Team Governance Chart

## Access Programme Governance







# Staffordshire & Stoke on Trent (SSOT) Integrated Care Board

# General Practice Access Staffordshire

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January 2024



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## Part 1 – Introduction & Setting the Scene

1. Fuller Stocktake Report
2. Management of General Practice Appointments
3. National delivery plan for recovering access to primary care
4. Challenges
5. Drivers
6. London South Bank University Study
7. Patient Experience
8. Appointment Activity
9. Workforce Data
10. Health Inequalities

## Part 2 – Staffordshire & Stoke on Trent's plan to improve access

1. PCN Actions
2. Local response to National Ambition 1 – Empowering Patients
3. Local response to National Ambition 2 – Build Modern General Practice
4. Local response to National Ambition 3 – Build Capacity
5. Local response to National Ambition 4 – Cutting Bureaucracy
6. Communication & Engagement
7. Conclusion



# Part 1 – Introduction & setting the context of the plan

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# Fuller Stocktake Report

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A new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

streamlining access to care and advice for people who get ill but only use health services infrequently – same day access

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providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs – long term conditions

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helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

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# Management of General Practice Appointments

- Three patient flows in Fuller requiring responses by different workforces across 106 individual GP practices in Staffordshire
- General Medical Services (GMS) Contract is a national contract, negotiated annually
- Practices must provide enough appointments to meet the reasonable need of their patients. This must be done in a way that is safe for patients and GPs
- The GMS contract does not stipulate a number of appointments a GP practice must provide per head of population

# National delivery plan for recovering access to primary care May 2023

- Tackle the 8am rush
- Make it quicker and easier for patients to get the help they need from primary care

- 1) **Empower patients** by rolling out tools to monitor own health and expand services offered by community pharmacy
- 2) Implement a **modern general practice** model so patients know on the day how their request will be handled
- 3) **Build capacity**
- 4) **Cut bureaucracy** to give practice teams time to focus on patients' clinical needs

This System Level Access Improvement Plan (SLAIP) will address these national ambitions.

## Delivery plan for recovering access to primary care

May 2023



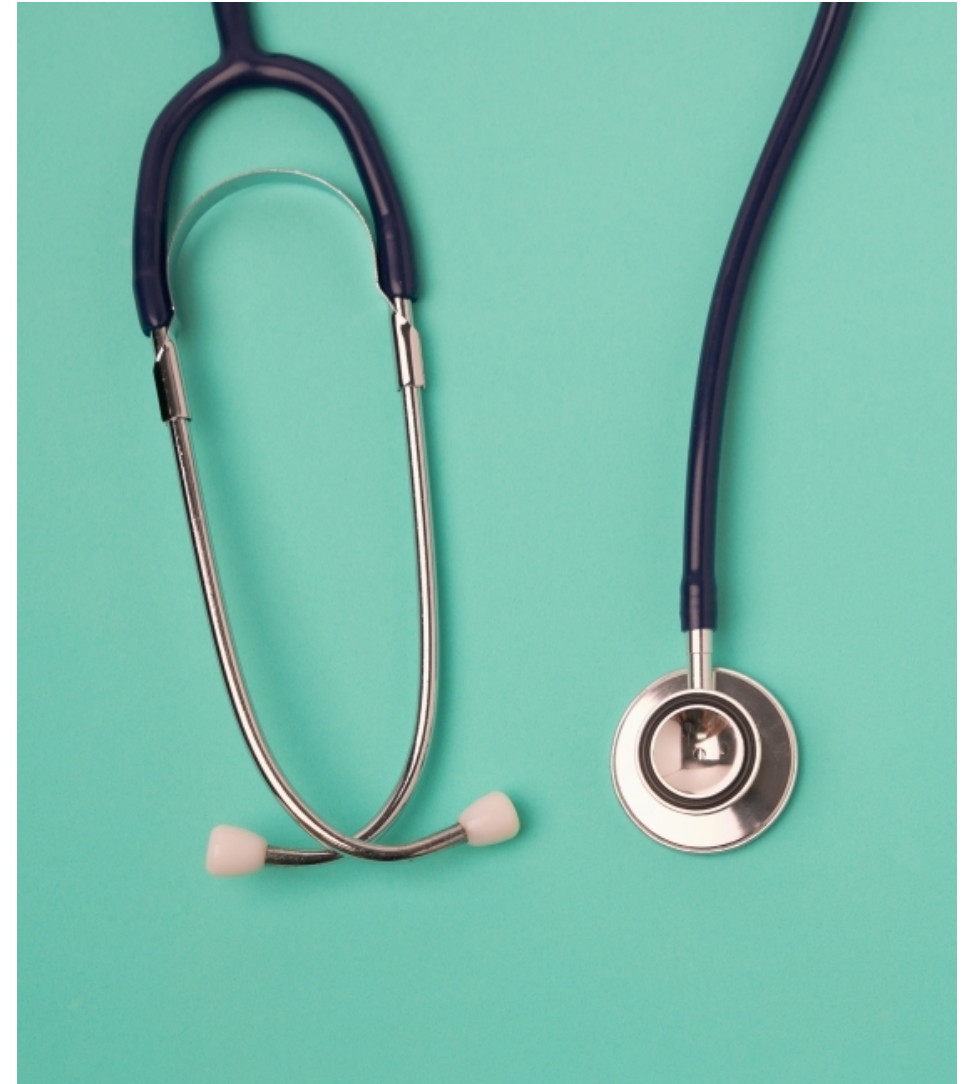
# Challenges

Primary Care provide 90% of patient contacts with the NHS and General Practice is the largest element of this.

However increasing pressures are leading to;

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- Significant perceived problems with patient access to General Practice
- The '8am rush' – difficult to get through on the phone
- Reducing GP workforce satisfaction
- Consequential workforce pressure – recruitment & retention



# Drivers

## Demographic pressures – leading to increased demand

- 3% population growth in SoT since 2019
- Steep increases in elderly and very elderly
- Steep increases in long-term conditions
- Steep increases in mental health diagnoses

## National context

- Elective backlogs and post-Covid unmet need
- NHS funding
- Austerity / General economic picture

## Changing workforce model

- Significant reduction in GP Partners (leadership and flexible capacity)
- Failure to recruit additional GPs
- Shift to salaried GPs and additional roles (ARRS up for 8 to 16% of direct patient contact)
- Consequential increase in supervision & training requirement

## Funding of General practice

- Historically just over 11% of NHS funding, fell to under 8%, has increased

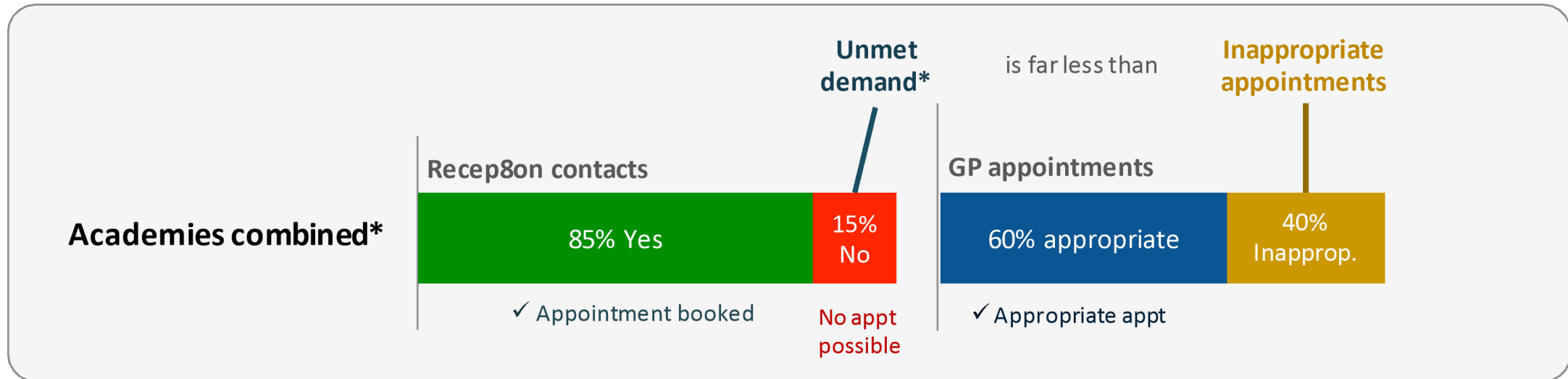


# Demand & Capacity – can we ever meet demand?

## London South Bank University Study

- While typically **15% - 20%** of appointment requests can't be met at reception in a practice
- This is far less than the **40% of GP appointments** that are seen as inappropriate – unnecessary, avoidable or potentially moveable within the practice

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\* Over 10,000 contacts / appointments

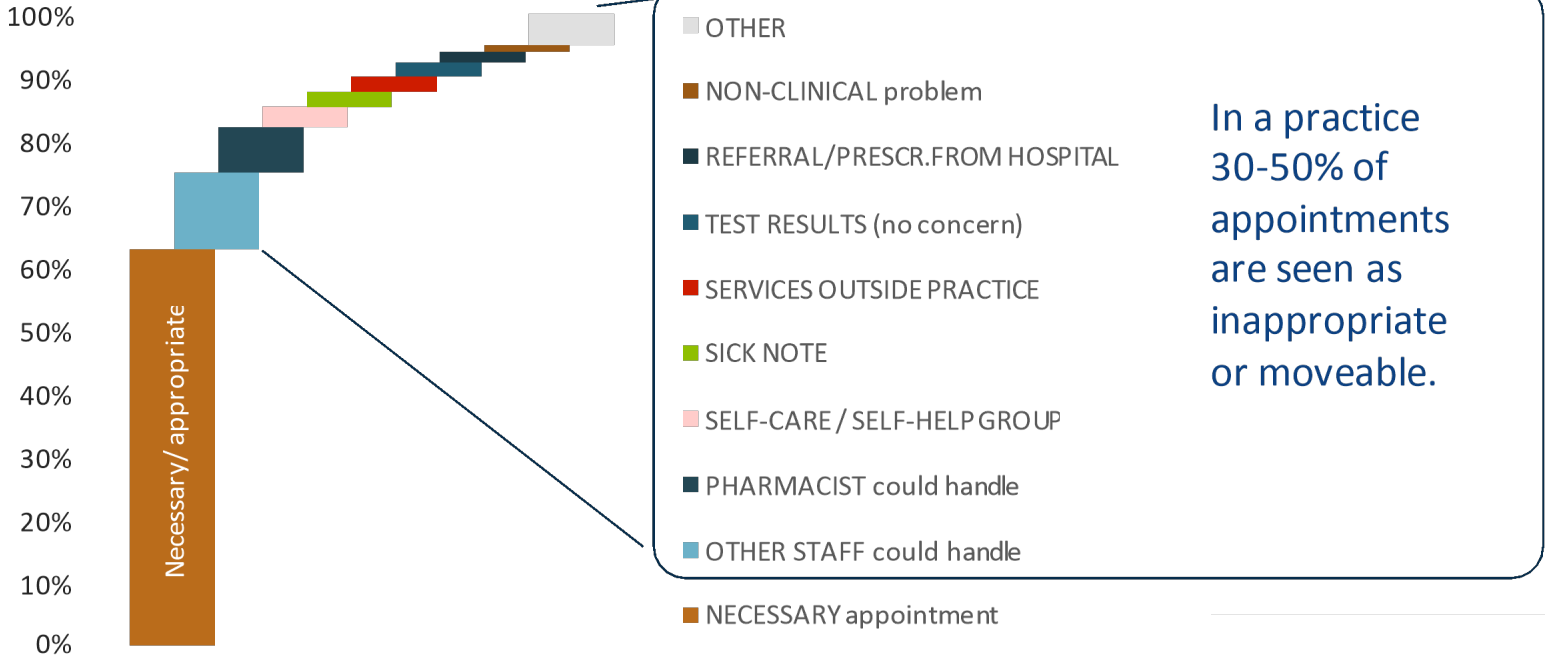
\*\* Not including missed calls

# GPs assessment of appropriateness of appointments

## London South Bank University Study

Question to GPs:  
Answer from GPs:

Should this patient be here today?  
**40% of the time 'no'**



In a practice  
30-50% of  
appointments  
are seen as  
inappropriate  
or moveable.

