Minutes of the Healthy Staffordshire Select Committee Meeting held on 29 October 2018

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Janet Johnson
Deb Baker	Dave Jones
Jessica Cooper	Alastair Little
Janet Eagland	Jeremy Pert
Ann Edgeller	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Ross Ward
Alan Johnson	Victoria Wilson

Apologies: Richard Ford, Paul Northcott, Kath Perry and Ian Wilkes

PART ONE

42. Declarations of Interest

There were no declarations.

43. Minutes of the last meeting held on 17 September 2018

RESOLVED: That the minutes of the meeting held on 17 September 2018 be approved by the Committee and signed as a correct record by the Chairman.

44. Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (SSTSTP) - Update on issues that have arisen from Scrutiny

The Committee considered a report of the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership which summarised the work that had been conducted by the Committee whilst scrutinising the Strategic Transformation Plan (STP) workstreams. The workstreams included: Urgent and Emergency Care; Mental Health; Prevention; Workforce; Enhanced Primary and Community Care, Planned Care and Estates. Childcare and Maternity was scheduled for the December meeting. The report listed the meetings held and any outstanding issues raised at those meetings and the STPs response to questions raised which were not answered at the related meetings.

Simon Whitehouse, STP Chief Executive and Programme Director (CEPD), Sir Neil McKay, STP Chairman (STPC) and Roger Wade, Medical Director (MD) attended the meeting to present the report and answer questions.

The STPC informed the Committee that the SSTSTP was responsible for producing a long-term plan to address the issues in Staffordshire and Stoke on Trent, that is both clinically sustainable and financially affordable, is achievable through partnership working and meets the health and care needs of the local population. The original STP was published at the end of 2016 and was due to be refreshed imminently in line with the national publication of the NHS 10 year plan. He expressed his opinion that the Integrated Care Teams and their integration with was one of the areas the Committee may want to spend more time looking at. Also, he felt that the concept of Health and Social Care campuses had not been covered/explained and suggested that the Committee may want to look at these in more detail.

The scrutiny process had helped the SSTSTP to focus on the challenges ahead in implementing the programmes. As they progress forward into the STP pre-engagement in 2019, Officers would come back to the Committee for advice on how to deal with the consultation.

The Chairman thanked the Officers for attending the meeting and confirmed that looking at the workstreams of the STP was part of the overview role of Scrutiny. The Committee went on to review the responses in the report to questions that had been asked at the previous meetings.

A Member of the Committee asked how many GP practices accommodated Mental Health practitioners and how did the SSTSTP listen to families and the problems experienced when people are unable to access services. In response, the STPC, explained that the clinicians and officers on the SSTSTP bring with them a lot of experience and offered an insight into the problems experienced. It was agreed that the actual number would need to be brought back at a later date.

A Councillor requested more information on the urgent and emergency care programme and how teams worked together. The CEPD informed the Committee that he had a weekly meeting with staff on, for example performance information, which then enables him to have high level bi-weekly meetings to discuss the way the STP is progressing. He went on to explain that the interdependency between the different workstreams was vital for the STP to achieve its objectives. An example of the way that the system had been enhanced in a way that perhaps wouldn't have been without the STP, was the Integrated Care Teams which sit within the Primary and Community Care workstream. For them to respond to an individual's care needs, the Integrated Care Teams needed an understanding of the working and processes of other teams. This was the same when responding to the mental health challenges and understanding how the other workstreams operate.

A Member asked a question on the financial deficit and if officers were confident that the changes and workstreams would reduce the overall deficit as originally intended. They also asked about the funding for the extra emergency beds at Royal Stoke Hospital. In response, the CEPD reminded the Committee that there was a workshop scheduled for the 14 November for them to discuss the budget, the challenges faced, and the NHS long term plan and priorities for the next five years based on the government funding settlement in significant detail. STPC added that the additional funding for the Royal Stoke Hospital was for beds and other winter activity and that when you look at the data of how the services operated compared to the rest of the country, the challenge was the

working methods, which meant that there was a need to provide services in a different way, for example through the Integrated Care Teams. It was clarified that the capital funding of circa £9m was provided from a national capital allocation.

Another Member asked about the workforce workstream and what specifically was being done to attract and retain staff. In response, it was stated there were two different work themes, one looking at the national market e.g. consultants and specialists where there is a national shortage and where Staffordshire were competing with the rest of the country. Work was taking place to improve opportunities and the ability to developing skills and specialisms. The second theme was the local workforce and the need to educate, retain and develop nursing and care staff (qualified and unqualified) from the local area. There was also a concern over the recruitment of care workers and the ability to develop career paths that offer them experience and opportunities to train into supporting care or nursing posts.

The Chairman asked if the SSTSTP could foresee the split between primary and secondary care disappearing and a point at which primary care teams were involved in the discharge of, for example, elderly patients with long term conditions back into their homes. In response, the MD explained that the boundary is beginning to blur, and he gave an example of the recent introduction of a Frailty Care lead who was looking at work to reduce duplication between the two sectors.

