

## Minutes of the Healthy Staffordshire Select Committee Meeting held on 28 October 2019

Present: Johnny McMahon (Chairman)

### Attendance

Charlotte Atkins	Barbara Hughes
Tina Clements	David Leytham
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry
Maureen Freeman	Bernard Peters
Phil Hewitt	

### Councillor Michael Greatorex

The Chairman informed the Committee that Councillor Michael Greatorex had sadly passed away earlier that day. The Committee stood for a minutes silence.

**Apologies:** Alan Johnson, Janet Johnson, Jeremy Pert and Victoria Wilson

### PART ONE

#### 31. Declarations of Interest

There were no declarations made at the meeting.

#### 32. Minutes of the last meeting held on 9 October 2019

**RESOLVED:** That the Minutes of the Meeting held on 9 October 2019 were approved as a correct record and signed by the Chairman.

#### 33. Maternity, Children and Young People Programme

Helen Riley, the STP Senior Responsible Officer and Deputy Chief Executive and Director of Families and Communities; Tilly Flanagan, Head of Child Health and Wellbeing; and Mary Barlow, Lead Nurse for North Staffordshire and Stoke on Trent Clinical Commissioning Group (CCG) - Sustainability and Transformation Plan (STP) attended the meeting.

The report detailed the progress on the **Maternity Transformation Plan (MTP)** and provided an update on priorities agreed for the STP Children and Young People Programme. The Staffordshire Maternity Transformation Board and Plan was originally written in 2016 and had benefited from additional resources from NHS England in the form of Tranche one funding of £390,000 and tranche two funding of £679,000.

There were five key priorities which sat beneath the Staffordshire and Stoke on Trent MTP:

- Enhanced quality and safety of women and new-borns
- Authentic engagement with women and their families
- Reconfiguration of maternity services.
- Improved health and wellbeing of women and their new-born's
- Increased access to perinatal mental health services

It was reported that the Children and Young Peoples Programme had, to date, not received the same level of support afforded to other STP programmes and had been set up later than the others. It was also the only workstream that dealt with a cohort based on age. Great effort had been made to prevent duplication with the other workstreams such as mental health which cut across many services and work areas. The recent publication of the NHS 10 Year plan which related to Maternity, Children and Young People, had been welcomed and had led to a greater impetus to build on the groundwork developed to date and maximise future funding and wider opportunities. It was reported that the MTP had been modified to ensure that the national priorities were picked up locally. The intent was to develop stronger integrated working across the whole system to improve outcomes.

Members felt that the MTP could be reported further through its links with the Early Years Board and information cascaded down to the local Family Improvement Boards. This could help to inform local areas of work and delivery plans.

There had been significant progress made against the plan, which had been complicated by Stoke on Trent City Council currently focusing its resource and efforts in to improving its Children's Social Care services following its recent OFSTED report.

A Member felt that local services had reduced in recent years and gave the example of reduced health visitor numbers and asked how, given the financial constraints, the improvement programme could be delivered. It was acknowledged that funding had changed and the delivery of some services was being looked at in different ways. For instance, a recent pilot of a telephone triage system in the Health Visitor Service, had found that a large proportion of telephone calls to midwives were to make appointments or for information. This could be provided by junior staff or via digital information thus free up time of more qualified health professional staff.

Following a question on Children with Learning Disabilities and Autism, it was reported that conversations and work were starting to take place with other workstreams such as the Mental Health stream and links with the Special Educational Needs and Disability (SEND) programme to ensure that services were in the right place and were provided at an appropriate time. Members were concerned that there seemed to be a lack of coordination between the workstreams and that silo working would stop efficient delivery of services. It was noted that at the 2 December 2019 Select Committee meeting, the Autism Implementation Plan would be considered. Members asked for information at that meeting to alleviate their concerns that services would be coordinated.

A Member raised the issue of Cannock Chase District, which had high levels of still births, and infant mortality rates which were double that of the rest of the county.

Additional resources had been called for to try and establish why this was and officers were working with the West Midlands Network to review the data. A similar piece of work had been undertaken in the recent past in the Blake area of the District. It was felt that this was an item which needed to be considered further by the Committee.

Following a discussion on the importance of Prevention within each workstream, it was agreed that early intervention and prevention was key to family support and mental health services. Partners were working together to look at this. It was felt that some STP work streams may have become so medically focused, that root cause and prevention had become secondary to treatment. It was suggested that a specific workstream to provide focus may help.

Following a question on maternity services and two of the three Hospitals used by residents being out of the County, the Committee was informed that the STP worked closely with neighbouring areas and their Transformation Programmes to ensure joined up working continued. Work around discharge pathways and organisational culture differences was continuing with hospital and community midwives. Staffordshire had a strong Maternity Voice Partnership with 15 local champions in communities who reported feedback to Boards. There were also plans to set up sub groups in each area as it was recognised that parents often struggled to travel further afield to access services. Social Media was helping in this area.