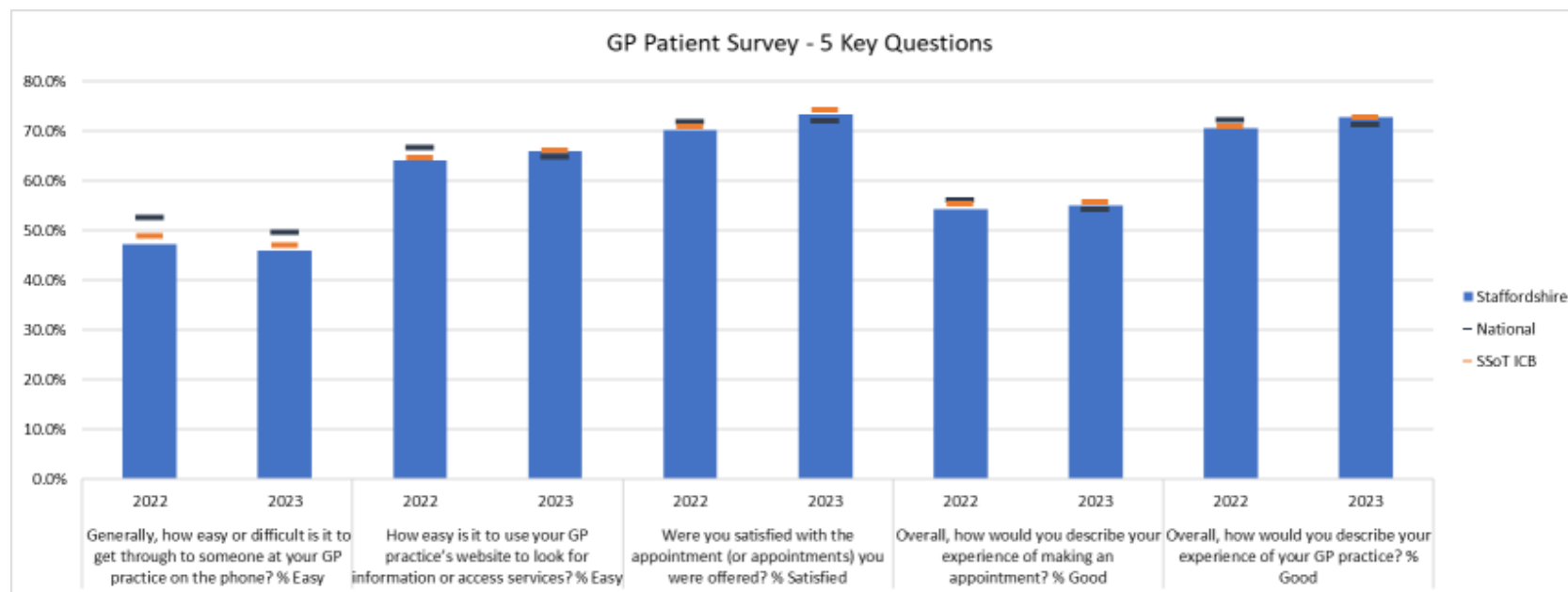
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# Patient Experience - National GP patient survey

- Significant reductions in reported patient satisfaction after Covid – political and media focus
- **Increased number of positive ratings for 4 out of 5 of the key questions** compared to 2022. The National trend which predominantly decreased. **SSoT is the only ICS in the region to see an improvement** last year in these scores.
- However local variation in patient experience
- This plan aims to reduce that variability amongst practices and patient experience

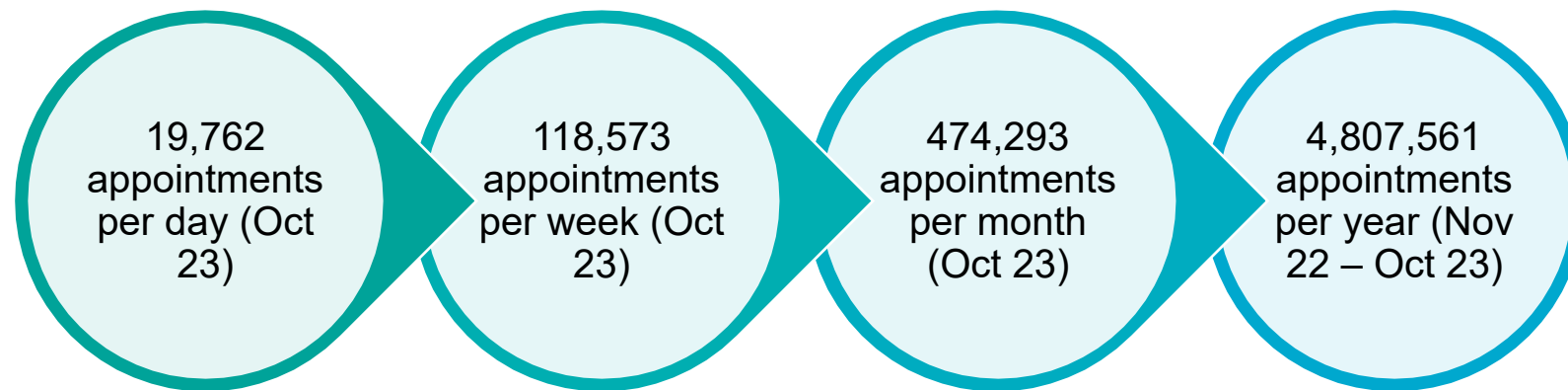
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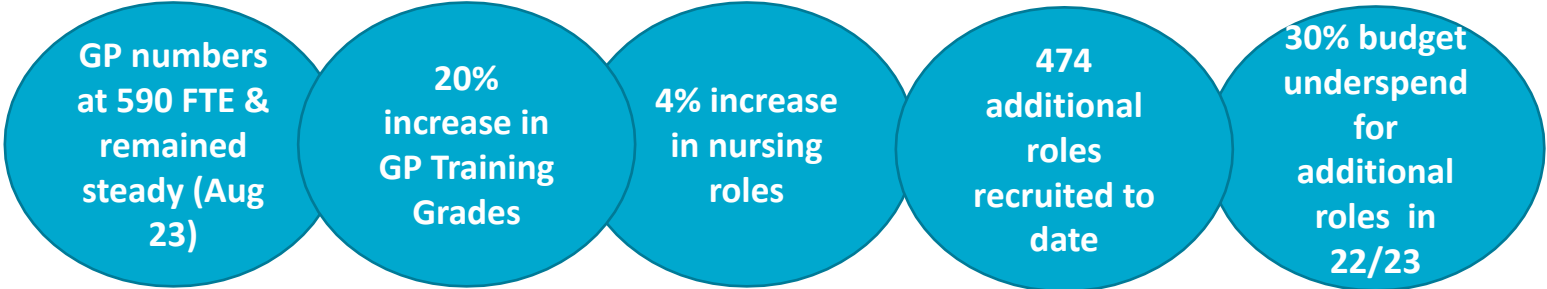
# Appointment Activity – Oct 23

- 4.8 million appointments delivered annually across Staffordshire.
- Significant growth in appointments – 12.9% higher than in October 2019/20 and 8.5% higher than October 2022.
- 72.9% of appointments delivered face to face (88.0% in 2019/20). This is higher than the national average standing at 70.9%. Practice variation across Staffordshire ranges from 33.1% to 97.9% face-to-face, with 63.2% of Staffordshire practices above the national average.
- 41.0% of appointments were booked on the same day.

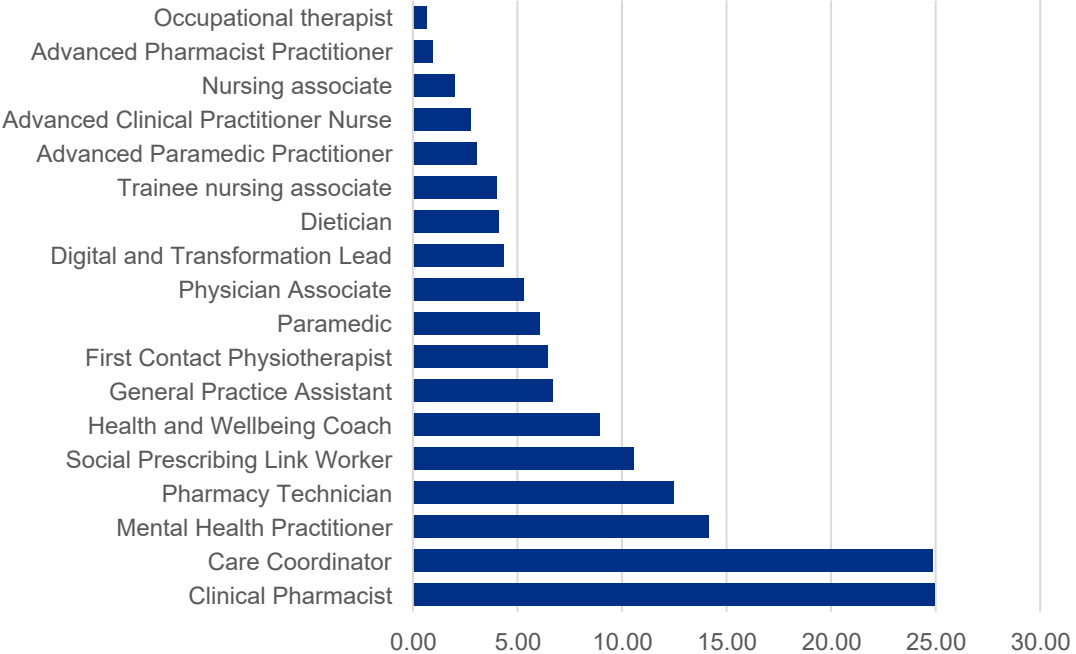
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# Workforce and capacity



ARRS WTE by Role - September 2023



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- Training, recruitment, retention and return initiatives
- Exploring new models
- Despite growth, there are limitations in capacity

# Health Inequalities within Staffordshire & Stoke on Trent

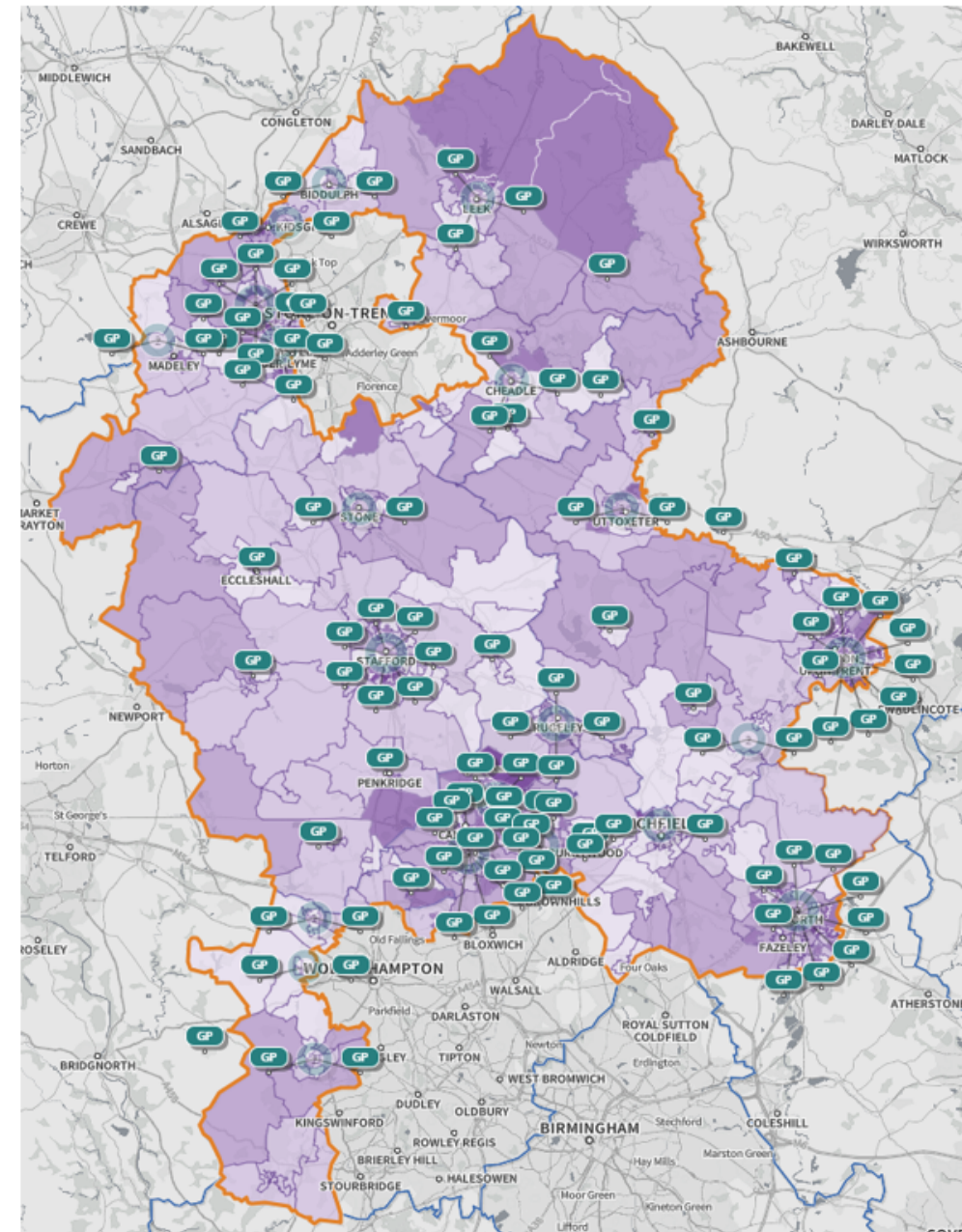
The average deprivation score (IMD) is lower in Staffordshire than the England average. Life expectancy is similar to the England average for both men and women, although this varies between the most and least deprived area of Staffordshire.

