

Healthy Staffordshire Select Committee

Monday, 4 February 2019

10.00 am

Oak Room, County Buildings, Stafford

NB. Members are requested to ensure that their Laptops/Tablets are fully charged before the meeting

John Tradewell
Director of Corporate Services
25 January 2019

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 3 December 2018** (Pages 1 - 6)
4. **Discharge to Assess** (Pages 7 - 18)

Joint Report of the Director of Health and Care and the Accountable Officer, Staffordshire and Stoke on Trent CCG's.
5. **University Hospitals of Derby and Burton - update** (Pages 19 - 22)

Report of the Executive Chief Nurse and Director of Governance and Communications
6. **District and Borough Health Scrutiny Activity** (Pages 23 - 24)

Report of the Scrutiny and Support Manager
7. **Healthy Staffordshire Select Committee Work Programme 2018/19** (Pages 25 - 34)

Report of the Scrutiny and Support Manager
8. **Exclusion of the Public**

The Chairman to move:-

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

Membership

Charlotte Atkins	Johnny McMahon (Chairman)
Deb Baker	Paul Northcott (Vice-Chairman)
Jessica Cooper	Jeremy Oates
Janet England	Kath Perry
Ann Edgeller	Jeremy Pert
Richard Ford	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Ross Ward
Alan Johnson	Ian Wilkes
Janet Johnson	Victoria Wilson
Dave Jones	

Note for Members of the Press and Public

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Scrutiny and Support Manager: Nick Pountney Tel: (01785) 276153

**Minutes of the Healthy Staffordshire Select Committee Meeting held on 3
December 2018**

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Alastair Little
Deb Baker	Paul Northcott (Vice-Chairman)
Jessica Cooper	Jeremy Pert
Janet England	Bernard Peters
Ann Edgeller	Carolyn Trowbridge
Phil Hewitt	Ross Ward
Alan Johnson	Victoria Wilson
Mick Oates (Substitute for Richard Ford)	

Apologies: Richard Ford, Janet Johnson, Dave Jones and Kath Perry

PART ONE

48. Declarations of Interest

There were no declarations of interest made at the meeting.

49. Minutes of the last meeting held on 29 October 2018

A Member asked if any information had been received which the Committee had requested at the previous Committee. The Scrutiny and Support Manager agreed to chase the information and forward it onto the Committee as soon as possible.

RESOLVED: That the minutes of the meeting held on 29 October 2018 be received as a correct record and signed by the Chairman.

50. Adult Learning Disability Community Offer 2022 – Day Opportunities for Adults with a Learning Disability and/or Autism

Councillor Alan White, Cabinet Member for Health Care and Wellbeing, Richard Harling, Director of Health and Care, and Amy Evans, Commissioning Manager, Learning Disability Commissioning Team attended the Committee to present the report and gave a short presentation.

The Committee was asked to consider the future of Day Opportunities for Adults with a Learning Disability (ALD) and/or Autism in advance of recommendations to Cabinet. The report and presentation specifically focused on the provision of Day Opportunities

including Complex Needs Services provided by the Council; Day Opportunities provided by the independent sector; and, services provided by Personal Assistants.

The purpose of the ALD Community Offer was described as “To establish the assessed eligible needs and desired outcomes of the Adult and Learning Disability cohort and ensure that there are appropriate and sustainable services across the county to meet the identified needs: supporting citizens to maximise their independence, in accordance with Staffordshire County Councils (SCC) new Whole Life Disability Strategy (WLDS)”. It was reported that the WLDS tries to address the financial challenge of the ageing population, rising costs and a budget that is falling in real terms.

There were currently 1,800 service users; six complex needs centres; and 55 independent providers. It was hoped that the outcomes of the programme would empower citizens and their carers; move from a community presence to genuine community inclusion; maintain or increase quality of support provided; establish clear contracting arrangements; address the differentials in prices paid; ensure the offer is equitable transparent and proportionate to need; and contribute to budget savings.

A Member asked if services would be changing or relocating as in some areas service users travelled considerable distances to access services for short periods of time. The Member also questioned the quality of some of the services which were commissioned through direct payments and were not monitored for quality or value for money. In response, the Director said there were no plans at the moment, but he was not sure that all services were sustainable in the long term. A payment formula would need to be developed to provide fair funding to people based on their needs and taking into account their geographical location and the need for to travel. The Member also questioned how information on providers was exchanged as it seemed to depend on the local area and if you know the right people.

A Member questioned how different disabilities could be categorised in an assessment. In response, the Committee was informed that the person centred approach attempted to address these issues with services for those with complex needs being very different to those with moderate needs. This raised the question of whether this should be reflected in the funding allocated to people.

A Member asked if it was worth looking at the 55 Social Service providers who cared for 400 individuals and if we would reduce this number by using an in-house trading company such as Nexxus. In response the Cabinet Member agreed to look at this suggestion.

A Member felt that the systems need to be right from childhood through into adulthood and into employment. Another Member asked if we were trying to meet a persons needs or their aspirations. In response, the Director confirmed that the Council’s duty was to meet assessed eligible needs and that we would try to do this in a way that met their aspirations, within the resources we have available.

It was suggested by a Member that the Council could reduce the number of providers. It was acknowledged that this did bring into question the potential of having to change provider and some service users will have established relationships with their service provider/carer.

Members suggested that there was a need for a whole life plan that considered transport needs, carers, aspirations, language need etc, but was also flexible. The number of individuals working who were also in receipt of care was requested.

RESOLVED: The Committee made the following main points which should feed into the consultation prior to Cabinet in January 2019:

- There was concern that people in some geographical areas had to travel great distance to access services. It was suggested that consideration is given to including geographical location in the assessment with extra payments for people in those areas with the need to travel longer distances to access services.
- Direct Payments encouraged people to access their own provision from the private sector and should be supported.
- The Independent Sector were often not monitored for quality, this was a concern and needs to be addressed.
- The possibility of providing guidance to service users about providers was discussed and should be explored.
- It was felt that the need to consult and deal with issues in public, to ensure transparent decision making was important.
- The number of individuals who are working and also in receipt of care was requested.

51. Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Childrens and Maternity Care

Helen Riley, Senior Responsible Officer (SRO) and Tilly Flanagan, Head of Child Health and Wellbeing attended the Committee to present the report and give a short presentation.

