

Minutes of the Healthy Staffordshire Select Committee Meeting held on 4 February 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Jeremy Oates
Deb Baker	Kath Perry
Ann Edgeller	Jeremy Pert
Phil Hewitt	Bernard Peters
Barbara Hughes	Carolyn Trowbridge
Janet Johnson	Ross Ward
Dave Jones	Victoria Wilson
Paul Northcott (Vice-Chairman)	

Apologies: Janet Eagland and Alan Johnson

PART ONE

The Chairman welcomed Jackie Owen the Staffordshire Healthwatch Manager who would now be attending meetings as a non-voting observer. He also welcomed Councillor J Oates to the Committee.

54. Declarations of Interest

There were no declarations of interest made at the meeting.

55. Minutes of the last meeting held on 3 December 2018

A Member asked if any information had been received which the Committee had requested at previous meetings. 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 3 December 2018 be received as a correct record and signed by the Chairman.

56. Discharge to Assess

The Committee considered a joint report of the Director of Health and Care and the Accountable Officer, Staffordshire Clinical Commissioning Groups (CCGs).

The Director of Health and Care, Mr R Harling and the Senior Commissioning Manager for Staffordshire CCGs, Ms Gemma Smith attended the meeting to present the report and answer questions.

The Director of Health and Care summarised the report and informed the Committee that there had been both a national and local move to get people out of hospital and cared for in their own homes or in their local communities. There was national best practise on how this could be achieved and 'Discharge to Assess' was one of the models of care suggested. It was explained that the model required the following services and functions:

- 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.
- **Home First** services to provide reablement and support at home. These include intermediate care, palliative care, night sitting and reablement.
- **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.
- **Active management** of Home First services and community beds to ensure that people move on.

The Discharge to Assess model had been working in the North of the County for approximately 12 months and had seen reductions of delayed discharges of 50 %. This model of care now needed to be rolled out to the rest of the County. Critical to the rolling out was the development of the track and triage service and the CCG's have to commission an additional 4200 hours per week of reablement Home First services.

Discharge to Assess to support Queens and Good Hope hospitals remained under development and there were ongoing issues with Delayed Transfers of Care (DTOC). The position was however, was getting better and it was hoped that the following developments would see significant improvement:

- Home First,
- commissioned hours increasing
- an agreement of funding and,
- the development of standard opening procedures for transfer of people from Queens and Good Hope into Community beds at Robert Peel and Samuel Johnson hospitals.

Discharge to Assess to support County Hospital was close to maturity. Support for Walsall Manor, New Cross and Russell's Hall hospitals remained under development. Improvements to date include the County Council commissioning an additional 732 hours reablement Home First services per week, and New Cross hospital using non-recurrent funding from the Better Care Fund (BCF). There had also been a modernisation of the Track and Triage service to manage Community beds in care homes in the South of the County.

The Director of Health and Care informed the Committee that there was still a delay in getting people home from New Cross and Cannock Hospital. The Senior Commissioning Manager explained that roll out of improved services would continue to take place prior to Winter 2019 and joint commissioning of services between the CCGs and Social Care should improve discharge rates.

A Member of the Committee asked what the targets were for the South of the County; were they SMART and how would they be monitored. They also asked a question on the Disabled Facilities Grants and if they were available from three sources; what is being done to ensure that these were being coordinated and the funds spent wisely. In response, it was explained that there were targets set through the commissioning process e.g. a specific number of beds available in the South. It was then for the providers to supply these and have the support services such as staff to run them. Assurance was given that targets and contracts were closely monitored. Disabled Facilities Grants was a priority for the partnerships.

The outcomes and savings from the Discharge to Assess model were requested. It was explained that the data collected may not be in the same as previously so may not provide a reliable comparison, and that it is difficult to make accurate estimates of savings.

A question was asked on the level of preparation before elective surgery to plan for an early discharge post surgery. In response, the Committee was informed that there was early discharge planning, but more can be done and organisations were learning all the time.

Several questions were asked on the recruitment and retention of care workers. It was explained that providers try to incentivise with training packages, wages and retention bonuses, the Council could encourage and facilitate these but could not offer them directly because they are not Council employees. The Sustainability Transformation Plan (STP) was looking at ways to improve recruitment and retention in the longer term, including working with schools and colleges for future planning. Further questions were asked on the encouragement given to young people to become the care provision.

