

Minutes of the Healthy Staffordshire Select Committee Meeting held on 15 July 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Janet Johnson
Tina Clements	Dave Jones
Rosemary Claymore (R Ford Sub)	Paul Northcott (Vice-Chairman)
Janet Eagland	Jeremy Pert
Ann Edgeller	Carolyn Trowbridge
Maureen Freeman	Ross Ward
Phil Hewitt	Victoria Wilson
Barbara Hughes	

Apologies: Richard Ford, Kath Perry, Bernard Peters and Ian Wilkes

PART ONE

7. Declarations of Interest

The Chairman, Councillor McMahon declared an interest in item 4 "Patients with Complex Care needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership". He felt that he may have met one of the patient's parents in a professional capacity. He remained in the meeting but did not Chair the meeting during that item.

8. Minutes of the last meeting held on 10 June 2019

RESOLVED: That subject to the spelling change below, the Minutes of the Meeting held on 10 June 2019 be confirmed as a correct record and signed by the Chairman.

- Page 5 paragraph 4 should read Brompton not Brampton.

9. Patients with Complex Care Needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership

Councillor Paul Northcott took the chair for this item. Councillor McMahon remained in the meeting and took part in the discussion.

Jenny Napier-Dodd, Quality Improvement Manager and Lynn Tolley, Head of Nursing, Quality and Patient Safety, attended the meeting to present the report and answer questions.

The Committee heard that following the Winterbourne scandal in 2014, the Transforming Care Programme (TCP) had been introduced across the whole country in

every Clinical Commissioning Group (CCG) area which aimed to reduce the number of patients in specialist NHS beds and get them into appropriate community care provision close to home. Staffordshire's target for the end of 2019 had been 13 Out of County placements, however, unfortunately this had not been met and was currently 25. Escalation meetings had been held with NHS England and a new trajectory had been set for March 2020 at 16. It was stated that this was a very challenging target. Reasons for the increased number of patients was explained as: there were more new younger patients with autism; a number of patients had completed the treatment programme but were a risk to themselves or others so needed to remain in placement: and some patients have a legal issue so could not be relocated.

Members were informed that along with the new trajectory came some extra funding, but this was for project teams to source providers etc rather than to meet the long term needs of patients with complex health issues.

The Committee was informed that the TCP had brought together teams; individuals; information; visit data; and other information sources but also quality assurance data; training information; infection control information all of which could all be used to establish a clear picture of care standards.

Following a question on the confidence of the CCG that Out of County hospital beds were safe; of a good quality; and met patient's needs, it was explained that Whorlton Hall had been visited by the Care Quality Commission (CQC); CCG officers attended regular meetings; patients and patients parents were met; there had been discharge plans in place agreed by all parties, and yet problems were only highlighted by undercover reporters. The treatment of patients at Whorlton Hall had been a complete surprise to all parties. No concerns had been raised by professionals or parents.

There were six facilities based in Staffordshire that were registered for patients with complex learning disabilities. All of these were being quality assured by the Local Authority. However, not all were used by this Local Authority and it presented a need for all commissioners to work closely together so that all had consistently high standards. One of the benefits of getting people closer to home was that more visits could be made, and a closer relationship built. Members were encouraged to hear that providers were approaching the Local Authority to ask for support/guidance on how they can organise themselves in order to stop deep seated issues such as recruitment, training and shift patterns so that workers don't form groups. Whistle blowing and encouraging staff to come forward were also ways of collecting information.

The growing number of Autistic individuals was discussed, and it was felt that cases were becoming more complex and higher risk.

The robustness of the complaints scheme was described. If the CCG received a complaint, they aimed to investigate within 3 days. They also received copies of complaints sent directly to providers and their response and also from partners and Local Authorities.

Assurance plans were in place as were discharge plans for all those patients currently in hospital care who could either go home or live in the community with support. Six patients remained without any clear pathway, as these patients were thought to have no

legal framework for them to come back into the community as providers could not always support patients which such high level need.

RESOLVED: That a briefing note be prepared for the Committee, with details of the quality assurance plans; the TCP plans for the future; and, what lessons had been learnt due to the Whorlton Hall investigation.

10. Nexus Care

The Chairman resumed the Chair for the remainder of the meeting.

Helen Trousdale, Lead Commissioner, Clair Muldowney, Chief Operating Officer NEXXUS and Andrew Felton, Non Executive Director for NEXXUS attended the meeting to present the report and answer questions.

NEXXUS was established in 2011 as a Local Authority Trading Company and was developed to form a Care Agency stream in 2017. In 2018 Allied Healthcare become subject to provider failure and the Council transferred the contracts to NEXXUS and provided over 3,000 hours of home care, with 100% staff transfer through TUPE.

Unfortunately, within 3 to 4 weeks of the transfer NEXXUS was inspected by the CQC and was rated “requires improvement” due to issues of paper work and proof of procedure being followed. Officers were confident that these issues had now been addressed. The main risk was identified as being staff recruitment. It was acknowledged that NEXXUS only operated in certain parts of the County although there were plans to expand into the Newcastle area.

The Chairman reminded Members that the scrutiny of governance arrangements for the company fell within the remit of the Corporate Review Committee.