Across Staffordshire and Stoke on Trent, the Children's Joint Strategic Needs Assessment (JSNA) provided an understanding of the needs of children and young people. As a result of the JSNA, the STP had recognised that improving outcomes for Children and Young People was a priority. Following consultation, it was identified that the following areas were priority themes:

- Maternal and infant health
- Childhood obesity
- Emotional wellbeing
- Children and disabilities
- Hospital activity
- Children's social services

The Committee was informed that the childrens work stream had only recently been added to the STP programme and so they were at the beginning of the review process and issues were still emerging as work progressed. However, initial discussion had identified the following themes: Transition from child to adult services; Designing pathways for people not services; Treat cause not symptoms; Mental Health; Access to information; The voice of the child; Early years with a focus on parenting.

A Member asked if children who were carers were included in the review. In response, officers confirmed that these children should be known and should have Children in Need plans, but this was an important area and it was agreed that this would be included in the review.

A Member asked if all the previous work and research that had been carried out had fed into the review as it would be a waste to not take it into account and lose previous knowledge. It was confirmed that this had been included but things had moved on and all partners need to concentrate on the same areas with the approach being early help which reduces the need for more support later.

A Member asked if the results of the trail blazer bid had been received yet. The SRO responded that we were still awaiting more information but if it was successful it could mean an additional £3m to £4m for the service area although it was prescriptive and could only be used for specific roles.

A question was asked on information sharing and if all partners were sharing and passing on information. In response, the Committee was informed that this was an area which needed to be progressed.

A Member asked about the cost of out of county placements, if there should be mental health first aiders in schools and if this support was available through transition from primary to secondary school. In response, the cost could range from £3,000 to £4,000 per week for out of county placements and special school in reach support was part of the place based approach. The Committee was also informed that there had been a large increase in the number of children with moderate special needs accessing special schools which was one of the highest in the Country. Officers felt that this was as a result of mainstream schools not being able to support special needs. Work was underway to work with special schools to see if they could go into mainstream schools and offer specialist support which would then release specialist place in special schools.

A Member was concerned that this was the last workstream to join the STP and yet was a priority. There was concern that the plans would not be developed enough or would be ones based on historical information or that partners would not be signed up to delivering them. There was also concern that schools all provide their own Personal, Social, Health and Education (PSHE) programmes which the STP didn't feed into. In response, the SRO confirmed that there was concern that it had taken two years to recognise the Children and Young People workstream. However, the STP programme was new but this hadn't stopped work taking place across existing partnerships in the county and the city and this now needed to be pulled together and linked to the other workstreams. With regard to the schools PSHE, the Council had no statutory power to tell a school what support they had to offer or how to deliver their programme. A programme was being developed which would provide information on best practice and recommendations for schools. This approach was based on consultation undertaken with schools. This consultation confirmed that schools recognised that PSHE was their responsibility.

The JSNA ward and Division profiles could be forwarded to all members for information. This information was updated regularly.

A Member suggested that the workstream had be linked to other STP streams such as prevention and work had to take place with parents pre birth in order to achieve the best outcomes.

RESOLVED:

- a) The Committee made the following recommendations to the STP:
 - Young Carers to be considered in the review
 - Early help and prevention are key in most areas but particularly in self harm and mental health
 - Information on the trail blazer bid was requested (if successful this could generate between £3m or £4m)
 - Information needs to be shared between the partners.
 - Ward and District profiles should be sent to all Councillors for information.
 - Partners developing a local PSHE programme which will be informed by schools
 - The County wide STP consultation was due to start soon. It was felt that as the Children's workstream had been late in joining the programme, it may be beneficial to have a separate consultation just on Children's services, thus giving the service more time to develop proposals and get the service right.
- b) That a progress report detailing the priority areas come back to this Committee in April 2019.

52. District and Borough Health Scrutiny Activity

The Scrutiny and Support Manager presented the report which outlined the activity of the Borough and District Councils since the last meeting.

The Cannock Chase District Council representative reported that they had meet in November and looked at obesity

The East Staffordshire's Borough Council representative reported that they had meet in November for a special meeting to look at the termination of the Virgin Care contract for End of Life care. Their next meeting was due to be held on 19 December.

The Lichfield District Council representative reported that they had met in November and looked at Community Hospitals in the area and the use of facilities.

There was a short discussion on the availability of Boroughs and Districts to send substitutes if they are not able to attend.

RESOLVED: That the report be noted

53. Healthy Staffordshire Select Committee Work Programme 2018/19

The Scrutiny and Support Manager presented the Committee Work Programme report. The following items of business were suggested for inclusion in the work programme.

1. At the last meeting the Committee considered the CAMHs Strategy and the Chair requested that the Committee ask for a six months update including the delivery plan and results of the trailblazer bid come back to this Committee.
2. Following the appointment of the new Chief Executive, The University Hospital North Midlands could be invited to discuss their financial position and any service changes.
3. Healthwatch Staffordshire Commissioning contract.
4. Discharge to Assess – South of the county and the relationship with providers.
5. Allied Health Care contract and the fragility of the market and the role of Nexxus.
6. Breast screening services in the South of the County.
7. Cancer and the End of Life Services and what is happening to services now.

The effect of Brexit on healthcare professionals was discussed. It was felt that at this stage, this item could be considered under the workforce workstream.

RESOLVED: That the report be noted and items as listed above be added to the Work Programme.

Chairman

Local Members' Interest
N/A

Healthy Staffordshire Select Committee - Monday 04 February 2019

Discharge to Assess

Recommendation

- a. The Healthy Staffordshire Select Committee is asked to consider progress with roll out of the Discharge to Assess model of care.

Report of Director of Health and Care and the Accountable Officer, Staffordshire CCGs

Report

Background

1. The Staffordshire and Stoke-on-Trent health and care system is committed to rolling out the discharge to assess model of care in order to facilitate timely discharges from acute hospitals. Under this model here people need further reablement and support following hospital discharge they are transferred to an appropriate setting for a period of interim care – typically for up to 6 weeks. Any assessment for long term care, either Continuing Health Care or adult social care, is then carried out during this interim period.
2. The discharge to assess model of care requires the following services and functions:
 - a. A **'Track and Triage'** service to accept complex referrals from the wards, determine whether they need ongoing reablement and support, determine the most appropriate setting [home or bed], and make the necessary arrangements to put interim care in place.
 - b. **Home First** services to provide reablement and support at home. These include intermediate care, palliative care, night sitting and reablement.
 - c. **Community beds** for people who are unable to return home for interim care. These require a **Trusted Assessor** function to enable timely transfers, as well as **GP and rehabilitation cover** to ensure active therapy and avoid deconditioning.
 - d. **Active management** of Home First services and community beds to ensure that people move on.
3. We expect that 80% of discharges from acute hospitals should be 'simple and timely' – i.e. that they do not require further support from services. Of those who do receive a service after discharge we expect that at least 70% should receive reablement and support at home with fewer than 30% requiring a community bed. Staffordshire and Stoke-on-Trent have historically been over reliant on community beds rather than managing people at home – and this can be at the expense of people's long-term independence. This issue was highlighted again in the recent Care Quality Commission Local System Review.

