

## Minutes of the Healthy Staffordshire Select Committee Meeting held on 16 September 2019

Present: Johnny McMahon (Chairman)

### Attendance

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Janet Eagland	Michael Oates (Sub for R Ford)
Ann Edgeller	Kath Perry
Maureen Freeman	Jeremy Pert
Phil Hewitt	Carolyn Trowbridge
Janet Johnson	Ross Ward
Dave Jones	Victoria Wilson

**Apologies:** Richard Ford, Barbara Hughes and Alan Johnson

### PART ONE

#### 19. Declarations of Interest

There were no declarations made.

#### 20. Minutes of the last meeting held on 15 July 2019

**RESOLVED:** That the Minutes of the Meetings held on the 15 July 2019 at both 10am and 2pm were approved as a correct record and signed by the Chairman.

#### 21. Adult Learning Disability 2022 Community Offer

Alan White, Deputy Leader and Cabinet Member for Health Care and Wellbeing, Amy Evans, Commissioning Manager, and Taryn Poole, Commissioning Officer presented the report on the Adult Learning Disability 2022 Community Offer. The report covered the Adult Learning Disability Services provided directly by Staffordshire County Council and the Carers Strategy 'All Together for Carers'.

Part A of the report covered Staffordshire County Councils directly provided Learning Disability Services. The report included the draft Cabinet report which was to be considered at its meeting on 18 September 2019. Members were informed that the purpose of the Adult Learning Disability Community Offer 2022 programme was to establish the assessed eligible care and support needs of adults with a learning disability and or autism and ensure that there would be appropriate and sustainable services across the county to meet them.

The report outlined the services directly provided by the local authority and those externally commissioned respite services. Options for each service had been evaluated following engagement with users, carers and staff. Current and future demand had

been considered along with the present market and the quality and availability of current services.

It was reported that over 80% of providers in the independent sector were rated outstanding or good by the Care Quality Commission (CQC) and there had been no provider failures in the last 24 months.

The Committee was informed that Greenfields was a residential care home with 8 residents located in Staffordshire Moorlands. In 2007 Cabinet decided to reprovide the service however, this decision had not been implemented. Care Act Assessments have indicated that the needs of the current residents could best be met in Supported Living.

Horninglow Bungalows were supported living, accommodating 15 tenants located in East Staffordshire and was rated Good by the CQC. Again, the Care Act Assessments had indicated that the needs of the current residents could best be met in Supported Living. Residents and carers had expressed strong support for the service to continue. It was proposed that the commissioning of the care part of the supported living should be provided by the independent sector, to replace the care currently directly provided by the Council.

The Select Committee considered and commented on the 18<sup>th</sup> September Cabinet recommendations which were listed in the report as:

- a) *Approves commissioning of a Supported Living service (care and accommodation), from the independent market, to replace the residential service currently provided by the Council at Greenfields House in Staffordshire Moorlands.*
- b) *Approves the commissioning of a Supported Living service (care only), from the independent market, to replace the care currently directly provided by the Council at Horninglow Bungalows in East Staffordshire.*
- c) *Approves consultation with staff (and recognised Trade Unions) on the proposed changes for Greenfields House and Horninglow Bungalow.*
- d) *Approves the revised Service Charter for the Complex Needs Day Services, including rebranding to "Staffordshire County Council Specialist Day Opportunities.*
- e) *Delegates the authority to implement any future changes to staffing and accommodation for the Staffordshire County Council Specialist Day Opportunities to the Cabinet Member for Health, Care and Wellbeing, in consultation with the Director for Health and Care.*
- f) *Approves an extension to the contracts for two block-booked residential replacement care services at Woodland View and Silverbirch with the current provider until July 2020.*
- g) *Requests that proposals for the remaining directly provided learning disability services and the long-term future of block-booked residential replacement care services be presented to Cabinet in October 2019.*

A Member asked how services would be commissioned and how providers would be monitored. In response, it was informed that services would remain CQC regulated and contracts would be monitored via; visits by regulators at regular intervals, relatives and carers remained a strong part of the contract monitoring process and Healthwatch was contracted to monitor and inspect.

The risks associated with the Horninglow approach was discussed. The risks and their mitigations were set out in the Community Impact Assessment which was attached to the report. The Committee were also given assurance that there was a process for dealing with the potential for private companies failing or going into administration at very short notice.

The Committee questioned the request for delegated authority as in recommendation e) and wanted reassurance that any strategic or substantial decisions made would be consulted on before decisions made. This rewording was agreed to.