A Member asked if the consequences of expanding had been forecast, for example into Newcastle and the effect this would have on other smaller providers and the unintentional consequential effect on patients or carers, such as members of staff leaving companies for better salaries only to move again a few months later. In response it was felt that recruitment and new employees were coming from other sectors rather than other care providers. NEXXUS were working alongside providers with the aim of providing additional capacity and not replacing it. The company was still very local and building relationships and working in partnership was important. It was important to know the market and mitigate and be robust enough to deal with any risks e.g. unexpected growth by picking up contracts such as Allied Healthcare. All decisions have to be agreed at Board level and follow a rigorous decision making process.

Contracts with NEXXUS were monitored by Staffordshire County Council.

A Member asked if there were plans to expand into other geographical areas or extra care contracts. In response, it was stated that opportunities were always being looked at for example the Newcastle rural areas which could be managed through the Stafford branch and work was taking place in the Staffordshire Moorlands area with small providers to ensure a robust provision. With regard to Extra Care specifically, there

were always opportunities to work with providers to provide care and use the local extra care hubs as a base to open up the scheme to more users.

When patients were discharged from hospital into the reablement service there was work taking place to ensure that assessments are carried out in the home are carried out and patient profiles completed. Any issues raised with patients and worked through to resolve. There had been teething problems when the contract was first taken on, but partnerships have been developed and the situation has progressed significantly.

Work was also taking place with MPFT to ensure that patients in the reablement service go through one single assessment process and are provided with care from one holistic care team rather than numerous organisations. Weekly reviews were done with service users, with an additional six monthly survey for home care recipients. There was also a robust complaints/compliments system which was reviewed regularly.

Following a question on finance, Members were informed that NEXXUS have to generate profit to pay back the setup loan. Once this has been repaid any profit will be passed back to the Local Authority. The Board keep profits to a minimum in order not to overcharge.

RESOLVED: That the report be noted.

11. Healthwatch Staffordshire Performance Report

Jackie Owen, Healthwatch Manager; Wendy Tompson, Interim Operational Insight Manager and Alan White, The Deputy Leader and Cabinet Member for Healthcare and Wellbeing attended the meeting to present the report and answer questions.

The County Council had a statutory responsibility for commissioning a local Healthwatch in the county. Following a procurement process, the contract was awarded to Engaging Communities Staffordshire for 2018-21. The contract was monitored quarterly and reported to this Committee annually.

The Healthwatch Manager gave a brief presentation covering the Healthwatch Vision, annual priorities; activities and events; and main outcomes.

The priorities for year one had been:

- Non-Emergency Patient Transport
- Learning Disability Day Services
- Prison Healthcare Engagement Standards Framework
- Young People Emotional Wellbeing
- Discharge to Assess

Year Two Priorities were:

- Finalise Learning Disability Day Services, Young People Emotional Wellbeing and Discharge to Assess.
- Continuation of 'Together We're Better' consultation support and advice.
- Access to social care assessments and services across Staffordshire.
- Review of Care Home Commissioning in Staffordshire.

- Working with partners to understand impact of long term substance misuse.
- Support Healthy Staffordshire Select Committee work programme.
- Explore opportunities to shape social care commissioning.

Following a question on what changes had taken place over the last 12 months, the Healthwatch Manager informed the Committee that there had been a reduction in staff numbers; smarter ways of working e.g. use of social media; better choice of priorities of work activity areas; more use of volunteers; and, challenging the choice of work topics to ensure value was achievable.

Through the use of Social Media younger people had been encouraged to participate. There was also more thought given to different ways of consulting, like Instagram, students, visits, group work etc.

A question was asked regarding the patient transport consultation and whether it had considered transport to and from out of county hospitals. In response, only the Staffordshire Hospitals had been considered initially but the conclusions had highlighted the need for more consideration of out of county transport particularly return home arrangements.

There had been a link between mental health issues in young people at Multi Agency Centres and spikes of demand at certain times of the year, e.g. exams, school holidays etc. Healthwatch were looking at the lower level service needs and provision.

It was acknowledged that there had been a significant reduction in budget. As part of a wider review, advocacy services had moved to “Voiceability” which was now providing services for a number of Local Authority Departments, not just those concerning NHS advocacy.

RESOLVED: That the Performance report be noted and that the next update report be considered by the Committee on 28 October 2019.

12. 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.

Cannock District Council’s first meeting had received a report on the merger of the CCG’s.

South Staffordshire District Council’s Committee had considered reports on Lifestyle roadshow which the council is taking to all Parish Councils.

Stafford Borough Council’s next meeting had moved to 31 July 2019 and would be considering rough sleepers and homelessness.

Staffordshire Moorlands District Council had received a report on the merger of the CCG’s.

Tamworth Borough Council had not yet had its first meeting.

RESOLVED: That the report be received

13. Work Programme

The Scrutiny and Support Manager presented the work programme. Members were reminded that there was an additional meeting scheduled for 2pm that afternoon.

It was felt that the short notice of some of the reports was making work programming a challenge. It was hoped that in future the Committee would be informed of Consultation exercises in advance so that appropriate time could be allocated.

RESOLVED: That the work programme be approved.

Chairman