Obesity in adults is higher than the England average. Smoking prevalence in adults is lower than the England average prevalence. Rates of employment, homelessness and violent crime are better than the England average.

Quintiles Best Worst Better 95% Similar Worse 95% Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
Life expectancy at birth-Female	2018 - 20	83.1	79.7	82.5	83.1
Healthy life expectancy at birth-Male	2018 - 20	63.1	55.9	61.9	63.1
Healthy life expectancy at birth-Female	2018 - 20	60.7	55.1	62.6	63.9
Reception: Prevalence of overweight (including obesity)	2021/22	25.0	25.4	23.7	22.3
Year 6: Prevalence of overweight (including obesity)	2021/22	37.8	44.7	40.8	37.8
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	68.7	68.7	66.8	63.5
Percentage of physically active adults	2020/21	65.9	57.5	66.8	65.9
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	9.9	16.5	13.8	13.0
Self-reported wellbeing - people with a low satisfaction score (%)	2021/22	7.6	4.9	5.2	5.0
Infant mortality rate (per 1,000)	2018 - 20	5.0	6.5	5.6	3.9
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	103.8	192.7	110.7	103.6
Suicide rate	2019 - 21	11.9	16.4	10.7	10.4
Deprivation score (IMD 2019)	2019	16.6	34.5	25.3	21.7

Data Source: Fingertips PHE - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>



## Part 2

# Staffordshire & Stoke on Trent's plan to improve access to primary care

# How are Primary Care Networks (PCNs) supporting access?

**PCN Access Improvement Plans** have been developed which include all the main elements of the National Plan. Plans went through an approval process with the Primary Care Team

PCNs will:

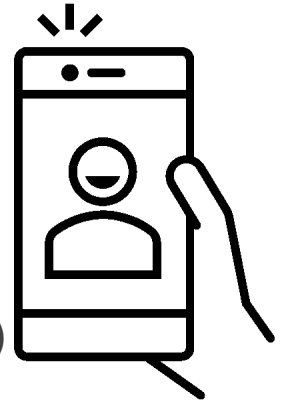
- **work collaboratively** - ICB will be meeting with them quarterly to support and provide guidance on the delivery of their plans
- Work to improve the collection and **understanding of their activity data**
- empower patients by **providing prospective record access to all patients**
- ensure **direct bookable appointments are available to NHS111**
- support **the promotion of the NHS App**
- **educate and encourage patients** and promotion of the **use of online consultation** and utilisation of messaging software to support patients to communicate with practice.



# Local Response to National Ambition 1: Empowering Patients

## Self-Referral Pathways

- MSK & Podiatry by 31<sup>st</sup> March 2024
- Audiology in place
- Weight Management in place with criteria (awaiting national funding decisions)
- Wheelchair services (available now for patients within service, new patients under review)
- Community Equipment – awaiting outcome of options appraisal
- Falls Service in place for South Staffordshire, North in development



## Community Pharmacy

- Independent Pharmacist prescribing project will see 2,400 extra appointments in SSoT by March 2024
- Oral Contraception & Blood pressure services are in place – 240 CPs are delivering 4,800 BP Checks with an aim to get to 6,000

## Citizen Access to Medical Records

- 105 Staffordshire GP practices offered access to GP records via the NHS app. from 1<sup>st</sup> November 2023

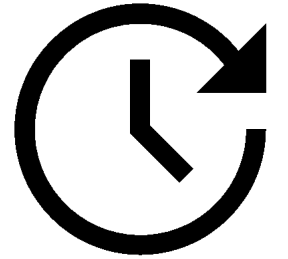
## Online GP Registration

- Online patient registration will be available via NHS App. – supporting practices to roll this out

# Local Response to National Ambition 2: Build Modern General Practice

## Modern General Practice

- 70 practices have confirmed their intentions to support implementing this model
- The ICB will work with practices to encourage further models throughout 2023-24 and 2024-25



## Care Navigation

- 62 Staffordshire practice staff have participated in national training. In addition, the ICB have invested in local training of which 158 Staffordshire practice staff have participated

## Digital Inclusion project

- 5 Staffordshire PCNs participating in the pilot

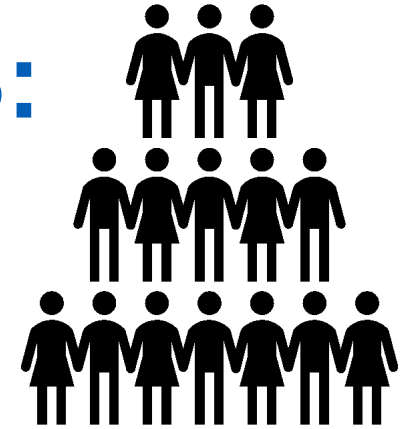
## Telephony

- 5 Staffordshire GP practices identified on analogue based telephony systems are considered a priority for telephone upgrade
- further support for the remaining 35 practices not on an analogue system but requiring upgrade to advanced cloud based telephony to meet the requirements of the National Framework

## Online Access

- Once national framework available, progress procurement to enable online consultations, messaging and booking tools (interim solutions are currently in place).
- Engaging with general practice to gather feedback on what works well and what further support is needed to utilise and embed tools effectively

# Local Response to National Ambition 3: Build Capacity



## Workforce

- Workforce Implementation Group (WIG) in place to strategically oversee workforce schemes aligned to the national workforce long term plan
- 2 GP clinical champions to support the workforce programme
- Additional Roles Reimbursement Scheme (ARRS) Task & Finish Group in place to maximise resource and address barriers
- Partnership working with the ICS People Hub and Staffordshire Training Hub to support recruitment and retention initiatives
- GP trainee scheme and bursary offers for those living outside the UK
- GPN Foundation School to increase and support quality nurse placements

# Local Response to National Ambition 4: Cut Bureaucracy



## Primary:Secondary Care Interface

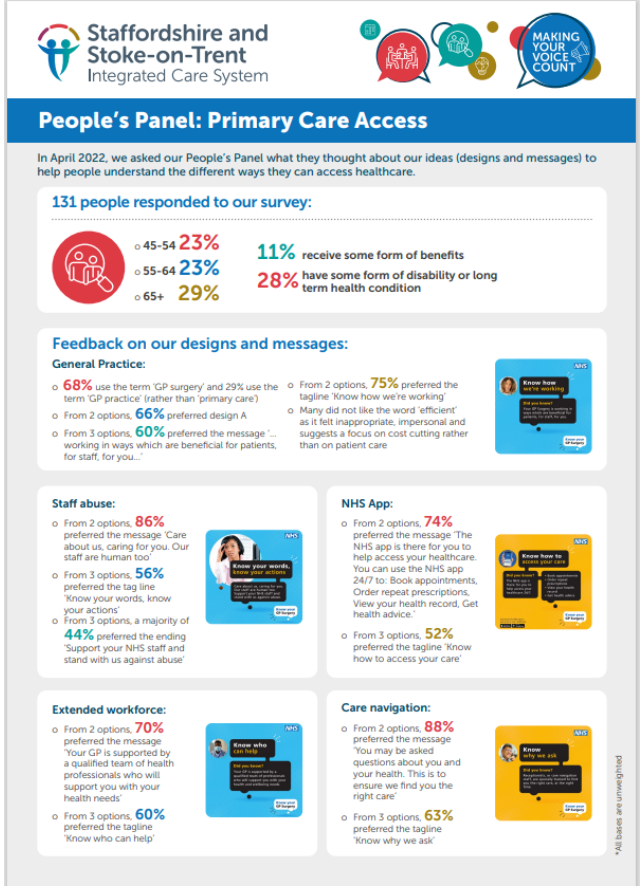
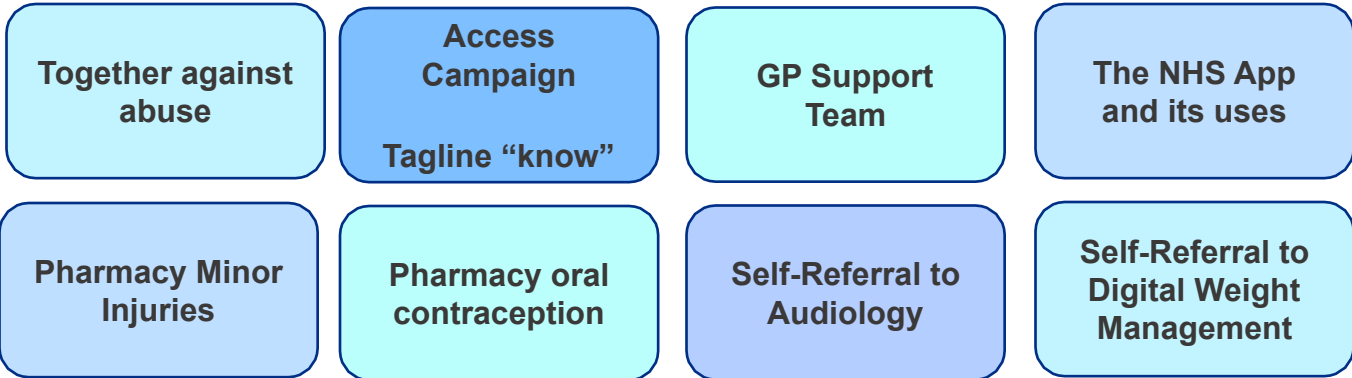
- ICS Primary Care:Secondary Care Consensus Agreement. Approved by Clinical Senate and Provider Collaborative Board. All organisations asked to approve
- Interface meetings in place (North & SE with SW coming online shortly) to support the delivery of improved working across the primary-secondary care interface
- Improve the productivity, efficiency, resilience, patient and clinician experience
- Collaborative work to reduce inequities in care provision and inequalities / unwarranted variation in outcomes for our patients

# Communications & Engagement

- The ICB has the most comprehensive communication campaign in the region.
- Undertaken public surveys, testing campaign messaging and imagery with members of the public, developing materials with practices, and asking for feedback from local voluntary sector partners and Healthwatch
- The ICS People’s Panel used for patient/public feedback, and an online session was held with GPs. 131 responses from members of the People’s Panel. Public views have improved and enhanced our public messaging.

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Number of campaigns launched following the same methodology and form part of the improving access communication delivery plan (headlines below but more detail can be found on the ICBs websites and Facebook pages)



# Conclusion

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The ICB aim to make Staffordshire and Stoke-on-Trent one of the healthiest places to live and work is more likely to succeed if Primary Care services are healthy and effective



Patient's perceptions of the NHS are significantly influenced by their experience of Primary Care



Good access to high quality Primary Care services is a significant factor in reducing health inequalities



The SLAIP is a key programme of work in achieving these aims.