Progress and issues

4. Progress with roll out of discharge to assess is further advanced in the North than the South of the county and 'levelling up' is one of the priorities for 2019/20. Demand and supply of services has been modelled and is shown in Appendices 1 and 2. There are ongoing issues with a deficit of Home First services, both in terms of insufficient commissioned capacity and under provision against commissioned capacity due to difficulties in recruitment.
5. The major ongoing actions required are:
 - a. Further development of Track and Triage services in the south.
 - b. Commissioning of additional Home First capacity for the south. This may require use of alternative providers.
 - c. Recruitment of staff and improvements in efficiency by MPFT Home First services to bring actual capacity up to commissioned levels.
 - d. Rationalisation of community beds as well as development of the Trusted Assessor function and GP and rehabilitation cover in some areas.
 - e. Ensuring flow through Home First services and community beds through continuous active management.

North

6. The rollout of discharge to assess to support Royal Stoke has significantly improved the timeliness of hospital discharges over the last 12 months, with delayed transfers of care [DToC] falling from almost 1200 days per month to less than 600 days per month during 2018 – Appendix 3.
7. Crucial to this has been:
 - a. Development of a Track and Triage service.
 - b. CCGs have commissioned an additional 4200 hours per week of reablement Home First services. This has enabled many more people to be discharged to their own homes for reablement and support, rather than relying on community beds.
8. Ongoing specific actions include:
 - a. Consideration of community bed requirements as part of the community hospital consultation, along with provision of a Trusted Assessor function.

East and South East

9. Discharge to assess to support Queen's and Good Hope hospitals remains under development and there are ongoing issues with DToC, although the position is improved – Appendix 3.
10. Improvements to date include:
 - a. SCC has commissioned an additional 615 hours per week of reablement Home First services for Queen's and up to 684 'home from hospital' Home First services for Good Hope.

- b. Agreement of funding and development of Standard Operating Procedures for transfer of people from Queen's and Good Hope into the community beds at Robert Peel and Samuel Johnson hospitals.

11. Ongoing specific actions include:

- a. To develop a Track and Triage service: the function is currently carried out between acute ward and MPFT community staff.
- b. To ensure ongoing funding for those additional Home First services already commissioned and then to commission a further increase in capacity.
- c. Completion of Standard Operating Procedures for transfer of people from Queen's and Good Hope into the community beds at Robert Peel and Samuel Johnson hospitals, and then for management of these beds.

South West

12. Discharge to assess to support County Hospital is close to maturity, and to support Walsall Manor, New Cross and Russell's Hall hospitals remains under development.

13. Improvements to date include:

- a. SCC has commissioned an additional 732 hours per week of reablement Home First services for County and New Cross hospitals using non-recurrent funding from the BCF.
- b. Mobilisation of a Track and Triage service to manage community beds in care homes.

14. Ongoing specific actions include:

- a. To ensure ongoing funding for those additional Home First services already commissioned and then to commission a further increase in capacity.
- b. Completion of Standard Operating Procedures for transfer of people from these hospitals into community beds in care homes, and then for management of these beds.
- c. Consolidation of community beds in care homes into 5 block-booked from 6-7 homes with provision of a Trusted Assessor function as well as GP and rehabilitation cover.

Contact Officer

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List of Appendices:

- Appendix 1** – Home First Demand and Supply
- Appendix 2** – Community Bed Demand and Supply
- Appendix 3** – Delayed Transfers of Care

Appendix 1: Home First Demand and Supply

		Royal Stoke	County Hospital; Walsall Manor; New Cross; Russell's Hall	Queen's; Good Hope
Track and triage function	Current	MPFT for home and bed	At CH: MPFT for home; urgent care team for bed At OOC sites: none	None
	Proposed	MPFT for home and bed	MPFT for home; CHS for bed	UHDB discharge team plus MPFT: needs to be established
Discharges per week		148 [includes step up]	58	51
Capacity required [hours per week]		5749 [includes step up]	2448	2028
Capacity commissioned and provided [hours per week]	Current	6934 commissioned [includes step up]	1674 commissioned of which 732 non- recurrent c1300 provided	1775 commissioned of which 615 non- recurrent c1000 provided
	Proposed*	5964	2413	2141
Management of Home First services	Current	Providers	Providers	Providers
	Proposed	Providers	Providers	Providers

