

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 11 April 2022

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Barbara Hughes
Richard Cox	Thomas Jay
Ann Edgeller (Vice-Chairman (Scrutiny))	Janet Johnson
Keith Flunder	David Leytham
Phil Hewitt	Paul Northcott (Vice-Chairman (Overview))
Jill Hood	Janice Silvester-Hall

Also in attendance:

Tracey Shewan, The Director of Communications and Corporate Services for the 6 Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCG) and Integrated Care System (ICS)

Chris Bird, Executive Director of Partnerships, Strategy and Digital, North Staffordshire Combined Healthcare NHS Trust and Staffordshire and Stoke on Trent ICS Senior Responsible Office for Sustainability.

Dr Richard Harling, Director Health and Care SCC

Apologies: Philip Atkins, OBE, Martyn Buttery, Rosemary Claymore, Colin Wileman and Ian Wilkes

Substitute: Councillor Julie Cooper substitute for Councillor Ian Wilkes

PART ONE

73. Declarations of Interest

Councillor Ann Edgeller declared an interest as Partner Governor of the Midlands Partnership Foundation Trust (MPFT).

74. Minutes of the last meeting held on 15 March 2022

Resolved that the minutes of the meeting 15 March 2022 be approved and signed as a correct record.

75. Cannock Minor Injuries Unit (MIU) Update

The Director of Communications and Corporate Services for the 6 Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCG)

and Integrated Care System (ICS) provided a verbal update relating to Cannock MIU.

Committee was advised that the CCG was looking to provide a step-in provider to provide services at the Cannock MIU for the people of Cannock and that they were working towards re-opening the service in June 2022.

Resolved:

1. That the update on Cannock Minor Injuries Unit be noted.

76. Care Home Update

Care Home Update

The Director of Health and Care provided the Care Home update report as requested at a meeting on 31 January 2022.

He updated Committee on changes since the last meeting including:

- The Discretionary Fee Review
- Care home Covid controls relaxed - restrictions on visiting activity and admissions were required in event of Covid outbreak.

The Director advised Government guidance had also been updated and that in relation to paragraph 3c(i) relating to Covid tests, the following now applied: (i) there was no longer a requirement for staff contacts to take a PCR test, this had been replaced by (ii) a requirement for staff for to take Lateral Flow Tests (LFT) in the event they were contacts. Also, (iii) in case of an outbreak at a care home all staff and residents would need to take LTF and PCR tests.

The Committee noted the following comments and responses to questions:

- The Council's increase in fees for residential and nursing home placements for 2022/23 was 6.24% and this had been offered to providers with the application of a 3% quality premium for some placements and a 3% productivity saving for others. This would reduce the variation in care home fees, and was consistent with Government's adult social care reforms with the requirement to determine and move towards a Fair Cost of Care for each local authority area, with additional funding provided through the "Market Sustainability and Fair cost of Care Fund: purpose and conditions 2022 to 2023".
- Quality premium. Committee was assured that the Council would continue to work with all care homes to maintain and improve quality with a combination of support and challenge. There would be a

particular focus on care homes rated as requires improvement by the Care Quality Commission.

- Fair cost of care. It was clarified that this would tend to equalise payments between local authority and privately funded individuals. Committee understood that this would typically cost local authorities more and privately funded individuals less, albeit with a varying impact on local authorities and people self-funding their care.
- It was too early to estimate the cost to the Council. Estimates were difficult to calculate for a range of reasons but there were national tools being developed to help calculate the Fair Cost of Care that would be used.
- There was increasing concern nationally that Government funding for all adult social care funding reforms was substantially short of their actual cost and Government was being lobbied by Local Government to ensure reforms were properly funded and that there were not un-costed liabilities falling on local authorities.
- It was clarified that with the introduction of cap on care costs and capital thresholds, people self-funding their care could come to the Council for a Care Act assessment and financial assessment. It was expected that the increase in assessments would require considerable resources for the extra staff, and that the extra requirement would have to be estimated based on number of self-funders currently in the County with sensitivity analyses based on the proportion that may come forward.
- In terms of Covid booster jabs it was confirmed that 55% of care home staff had received a second booster, a figure for care home residents would be circulated to members.
- The Director was confident that the £32 million additional government funding during the pandemic did meet most of the additional costs of activity in most of the care homes. The risk highlighted was that the funding was non-recurrent, and as the pandemic was not yet over there may be unfunded liabilities in the future.
- Occupancy rates. The current occupancy rate was 80%, care homes typically based business plans on around 85% occupancy rate. If occupancy rates remained lower than this then there were two potential risks: either that care homes raised the average price of a placement to increase the revenue per bed whilst having fewer beds occupied; or that care homes financial sustainability might be compromised.
- There is not a target care home occupancy figure, the aspiration would be to have people looked after in their own home. The Council's intention is to offer the market insight into what future demand and capacity requirements, to help care homes plan for the next 10-20 years.