## Health and Care Overview and Scrutiny Committee Monday 29 January 2024

### Social Prescribing – Primary Care, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

#### Recommendation(s)

I recommend that the Committee:

- a. Consider the view of Primary Care Social Prescribing from the perspective of Primary Care Networks and the ICB.
- b. Consider the view of developments planned for 2024-25

### Report of the Staffordshire and Stoke-on-Trent ICB – Sarah Jeffery, Director of Primary Care

#### Summary

1. The report summarises the main requirements of the Primary Care Network (PCN) Directed Enhanced Service (DES) and how the ICB and the PCNs have supported the implementation of the specification.
2. The report highlights that there are variations amongst the PCNs in relation to the number of whole time equivalent (WTE) Social Prescribing Link Workers (SPLW) they employ/subcontract, activity numbers and patient cohorts targeted for proactive social prescribing,
3. The report indicates that much of the data relating to the impact the service has on patients relates to satisfaction surveys and case studies. There is work to be undertaken to ensure there is a system wide method to collate and analyse the impact. One PCN in the ICB is utilising software they purchased to achieve this aim.
4. The report provides an overview of wellbeing arrangements in place for SPLWs and also identifies that work needs to be completed on the supervision of these roles.
5. The report confirms that Additional Roles Reimbursement Scheme (ARRS) budgets are not expected to increase in 2024-25. The report highlights that the NHS Long Term Workforce Plan indicates that SPLWs to be in post across England by 2036/37 is 9,000 from the baseline of 3,000 in 2021/22.
6. The report concludes with areas to progress during 2024-25 with system partners, including:
  - a. Information collation for data and impact
  - b. Supervision models for ARRS roles
  - c. Increasing awareness of health and wellbeing services available for all ARRS roles.

### Social Prescribing – Primary Care, ICB

## Background and DES Requirements

1. The ICB supports 25 Primary Care Networks (PCNs) in implementing the PCN Directed Enhanced Service (DES). 18 of these PCNs are in the Staffordshire area, although one PCN, About Better Care (ABC) is classed as a North Staffordshire PCN but does include some Stoke-on-Trent practices. The PCN DES states that PCNs must provide their Patients with access to a social prescribing service.
2. To comply with the DES, a PCN may either directly employ Social Prescribing Link Workers (SPLW) or sub-contract provision of the service to another provider.
3. The DES requires PCNs to review its targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This offer must consider views of people with lived experience. The PCN need to undertake a proactive social prescribing service for their identified cohort and review and extend the offer of proactive social prescribing based on an assessment of the population needs and PCN capacity.
4. The DES suggests that PCNS may wish to:
  - a. Work collaboratively with local partners to review experiences and outcomes, and to identify opportunities for improvements to service design and delivery for accessible and sustainable provision for the patient cohort(s);
  - b. Use Population Health Management (PHM) data along with insights from the Health Inequalities Improvement Dashboard and from local partners, to identify additional or alternative patient cohort(s) to whom the service offer could be extended;
  - c. Consider identifying cohorts that experience health inequalities as set out in the Core20PLUS framework, or High Frequency User groups, as outlined in additional guidance “Supporting High Frequency Users through Proactive Personalised Care”. This may include working with other roles such as health and wellbeing coaches and care coordinator Set targets for improved access and monitor performance against these; for example, reviewing referral targets and outcome measures;
  - d. Use funding from the Additional Roles Reimbursement Scheme (ARRS) to increase service capacity where available; including, if possible, recruiting specialist SPLW with specific skills or knowledge for the patient cohort(s) identified.

## Local Implementation of the Social Prescribing DES

1. The ICB held a series of social prescribing meetings for PCN Business Managers and social prescribers to support the implementation of the specification. The ICB produced a support document and associated planning templates to assist PCNs during implementing. The planning templates provided links to external sources of information to identify their proactive cohort and helpful resources.
2. All PCNs in Staffordshire have a SPLW, although one PCN did not have one for a few months. This PCN have recruited a replacement SPLW and they started in their role in January 2024. There is variation of whole-time equivalents (WTE) recruited between the Staffordshire PCNs from 1 WTE up to 6 WTE. The number of WTE per 10,000 patients varies from 0.2 WTE to 1.04 WTE with an average of 0.5 WTE across Staffordshire. Whilst the ICB can encourage the recruitment of SPLW roles it is



ultimately for the PCNs to determine how many are required to meet the needs of their patients, whilst remaining within their ARRS budget allocations.

3. PCNs chose their own patient cohorts to target with proactive social prescribing and examples of these are frequent attenders; learning disability; farming communities; chronic pain; mental health; prediabetes and carers.
4. The DES requires PCNs to record referrals using the clinical codes, specified in the DES requirement. In the 2022-23 PCN DES there was an Impact and Investment Fund (IIF) outcome indicator relating to the social prescribing specification regarding the percentage of patients referred to social prescribing service. The indicator was not achieved if below 0.8%, there was a lower threshold between 0.8% up to 1.2% and an upper threshold of 1.2%.
5. PCNs 2022-23 end of year performance against this indicator varied from 0.61% to 4.63% with a Staffordshire average of 1.42%. Four PCNs did not achieve the indicator, five reached the lower threshold and nine exceeded the 1.2% upper threshold.
6. The social prescribing IIF indicator was removed in the 2023-24 PCN DES, however, the ICB continue to collect the information on referral performance. The forecast year-end position, based on activity data from April-November 2023, predicts a Staffordshire average of 1.52%. These forecasts also show an improvement in activity across the PCNs and a reduction in the variation. Comparing against the old IIF targets, three PCNs would not meet the target, two PCNs would meet the lower threshold and the remaining thirteen PCNs would exceed the upper threshold.
7. It is important to note that not all work undertaken by SPLW results in activity that can be recorded by one of the clinical codes, specified in the DES requirements. Their work also involves making new community connections, finding new organisations, organising community awareness sessions, actioning patient referrals and solving any new issues and these activities cannot be recorded via clinical coding.
8. PCNs collect quantitative data relating to numbers and sources of referrals, patient demographic data and social prescriptions brokered.  
PCNs currently collect patient experience questionnaires to inform improvements to their SPLW service. These questionnaires provide the PCNs with some quantitative data on the impact of the service. Much of the evidence the PCNs use for impact is described in individual case studies. There are several case studies in appendix 1, highlighting the impact of the work of SPLW on individual patients or particular cohorts of patients.
9. NHSE guidance advises that PCNs use impact measurement tools depending on local needs and suggests the use of the Short Warwick Edinburgh Mental Wellbeing Scale (ONS4). The guidance does not require social prescribing services to stop using existing impact measurement tools, but to consider adding the ONS4 to allow national comparison (NHSE, 2003a). The ONS4 tool measures a score across the four areas of the patient's life satisfaction, feeling worthwhile, happiness and anxiety.
10. Currently the PCNs and ICBs do not routinely collect quantitative metrics relating to the impact of the SPLW service. The ICB would like to look at how outcomes and impacts can be captured and demonstrated for this service, particularly any appropriate patient reporting outcome metrics before and after interventions. These could include the monitoring of patients' quality of life and wellbeing before and after

interventions from the SPLW. During 2023-24 the ICB are piloting the use of outcome metrics, including Health Related Quality of Life Measure (EQ5D / EQ5D5L) with the frailty services, and the learning from this pilot could be transferred to recording patient outcomes for the SPLW service. The ICB will look at the implementation of the ONS4 measurement tool across the SPLW and solutions to collate data from all PCNs.

11. Mercian PCN have employed social prescribers prior to the inception of the PCN DES and ARRS roles, and have developed their service following the introduction of these roles within the DES. The PCN currently fund, from their own PCN monies, a software application that collects information relating to metrics before and after SPLW interventions. This includes measuring the percentage change of the four ONS4 ratings of patients, changes in numbers of GP appointments taken up pre and post referral, impact of the interventions on the patient's problems as well as service activity statistics. Mercian have used this software to demonstrate that their SPLW saved 4,205 GP appointments during 2022-23 across their PCN, equating to £151,380 (based on £36 per appointment).
12. All staff within SSOT ICB, including those within General Practice, PCN and ARRS roles have access to the Staff Psychological Wellbeing Hub. The psychological wellbeing hub is a safe and confidential space for staff to discuss their feelings and additional support they may need. The service is provided by a team of qualified mental health professionals that offer help, support and advice to staff who feel they would benefit from some additional support for their psychological wellbeing. The service provides the ICB with the total numbers of staff referred, however this is not broken down into individual role types to ascertain whether SPLW are accessing this service.
13. The PCN DES highlights that PCNs must identify a first point of contact for general advice and support and (if different) a GP to provide, at least monthly, supervision for SPLW. The ICB's ARRS Task and Finish Group have identified that a piece of work is needed on the supervision models for all ARRS roles, so a review of the arrangements for SPLW will be included within this project.

### **Social Prescribing Service Development**

1. The PCN DES for 2024-25 has not been released, however, confirmation has been received that there will be no huge increases in ARRS budgets, and they will remain relatively the same. PCNs are able to plan their ARRS staff against their ARRS budget allocations for the next financial year, however, some may be waiting to review any changes or additions to the roles that can be reimbursed through the ARRS budget. There are a handful of PCNs that have not yet spent their full ARRS allocation and the ICB will work with these PCN to identify whether further SPLW support would be beneficial to their patient population.
2. The NHS England Long Term Workforce Plan (NHSE, 2003b), released in June 2023, indicates that the target number of SPLWs to be in post across England by 2036/37 is 9,000 from the baseline of 3,000 in 2021/22. SSOT system's contribution to the 2036/37 target will be roughly 150 SPLWs. If this increase is solely to be made in primary care through ARRS roles, this will see a 300% increase in the number of SPLWs in the next 12-13 years from the current 49.5 WTE SPLWs, ICB wide. As ARRS budgets are not increasing next year, there will be little scope to make much progress against this target until 2025.
3. The ICB will work with partners to progress the following areas in 2024-25

- a. Information collation for data and impact
- b. Supervision models for ARRS roles
- c. Increasing awareness of health and wellbeing services available for all ARRS roles.

### List of Background Documents/Appendices:

#### References

NHS England (2023a) Social prescribing: Reference guide and technical annex for primary care networks [NHS England » Social prescribing: Reference guide and technical annex for primary care networks](#)

NHS England (2023b) NHS Long Term Workforce Plan, [NHS Long Term Workforce Plan \(england.nhs.uk\)](#)

#### Appendices

Appendix 1 – Case Studies

### Contact Details

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## Appendix 1 – Case Studies

### Leek and Biddulph PCN

Leek and Biddulph PCN have implemented a proactive social prescribing project for the farming community within their PCN. It all started when the social prescribers attended a livestock market in their area, to hold a drop-in session. They attended to promote, to the farming community, the services that social prescribers can offer and to engage with as many people as they could.

The first three people that came up and spoke to the social prescribers identified that they had all experienced a friend, a neighbour, family member or someone from the farming community that had taken their own lives, within the past two months. Many other people that spoke to them throughout the day spoke about these recent suicides and the social prescribers listened to the lived experiences of this community to find out possible causes.

Many identified that there were less opportunities to socialise and gather than there used to be as pubs had either closed or transformed from local pubs to gastro pubs and hunts had ceased. The farming community identified that many of them live on their own with no family nearby and their main chance to socialise was attending the livestock market. The farming community identified that the farming community do not tend to talk about their mental health.

The social prescribers worked with the market manager to organise regular attendance at the market for health checks and mental health support provided by Everyone Health Staffordshire. The market manager identified some common issues the farmers experience that weren't in the expertise of the social prescribers, so they organised for the Farming Community Network to attend to support farmers with issues such as, animal healthcare, rural payments, and animal passports. The market manager also secured a prime spot, right outside the entrance to the main office for the Everyone Health trailer, to enable them to offer health checks and simple tests, like blood pressure monitoring.

As the trailer is at the cattle market on a regular basis and is in a convenient location, more farmers are confident in approaching to gain support on issues that are affecting their mental health. The service has expanded to include referrals to a free counselling service from the Rural Agricultural benevolent institution (RABI), which is a service offered by people who understand and have lived within the farming community. The next stage of the service is to move into a dedicated room, identified by the market manager.

The PCN continue to identify gaps in provision to expand their social prescribing offer. Recent, newly formed groups include bereavement support and a specialist support group for people whose loved one has gone into care.

### Cannock North PCN

Cannock North PCN have focussed on proactively offering social prescribing for frequent attenders at the practices. One of these patients used to visit their practice 1-2 times a week. The patient suffered with their mental health for over 5 years and spent their time, at home, watching TV.

At the initial consultation, the Social prescriber outlined strategies to transform his life such as: practicing mindfulness, engaging in green spaces, improving physical activity, using positive affirmations, and combating his loneliness and isolation by human connections by attending a

group. The patient opted to be introduced to a Volunteer Buddy and following this, the patient agreed to join the Volunteer Buddy at an allotment group he attended. Since then, the patient has been referred to Inspiring Healthy Lifestyles for 50% off Cannock Leisure Centre membership, to incorporate going to the gym into their lifestyle. The patient has since been attending walking, bowling, canoeing, and cycling activities.