A Member asked if the SSTSTP were any closer to understanding the health life cycle costs and the key priorities for partners. In response, the STPC explained that the STP set out several objectives which now needed to be refreshed. He felt that there needed to be better working with partners and better integrated commissioning (health and local authority) of services, but to do this meant that there would have to move away from organisations managing their own costs. The CEPD went on to explain that the refreshed plan would give an opportunity to set out expectations which were linked back to the original plan. It was unlikely that there would be significant change from the main priority areas as they remain relevant now but there could be more emphasis on the prevention agenda. A lot had been learnt from the first STP draft and the next version would include a lot more consultation and engagement with a wider range of people and organisations.

A Member asked how much of this remodelling could be done without changing legislation. The STPC felt that it was difficult to predict the Government's willingness to change legislation there remained scope for local flexibility if partners agreed that this was the right thing to do.

A question was asked about the working relationship with other areas such as Derbyshire and Cheshire. The STPC informed the Committee that the SSTSTP had to continually look at neighbouring partners as their services were frequently used.

A Member asked what the greatest risk was under the digital workstream. The CEPD explained that this was one of the areas that offered the most opportunity for innovation and collaboration between partners. The greatest risk was that staff feared getting it wrong and information being used incorrectly. This had the impact to stifle or limit innovation. He also confirmed that there would always be an alternative for those

patients or the family of patients who either didn't have access to technology or who chose not to use it.

A Member asked about the KPMG report (2014) which had highlighted the need for the development of organisational management. It also highlighted that clinical leadership was weak. The question was if the CEPD felt that clinical leadership was now strong enough to carry through the changes needed. In response, it was felt that the relationships are now very positive, and the feeling was that there had been a significant improvement. The MD felt that the system was now starting to listen to clinicians and work with them, particularly in areas such as winter pressures.

A Member of the Committee commented that the prevention agenda was not as strong as they had expected. The STPC believed that the prevention workstream contained many long-term objectives which needed partnership working. However, it was important not to lose sight of the quick wins around smoking cessation, screening and the reduction in the number of diabetics. Both long and short term needed to be pursued. A Member of the Committee felt that the Cabinet would be very keen to work with the SSTSTP on the prevention agenda.

Regarding the Estates workstream, the CEPD reported that the development of the next 20 estate projects were critical and could not be delayed. The implementation timeline would be available soon and would be shared with the Committee.

The STPC thanked the Committee for the opportunity to attend the meeting and for the level of scrutiny and overview carried out over the last few months. The Chairman thanked the officers for attending and informed them that future scrutiny of the STP and workstreams would be discussed with the Committee and partners informed.

RESOLVED: That the update and information provided by the SSTSTP be noted and that the Committee would discuss the future STP scrutiny requirements and inform the SSTSTP accordingly.

45. A Stoke-on-Trent and Staffordshire Approach to Children and Young People's Emotional Wellbeing and Mental Health 2018 - 2023

The Committee considered the report of the Cabinet Member for Children and Young People, covering the "Starting Well, Living Well, Supporting Well 2018 - 2023" Children and Adolescent Mental Health (CAMH) Strategy covering Staffordshire and Stoke on Trent.

The Cabinet Member for Children and Young People; Liz Mellor, the Child Commissioning and Development Manager (CCDM); and Jill Mogg, the Commissioning Manager (CM) attended the meeting to present the strategy and answer questions. The Cabinet Member informed the Committee that unfortunately no-one could be at the meeting to represent the Health partners.

The document pledged to deliver POSITIVE change in supporting children and young people to thrive. POSITIVE stood for:

P - Promote positive mental health and emotional wellbeing and build resilience in stakeholders and communities.
O – Overcome challenges and be open to new ways of working which embrace innovative, creative and digital solutions in delivering positive outcomes for children, young people and their families.
S – Seek to positively engage the voice of children and young people and those who support them to plan and deliver services more effectively.
I – Identify emerging issues for children and young people at the earliest possible stage, intervening promptly to prevent needs from escalating.
T – Target effective and high-quality help and support when it is needed for those most vulnerable children and young people which delivers sustainable improvements in their mental health.
I – Improve access to information, advice, training and support for children and young people and their families, professionals and the communities they live in to better equip them to manage their mental health.
V- Value the fundamental importance of the family in supporting the development of good physical and mental health for their children.
E – Engage with communities and in the place, people live to build capacity and resilience to help children and young people achieve their potential.

The Strategy recognised that the current commissioned service provision to meet the mental health and emotional wellbeing needs of children and young people was not as cohesive as it could be, and provision was variable across the County and City. There was less support available to intervene early to meet low to moderate needs and to prevent these escalating, which inevitably put pressure on the more specialist services in meeting higher or critical needs.

The **POSITIVE** approach to change will be based upon the principles developed in the Thrive model. The Strategy was also supported by the Local Transformation Plan which was the document that would evidence how success would be measured.