- A member expressed concern that Oxyvision was being used in care homes and had a preference for personal care of residents. It was clarified that Oxyvision was being piloted at the moment as an alternative to close supervision residents who required intensive monitoring. The Council was keen to encourage innovation in the care market and had to trial technologies to see if they could work and were beneficial. Committee was advised that benefits of Oxyvision were that it was less intrusive for individuals and that it freed up staff time. It was not envisaged to replace personal care but had potential to complement it.
- Listing of care home's Care Quality Commission ratings in Staffordshire was available both on the Council and CQC websites.
- Pressures on the NHS and adult social care remained high in the face of high demand and elevated staff sickness absence levels. Hospital discharges were difficult with discharges to home care more problematic than to care homes. 50 care homes were affected by Covid outbreaks and although Government guidance was more permissive and allowed care homes to admit residents, many were still anxious about doing so. The Council was working with them to encourage an appropriate balance between infection prevention and control and timely admission both for new and returning residents, in order to help flow through the urgent care system.
- Joint procurement. The Council worked closely with NHS on quality improvement and joint planning, but there was little joint procurement. There were separate procurement systems in place and an opportunity to consider joining these up, especially in light of the Government policy on Fair Cost of Care. The Council would discuss this with the new Integrated Care Board (ICB).
- In terms of the residents' voice, it was clarified that good care homes consider feedback from their residents and the Council reviewed people annually and considered their safety and quality of life. It was acknowledged that information could be better collated and that this could be explored further. The Chairman welcomed this suggestion which he felt would provide additional assurance and visibility.
- Number of care homes in Staffordshire. It was clarified that pre-pandemic the Council had concluded that there may be insufficiency capacity particularly in nursing homes, which had led the Council to consider building new nursing homes to the South and middle of the county. However in light of lower bed occupancy post-pandemic it would now be necessary to review capacity requirements to ascertain if there was a need for the Council to intervene in the market.

The Chairman thanked the Director for Health and Care for the report and thanked care homes for the work they continue to do in difficult circumstances. The report had highlighted several strategic issues that

the committee may want to consider for inclusion in the work programme 2022-23, as follows:

- Quality of care homes based on CQC rating
- Sustainability of care homes
- Fee payment
- Cost saving measures
- Staff recruitment and retention

Resolved:

1. That the Care Home Update report be noted.

77. NHS approach to Climate Change - Staffordshire and Stoke on Trent Integrated Care System (ICS) Plan

System Approach to Climate Change

The Executive Director Partnerships and ICS Senior Responsible Officer for Sustainability provided a report and presentation detailing the wide-ranging programme of change that the NHS was undertaking to address the challenge of climate change.

The committee noted that the NHS had an ambitious target to become net carbon zero by 2045, initially tackling emissions from within the NHS by 2040, and to work with and influence partners in the supply chain to reduce emissions by 2045. The NHS carbon footprint was 5% of the UK total and acute hospitals were the biggest contributor to carbon footprint in the NHS, with primary care a second contributor.

The update captured work that had been done to date, the work currently in progress and the work that would need to be done over the coming years. It was explained that the NHS could not deliver all of these measures in isolation and would require the support of, and ability to work with, a wide range of partners across Staffordshire including Local Authorities at both upper and lower tier level.