The impact the social prescriber service has had on this patient is that they are in the process of being accepted for a volunteer role themselves and are thinking about getting their HGV licence. The social prescriber in the process of contacting Employment Disability Officer at the Job Centre for employment support. This patient was presenting for four appointments a month between January 2023 and September 2023 and following their consultation with the social prescriber, they have had no further GP appointments, other than 1 telephone consultation to discuss some test results.

The social prescriber has provided personalised continuity of care to this patient, holding 12 social prescribing consultations, of which four were one hour face to face appointments and 32 text/email messages to date. This continuity has allowed the social prescriber to signpost the patient to services as and when the patients' needs develop and change.

### **Cannock North PCN**

Cannock North PCN helped a palliative cancer patient to enable them to celebrate Christmas with their family. They were living with a friend as they couldn't afford to live on their own. They have three children and was unable to buy any presents for them or provide any food for them. The social prescriber sorted out a food hamper for them and submitted an application for supermarket vouchers.

The patient had already been signposted to a drop-in centre at a local church and the patient engaged with some of the activities provided there by a Volunteer. The social prescriber, with the patients' permission spoke to the church about their Christmas predicament and the church gave the patient a donation of £150 to support them to fund some Christmas spending. The patient was very appreciative of the support received and was able to enjoy what would probably be their last Christmas.



## **Health and Care Overview and Scrutiny Committee – Monday 29 January 2024**

### **Provider View of Social Prescribing – Support Staffordshire**

#### **Recommendation(s)**

I recommend that the Committee:

- a. Consider the view of Primary Care Social Prescribing from the perspective of the VCSE providers.
- b. Consider the work of the VCSE Alliance Social Prescribing Advisory Group in gathering provider feedback; and its contents.
- c. Consider the wider feedback from VCSE organisations who provide 'prescriptions' to Social Prescribing services, both in Primary Care and more widely in the health & care system.
- d. Consider recommending that the Integrated Care System take a more joined up approach to social prescribing across primary care and NHS provider trusts to avoid the ongoing piecemeal approach currently taken.

**Local Member Interest:** Relevant to all Members

#### **Summary**

1. The report provides an overview of Primary Care Social Prescribing from a provider perspective in Staffordshire and Stoke-on-Trent
2. The report outlines this in the wider context of Social Prescribing in Staffordshire and Stoke-on-Trent. It provides data gathered by the VCSE Alliance Social Prescribing Advisory Group, surrounding referral numbers, availability of 'prescriptions' and challenges faced by Providers, Social Prescribing Link Workers and the VCSE sector.

#### **Primary Care Social Prescribing**

3. Support Staffordshire work with 11 Primary Care Networks (PCNs) to provide the Primary Care Social Prescribing services for those GPs, and currently employ 20 Social Prescribing Link Workers across these PCNs. Support Staffordshire is the largest single provider of Primary Care Social Prescribing in Staffordshire and Stoke-on-Trent.

4. Across Staffordshire and Stoke-on-Trent 14 PCNs have agreements in place with a VCSE provider organisation as follows:
  - a. Burton Albion Community Trust - East Staffordshire PCN
  - b. Community Together Tamworth CIC - Mercian PCN
  - c. Starfish Health and Wellbeing - Seisdon, Stafford South\*, Rugeley & Great Haywood\* PCNs
  - d. Support Staffordshire – Lichfield#, Burntwood, Cannock North, Cannock Villages#, Stafford Central, Stafford Town, Stafford South\*, Rugeley & Great Haywood\*, Newcastle Central, Moorlands Rural and Leek & Biddulph#

*\*these PCNs have split providers for different GP practices*  
*# Support Staffordshire currently sub-contract provision in 3 PCNs to Age UK Staffordshire and Beth Johnson Foundation*
5. In Staffordshire, Stone & Eccleshall PCN previously contracted with Starfish Services, but took the service in house in late 2023. In Newcastle North and Newcastle South, the PCNs previously contracted with Brighter Futures, but took the service in house in 2023. Some services in Stoke-on-Trent have also previously been contracted out to Brighter Futures but are now all delivered in house.
6. Other changes in provider have also occurred since Primary Care Social Prescribing services began in 2019. As mentioned above Brighter Futures served notice on all their agreements in 2023. Two PCNs subsequently moved to Support Staffordshire, whilst others took the service in house.
7. East Staffordshire and Mercian PCNs previously contracted with St Giles Hospice, but moved provision to Burton Albion Community Trust and Community Together CIC respectively in 2022, after St Giles gave notice on the agreements.
8. Most agreements with VCSE providers run in line with the current NHS Five Year Plan, until 31 March 2024.
9. The GP Directed Enhanced Services contract (DES) which governs the financial and contractual basis of Social Prescribing is yet to be published for 1 April 2024, which is creating uncertainty for VCSE providers.

## **Social Prescribing Beyond Primary Care**



10. Alongside Primary Care Social Prescribing, there are a number of other 'linking' roles/functions within health and care, with a similar approach to Primary Care Social Prescribing.
11. Some of these seek to make use of existing Primary Care Link Workers, whilst others have additional staff resource. These include, but are not limited, as follows:
  - a. Referrals into Primary Care from Covid Clinics, Social Workers within MPFT, Occupational Therapists, District Nurses, Community Matrons and Cancer Care teams.
  - b. Community Connector within the MPFT Staying Well Service across the six southern Staffordshire districts. Providers include Support Staffordshire, MHA Communities, Burton Albion Community Trust and Community Together.
  - c. Other link worker roles such as Personal Social Inclusion Navigators working within MPFT across Adult Mental Health Social Care Pathways and Community Help Points.
12. There have been an increasing number of requests for 'linking' functions/roles within new (often pilot) health and care projects. These requests tend to come from individual teams, departments, or projects within NHS Provider Trusts.
13. Midlands Partnership University NHS Foundation Trust (MPFT) is the largest single source of such requests. Requests also come from Combined Healthcare, University Hospitals North Midlands (UHNM) and University Hospitals Derby and Burton (UHDB).
14. One recent example is the new Weight Management Services being developed by the ICS.
15. The prospect of significant additional referrals into existing Primary Care link workers are a cause for concern, due to many Social Prescribers already working significantly above the NHS recommended safe caseload.
16. Many requests find their way to Support Staffordshire as the largest provider and where possible we are capturing this demand to feed back to the ICB and NHS Provider Trusts.

17. A systemwide solution for 'linking' functions/roles does seem to be required and would not be beyond possibility if a more joined up approach could be found to resourcing and organisation.

### **Benefits of Outsourcing Social Prescribing**

18. Where PCNs outsource Social Prescribing to a VCSE provider, the Social Prescribing Link Workers are better connected to VCSE knowledge and relationships and have a wider understanding of community support, the so called 'prescriptions', that are available to a patient within their community.
19. Where necessary, community groups can be better supported to thrive, being linked into existing VCSE support and networks.
20. Being independently managed and supported, VCSE based Link Workers tend not to get pulled 'off-task' into other areas of Primary Care, which can happen in some PCNs.
21. VCSE based link workers need not cost any more, as the additional management fees incurred by providers, are off-set by less generous terms and conditions in the VCSE sector compared to NHS scales.
22. Management and more general employee support can be better in the VCSE sector, compared to Primary Care, as VCSEs are often larger organisations than GP led small businesses.
23. There are often more opportunities for peer support between Social Prescribing Link Workers when outsourced, due to VCSE providers employing teams rather than single individuals.

### **The Social Prescribing Advisory Group**

24. The Social Prescribing Advisory Group is one of three thematic forums which forms part of the VCSE Healthy Communities Alliance. The VCSE Healthy Communities Alliance is the recognised governance structure through which the Staffordshire and Stoke-on Trent Integrated Care System (ICS) have agreed to engage, consult and empower VCSE organisations and networks to be involved in our health and care system on an ongoing basis.
25. The Social Prescribing Advisory Group (SPAG) is facilitated by Support Staffordshire and VAST and is open to members of the Healthy Community Alliance, who are either a significant provider of services (prescriptions) to link workers or host/manage a linking role (prescriber).

26. A key aim of SPAG is to gain an oversight of Social Prescribing across Staffordshire and Stoke-on-Trent, with regards to VCSE prescriptions and the link worker experience.
27. A quarterly survey is distributed to all Social Prescribing Link Workers and Managers, which feed into a system wide report, offering an insight into Social Prescribing referral numbers, numbers of 'prescriptions' and where there are gaps/delays in accessing provision
28. The most recent quarterly survey showed there were 3,470 referrals into Primary Care Social Prescribing, across the 17 PCNs who completed it.
29. Key gaps and delays in accessing provision included:
  - a. support surrounding employment
  - b. availability of community transport
  - c. accessing face-to-face bereavement support
  - d. mental health provision
  - e. housing/homelessness advice

### **Peer Support Network**

30. Support Staffordshire has a contract in place with Staffordshire Training Hub (provided by GP First Limited) to offer peer support for Social Prescribing Link Workers across Staffordshire and Stoke-on-Trent. Provision of and attendance at peer support is a current requirement of the GP DES contract.
31. The offer available to all Primary Care Social Prescribers includes:
  - a. Monthly CPD sessions on topics such as housing/homelessness, gambling awareness, professional boundaries, and suicide prevention/awareness
  - b. Quarterly peer support meetings via Microsoft Teams
  - c. An online peer support network, provided through NHS Futures Platform, offering a space to support peers with queries

32. The Peer Support Network is accessed by a large number of link workers across Staffordshire and Stoke-on-Trent. Each session is evaluated by Staffordshire Training Hub and the feedback is generally excellent.

### **Financial Challenges for VCSE Providers**

33. The GP DES contract currently places a number of parameters and restrictions on how the resource available for social prescribing can be spent:

- a. There is a set budget available for salary, NI and pension costs which cannot be spent on anything else
- b. There is a limited figure for outsourcing management overheads of £2,400 per FTE link worker
- c. There is no additional available funding for travel expenses, equipment, volunteer expenses etc
- d. Any additional costs must be funded from the wider Primary Care budget which GPs hold; most are extremely reluctant to do so

34. VCSE providers of Social Prescribing are therefore very limited on the amount of management fee which can be requested from a PCN and allocated to line management and wider organisational support. The figure falls significantly below industry standards and almost all other public sector contracts and funding

35. This has become increasingly challenging for VCSE Providers as the total amount claimable by the PCN (£2,400) has not increased for 5 years. Nationally this has directly led many VCSE providers to hand contracts back.

36. Ironically, at the same time, pay bandings have increased in every year of the 5 year plan, and some VCSE Providers have felt under increasing pressure to make pay awards in line with these NHS bandings, which are significantly over and above their own pay structures.

37. If the total budget could be used flexibly by VCSE providers there would be no need for the above issues at all. We await to see if this feedback has been incorporated into the new GP DES for 2024 onwards.

### **Other Challenges for VCSE Providers**

38. NHSE guidance and the GP DES requires all PCNs to provide Clinical Supervision for Social Prescribing Link Workers. This recognises the potential for significant emotional demand upon link workers, supporting patients with a very wide range of non-clinical support and the associated stress. The confidential nature of link worker-patient conversations adds to the necessity for clinical supervision.
39. In most cases this is not offered proactively and, in many cases, accessing clinical supervision can be difficult. PCNs advise that this is linked to poor resourcing.
40. Where outsourced, responsibility for clinical supervision remains with the PCN. However, we are aware that VCSE based line managers and link worker colleagues take the brunt of this need. We are also aware of some VCSEs spending some of the already inadequate management fees on paid for external support for link workers.
41. The Social Prescribing Advisory Group has brokered links with MPFT to support with Clinical Supervision and make additional CPD available to Social Prescribers, through services MPFT currently offer their own staff.

### **Challenges for Social Prescribing Link Workers**

42. Social Prescribing Link Workers frequently experience high caseloads, working over the 250 per annum caseload, which NHSE guidance considers the 'maximum safe' level.
43. Social prescribing aims to offer patients the one thing clinicians often do not have: time to listen. High case loads curtail the very thing that they exist to do.
44. High case loads can lead to work related stress if not actively managed. They also increase the need for clinical supervision, which is in short supply.
45. Where this is the case, Support Staffordshire works with it's PCNs to advocate for additional Social Prescribing hours and shares quarterly reports with PCN's highlighting referral numbers within the quarter. As a result, almost all PCNS we work with have increased their capacity over the past two years. That said, demand on the whole, continues to rise accordingly.
46. There are a number of key themes which Social Prescribing Link Workers often support patients with and look to connect individuals with appropriate support in their area. Whilst the provision for some

support within communities is excellent, within some areas, there are long delays in accessing support and/or little, to no support available.