It was confirmed that the current contract for block-booked residential replacement care services at Woodland View and Silverbirch would expire on 31 March 2020.

The Committee wanted reassurances that during the development of the Strategy, all options were looked at and innovative solutions researched. It was confirmed that this had been the case and that the Whole Life Disability Strategy had been the unifying document with the Adult Learning Disability Community Offer 2022 Programme adding the detail to the previous proposals.

Part B of the report outlined the Carers Strategy which included the engagement feedback and included a copy of the draft carers strategy which would be considered by Cabinet on 16 October 2019. The Strategy set out seven priorities which had been based on national research, the NHS 10 year plan and learning from earlier consultations with carers:

- Improving information, advice and guidance
- Identifying carers
- Staying healthy
- A life outside of caring
- Assessment and support
- Crisis Management
- Recognition and value.

Consultation with key stakeholders, including carers had taken place, the result of which had led to the Strategy being redrafted, noting that the core information and priorities had remained the same. It was estimated that there were approximately 98,000 carers in Staffordshire, including young carers, equivalent to 10% of the population. The Strategy was therefore an important document both to the quality of peoples lives and to the finances of the local authority.

A Member reported that carers had found the process of assessment and funding for Respite Services long, difficult and inflexible. It was reported that the home based respite service were due to be retendered to provide a more flexible and responsive service. A triage service assessed urgency on point of contact.

Following a question on how carers were identified, it was reported that information came from GP's, Schools, Universities, Family members and Assessment teams. It was acknowledged that young carers who were caring for people with emotional or psychological difficulties were harder to identify and yet may struggle more.

A Member felt that the policy was very detailed, and the principles were correct but asked how it was to be monitored and was the Carers Partnership Board part of the monitoring process. In response, as part of monitoring of the contract, feedback was and would continue to be used to inform service development and Officers were planning to revitalise the existing Carers Partnership Board, in addition to developing a citizen's board which would also feed into the monitoring process.

It was felt that this was an opportunity to use the hubs to share information on the importance of Power of Attorney etc. particularly via sources other than the internet.

**RESOLVED:** That subject to the rewording or recommendation (e) to reflect the need for substantive changes to come back to Members for consideration, the draft Cabinet recommendations as outlined in the report and listed above be endorsed and the engagement process noted.

## **22. CCGs Annual Assessments 2019**

Marcus Warnes, Accountable Officer, Staffordshire Clinical Commissioning Groups (CCGs) attended the meeting to present the report and answer questions.

NHS England had a statutory duty to conduct an annual performance assessment of every CCG. The assessment, using the Improvement and Assessment Framework (IAF), is a judgement, reached by considering the CCG's performance in each of the indicator areas over the full year balanced against the financial management and qualitative assessment of the leadership of the CCG.

The CCGs are assessed against 58 indicators in four categories defined as Better Health, Better Care, Sustainability and Leadership across the Integrated Care System. Each CCG then receives an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate.

Using the IAF, NHS England also assesses how effectively CCGs work with others (including the local Health and Wellbeing Boards) to improve quality and outcomes for patients as well as considering how they have contributed to the performance of their local systems as individual organisations.

In the 2018/2019 annual assessment, five of the six CCGs in Staffordshire and Stoke-on-Trent have been given an overall rating of Inadequate with only East Staffordshire CCG rated as good.

The key area of concern for the CCGs rated as inadequate, related to the continued financial challenges they have faced during 2018/19. Although NHS England noted that Stafford and Surrounds CCG and Cannock Chase CCG met their deficit control total this year, there has been a significant deterioration in the financial position for North Staffordshire CCG and Stoke-on-Trent CCG and the underlying deficit across Staffordshire and Stoke-on-Trent had exceeded £100million. All CCG's had struggled to meet the Quality Innovation Productivity and Prevention (QUIPP) savings.

The CCG's had asked NHS England why Stafford and Surrounds and Cannock Chase CCG's had been rated inadequate, but a detailed response had not yet been received.

A Member asked if the £300,000 grant for suicide prevention had been received and what it would be used for. A response would be requested and sent to the member for information.

Following a question on financial waste in the system and what was being done to reduce the figures, it was reported that too many people were being admitted into hospital, with 52% of people dying in hospital even if their wish was to die elsewhere. North Staffordshire was also spending £26m on Muscular skeletal operations when evidence suggested that half of the procedures were of no benefit to the patient. Pricing charges and how partners are choosing when to offer procedures to patients and their benefit was being monitored as there was often limited medical value.