Each ICS was required to produce a plan, the Staffordshire & Stoke-on-Trent Integrated Care System (ICS) Green Plan (the plan) was in place by 31st March 2022 and a webinar launch was planned in May 2022, which Members would be invited join.

An ICS work group had been formed to bring forward ideas to develop delivery of the plan and it was noted that ICS was in conversation with Staffordshire County Council about adding the NHS voice to the recently formed Staffordshire Sustainability Board.

The main areas of focus and timelines for the Green Plan were outlined and a case study – ‘keep well keep warm’ was given to demonstrate how

investment in solar panels at hospitals in Staffordshire had generated a return which had been invested in a local charity 'Beat the cold' to address issues that had an impact on the health of residents.

Committee noted the following comments and responses to questions:

- In relation to forty new hospitals to be built in the UK as part of the government's Health Infrastructure Plan, it was not yet known if a net zero hospital was to be built in Staffordshire. However, it was confirmed that new estates guidance would apply to all new NHS buildings to ensure they would be net zero or contribute towards becoming net zero.
- In relation to the retrofit of NHS buildings scheme, there would be a review of the NHS estate to establish the baseline position, bring forward a programme of works and as part of that give consideration to optimising estate and how to address issues such as energy efficiency moving forward.
- Anchor Institution Approach – In the NHS long term plan there were commitments for the NHS to pursue, one about sustainability and one about anchor institutions approach, anchor institutions were routed in communities, such as Local Authorities and Universities that tended to employ in the community, provide services in the community and also procure services locally in the community. The NHS was exploring how these two programmes could work together and were in the early stages of bringing them together.
- In relation to procurement guidelines, all suppliers had to provide a 10% social value weighting to demonstrate how they could better meet the aims and objectives of NHS organisations. Members understood there was also a West Midlands Anchor network being established and each NHS organisation was developing plans but at this time no timeline or targets were set. An update on the Anchor Institution Approach would be brought back to the Committee in the 2022-23 work programme.
- 'Keep well keep warm' case study – concerns about fuel poverty were raised and the need for contingency plans. It was acknowledged that there were challenges to some estate and that the wider determinants of health such as financial health, access to employment, secure housing etc should be considered; there was more work to do here with partners. There would be a scrutiny session on the wider determinants of health in June 2022.
- Concern was raised whether targets would be deliverable by 2040 as well as delivering NHS services. Members were assured that the plan would not be carried out in isolation, work with partner organisations was underway and relationships were being developed. Teams were in place to deal with sustainability in organisations and they would work to prioritise who leads on what. There were good examples in the NHS

to build on such as use of anaesthetic gas - which was very specific for NHS to resolve; and there was broader work such as electric vehicle (EV) charging points - where public infrastructure would need to be looked at in partnership. Delivery in general was about ability to work in partnership, it was also key to keep watch on national funding routes to tap into and expedite progress. Members welcomed local services for local people to reduce carbon footprint.

- Engagement with partners – feedback from surveys gave recognition of climate change as a global emergency with an impact on health. nine out of ten hottest years were recorded in the last decade. Although the priority for many was to return to normality following the pandemic, it was recognised that there was work to be done on the case for change and also to work with colleagues about the individual decisions that individual people make on a daily basis.
- The carbon load of each NHS organisation was known by the NHS and there was a range of sustainability champions looking at how to deliver change in the setting they were based in. To understand more about what residents in Staffordshire feel, there was a need to tap into work from Staffordshire and Keele universities and to work with Local Authorities.
- It was understood that the report reflected on work to date, work in progress and future plans and that there was more work to do on the milestone targets and timelines in the plan. Other changes and steps that needed to happen such as the procurement plan in 2023/24 had to be built in, as well as adding in partners ambitions and timelines for net zero. The linked deliverables and dependencies, where things that needed to be in place before others could progress were outlined in the plan.

The Chairman welcomed the detail in the report and presentation and the NHS commitment to net zero by 2040. He acknowledged that a plan and some milestones were in place and that ongoing discussion would inform and evolve the plan through the years to 2040.

Resolved:

- 1) that Health and Care Overview and Scrutiny Committee note the two supporting targets for the NHS in achieving its commitment to net zero by 2050:
 - i. The NHS Carbon Footprint: for the emissions we control directly, to be net zero by 2040
 - ii. The NHS Carbon Footprint Plus: for the emissions we can influence, to be net zero by 2045.