A listening event had recently taken place, organised by “Together We’re Better” to ask what people wanted to see from their maternity services. It was hoped that this may shed some light on the reasons for low birth numbers at The County Hospital.

Following a question on the help provided to Children and Young People with mental health issues who are admitted to prison, Members were informed that work was taking place with the prison service to develop the services that were required.

The future of Children’s Services at the University Hospital North Midlands and the possible application to become a children’s hospital was raised along with the question of whether this would enable access to future funding opportunities. Officers agreed to follow up on this and provide the Committee with a briefing note.

**RESOLVED:** That the report and progress made to date be noted, and the following information be requested:

- a) The Autism Implementation Plan, to be considered at the 2 December Select Committee, should provide information on the coordination between the workstreams to alleviate concerns of silo working.
- b) Infant Mortality in the Cannock Chase District area and the wider context of prevention be considered by the Committee at an appropriate time.
- c) A briefing note on any application by University Hospital North Midlands, to become a children’s hospital and its effect on funding.

#### **34. Midlands Partnership NHS Foundation Trust: merger and quality accounts**

The Committee had requested that the MPFT attend the meeting to provide information on the creation of the Trust following the merger between Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) and South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) in June 2018.

Neil Carr, Chief Executive Officer MPFT; Liz Lockett, Executive Director for Quality and Clinical Performance and Clare Neill, Director of Communications attended the meeting to present the report and answer questions.

The Committee was informed that the main issue had been the Care Quality Commission (CQC) inspection report on SSOTP prior to the merger. The CQC had recently returned to reinspect and the new trust had received a 'Good' overall rating with four areas rated good and one requiring improvement. The area requiring improvement, involved the triage system at the Haywood Hospital site and supervision in some parts or the organisation. Members were informed that work had taken place across the whole of the organisation to develop a 1:1 supervision routine and this was now becoming embedded. The Triage issue at Haywood Hospital had been as a result of staff not understanding the process and the need for recording timings. This had now been addressed.

When asked if the financial position of the Trust had improved, the Committee were informed that it had and there were now more opportunities to change systems and manage finance more effectively.

Following the recent closure of the George Bryan Centre West Wing, due to fire damage, it had been considered that the East Wing had been too isolated to continue to operate and services had been temporarily moved into the community. There was a conversation /engagement taking place on the future model of provision for these services. The feedback from the engagement exercise so far included transport issues for both patients and family. It was reported that there were adequate numbers of beds available, but they may not be in convenient locations. More work was taking place into increasing community support to prevent hospital admissions.

When the Trust was merged, four operating arms were established to ensure that the organisation could respond to specific challenges. These were: Children and families; Staffordshire and Stoke on Trent; Specialist: Shropshire and Telford and Wrekin. Services were monitored from the centre, but the structure meant that there was flexibility to respond to issues either locally or from one of the groups. As the Primary Care Networks develop, groupings in these teams should also allow closer partnership working and reduce the risk of silos.

It was hoped that increased partnership working would lead to better management of long-term health conditions and merging the trusts had enabled better communication. An example was given of a pilot project into pain management which had seen teams working closer together, with mental health professionals having an input and helping to reduce the side effects of long-term pain such as depression and opioid addiction.

Following a question on financial initiatives and the impact on client care and staffing, Members were informed that before reducing or changing any service, a full quality impact assessment was carried out to establish the risk associated with any new

initiative. One of the current initiatives being looked at was that of back office services which would have minimal impact of clients.

Recruitment and retention of social workers had improved, however some groups of staff such as staff nurses still remained a challenge. Initiatives such as 'speak up' had given staff the confidence to report issues knowing that they would be investigated properly. It was felt that this had improved staff morale and would reduce staff turnover as a safe organisation was attractive to work in. The Committee congratulated MPFT on being nominated for so many awards this year including 'Freedom to Speak Up'.

Following a question raised by a Member, the Committee was informed that the trust did not have any beds for under 18 year olds with mental health problems. MPFT does however, sometimes have to admit them into the 136 suite if they need a place of safety. This was a national problem and more community care provision and CAMHs support was needed to provide crisis support for the young.

A Member informed the Committee that they were aware of issues at the Royal Derby Hospital where services were failing to answer phones or help lines. Mr Carr asked the member to pass on the information so that this could be investigated.

**RESOLVED:** That the report be received, and that the following information be requested:

- a) How the amalgamation of mental health and physical health professionals was being approached;
- b) How the community crisis and support intervention was working for young people.
- c) The outcomes of the award nominations.
- d) The Committee be formally consulted on any proposed changes to the George Bryan Centre.

### **35. Work Programme**

The Scrutiny Support Manager informed the Committee that the next formal meeting of the Committee was 2 December 2019. The Healthwatch report which was due to be considered at that meeting had been deferred to a later date.

A special workshop had been arranged for 8 November 2019 at 10am to consider the CCG Long Term Plan.

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

**Chairman**