The CCDM explained that the CAMHs Strategy is a whole system approach to children and young people's mental health and wellbeing with needs that may emerge in pregnancy with the mental health of the mother and included all 4 tiers of support available. The Strategy would enable partners to work collaboratively to develop an integrated approach designed to make best use of the resources available. The changes would start with the commissioning of a new model of support for children and young people with low to moderate needs with one lead provider in place of the current five.

A Member of the Committee asked about the work taking place in schools and if teaching assistants were being used in primary schools but not in secondary. The thought was that this left children vulnerable during the school transition stage. The CM explained that the Council had applied to the NHS England to be a trail blazer to develop mental health services in schools. The outcomes of the bid had not been released yet.

Another Member of the Committee expressed concern that the Strategy talked about the Children not knowing where the services were or how to access them. If this was the case, why was the Strategy so medically based and not school or prevention based?

Also, why weren't the Multi Agency Centres (MAC's) in schools being used for early intervention and were the budgets being reduced? In response to the questions, the CCDM explained that the Strategy was developed in collaboration with a wide range of partners and that it wasn't intended to be a medical model, but this would be looked at. The focus of the Strategy was a whole system approach which included links with schools based support and other service provision which supported children and young people to achieve positive outcomes in relation to their emotional wellbeing. Regarding the sustainability of the MAC provision, officers agreed to check and provide the Committee with the information.

A Member of the Committee expressed the opinion that the document talked about the principles and themes/objectives but were there any sub strategies that support the delivery or provided the detail that would enable change. Also, the Strategy is for a five year period but it seemed unclear on the destination or the outcomes that were envisaged. Officers responded by explaining that it was about a whole system change which it was acknowledged would present challenges in relation to the need to achieve transformational change. The language in the report would be reviewed to ensure that it was not overly complicated and that it was clear that there were delivery plans which supported the delivery of the priorities identified in the Strategy. The CM explained that the Local Transformation Plan would be refreshed each year. There was a requirement for the Clinical Commissioning Group (CCG) to review and publish the plan each year in consultation with partners to evidence progress in delivering the requirements identified in the Five Year Forward Plan in meeting local need.

There was a question on how waiting times for tier 3 and 4 services could be reduced. Officers explained that the CCG would have to explain how this could be achieved. The Strategy however did have a focus on developing early intervention services which it is anticipated would reduce demand for higher tiered services in meeting more complex needs.

The CCDM hoped that this Strategy could start a review of all the commissioning contracts/services and systems to ensure they were fit for purpose.

A Member asked if the Strategy had gone through a similar process to that of the Joint Strategic Needs Assessment (JSNA) and aligned its commissioning intentions. The Cabinet Member thought that it had been through the same process but agreed to check and report back to the Committee.

The figures for Tier 3 services in the report showed significant increase in 2017/18 and Members questioned the numbers. The CCDM agreed to check the data and report back to the Committee.

RESOLVED:

a) That the Strategy and direction of travel as outlined in the report be agreed in principle subject to more work taking place on the prevention agenda.
b) The Committee noted the challenges faced in delivering the plan with partners.
c) The Committee asked for the following information:
    i. MAC budget provision.
    ii. Had the Strategy gone through a similar process to the Joint Strategic Needs Assessment.

iii. The increase in figures for Tier 3 services in 2017/18.

46. District and Borough Health Scrutiny Activity

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

The Chairman of the Borough and District Committees who were present at the meeting each gave a brief update on their work programmes.

At the last meeting Members asked if the East Staffordshire Borough Council's review into domestic abuse would be looking at the effect of the movement of service provider from the County Council and the Police and Crime Commissioner to other providers? The Chairman of the East Staffordshire Committee Informed Members that the review had started before the change, but it would be covered in the report.

Several Chairman asked for clarification on their role at both this Committee and when they return to the Boroughs/Districts. The Scrutiny Manager agreed to liaise with the Committees to remind them of their role and that of the Chairman.

A question was asked on the 'Better Working Together' STP consultation, when this would begin, and would the Districts and Boroughs be involved. The Chairman reminded the Committee that the statutory consultee would be the Health Staffordshire Select Committee, but this did not preclude the Districts and Brough's being consulted as part of the engagement process.

RESOLVED: That the report be noted.

47. Healthy Staffordshire Select Committee Work Programme 2018/19

The Scrutiny and Support Manager presented the Committees Work Programme Report.

The Chairman of the Committee informed the meeting that a number of Members had attended the Wolverhampton City Council Health Scrutiny Committee on the 23 October to consider the mortality rates at Royal Wolverhampton NHS Trust.

The next scheduled meeting of the Committee was 3 December 2018 and Maternity services had been added to the STP workstream with Childrens services.

Members were also reminded that there was a briefing session on STP Finance on 14 November and on 29 November, a workshop on the modernisation of Adult Social Care.

RESOLVED: That the report be noted.

Chairman