- 2) That Health and Care Overview and Scrutiny Committee note the plans the NHS has brought forward to address the challenge of climate change across the areas of focus as outlined in the report.

78. Spotlight Review of Sexual Harassment in Schools Draft Report

The Vice-Chair Scrutiny introduced the draft report and recommendations of the Sexual Harassment in schools work group.

Committee noted the following comments made relating to the draft report:

- The power of having dialogue and sharing best practice amongst different schools in a smaller format was a suitable alternative.
- In terms of inclusivity, it was suggested that information about inclusivity be made available - regarding potential for people to abstain or not participate.
- When people needed to make a disclosure, they would need to know who, in a position of trust, they could turn to. Young women may have concerns about turning to the police, in light of recent events, and whether to have confidence and trust in the police.
- In the past some schools had multi agency centres in schools where young people could link up with a trusted adult to discuss concerns. During the pandemic growth in demand in mental health (MH) services had increased, members were interested to see if schools had long wait lists for young people to access MH support and if it was improving.
- A member identified parallels between this issue and other work, namely the Voice Programme and the Mental Health Support Teams (MHST) in schools.
- The Chairman questioned whether there was a role for peer mentors and peer role models, and if there was a mechanism, or early warning system to identify behaviours which were unusual for the individual which could indicate there was an issue.
- The Chairman identified potential for an increased role for school Governors, to make sure that that they were satisfied in their schools and colleges, that sexual harassment in schools was taken seriously as an agenda.
- The report had been shared with everyone that had participated as a draft for comment. Next stages – the report would be considered by scrutiny committees. Comments would then be collated and a final version to the Cabinet Member(s) to respond to the recommendations.

The Chairman concluded that the report was comprehensive, timely and useful. He suggested that as the report was cross cutting the Corporate

Overview and Scrutiny Committee could determine which committee should monitor the recommendations.

Resolved:

1. That the draft report and recommendations of the 'Spotlight Review of Sexual Harassment in Schools' be endorsed.
2. That the comments of the Health and Care Overview and Scrutiny Committee where appropriate be included in the final report to Cabinet.
3. That the final report be circulated to all members.

79. District and Borough Activity Update

District and Borough representatives presented update reports and highlighted the following matters being considered at District and Borough meetings.

Resolved:

1. That the District and Borough Updates be noted.

80. Work Programme 2021- 22

The Chairman introduced the work programme.

Before commencing consideration of the work programme the Chairman advised that since the last meeting of this Committee the final stages of the Ockenden Review Report had been published.

The Chairman had met with the Chief Executive Designate ICS to discuss Staffordshire's response and was satisfied that an initial review of the recommendations verses the maternity services in Staffordshire had been carried out and services were found to be on a green rating on the Red, Amber Green (RAG) scale.

The Director of Communications and Corporate Services ICS advised that Staffordshire and Stoke on Trent ICS would have to consider maternity services again in light of the Ockenden report recommendations and the need to determine if any amendments would need to be made to the Transformation Programme in relation to the future of maternity services.

It was highlighted that one of the key things to look at when this comes to scrutiny was staffing and skills levels in maternity services. There were concerns about the waiting list for maternity services, which had increased 60% and was the highest ever. The Chairman agreed that

vacancy level in Staffordshire could be looked at before June, he suggested that members read the Ockenden report and advised that women's health was on the future plan for the committee.

The Chairman confirmed that a special meeting would not be necessary at this time but that the Committee would consider the Ockenden review outcomes and recommendations when this committee receives its scheduled update report on maternity services in July or September 2022. The Chairman suggested that new committee in 2022-23 take all comments on board.

The next meeting of the Health and Care Committee takes place on 30 May 2022.

1. That Committee note the work programme update
2. The Chairman thanked the members, officers and for hard work and insight during the year.
3. Councillor Hewitt thanked Councillor Jeremy Pert for being an excellent Chairman of the Health and Care Overview and Scrutiny Committee in 2021-22 municipal year.

Chairman