47. It can be stressful and demoralising to identify the potential for support, only to find there is none available locally, or with long waits. The implications of patient deterioration that could have been prevented is especially hard for link workers to accept.

### **Challenges for VCSE 'Prescription' Providers**

48. Though not the focus of this enquiry, it would be wrong for us not to make reference to the challenges incurred, increasingly by those prescribed to; which are in the main VCSE organisations, most of whom receive little or no funding from the NHS.
49. In essence link working, is working and Social Prescribing Link Workers are making large volumes of connections and onward referrals into charities, community organisations and support groups.
50. VCSE organisations are increasingly feeding back that there is too high a level of demand on their services since Social Prescribing was launched, with limited additional funding available to support with VCSE activity. This has ongoing challenges surrounding sustainability. Some charity national bodies (eg. Age UK) have commissioned research to identify the proportion of demand upon their services that come from the NHS with a view to challenging the lack of resourcing centrally.

### **The Future of Primary Care Social Prescribing**

51. Due to the existing NHSE Five Year Plan coming to an end in March 2024, many of the existing agreements end at this point.
52. Some recent changes in contracting have resulted in PCNs offering 12 month agreements which go beyond March 2024.
53. Both the existing agreements ending and short term new agreements are causing some challenges for staff retention.
54. Despite assurance from NHSE that link worker roles are in the NHS baseline budget for 2024 and beyond, there is still no clarity on the budget available for management overheads or the degree of budget flexibility, or lack of. As such, PCNs are not able, or willing, to enter into new agreements at this late stage.
55. Social Prescribing has been a significant opportunity for the VCSE sector to work more closely with the NHS. New relationships, with

Primary Care and beyond have undoubtedly resulted from this important national initiative.

56. However, the ongoing challenges of how social prescribing is resourced, and the much bigger issue of how the VCSE sector is resourced to absorb the increased demand that it generates, have not, as yet, been addressed.

### **Link to Other Overview and Scrutiny Activity**

57. N/A

### **Community Impact**

58. N/A

### **List of Background Documents/Appendices:**

59. N/A

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## **Health and Care Overview and Scrutiny Committee - Monday 29 January 2024**

### **Supportive Communities Programme Overview**

#### **Recommendations**

I recommend that the Committee:

- a. To review the Supportive Communities Programme to understand how it complements the NHS Social Prescribing function.
- b. To comment and provide feedback on the Supportive Communities model.

#### **Local Member Interest:**

N/A

#### **Report of Cabinet Members**

**Councillor Paul Northcott**, Cabinet Support Member for Public Health and Integrated Care

**Councillor Julia Jessell**, Cabinet Member for Health and Care

#### **Summary**

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

1. To review, comment and provide feedback on the council's Supportive Communities programme and how it complements NHS Social Prescribing.

#### **Report**

##### **Communities Strategy**

2. Staffordshire County Council has made significant progress in working with communities. Communities are central to our Strategic Plan 2022-26 and our current approach, as set out in the Communities Position Statement, approved by Cabinet in February 2023. This statement builds on our achievements over the past 8 years, including:

- a. **27 Community Managed Libraries** that are considered national best practice.
  - b. Our **Youth** and **Children's Centre Offers** are being delivered with and by our communities.
  - c. Our **Early help Strategy 2022-27** for children and families is being delivered with partners and communities through a place-based approach.
  - d. **Do It to Make Staffordshire Sustainable** and the **Climate Change Action Fund** are supporting local community-based climate change initiatives.
  - e. The **Supportive Communities** programme is working with partners and community groups to help residents to remain healthy and independent.
  - f. Empowering **Parish and Town Councils** to take the lead on local priorities, including loneliness.
  - g. Supporting the local VCSE sector to thrive through our nationally recognised **VCSE capacity building partnership** with Support Staffordshire and SCVYS.
  - h. **#DoingOurBit** communications campaigns to promote community action and encourage behaviour change.
  - i. Co-ordinating a community led response to the **Covid-19 pandemic** and the **cost of living**, as well as supporting our **Ukrainian guests**.
3. In February 2023, Cabinet agreed 'to engage with partners and communities to develop a long-term, innovative, and ambitious Communities Strategy for Staffordshire.' This will build on success to date and deliver the three priorities set out within the Communities Delivery Plan and Communities Position Statement:
- a. Embedding **community-led prevention and early help** to make sure our residents can access the support they need to be healthy, independent, and live in sustainable communities.
  - b. Promoting **community action and building community capacity**, working with Staffordshire's vibrant voluntary and community groups and helping our residents to get involved in what matters to them.
  - c. Supporting our organisation and others to have a **communities mindset** by challenging our approach to commissioning, exploring opportunities for partnership working, and reviewing our internal policies.
4. A consultation is currently underway to inform the development of the Communities Strategy and the Supportive Communities Programme, launched in 2020, is the key deliverable to help Staffordshire residents remain healthy and independent.

## Supportive Communities Programme

5. The Supportive Communities Programme was developed using evidence and good practice as a response to managing health and care demand as outlined below in the vision, priorities, and objectives of the programme.

### **Vision, Priorities and Objectives for Supportive Communities**

**Vision:** People (in Staffordshire) can live independently with support from families and communities

**Priorities:**

- Develop tools for promoting independent living (using digital and non-digital means)
- Grow & enhance community capacity for people to help themselves and others
- Help to develop the skills, knowledge & confidence of the wider care & community workforce
- Effective communication & engagement with both communities and the workforce

**Objectives**

- Increase awareness of and access to voluntary and community assets.
- Increase use of information, products, and tools to promote independence.
- Understand the strengths, capabilities, and wellbeing of our communities.
- Increase engagement, empowerment, and sustainability within the community.

6. This approach complements the local NHS Social Prescribing model that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

7. The main difference is that NHS Social Prescribers undertake case management directed by GPs. The Supportive Communities model takes a strengths-based approach and interfaces closely with the Adult Social Care workforce. Many components of the Supportive Communities programme are available to Staffordshire residents and other partners. Social Prescribers utilise the Supportive Communities resources and tools.

8. The main components of the Supportive Communities programme are detailed in the table below:

Supportive Communities Function	Description	Cohort	Website Link
<b>Staffordshire Connects</b>	Online directory of community-based support, groups, organisations and services. Accessed and used by a range of partners, including social prescribers.	Staffordshire Wide	<a href="https://www.staffordshireconnects.info/kb5/staffordshire/directory/adult.page?adultchannel=0">https://www.staffordshireconnects.info/kb5/staffordshire/directory/adult.page?adultchannel=0</a>
<b>Living Independently at Home Resources</b>	Online information, advice, guidance tools and resources to help make daily living easier.	Staffordshire Wide: Older People, people with mobility issues	<a href="https://www.staffordshire.gov.uk/happyathome">https://www.staffordshire.gov.uk/happyathome</a>
<b>Community Help Points</b>	Community Help Points are physical locations across Staffordshire (such as libraries, voluntary organisations and community centres) where people can find out more about local support offers.	People accessing the Adult Social Care System	<a href="https://www.staffordshire.gov.uk/Advice-support-and-care-for-adults/Community-Help-Points.aspx">https://www.staffordshire.gov.uk/Advice-support-and-care-for-adults/Community-Help-Points.aspx</a>  Contact the Staffordshire Cares team by phone on 0300 111 8010
<b>Entitled To</b>	Free online benefits checker to ensure people are accessing the benefits they are entitled to.	Staffordshire Wide	<a href="http://www.staffordshire.entitledto.co.uk">www.staffordshire.entitledto.co.uk</a>
<b>Supportive Communities Training</b>	A range of free health and wellbeing training sessions that health professionals, community groups and individuals can access. There are also some self-help tools, resources and printable presentations.	Organisations but individuals can access the resources	<a href="https://www.staffordshire.gov.uk/Advice-support-and-care-for-adults/Information-resources/Training-and-activities.aspx">https://www.staffordshire.gov.uk/Advice-support-and-care-for-adults/Information-resources/Training-and-activities.aspx</a>
<b>Support Staffordshire (VCSE Infrastructure Partner)</b>	Staffordshire County Council is working with <b>Support Staffordshire</b> to map community assets, build and sustain VCSE capacity, develop volunteering, engage with communities, and represent the VCSE across Staffordshire	Staffordshire	<a href="https://supportstaffordshire.org.uk/">https://supportstaffordshire.org.uk/</a>

Supportive Communities Function	Description	Cohort	Website Link
Community Champions	Working with local people, organisations and businesses the Champions Programme is focused on improving the two-way flow of information and communication into key communities.	Burton, Tamworth, and Newcastle	<a href="https://letstalk.staffordshire.gov.uk/hub-page/community-champions">https://letstalk.staffordshire.gov.uk/hub-page/community-champions</a>

9. Some of the successes of the Supportive Communities programme to date include:

- a. **26 Community Help Points** across Staffordshire have **800** health and care clients e.g., increase social contact, complete forms and help with finances
- b. **1560 people have** accessed Supportive Communities training increasing both knowledge and confidence above 90%.
- c. **over 4650 local community groups and organisations** delivering social action have been identified and registered onto **Staffordshire Connects**
- d. **166** trusted Community Champions disseminate information to targeted communities. This has resulted in improved uptake of vaccines and NHS health checks
- e. More than **350 community groups** have benefited from £500,000 Supportive Communities funding
- f. Between Aug 2022 and July 2023 **Support Staffordshire** have increased capacity by supporting **527** health and care providers and placing **122 volunteers**

10. The Supportive Communities programme has evolved from a Staffordshire County Council programme to become more collaborative and is now driven by a range of partner organisations. In the summer of 2023, the Supportive Communities Board reviewed the programme to assess the approach and align to emerging partner priorities and plans.

11. Stakeholders from across Midlands Partnership University Foundation Trust (MPFT), the Staffordshire Integrated Care Board (ICB), Support Staffordshire and Staffordshire County Council attended a range of workshops and meetings to share their views to inform the 2024 and beyond plan.

12. The overall feedback was positive and acknowledged a strong foundation to develop local Supportive Communities partnerships and networks and there is agreement to work closer together to:

- a. Have responsive and flexible information, advice and guidance resources and tools offer
  - b. Sustainable investment for community capacity building
  - c. Connect the health and care workforce with community and voluntary groups
  - d. A local network of Community Helps Points, Community Champions and volunteer organisations
13. To achieve this, we need to work differently, be more collaborative with communities, partners and the workforce. Moving to a strength-based dialogue will focus on understanding issues and working collaboratively to design solutions. Ongoing engagement and evaluation is key to ensure we focus on the right outcomes to understand we are making the right difference.
14. An example of working more collaboratively is for the council to share Support Community outcomes, priorities and action plans with Primary Care Networks and the Social Prescribing Advisory Group (SPAG).

## Contact Details

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## Health and Care Overview and Scrutiny Committee Monday 29 January 2024

### Staffordshire and Stoke-on-Trent Integrated Care Board (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 Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive

##### 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

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## Appendix 1

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

January 2024

#### Context

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

#### Contracted dental activity

NHS dental services are commissioned via contracts for activity measured in Units of Dental Activity (UDA). More complex treatment earns more units that simpler cases and the units are credited to delivery of a contractual target for an agreed contract price.

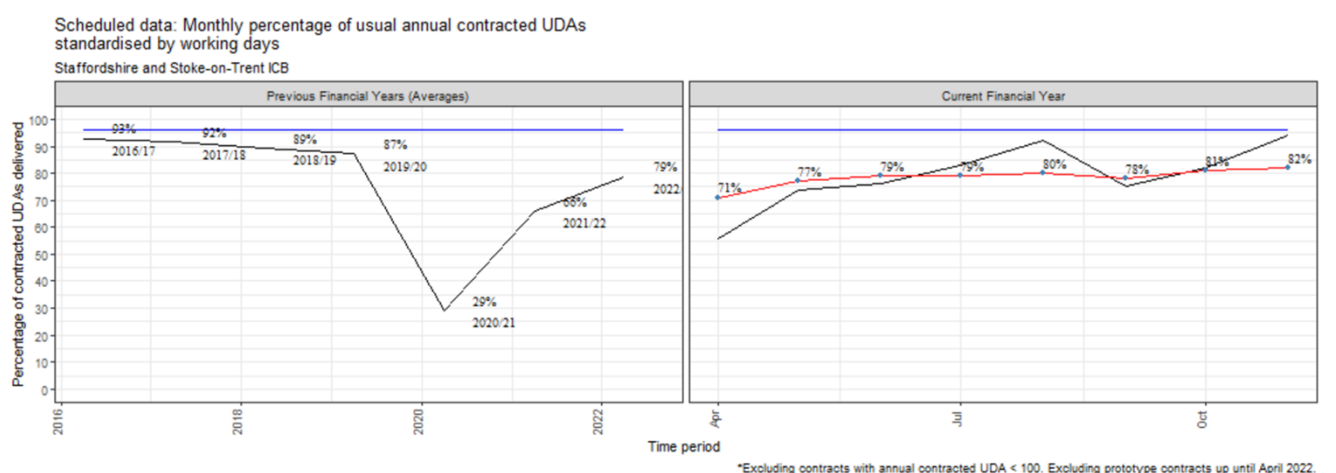
Chart 1 below shows the long term delivery trends for the ICB area.