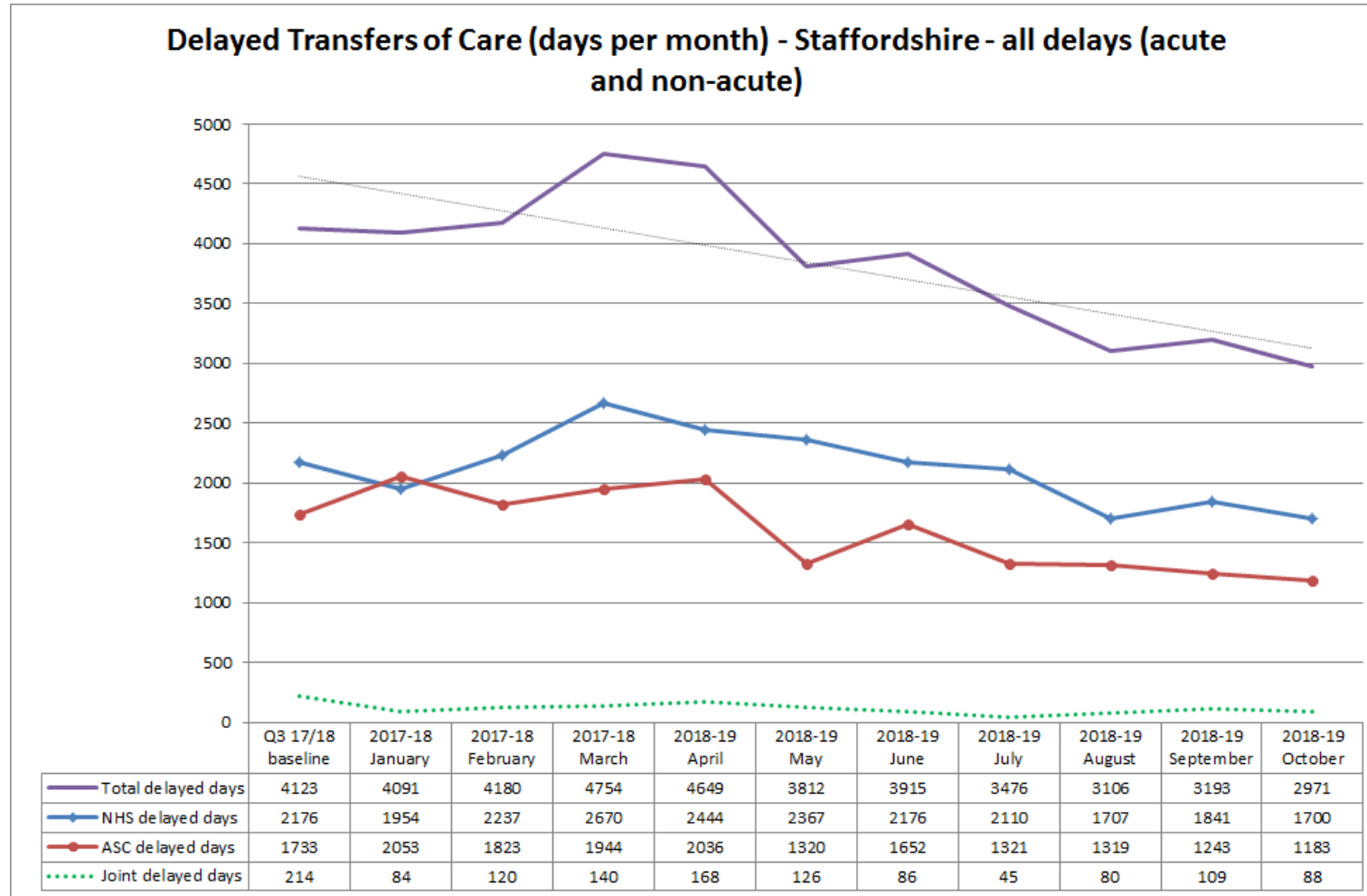
* capacity may be used flexibly across different areas

Appendix 2: Community Bed Demand and Supply

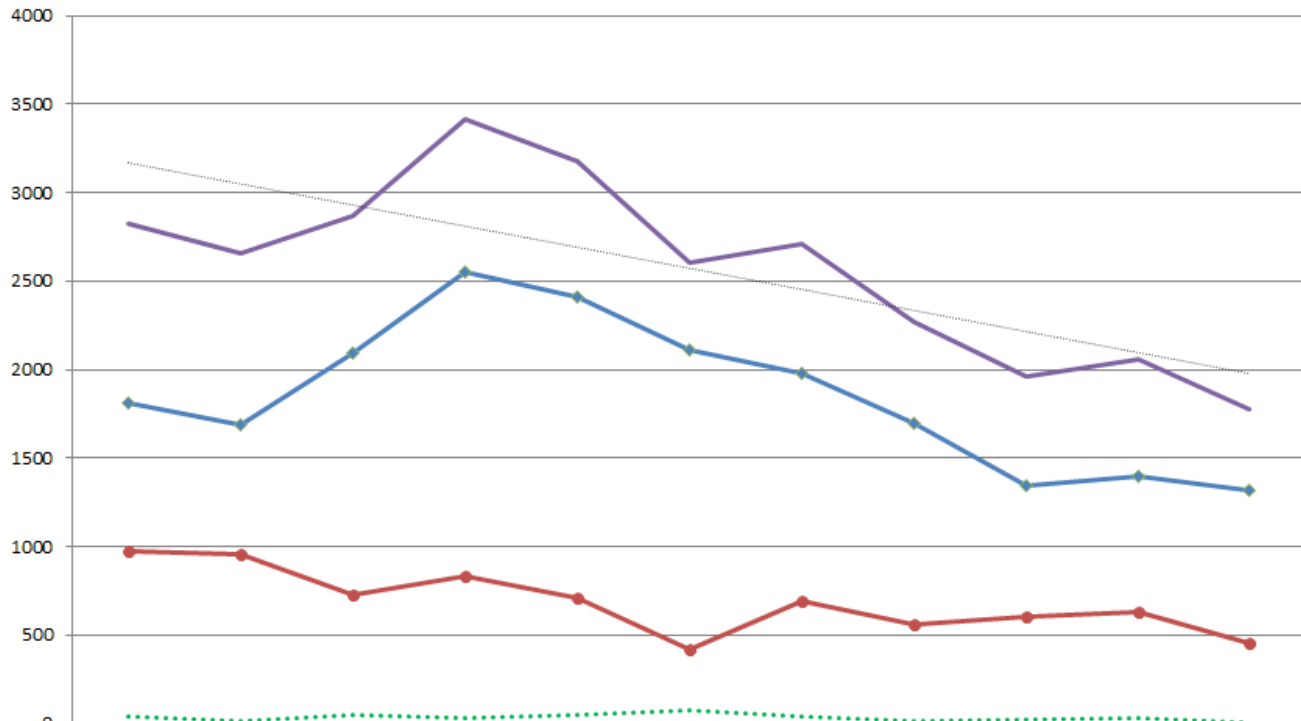
		Royal Stoke	County Hospital; Walsall Manor; New Cross; Russell's Hall	Queen's; Good Hope
Track and triage function	Current	MPFT for home and bed	At CH: MPFT for home; urgent care team for bed At OOC sites: none	Acute ward and MPFT community staff
	Proposed	MPFT for home and bed	MPFT for home; CHS for bed	UHDB discharge team plus MPFT: needs to be established
Discharges per week		34 [includes step up]	CH: 12; OOC 6; total 18	Queens: 13; GH 7; total 20
Number of beds required		132	59	66
Beds commissioned	Current	194 77 at Haywood hospital Rest at ward 4 and in 8 care homes	89 in 13 care homes Length of stay long with a backlog of assessments and people waiting transfer to long term care	72 at Samuel Johnson and Robert Peel 8 at Barton Note that SJ and RP beds are being used for winter surge currently so not all this capacity is available
	Proposed	132 77 at Haywood hospital Remainder subject to outcome of community hospital consultation	52 block booked in 6- 7 care homes	72 at Samuel Johnson and Robert Peel 8 at Barton
Trusted assessor	Current	Dedicated team recently discontinued.	None	None
	Proposed	Needs to be negotiated from MPFT as part of T&T	CHS	UHDB discharge team plus MPFT: needs to be established
GP and rehabilitation cover	Current	In place	None	In place
	Proposed	Continue	Needs to be established	Continue
Management of beds	Current	MPFT	Urgent care team	None
	Proposed	MPFT	CHS	UHDB discharge team plus MPFT: needs to be established

Appendix 3: Delayed Transfers of Care

Prior to July 2018, an incorrect counting methodology was being used at UHNM and SSOTP, leading to under-reporting of the number of delayed days. This has now been rectified. The January to June figures shown below have been adjusted where relevant to reflect our best estimate of the actual delayed days that would have been reported had the correct methodology been in place at the time.