There was a discussion around balancing the budgets, particularly regarding urgent care and hospital reconfiguration. Timescales for hitting budget targets had slipped and was now 2023. Everything was being reviewed including waste, efficiencies and expectations.

Prevention was the responsibility of Local Authorities and it was acknowledged that over recent years there had been some difficult decisions to make. The NHS aspect of the prevention agenda was focusing on mental health and early detection of dementia. Members felt that preventative work was essential, and the possible sharing of resources was needed to move forward.

A Member asked how progress on the improvement action plans would be monitored. It was felt that a regular six monthly update report would be useful.

A question was asked on delayed discharges and where the blockages were. The Committee was informed that there were more delays in the South of the County. A report on the extent of the problem and what was being done to address the issue was requested.

It was felt that without real advances in clinical leadership it would impossible to save money.

**RESOLVED:**

- a) That a six month financial exception report be presented to the Committee.
- b) Information on the £300,000 grant for suicide prevention be sort and sent to the Committee for information.
- c) A report on the extent of the delayed discharge problem, particularly in the South of the County and what was being done to address the issue was requested.

**23. 62 Day Target on Cancer Services**

Marcus Warnes, Accountable Officer, Staffordshire Clinical Commissioning Groups (CCGs) attended the meeting to present the report and answer questions.

The 62 day standard refers to the total pathway length, the number of days for patients beginning their first definitive treatment within two months of suspected cancer. The Committee was informed that nationally, trusts were struggling to meet the 62 day

standard. All the Hospitals commissioned by Staffordshire CCG's, with the exception of Dudley, were failing to meet the target.

There were a number of common issues amongst the Trusts including, Diagnostic pathways and a mismatch between demand and capacity; Pension Tax changes which were reducing the willingness of consultants to work additional sessions; and workforce shortages, similar to those in the rest of the county.

A number of strategies were being employed to reduce waiting times such as using the private sector.

Following a question on who was monitoring the waiting lists to ensure patients were not being missed, the Committee was informed that as part of the contract monitoring, waiting lists were reviewed monthly.

A Member raised the question of workforce, and how recruitment issues were raised at every Committee meeting. What was the national strategy for improving this situation. The Committee was informed that locally One in Ten NHS posts were vacant which included GPs and this was projected to rise in future years. It was agreed that the working model for GP's hadn't been changed since 1948 and to make positions sustainable, different ways of working and changing the way contracts were offered was essential to increase interest.

**RESOLVED:** That the report be noted.

#### **24. Preparations for Leaving the EU with No Deal**

Marcus Warnes, Accountable Officer, Staffordshire Clinical Commissioning Groups (CCGs) attended the meeting to present the report and answer questions.

It was reported that a team called the Emergency Preparedness, Resilience and Response (EPRR) team had been established to lead the CCG's contribution to NHS preparedness for leaving the EU without a deal.

Overall the following key areas were identified as being the most relevant to the NHS:

1. Supply of medicines and vaccines;
2. Supply of medical devices and clinical consumables;
3. Supply of non-clinical consumables, goods and services (such as IT and telephones),
4. Workforce;
5. Reciprocal healthcare;
6. Research and clinical trials;
7. Data sharing, processing and access;
8. Return of EU nationals to the UK in significant numbers;
9. Shortages of health and social care staff;
10. Fuel shortages
11. Adverse impact on health due to food poverty.

The two main significant risk areas were Medical supplies and Workforce. In mitigation, legislation had now been passed to enable pharmacists to supply clinically suitable

alternative products; and all local NHS providers had conducted workforce assessments and have put in place contingency plans to mitigate risk of mass departure of EU national staff. The risk associated with EU nationals working for health and social care providers such as domiciliary care and care home was highlighted.

A Member asked what the local strategy was for the supply of nuclear isotopes. The Accountable Officer confirmed that a response would be sort and forwarded to the member.

It was reported that some of the discussions held nationally were confidential particularly around fuel however, at a local level, assurances were provided that locally Trusts would manage.

**RESOLVED:**

- a) That the report be received.
- b) That a response to the question on the local strategy for the supply of nuclear isotopes be sort form the Accountable Officer.

**25. District and Borough Health Scrutiny Activity**

The item was deferred to the next meeting.

**26. Work Programme**

The Scrutiny and Support Manager presented the work programme. Members were reminded that there was an additional meeting scheduled for 9<sup>th</sup> October 2019 at 2pm to consider the Children and Mental Health Strategy.

**RESOLVED:** That the work programme be approved.

**Chairman**