For this area activity levels were challenged pre-Covid pandemic, linked to emerging delivery issues in particular with the corporate dental contracts (these are incorporated companies operating multiple sites nationally including Bupa, ‘{My}dentist’ and Roderick’s).

Final annual delivery prior to the Pandemic (2019/20) was 87% (Midlands overall 92%, England 91%).

The right hand chart shows the current year including the red line (normalised for variation in length of each activity schedule month). November delivery was 82% (Midlands overall 84%, England 84%).

#### Chart 1



• The red trend line in the right graph shows an alternative method of calculating the denominator for contracted UDAs expected each month. Here the denominator is annual contracted UDAs \* monthly working days/annual working days. The usual denominator is annual contracted UDAs/12.

Under-delivery of activity via Corporate dental contracts continues to be a significant issue with two large contracts at below 15% delivery for year to November 2023 and another having no permanent dentist for over six months.

Others report having only limited NHS capacity with large parts of the contracted activity unallocated.

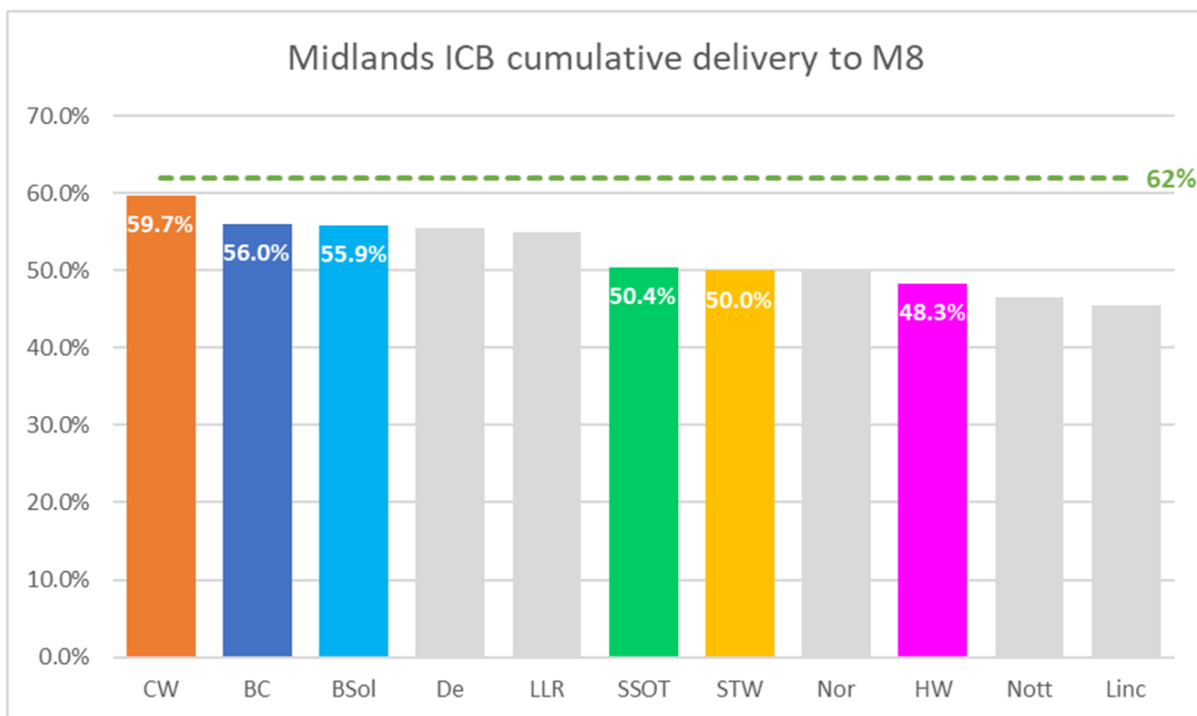
The main issues preventing recovery in terms of access to dental care are:

- 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). This is being exacerbated due to the absence of any further dental contract reforms or ‘dental plan’ despite Ministerial commitments made over six months ago.

Chart 2 shows the cumulative levels of activity scheduled up to November 2023 for each of the Midlands ICBs. The level of 62% indicates the level that would be regarded as on track to achieve 100% at year-end.

It is important to bear in mind this overall picture (SSOT 50.4%) aggregates the activity of over 100 individual contracts within the ICB area with some significantly behind target as referred to above, but others on or ahead of target.

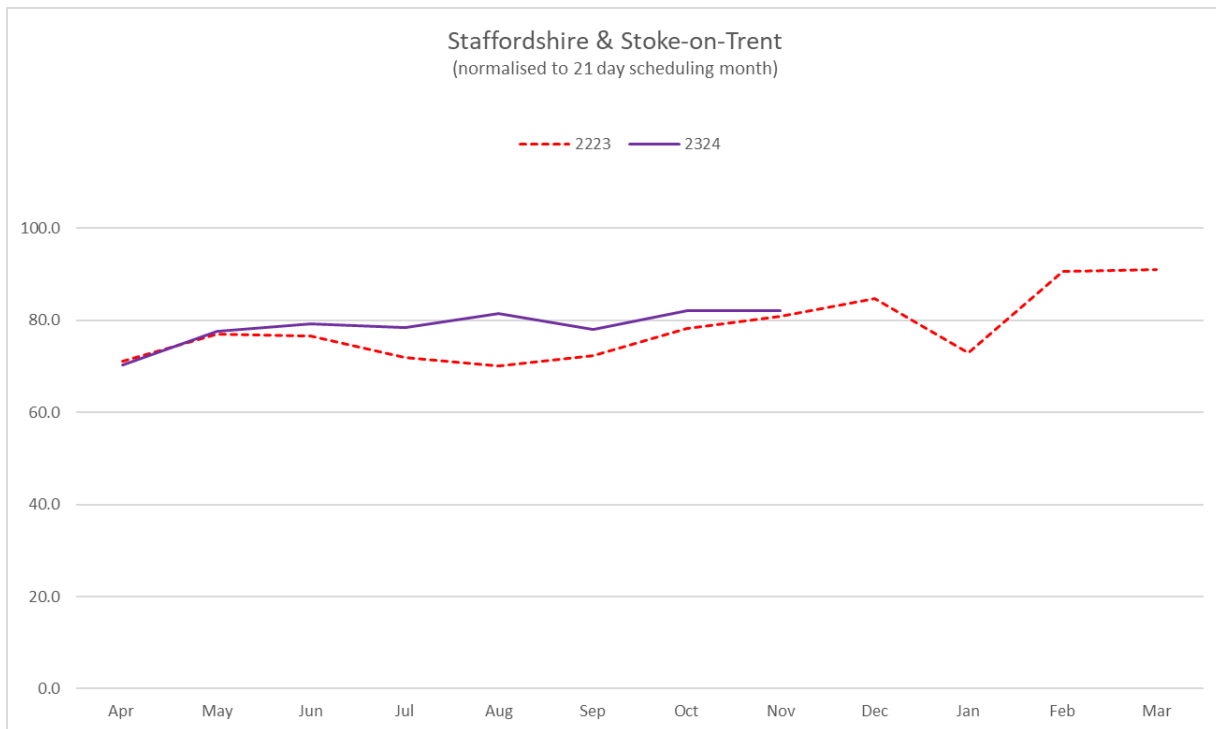
**Chart 2**



**Comparison to Previous Year**

Activity is also now being reported as a monthly activity level compared to the same period last year. The relative delivery positions for SSOT is shown in chart 3.

**Chart 3**



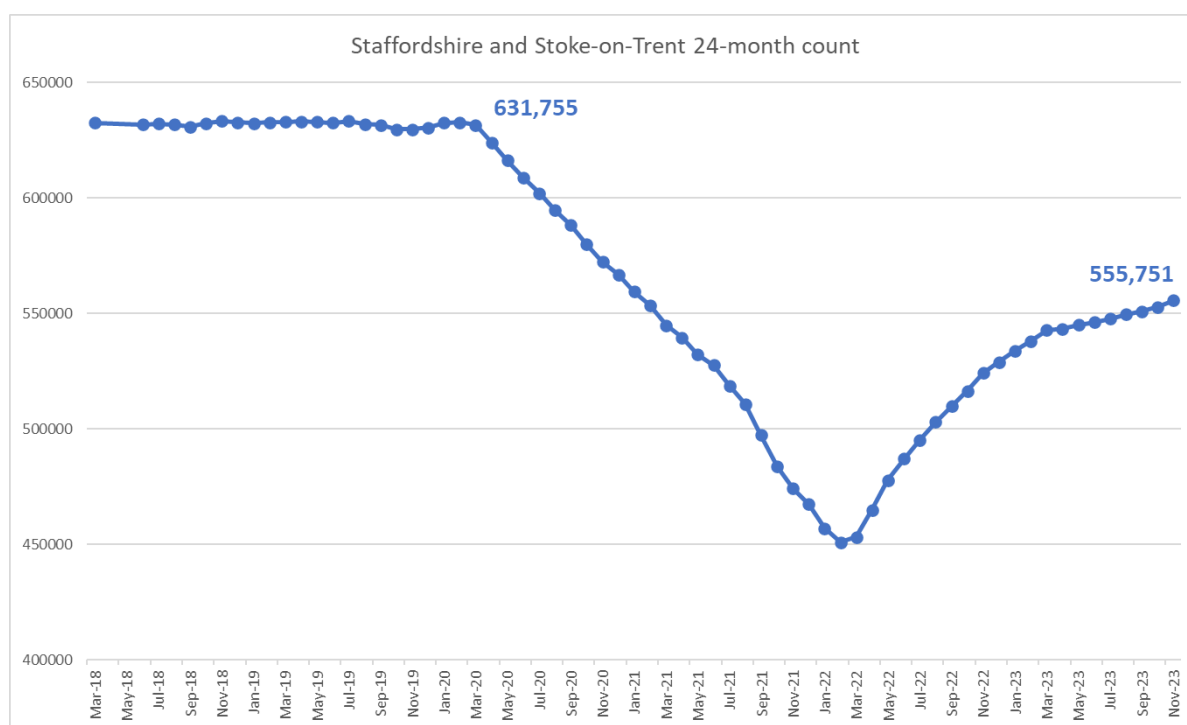
**Mid-year**

The commissioning team is currently working through the mid-year review process in conjunction with NHS Dental Services and under direction from the NHS England central team. It had been anticipated that the contract reform announced in 2022 to enable unilateral rebasing (reduction) of persistently under-performing contracts would have been set in regulation in time for the current 2023/24 financial year-end but we have been advised this is not the case. Nevertheless the team continues to challenge and negotiate where possible to recurrently redistribute activity from under-delivering practices (which still requires their agreement) to other NHS contract holders able to offer more capacity to provide NHS dental services.

**Access**

Access to NHS dental services is reported in terms of the count of unique patients seen in the previous 24-month period. During Covid, the numbers of unique patients accessing a dentist declined due to infection control and related challenges that the pandemic created falling to a low point in February 2022 when 180,776 fewer patients had been seen within SSOT. Whilst this position started to increase from March 2022, SSOT in common with all Midlands ICBs are now seeing smaller increases in the numbers of unique patients seen, linked to the ongoing shortfall in capacity to deliver contracts outlined above. Chart 4 illustrates the changes in the 24-month count from pre-covid to November 2023 with a shortfall of 76,004 individuals remaining.

**Chart 4**



## Orthodontics

Orthodontic treatment (usually with braces) is most often used to improve the appearance and alignment of crooked, protruding or crowded teeth, and to correct problems with the bite of the teeth.