Delayed Transfers of Care (days per month) - Staffordshire - acute only



	Q3 17/18 baseline	2017-18 January	2017-18 February	2017-18 March	2018-19 April	2018-19 May	2018-19 June	2018-19 July	2018-19 August	2018-19 September	2018-19 October
Total delayed days	2827	2660	2870	3417	3174	2603	2714	2266	1965	2054	1779
NHS delayed days	1808	1684	2093	2555	2414	2111	1981	1696	1340	1398	1319
ASC delayed days	976	958	732	830	710	417	696	556	600	628	452
Joint delayed days	43	18	45	32	50	75	37	14	25	28	8

Local Members' Interest

Healthy Staffordshire Select Committee – 4 February 2019

Update on University Hospitals of Derby and Burton

Recommendation/s

1. To note the continued commitment and progress being made towards integrating services to benefit patients.

Report of Cathy Winfield, Executive Chief Nurse and Tosca Fairchild, Director of Governance and Communications

Summary

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

To ensure the committee remains fully briefed and involved in the ongoing development of University Hospitals of Derby and Burton.

Report

Background

The Healthy Staffordshire Select Committee has previously received updates on the collaboration between Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. This paper provides an update from the new Trust, University Hospitals of Derby and Burton.

On 1 July the Trust was formed bringing together the expertise of 12,500 staff across five sites. As a merged Trust, UHDB has 52 operating theatres, 1614 inpatient beds and on average, 1000 patients are seen with in the emergency departments every day.

Our merger principles were to:

- Sustain clinical services at Queen's Hospital Burton
- Develop tertiary (specialist) services at Royal Derby Hospital
- Make the best use of community hospitals in Lichfield, Tamworth and Derby

By working with our clinical teams, we identified six priority areas where bringing our people, skills and best practice together would benefit patients. Below is an update on each clinical deep dive:

Cardiology

Diagnostic work from the Royal Derby Hospital is being transferred to Queen's Hospital to reduce wait times for patients.

Patients from Burton requiring Percutaneous Coronary Intervention will be repatriated from University Hospitals of Leicester (UHL) and University Hospitals of North Midlands (UHNM) to UHDB. This will ensure patients are being treated closer to home.

We are recruiting additional cardiologists to work across both main sites.

Trauma and Orthopaedic

We are introducing an acute knee clinic at Queen's Hospital Burton. Patients will be referred directly into the clinic which will provide access to specialist care quicker. The initial plan will include outpatient clinics and operating sessions.

We are exploring the use of the Treatment Centre at Burton to support demand on day case surgery at Royal Derby.

We've introduced spinal clinics at community hospitals.

Stroke

The stroke business case has been shared with commissioners in East Staffordshire to articulate the next steps in progressing towards public consultation.

During the hyper acute phase of stroke, patients will to be seen at Royal Derby for their initial treatment and then repatriated closer to home.

General medical consultants now have access to a Specialist Stoke Registrar out of hours.

Renal

We will be using UHDB consultants to manage dialysis patients at Lichfield. This service is currently outsourced to University Hospital Birmingham.

Urology (Cancer)

Derby Consultants have been undertaking outpatient sessions in Burton to provide specialist cancer input.

Burton prostate patients are no longer referred to Birmingham; this has ceased, and all patients are now referred to Derby.

Cancer pathways being modelled with Radiology and Pathology input to ensure best practice is available on all sites – including standardisation of biopsy / MR order.

Radiology

A recent recruitment exercise in India has potentially secured 10 Radiologists to work across the sites – this is instrumental in stabilising the Burton service.

Merger of Radiology Information System (RIS) and Picture Archiving and Communications System (PACS) due to go live in February on an improved platform – this is a key enabler to many patient benefits. A unified system will enable clinicians to see images and reports regardless of site; improving efficiency and safety.

To complement the above patient benefits we have bought together support teams including Finance, Human Resources and Patient Experience. Our aim is still to streamline our services, reduce obvious duplication and create a world-class suite of support services for our outstanding clinical teams.

Next areas for integration

We have identified a further six clinical deep dive areas and lead clinicians are working together to explore opportunities for integration in Ophthalmology, Dermatology, Gynaecology, Vascular Surgery, Critical Care and Head and Neck.

We've made several key achievements during the first six months as UHDB. The Big Conversation was launched, using online technology to engage our 12,500 staff in shaping our vision and purpose. Our Trust board have approved a maternity business case which will see additional investment, and therefore more midwives, maternity support workers, obstetricians and sonographers recruited over the next three years. We've also increased our capacity over winter by building two additional 28 bed modular wards, one at Burton and one at Derby. We have been allocated £21.88m to build a healthcare village on the Outwoods site at Queen's Hospital. The community space will have a nursery, GP surgery and residential accommodation.

Cancer performance

Please note, we are only able to provide a combined figure for University Hospitals of Derby and Burton.

The combined Trust closed the quarter compliant against 8 of the 9 national standards. The 62-day cancer referral standard remains challenging.

A Remedial Action Plan is in the process of being agreed with the CCG and the trajectory to achieve compliance is being reviewed.

Cancer performance data can be found in our Trust Board papers, available here: <https://www.uhdb.nhs.uk/wp-content/uploads/2019/01/Agenda-Papers-Public-Trust-Board-15-January-2019-2.pdf>

UHDB performance against 62-day cancer referral target

In October, the national average for 62-day cancer referral target was 78.36%.

UHDB	July	Aug	Sep	Oct
2018/19	78.6%	81%	80.8%	76.4%

Link to Other Overview and Scrutiny Activity

Together We're Better, Sustainability and Transformation Partnership (STP) for Staffordshire and Stoke-on-Trent.