The quality of care homes was questioned, particularly with the increase in demand for good quality beds that may be commissioned by the CCG following the North Staffordshire consultation proposals: how could a higher quality of care and appropriate capacity and levels of staffing be assured? The Committee was reminded that the outcomes of the consultation could not be pre-empted, but work was already underway to improve standards. The procurement and letting of contracts would include long term monitoring and quality assurance. The Chairman reminded the Committee that the Joint Staffordshire and Stoke on Trent Health Scrutiny Committee was due to meet on the 13 February and the 11 March 2019.

A Member asked how aspirational the 80/20 (80% of discharges for acute hospitals which should be simple and timely and 20% complex and requiring further support) and 70/30 (70% should receive reablement and support at home with fewer than 30% requiring a community bed) targets were and how close we were to meeting these. In response to the question, it was explained that the 80/20 and 70/30 were based on current practice and aspiration. Royal Stoke was running at 82/18 and approximately 70/30 with the County Hospital having higher proportions of complex and bed based discharges. The figures reflect local demographics and frailty as well as clinical practice and risk management.

Home First services were having a positive effect on delayed discharge figures in the South of the County. Members requested information on the numbers of admissions to each of the out of county hospitals from the South of the County for both planned and urgent care.

RESOLVED: That the following information be requested:

- a) The outcomes and savings from Discharge to Assess.
- b) Numbers of admissions to each of the out of county hospitals from the South of the County for both planned and urgent care, and the numbers of delayed discharges for each of the out of county hospitals.

57. University Hospitals of Derby and Burton - update

Tosca Fairchild-Moyo, Director of Governance and Communications and Mike Carr, Divisional Manager of University Hospitals of Derby and Burton (UHDB) gave a presentation to the Committee on the recent merger of the two hospitals and the progress being made towards integrating services to benefit patients. The presentation also covered information on the Cancer performance targets which the Committee had requested at the Accountability session in July 2018.

The presentation covered:

- The story so far – the ‘Big Conversation’; investing in maternity services; Joint Advisory Group (JAG) accreditation; and increased capacity over winter.
- The Merger principles – Sustaining clinical services at Queens Hospital Burton: Developing tertiary (specialist) services at Royal Derby; and Making the best use of community hospitals in Lichfield, Tamworth and Derby.
- Six clinical deep dives – Cardiology, Trauma and Outpatients, Stroke, Renal, Urology (Cancer) and Radiology.
- Next stages – A further six deep dives into Ophthalmology, Dermatology, Gynaecology, Vascular Surgery, Critical Care and Head and neck.
- The development on the Outwood’s site (Queens Hospital) and the capital funding of £21.88m received from the Department of Health and Social Care.
- Cancer performance – the 62 day cancer referral standard remained a challenging target.

Following the presentation, a Member asked how much choice a GP had when referring patients to hospitals and speed at which information was transferred between Community Hospitals and Acute hospitals. In response Members were informed that a new digital website was being developed and one aspect of this incorporated more choice for GP’s and patients. It was acknowledged that integrated communication between the community and acute hospitals was a particular issue and was a valid concern which officers would take back to the trust.

A Member felt that transport between Burton and Derby Hospitals was problematic for some patients. A bus service between both sites was in place and car parking was increasing with an additional 517 parking spaces on the Derby site provided for staff with further car parking development planned for the Burton site which would facilitate additional spaces for patients.

A question was asked on the cancer service and screening for cancers such as prostate cancer and how this was a challenge to get people to take up screening. Imaginative ways were already happening led by Miss Shah – Consultant Urologist and this had been covered nationally in the press such as attending football matches to carry out screening.

A Member asked how the hospitals were managing their financial deficit, and how they were managing recruitment and retention of staff. In response, it was agreed that the deficit was very challenging, and services were being reviewed all the time to ensure that services were operating as efficiently as possible. The STPs for both Derbyshire and Staffordshire were also working together to drive efficiency. With regard to recruitment/retention and budget pressures, it was explained that during the merger, there had been no redundancies with all staff finding a position in the new organisation and the Hospitals were continually recruiting into all posts. The Committee were pleased to hear this and asked if they could have sight of the Trusts financial plan, for information.

A Member noted that the development strategies employed by UHDB were very different to that of the Staffordshire Hospitals. For example, UHDB were increasing Accident and Emergencies capacity; additional car parking; increasing modular wards to accommodate more patients through the winter. There also seemed to be a move to repatriate patients in areas such as Cardiology which nationally, was moving to specialist centres as opposed to local provision. In response, the Director of Governance and Communications informed Members that emphasis was on quality care close to home and that activity levels were planned with Commissioners, but its delivery was affected, and challenged by any actual attendances which were quite high and delayed transfers of care. It was felt that the move to repatriate specialisms was a question for the Medical Director.