The benefits of orthodontics can include:

- correction of dental crowding and straightening of teeth
- correction of bite so the front and back teeth meet evenly
- reducing the chance of damage to prominent teeth
- help in the treatment of other health problems, such as a cleft lip and palate.

Treatment will not begin unless the patient has a good standard of oral hygiene, as orthodontic treatment can increase the risk of tooth decay and gum problems.

The length of treatment will depend on how complicated the problem is, but it's usually between 6 and 30 months.

NHS orthodontic treatment is free for people under the age of 18 with a clear health need for treatment, but because of high demand, there can be a long waiting list. Patients are seen on referral from their regular NHS dentist. A rating system called the Index of Orthodontic Treatment Need (IOTN) is used to assess eligibility for NHS treatment.

NHS treatment is available for grade 4 and grade 5 cases. Grade 3 cases are usually judged on an individual basis. NHS treatment may also be available if the appearance of the teeth, jaw or face is of concern.

Orthodontic treatment is not usually available on the NHS for adults.

## **Orthodontic Activity**

Orthodontic activity is also measured in units of activity (units of orthodontic activity – UOA) in a similar way to the mainstream dental activity.

There are 22 contracts providing orthodontic services in SSOT. Some of these specialise in orthodontics only whilst others provide the service alongside general dental services.

It is not so straightforward to report activity due to a significant amount of extra activity awarded via the NHS England regional teams investment initiatives at the end of last year (2022/23) with the option to deliver most of it in this financial year (2023/24). The majority of orthodontic activity is earned by undertaking new case starts and this funding was awarded specifically to address lengthy waiting lists in some practices. A further 1,070 case starts above normal contract levels was commissioned.

The overall extra activity increased the total commissioned activity by just over 40%.

In delivery terms the activity without taking this extra into account would be 91.6% to November 2023 but taking that extra carried forward target into account is was overall 56.8%. Any contracts that appeared to be falling behind at the mid-year point are being asked to provide assurance that they will deliver the full contract target including the extra activity by March 2024.

## **National Initiatives**

The 2022 contract changes previously reported were implemented with the exception of the unilateral rebase for under-delivery as referred to above.

Initial data shows a variable uptake of the use of flexibility about which dental professionals can provide treatment with 2.35% of activity completed in SSOT being recorded as supported by other dental care professionals (similar to national position). Further clarity and better reporting of this activity is being developed nationally.

Transfer of funding on a non-recurrent basis from those not delivering their target so that the unused capacity could be transferred to other dental practices was unable to proceed due to other pressures on ICB finances.

Following the Health and Social Care Committee Report published 14 July 2023 the Government response 13 December 2023 accepted or partially accepted many of the recommendations. The Response indicates that a 'Dentistry Recovery Plan' is to be issued shortly.

## **Local Actions and Initiatives**

As part of SSOT ICB's commitment to improve access, we are supporting a range of initiatives to improve dental access along with other West Midlands ICBs. 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. Four contracts in SSOT are participating. This supports managing patients closer to home and relieves pressure on the CDS service, 111 and A&E.
- Redistribution of recurrently 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 Dental Services Health Equity Audit

- Extended repayment plans implementation for 2023/24 year end to support contractors in financial difficulty and prevent further contract hand backs which impacts on access.
- Development of a Dental Strategy for the West Midlands ICBs including SSOT area.

<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee – Monday 29 January 2024**

### **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**

The Health, Wellbeing and The Community Scrutiny Committee met on 5 December 2023

Date next meeting: 18 March 2024.

### **East Staffordshire Borough Council**

The Scrutiny Health and Well Being Committee met on 12<sup>th</sup> September 2023.

Date next meeting: 19 March 2024.

### **Lichfield District Council**

Lichfield District Council's Overview and Scrutiny Committee met on 19 December 2023.

Date of next meeting: 30 January 2024.

### **Newcastle-under-Lyme Borough Council**

Newcastle Borough Council's Health, Wellbeing and Environment Scrutiny Committee met on the 27 November 2023.

The Committee received reports and considered the following matters:

- Walley's Quarry – update on Odour Issues
- Newcastle Town Centre – Newcastle Community Safety Partnership
- Environment Strategy and Road Map to Net Zero

As regards future issues the Committee agreed to add the following matters to its Work Programme:

- NHS Dentistry Provision



- Childhood Obesity and Leisure Centre Activities
- Maintenance of play facilities

## **South Staffordshire District Council**

South Staffordshire Councils Wellbeing Select Committee last met on 5<sup>th</sup> December 2023. The following matters were considered.

### **Health Inequalities Funding**

A presentation was delivered by the Corporate Director Place & Communities and the Assistant Director Community Services (South Staffordshire Council) on Health Inequalities Funding and how this could be utilised to challenges within South Staffordshire.

District/Boroughs Councils within Staffordshire, via the Health Inequalities Directors' Group (HIDG), have been given access to funding to tackle health inequalities. The funding is via remaining Covid Outbreak Management Funding (COMF), held by Staffordshire County Council (SCC) and will be split across three approved funding streams.

- Health Care & Hardship
- Strengthening Existing Health and Wellbeing Programmes
- Housing & Health Hot Spot Areas

Should South Staffordshire Councils application be successful the funding will be open access to council teams, the voluntary and community sector and local businesses, who can apply to deliver programmes that meet the required criteria and help to reduce health inequalities within the district.

### **Healthwatch Staffordshire**

Healthwatch Staffordshire carried out a presentation updating on their work across South Staffordshire focussing on the recent round of deep dives and the key priorities for Healthwatch during 2024/25.

### **Work Programme**

The Assistant Director Community Services gave an overview of the committees work programme for the remainder of 23/24 and requested Members come forward with any additional local Health and Wellbeing issues that can be referred to the committee.

### **Date of next meeting Tuesday 13 February 2024**

- Health Inequalities funding update

- Falls Prevention
- CQC

## **Stafford Borough Council**

Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 16 January 2024. Councillor Edgeller presented the County Digest update. We had a presentation from Homes Plus which generated a question and answer session. Homes Plus own 80% of the social housing stock in the Borough and are a key partner who has a direct impact on the health and wellbeing of the Borough's residents.

The next meeting will be 31 March 2024 and will include:

- Health and Care Overview and Scrutiny Committee update
- Performance Update for Q3
- Presentation - Disabled Facilities Grants
- Presentation - Recycling
- Presentation - Community Wellbeing Partnership

## **Staffordshire Moorlands District Council**

The Council's Health and Wellbeing Committee met on 6 December 2023.

Members received a presentation on Better Health Staffordshire and the Chair provided an update on the meeting of the Health & Care O&S Committee 13 Nov 2023, in terms of the performance of the West Midlands Ambulance Service.

The following items were suggested by members as future items for the work programme:

- Support and funding for locally based voluntary groups
- Further work on Dementia and request Approach Dementia Support to make a presentation to the Panel.

The Committee is next due to meet on 13 March 2024.

## **Tamworth Borough Council**

The Health and Wellbeing Scrutiny Committee met on 28 November 2023

Date next meeting: 23 January 2024.

### 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:

<b>Council</b>	<b>District/ Borough Representative on CC</b>	<b>County Council Representative on DC/BC</b>
<b>Cannock Chase</b>	Cllr David Williams	Cllr Phil Hewitt
<b>East Staffordshire</b>	Cllr Monica Holton	Cllr Philip Atkins
<b>Lichfield</b>	Cllr Leona Leung	Cllr Janice Sylvester-Hall
<b>Newcastle</b>	Cllr Ian Wilkes	Cllr Ian Wilkes
<b>South Staffordshire</b>	Cllr Val Chapman	Cllr Kath Perry
<b>Stafford BC</b>	Cllr Ann Edgeller	Cllr Ann Edgeller
<b>Staffordshire Moorlands</b>	Cllr John Jones	Cllr Keith Flunder
<b>Tamworth</b>	Cllr Chris Bain	Cllr Thomas Jay

### Contact Details

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Zach Simister

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Scrutiny and Support Officer

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**E-Mail Address:**

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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**

<b>Health and Care Overview and Scrutiny Work Programme</b>				
<b>Date</b>	<b>Topic</b>	<b>Background/ Basis</b>	<b>Actions/ Outcomes</b>	
<b>Monday 12 June 2023 at 10.00 am</b> Completed	<ul style="list-style-type: none"> <li>• Primary Care Dental Overview</li> <li>• Primary Care Access</li> <li>• Primary Care Estate</li> <li>• Work Programme 2023-24</li> </ul>	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"> <li>a. Janice Silvester-Hall</li> <li>b. Ann Edgeller</li> <li>c. Monica Holton</li> <li>d. Jill Hood</li> <li>e. Val Chapman</li> </ul>	✓
			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"> <li>a. Richard Cox</li> <li>b. John Jones (SMDC)</li> <li>c. Barbara Hughes (SMDC)</li> <li>d. Lyn Swindlehurst (SMDC)</li> <li>e. Linda Malyon (SMDC)</li> <li>f. Dave Jones (NULBC)</li> <li>g. Ian Wilkes (NULBC)</li> <li>h. Rupert Adcock (NULBC)</li> <li>i. Gill Heesom (NULBC)</li> </ul>	✓
<b>Thursday 6 July 2023 at 4:30pm</b> <b>Health and Care Training Session</b>	<ul style="list-style-type: none"> <li>• Health and Care training delivered by Centre for Governance and Scrutiny</li> </ul>		7. Centre for Governance and Scrutiny provided a training session for Health and Care O&S on upcoming changes in legislation.	✓

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

<b>Monday 13 November 2023 at 14.00</b> Scheduled	<ul style="list-style-type: none"> <li>West Midlands Ambulance Service</li> </ul>		16. The SSOT Police, Fire and Crime 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.	
<b>Monday 20 November 2023 at 12:30</b> Scheduled	<ul style="list-style-type: none"> <li>Health impacts of Walleys Quarry</li> </ul>		19. The Committee write to the Health and Safety Executive to highlight health and safety concerns of staff working at Walleys Quarry	✓
			20. The Committee receive a response to questions to the Environment Agency.	✓
<b>Monday 27 November 2023 at 10.00</b> Scheduled	<ul style="list-style-type: none"> <li>Maternity Services</li> <li>ICB 2<sup>nd</sup> Quarter Performance Report</li> </ul>	Review impact on investment on social prescribing	21. The Committee receive a briefing note detailing the actions to address the CAHMS waiting list.	
<b>Monday 29 January 2024 at 10.00</b> Scheduled	<ul style="list-style-type: none"> <li>Access to General Practice</li> <li>Social Prescribing</li> <li>Primary Care Dental Overview</li> </ul>			
<b>Site visit to MPFT &amp; NSCHT 6 March 2024</b>	<ul style="list-style-type: none"> <li>NSCHT 10:00 – 12:30</li> <li>MPFT 13:00 - 1600</li> </ul>	Site visit to view community-based services		
<b>Monday 18 March 2024 at 10.00</b> Scheduled	<ul style="list-style-type: none"> <li>Carers Strategy</li> <li>Adult Social Care Assurance Working Group Report</li> <li>Mental Health in Schools</li> </ul>	Pre-decision to Cabinet 20 March 2024		



	update. <ul style="list-style-type: none"> <li>Community Mental Health (Following from Site visits to MPFT and NSCHT)</li> </ul>			
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**Further and Health and Care Overview and Scrutiny work**

<b>Working Groups</b>	<ul style="list-style-type: none"> <li>Integrated Care Hubs</li> <li>Women’s Health</li> <li>Adult Social Care Assurance</li> </ul>
<b>Briefings received outside of Committee</b>	<ul style="list-style-type: none"> <li>Quality Accounts NHS Trusts</li> <li>Care market</li> <li>Healthwatch Annual Report 2022/23</li> <li>Older People Adult Social Care Commissioning Strategy 2024-2029</li> <li>Joint Strategic Needs Assessment Update</li> </ul>
<b>Items for future scrutiny</b> Page 113	<ul style="list-style-type: none"> <li>Impact of air pollution on health</li> <li>Impact of Long COVID</li> <li>Obesity and Diabetes</li> <li>End of Life – compassionate communities</li> <li>Innovation / technology</li> <li>Healthwatch Annual Report 2023/24</li> <li>Public Health Annual Report</li> <li>Public Health Dashboard</li> <li>Developing Healthier Communities updates</li> <li>Scrutiny of Acute providers following from Quality Accounts (UHNM, RWT &amp; UHDB)</li> <li>Freedom to speak up annual update</li> <li>Maternity services and update on Freestanding Midwife-led birthing units (requested by Committee 27/11/23)</li> </ul>

**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)