Community Impact – *see background information.*

Contact Officer

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Appendices/Background papers

www.uhdb.nhs.uk

Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 4 February 2019

District and Borough Health Scrutiny Activity

Recommendation

1. That the report be received, and consideration given to any matters arising, as required.

Report of the Scrutiny and Support Manager

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, in order 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 dealing with health scrutiny matters that have a specifically local theme. The Healthy Staffordshire Select Committee will continue to deal with matters that impact on the whole or large parts of the County.
4. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the beginning of their municipal year.

Cannock Chase District Council

5. A verbal update will be given at the meeting.

East Staffordshire Borough Council

6. The Scrutiny Committee have recently completed three reviews on Adult Social Care (ASC), Domestic Abuse services (DA), and Anti-Social Behaviour. The ASC review looked at how young people transitioned from children's to adult care and what support was available to parents/carers. Generally, the report recognised that whilst transition was a difficult time, a range of options and support are available for young people. However, the review group thought there may be more opportunities, in a local authority setting for supported internships for young people with learning difficulties.

The DA study looked at the Councils response to victims of DA and what support networks are in place. Members who completed the study found the processes and mechanisms for handling both victims and offenders were effective within the Borough Council. However, members noted that, during the review, New Era had been commissioned to delivery DA services in Staffs and this introduction of a new provider had caused some initial concerns during the provider handover period. Subsequently, members committed to re-visit the study in late 2019 to review the impact and progress of New Era.

Lichfield District Council

7. The Committee met on the 29 November 2018 and considered the vision for Community Hospitals in the District. The University Hospitals of Derby & Burton NHS Foundation Trust gave a brief update on the merger of the University Hospitals of Derby and Burton. They advised that they were working on a vision for the Community Hospitals at both The Sir Robert Peel Hospital in Tamworth and The Samuel Johnson Community Hospital in Lichfield.

Newcastle-under-Lyme Borough Council

8. The Committee met on the 3 December 2018. It considered the Space 2018 scheme, following a 2108 survey which showed that whilst the Borough was relatively successful in engaging with people who are active there remained 31,800 inactive residents and there were inequalities between the wards members were challenged to look at the way the Borough could best focus its limited resources on the prevention of ill health and reduce health inequalities. Strategies to address this will be developed with the involvement of key stakeholders and will include engaging with Active Lives to continue the offer available to participants.

Committee members and the Portfolio Holder visited the CCTV provision at the Borough and the facility operated by Stoke on Trent City Council and made recommendations. The Committees next meeting will be held on 4 March 2019.

South Staffordshire District Council

9. A verbal update will be given at the meeting.

Stafford Borough Council

10. The last meeting of the Council's community Wellbeing Scrutiny Committee was held on 8 January 2019, where the following items were considered: -
- **Community Wellbeing Partnership Update**
 - **General Fund Revenue Budget 2018/2019 - 2021/2022 and Capital Programme 2018/2019 - 2021/2022** – Community Portfolio, Environment Portfolio and Leisure Portfolio
- The next meeting of the Committee is due to be held on **12 March 2019**.

Staffordshire Moorlands District Council

11. The Committees next meeting will be held on 13 February 2019.

Tamworth Borough Council

12. A verbal update will be given at the meeting.

Appendices/Background papers (i) email from Cannock Chase – no response (ii) email from Stafford Borough Council 2 January 2019 (iii) email from Newcastle Under Lyme Borough Council 7 January 2019 (iv) email from Staffordshire Moorlands District Council 2 January 2019 (v) email from Tamworth Borough Council – no response (vi) email from South Staffordshire – no response (vii) email from Lichfield District Council 4 January 2019 (viii) email from East Staffs Borough Council 22 January 2019.

Contact Officers

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WORK PROGRAMME – 4 February 2019

Healthy Staffordshire Select Committee 2018/19

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2018/19.

The Healthy Staffordshire Select 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

Be healthier and more independent

A joined up approach to **Health, Care and Wellness** that encourages people to take responsibility for their own health and plan for their future, so that we can support those who really need it.

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor Johnny McMahon

Chair of the Healthy Staffordshire Select Committee

If you would like to know more about our work programme, please get in touch with Nick Pountney, Scrutiny and Support Manager on 01785 276153 or nicholas.pountney@staffordshire.gov.uk

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Healthy Staffordshire Select Committee is made up of elected County Councilors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Healthy Staffordshire Select Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

Work Programme 2018-19

Date	Topic	Background/Outcomes	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
11 June 2018	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Update Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	Further detail on the following workstreams was requested <ul style="list-style-type: none"> • Workforce • Intermediate Care • Mental Health Services • The financial position • Engagement process • Visit to a locality hub
	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Urgent and Emergency Care Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	<ul style="list-style-type: none"> • Winter Care Plan requested to Committee. • Information on the role of the Ambulance service in the UEC. • Evidence on technology not marginaliseing vulnerable membes of the community
9 July 2018	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Mental Health Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	STP workstream - report requested at 11 June meeting	The Committee asked for more information on: <ul style="list-style-type: none"> • The place based approach and the impact this is making on patients and service users. • Quality of life and the approach to long term conditions and mental health. • Information on the research surrounding social media and possible services to support treatment for these affected by it. • Workforce recruitment and retention.
	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Prevention Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	STP be recommended to : <ul style="list-style-type: none"> • Committee monitor improvement of healthy life expectancy. • Talk to Borough and Districts to see what information thy hold. • Diet and food be included in the preention programme
	Adult Learning Disability Community 2022 Cabinet Member for Health Care and Wellbeing - Alan White	Pre-decision scrutiny. Due at Cabinet - 18 July 2018	Cabinet recommended to: <ul style="list-style-type: none"> • Develop a mechanism for engagement with carers • Develop system of accreditation for providers of non statutorily regulated services • How does this programme relate to NHS continuing Healthcare • Be mindful of carers and the effect of the changes
13 August	Staffordshire and Stoke-on-Trent	January Select	The Committee made the following recommendations:

2018	Sustainability and Transformation Partnership (STP) - Workforce Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	Committee - STP thematic approach	<ul style="list-style-type: none"> a) The East of the County and Stoke on Trent had unique challenges and services need to be tailored to their specific needs. b) The work stream needs to ensure that the work force is future proof and can cater for the demands of changing populations. c) The Committee would like to see evidence of the individual organisations being able to adapt to their individual and differing demands and issues. d) The Committee would like to see evidence of redundancy numbers being reduced.
	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Enhanced Primary and Community Care Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	<p>That the Committee request the following:</p> <ul style="list-style-type: none"> a) Evidence that the STP is letting go of control to the Integrated Care Team localities to deliver services to meet their local need. b) That at a future meeting when this item is being considered, a practising GP be invited to attend, to offer their views on the programme c) Information on the public awareness campaign and how that will be delivered.
17 September 2018 Page 27	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Planned Care Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	<p>That the STP provide the following information to the Committee:</p> <ul style="list-style-type: none"> a) A breakdown of the Cancer treatment targets for the whole of Staffordshire b) The Voluntary Sector Commissioning Contract time line and how this would be measured in terms of outcomes. c) Results of the Collaboration piece and evidence to substantiate it. d) Workforce update which would be looked at through the STP work streams e) Integrated Care and Technology Strategy
	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Estates Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	January Select Committee - STP thematic approach	<p>That the STP provide the following information to the Committee:</p> <ul style="list-style-type: none"> a) The savings to the Extra Care budget. b) Information requested on transport analysis for the Codsall site requested by the local member be sent directly. c) The timescales for the next proposed 20 estates projects.
WOLVERHAMPTON 23 October 2018 at 12.30pm	Wolverhampton Health Scrutiny Panel – Royal Wolverhampton NHS Trust – Scrutiny of Mortality rates	Result of an increase in mortality rates	Minutes to follow
29 October 2018	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Update on issues that have arisen from Scrutiny. Sir Neil McKay – Chairman and Simon Whitehouse - Chief Executive.	Requested at January Select committee	The update was noted and the Committee would discuss the future STP scrutiny requirements and inform the SSTSTP.
	CAMHs Strategy Cabinet Member for Children and Young People – Mark Sutton	Forward Plan Item	The Strategy and direction of travel was agreed in principle subject to more work taking place on the prevention agenda. The Committee noted the challenges faced in delivering the plan with partners and asked for information on MAC budget provision; if the Strategy had gone through a similar process to the Joint Strategic Needs Assessment; and why there was an increase in figures for Tier 3 services in 2017/18.
3	Staffordshire and Stoke-on-Trent Sustainability and Transformation	January Select Committee - STP	<p>The Committee made the following recommendations to the STP:</p> <ul style="list-style-type: none"> • Young Carers to be considered in the review

December 2018	Partnership (STP) - Child Care and Maternity services Simon Whitehouse - Chief Executive Lead Manager and Lead Clinician	thematic approach	<ul style="list-style-type: none"> • Early help and prevention are key in most areas but particularly in self harm and mental health • Information on the trail blazer bid was requested (if successful this could generate between £3m or £4m) • Information needs to be shared between the partners. • Ward and District profiles should be sent to all Councillors for information. • Partners developing a local PSHE programme which will be informed by schools • The County wide STP consultation was due to start soon. It was felt that as the Children's workstream had been late in joining the programme, it may be beneficial to have a separate consultation just on Children's services, thus giving the service more time to develop proposals and get the service right. <p>That a progress report detailing the priority areas come back to this Committee in April 2019.</p>
	Adult Learning Disability Community Offer 2022 (also referred to as ALDC 22) Cabinet Member for Health Care and Wellbeing - Alan White	Forward Plan Item. Also includes the Carers pathway review	<p>RESOLVED: The Committee made the following main points which should feed into the consultation prior to Cabinet in January 2019:</p> <ul style="list-style-type: none"> • There was concern that people in some geographical areas had to travel great distance to access services. It was suggested that consideration is given to including geographical location in the assessment with extra payments for people in those areas with the need to travel longer distances to access services. • Direct Payments encouraged people to access their own provision from the private sector and should be supported. • The Independent Sector were often not monitored for quality, this was a concern and needs to be addressed. • The possibility of providing guidance to service users about providers was discussed and should be explored. • It was felt that the need to consult and deal with issues in public, to ensure transparent decision making was important. • The number of individuals who are working and also in receipt of care was requested.
4 February 2019	Burton and Derby Hospitals - update and discuss our progress going forward	Request from the Hospital and update requested at 160718 accountability meeting	
	Discharge to Assess – South of the county and the relationship with providers.	Suggested at the 3 December 2018 Committee meeting	
13 February 2019	Joint Staffordshire and Stoke on Trent Committee to consider the CCG consultation proposals	CCG Consultation	
Early	Joint Staffordshire and Stoke on Trent Committee to consider the CCG consultation	CCG Consultation	

March 2019 TBC	proposals		
19 March 2019	Whole Life Strategy – Implementation of the Autism plan	Item raised at Triangulation meeting.	
10 June 2019	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Child Care and Maternity services	Suggested at the 3 December 2018 Committee meeting	
8 July 2019	Staffordshire Healthwatch Contract update report Cabinet Member for Health Care and Wellbeing - Alan White	Contract renewal	
Items to be programmed			
TBC	NHS England – Breast screening – part of the prevent agenda.	Suggested at the 3 December 2018 Committee meeting	More information requested on areas of the County including Tamworth, Lichfield etc. Information on Tamworth received.
TBC	CAMHs Strategy Cabinet Member for Children and Young People – Mark Sutton	Suggested at the 3 December 2018 WP item	
Accountability Sessions - The Committee, where necessary, agreed to hold to account the Acute Trusts on a quarterly, and other NHS Trusts on performance and delivery of service			
The Healthy Staffordshire Select Committee and additional Members from the relevant District/Borough committees dealing with health scrutiny meet together to hold each Trust to account for progress - with a particular emphasis on patient safety, care, dignity and engagement.			
Trusts provide a self-assessment report and respond to questions on matters of interest and concern to Councillors and the public (Further information may be requested and the sessions may give rise to recommendations or identify topics for in depth scrutiny)			
			Outcomes
Monday 16 April 2018 at 5.00 pm	University Hospitals of North Midlands NHS Trust		That (a) the County Council address how they can discharge their responsibility to ensure schools are kept informed about changes in health care provision locally and particularly emergency care for children, (b) the UHNM note the following matters which require their further response: <ol style="list-style-type: none">1. Where routine services are increasingly tendered out by CCGs having the effect of leaving the Trust with expensive specialist services which can prove not to be sustainable, all health and care partners should be encouraged to work strategically to ensure the best use of public money.2. That accurate waiting times should be displayed in A&E