The Committee was informed that one of the main areas of concern for UHDB in relation to the 4 hour emergency target was the 12 hour breaches for mental health patients as one patient that could not be transferred from UHDB to a more appropriate service provider could result in a whole ward being closed and used by that one patient, dependant on safety/care issues. The Committee requested more information on how this was being managed with the Midlands Partnership Foundation Trust.

A Member asked if information could be shared to demonstrate real patient benefit that had been delivered because of the merger. The Director of Governance & Communications gave an example of the significant positive outcomes for patients with Acute Kidney Injury (AKI) and agreed to share the data that had been shared with UHDB's Council of Governors

The Chairman thanked officers for attending the meeting and their informative presentation.

RESOLVED: That the following information/action be requested:

- a) It was acknowledged that integrated communication between the community and acute hospitals was a particular issue and was a valid concern which officers would take back to the Trust.

- b) The Committee asked if they could have sight of the Trusts financial plan, for information.
- c) The rationale behind the move to repatriate specialism services.
- d) More information on how patients with mental health issues were being managed in order to transfer them to the most appropriate service provider.
- e) Data relating to the AKI outcomes to be shared with the Committee.

58. District and Borough Health Scrutiny Activity

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

It was reported the at the last meeting of the Cannock Chase District Councils Health Committee they had received presentations on Healthy lifestyles and Public Health. Clarity was requested on the duties of both the District/Boroughs and the County Council when carrying out Health Scrutiny. It was explained if an item concerned one Borough/District alone, then that local authority was able to look at it. If an issue had a wider detrimental effect, then the County Council would consider it.

The Committee were informed that at Lichfield District Councils last meeting, the items of business were Rough Sleepers and the prevention and support offered to them.

The South Staffordshire District Council Member explained that their Committee had received presentations from the South Staffordshire CCG and the Well Being Clinic.

The Stafford Borough Council representative added to the information in the report by informing the Committee that during a recent Planning Development application for approximately 1,500 new homes, the CCG had failed to respond on health implications or considerations.

The Committee acknowledged a Planning Authority could not legally require Health to respond and there was no statutory requirement to consult with Health on planning applications under 500 houses, but it was felt that in order to plan effectively for the populations wellbeing, Health partners should have an input and therefore legislation should be changed to require a response. There was also concern that any planning conditions that are added to permissions can be removed by way of challenge at appeal if they fail to meet the tests set out by the Government in the Planning Practice Guidance Note.

It was felt that Local Authorities need to look at health from a collective viewpoint as development size or number of properties add up and have considerable impact on health. The County Councils infrastructure plan was also in the process of being developed and it was hoped that health was a part of this.

There was also a discussion on whether raising the item at a meeting of the Chief Executives and Leaders Forum could help to ensure that health implications are considered and on whether District and Borough Councillors could add pressure on Planning Committees when applications come before them at a local level.

The representative from Tamworth Borough Council informed the Committee that their last meeting had contained a presentation from the University Hospital of Derby and Burton. The next meeting would be considering Mental Health issues; the First Response Service and GP provision across the Borough.

RESOLVED:

- a) That the Chairman write to the Secretary of State for Communities and Local Government explaining that Scrutiny Committees are powerless to scrutinise the wider determinants of health if Health Partners are not a statutory consultee when dealing with planning applications.
- b) That the Chairman write to District and Borough Councils to ensure that they are considering Health implications with the same level of importance as for example, highway observations.
- c) That the Chief Executive and Leaders Forum be approached to ensure that they are considering Health implications with the same level of importance as for example, highway observations.

59. Healthy Staffordshire Select Committee Work Programme 2018/19

The Scrutiny and Support Manager presented the Committee Work Programme report. The dates for the two Joint Scrutiny Committee meetings with Stoke on Trent City Council were confirmed as 13 February at 10am and 11 March at 2pm.

At a previous meeting the issue of the mobile Breast screening clinic in Tamworth was discussed and the Scrutiny and Support Manager had secured a response from NHS England. The Chair asked Members if the removal of screening facilities was an issue in other areas of the County. It was agreed that more information on the removal of screening facilities throughout the County was needed.

RESOLVED:

- a) That the work Programme be approved.
- b) That the Scrutiny and Support Officer write to NHS England to establish if Breast Screening facilities in the County are reducing.

Chairman