			<p>waiting rooms rather than the current display which states when the waiting time would be longer than 4 hours.</p> <ol style="list-style-type: none"> 3. Given the implementation of a high impact action plan to drive up cancer performance to the required 85% against the 62 day standard, the Trust agreed to look at individual pathways and offer a trajectory for all specialities. 4. The Trust agreed to identify numbers of patients at UHNM who come from outside the county and information around their discharge and repatriation and report back to the Committee.
<p>Thursday 10 May 2018 at 5.00 pm</p>	<p>South Staffordshire and Shropshire Healthcare NHS Foundation Trust (including the former Stoke on Trent and Staffordshire Partnership NHS Trust) (to be called Midlands Partnership NHS Trust from 1 June 2018.)</p>		<p>That (a) the Healthy Staffordshire Select Committee support:</p> <ol style="list-style-type: none"> 1. the proposal for a fully integrated health and care system in Staffordshire and Shropshire 2. the approach to develop strong links with housing associations to assist in a healthy, quality life. <p>(b) Given that changes to local NHS arrangements locally can cause some residents to be anxious, the Midlands Partnership NHS Foundation Trust should have a clear communication strategy which is comprehensive and timely.</p>
<p>Monday 4 June 2018 at 5.00 pm</p>	<p>North Staffordshire Combined Healthcare NHS Trust</p>		<p>That the North Staffordshire Combined NHS Foundation Trust report be received and further detail be provided to Healthy Staffordshire Select Committee on the patient journey of looked after children through the services provided by the Trust.</p>
<p>Monday 16 July 2018 at 5.00 pm</p>	<p>Burton Hospitals NHS Foundation Trust</p>		<p>That the Committee:</p> <ol style="list-style-type: none"> a) Receive an update on the progress of the merger in six months time. – programmed for 040219 b) The Trust provide the Committee with data on the 62 day referral target for the treatment of cancer patients for both the last quarter (pre merger) and the next (post merger)
<p>Monday 23 July 2018 at 5.00 pm</p>	<p>West Midlands Ambulance Service NHS Trust</p>		<p>The Trust were thanked for their attendance</p>
<p>Working Groups/ Inquiry Days/Briefing Papers :</p>			
<p>25 September 2018</p>	<p>Informal Joint Health Scrutiny Committee for Staffordshire and Stoke on Trent</p>	<p>Pre Consultation Engagement – The Future of Local Health Services in Northern Staffordshire</p>	<p>Public meetings would be held during the consultation period.</p>
<p>14 November 2018</p>	<p>NHS Financial Position - Workshop</p>	<p>Requested following committee questions</p>	<p>Information noted</p>

29 November 2018	Modernising Adult Social Care Programme – Blueprint and Business Case - workshop	Item raised at Triangulation meeting	
	Stability of the care market . Allied Health Care contract and the fragility of the market and the role of Nexxus.		Scrutinised by Safer and Stronger Select Committee - 11 th December 2018
	Mental Health – how the Police deal with people suffering from mental health issues.		Scrutinised by Safer and Stronger Select Committee - 10 July 2018

Items for consideration for the Work Programme

Suggested Items	Background	Possible Option
Role of Community Hospitals	The Committee wish to explore the role of the Community Hospitals within the wider Health Economy	North of the County – Part of the consultation with the Joint Committee with Stoke on Trent South of the County – Part of the STP consultation
Young people acting as carers for sick or disabled parents or other family	The Committee to consider what is being done to identify and support such young people in Staffordshire	
Re-evaluation of the Antenatal Strategy Group	Referral from the Education Scrutiny Committee Closing the Gap Review	
Consideration of the range of approaches to sharing information between PCTs (Now CCGs) and education.	Referral from the Education Scrutiny Committee Closing the Gap Scrutiny Review Scrutiny and Support Manager to undertake further work and report to the Committee	
People staying at home – not being admitted to hospital	Chairs suggestion	Part of Discharge to Assess and STP
Staffordshire Healthwatch Contract update report	October 2019 and April 2020. To be programmed into work programme	
Modernising Adult Social Care Programme That an update, containing an evaluation of the introduction of the service be brought back to the Healthy Staffordshire Select Committee in October 2019	October 2019 – agreed at the workshop – 29 November 2018	
Theatre and Surgical Ward Sir Robert Peel Community Hospital Briefing Report	The Committee consider the proposals by Burton Hospitals Foundation Trust to decommission one Day Case Theatre and Surgical Ward at Sir Robert Peel and the review by Burton Hospital of the utilisation of Endoscopy service at the Sir Robert Peel. Following meeting of 25 March 2014, Committee note receipt of the petition, proposals to decommission of Day Surgery and Theatre and a request for clarification on where services will be accessed from before implementation. When available more detailed proposals on services may be delivered from the site and the Committee take part in the dialogue at the appropriate time	
Acute Trusts outside Staffordshire	Royal Wolverhampton Walsall Manor	Joint informal meeting in relation to Royal

	Good Hope George Eliot	Wolverhampton Hospitals NHS Trust held by Healthy Staffordshire Select Committee and Wolverhampton City Council Health Scrutiny Panel.
George Eliot Hospital Trust and Walsall Healthcare Trust	The George Eliot Hospital Trust and Walsall Healthcare Trust are amongst the identified fourteen Trusts in the country for higher than expected mortality rates. Given that they will be providing healthcare for a number of Staffordshire residents the Committee seek assurances how this issue is being addressed. Scrutiny and Support Manager to undertake further work and report to Committee	Following dialogue with the Executive Director of Quality & Safety/Chief Nurse for South East Staffordshire & Seisdon Peninsula CCG/Cannock Chase CCG/Stafford & Surrounds CCG assurance has been given that from the information available this is no longer an area of concern and in fact their most recent Board papers provide a good level of assurance. There are no regulatory reported concerns re mortality at the present time either.

Membership

County Councillors

Johnny McMahon (Chairman)
Paul Northcott (Vice-Chairman)

Charlotte Atkins
Janet Eagland
Phil Hewitt
Dave Jones
Jeremy Oates
Kath Perry
Jeremy Pert
Bernard Peters
Carolyn Trowbridge
Ross Ward
Victoria Wilson

Borough/District Councillors

Jessica Cooper (Cannock)
Ann Edgeller (Stafford)
Barbara Hughes (Staffordshire Moorlands)
Richard Ford (Tamworth)
Alan Johnson (East Staffordshire)
Janet Johnson (South Staffordshire)
Deb Baker (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

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

11 June 2018
9 July 2018
13 August 2018
17 September 2018
29 October 2018
3 December 2018
4 February 2019
19 March 2019

