

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 31 January 2022

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Martyn Buttery	Janet Johnson
Rosemary Claymore	David Leytham
Richard Cox	Paul Northcott (Vice-Chairman (Overview))
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	

Also in attendance:

Peter Axon, Interim Chief Executive Designate, Integrated Care System ICS Staffordshire and Stoke on Trent

Lynn Millar – Director of Primary Care and Medicines Optimisation for 6 Staffordshire and Stoke -on -Trent, Clinical Commissioning Groups.

Paddy Hannigan,

Tracey Shewan, Director of Communication and Corporate Services for 6 Staffordshire and Stoke on Trent CCGs

Marcus Warnes, Senior Responsible Officer, Combined Staffordshire CCGs

Clare Neill, Associate Director of Communications & Strategic Partnerships, Midlands Partnership Foundation Trust

Tanisha Steele, Staffordshire and Stoke on Trent CCGs

Emily Doorbar,

Richard Harling, Director Health and Care SCC

Julia Jessel – Cabinet Member Health and Care, SCC

Apologies: Barbara Hughes, Colin Wileman and Ian Wilkes

Substitutes: Cllr Tony Holmes for Cllr Hughes and Cllr Julie Cooper for Cllr Wilkes

PART ONE

56. Declarations of Interest

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

57. Minutes of the last meeting held on 29 November 2021 and 13 December 2021

The minutes of the meetings held on 29 November 2021 and 13 December 2021 be approved and signed as correct records.

58. Integrated Care System Update

The Interim Chief Executive Designate Integrated Care Board (ICB) provided a detailed report and presentation relating to the progress in the creation of the Integrated Care System (ICS), which included the development of the Integrated Care Partnership (ICP) and the recent recruitments to the Integrated Care Board ICB.

The CE ICB advised of the extended timeline for ICS which would now commence on the 1 July 2022. The three-month extended period from April to July would be used to develop the ICP and the governance structure that sits under the ICB. The ICP would oversee the development of the Health and Care Strategy for the ICS and holds the ICB to account for delivery of the strategy. The ICP strategy would be in place by March 2023.

Committee noted the significant challenges and opportunities to ICS at this time for both social care and health care.

In response to Members questions the following responses and clarification was provided:

- The ICS strategy and timelines would be developed by ICP. At a system level the number of meetings held had been reduced. Patient and public participation groups (PPI) would be linked into the system level strategy to ensure that the needs of local people were heard and understood, and that organisational change would have impact on client experience on the ground. There was more to do on developing the strategy over the coming months.
- Assurance was given that the public voice and public need would be considered in all portfolios during the design and development work, in particular that place infrastructure variation considered local access need and would follow the customer journey as part of the strategy.
- Members encouraged community group and voluntary sector involvement in consultation on the strategy. The voluntary sector was a key partner around the table and there was a need to gather intelligence and data to develop the strategy.
- The ICP strategy was at a very early stage, work on timelines and process was progressing and an update would be brought back to a future meeting.
- Delivery would be via three place-based partnerships (Place): North Staffs and Stoke-on -Trent; South East Staffs; South West Staffs and a System Provider Collaborative.

- All Staffordshire County, District and Borough Council Chief Executives and the CE ICS had recently met and talked about Place and how local districts could influence and be involved in the Place discussion and the wider determinants of health agenda. It was understood that the uniqueness of each geographical area had to be considered, e.g., outflows to other areas and the acute services contacted outside the area and that there was a need to involve and be influenced by the District and Borough agendas.
- Assurance was provided that the ICS would build on existing arrangements where they were in place and try to mitigate differences. The ICS CE indicated that when first appointed much of his time had been dedicated to the booster vaccination roll out, but focus was now on the next steps for ICS. It was understood that Covid-19 vaccination programme had impacted on the consultation and development of the ICS framework and that any concern relating to consultation and debating should be made known.
- A Member indicated that Councils were different organisationally to NHS bodies, they were Member led with a medium-term strategy and different pay and conditions, he highlighted the need to communicate, be open and engage with members across the County.
- It was explained that timelines were confined but that there was time to consult fully and prepare the legal framework to commence on 1 July 2022. It was anticipated that design would continue to be developed taking on board all aspects of public and partner considerations before the strategy was finalised in March 2023.

The Chairman indicated that Members would like to see the ICS strategy bring about tangible change for residents and an improved customer journey. The Committee had highlighted that the customer voice and geography of Place should be taken into account and that there was a need to involve the voluntary and community sector in shaping the strategy.

The Chairman thanked the CE ICS for presenting the process and invited an update to a future meeting to provide more detail on the structure and progress.

Resolved:

1. That the update report be noted and a further update be requested on developing the ICS in July 2022.

59. Phase 3 Covid Vaccination 3 Update

The Director of Primary Care and Medicines Optimisation for 6 Staffordshire and Stoke-on-Trent, Clinical Commissioning Groups and the Chair of the Programme Board provided an update report and presentation relating to phase 3 of the Covid Vaccination Programme.

The Committee noted the following comments and responses to questions:

- There were currently no walk-in centres in the Staffordshire Moorlands district for residents' use. It was explained that walk-in centres were targeted for low vaccine take up areas and that Leek and Biddulph areas in Staffordshire Moorlands district had high take up rates. There were community pharmacy appointments available to residents and these could be booked on the national booking system.
- Members requested that changes to location of walk-in centres be widely communicated to residents.
- The walk-in centre at the Pirehill Fire Station was situated on the A34 road at Stone which was not easily accessed on foot. It was explained that the Fire Station site was identified to facilitate access for large numbers of residents by vehicle when it was first known that 150,000 vaccines had to be delivered in two weeks. Members were invited to contact officers if they wanted to suggest more suitable alternatives for walk-in centres in Stafford Town Centre.
- In terms of alternatives to a jab for younger vaccine recipients, such as a sugar cube, it was explained that injection for children was a tried and tested method to vaccinate. The vaccine roll out for 11-15 year olds had a 60% uptake, and roll out for 5-11 year olds who were clinically vulnerable was due to commence. It was planned to offer the vaccine jab to all children 5-11 by the Easter Holidays. It was explained that there were technological reasons why vaccines were offered by injection and the method was approved by the Joint Committee on Vaccination and immunisation (JCVI).
- In relation to low take up of vaccine, Members were advised that an inequalities group met weekly to consider how best to identify and target groups using data. Local councillors were also encouraged to identify groups in their wards and Members were encouraged to talk to their Local Outbreak Control Board Member. For rural areas an 'ice cream van' approach was used, where a mobile unit would be arranged and residents notified what time and date the unit would be on which site. These methods should be highlighted at a workshop for Members on 17th February 2022.
- 2.4 million booster vaccinations had been provided since 12 December 2021. It was understood that the drive to vaccinate had been labour intensive, there was a need to train others to jab and be overseen by a clinician to make best use of people in the system, and there was a need to develop a sustainable model for vaccine roll out moving forward.
- The need to re-circulate community pharmacy site information was highlighted to encourage take up of vaccinations. CCGs were working with social media groups to get factual information out to non-vaccinated residents and encourage take-up and drop in Q&A sessions

with trusted information had been arranged. There was a steady rise in every cohort coming forward for vaccination.

- Vaccination of NHS staff was proposed with the last date to have first vaccine by 4 February 2022. It was reported that of 45,000 members of NHS staff, 2% were unvaccinated, there being potentially 900 staff reduction. This was of concern to Members, they were advised that individual conversations with staff were ongoing and that a process was in place to reduce the impact.

The Chair thanked presenters for the update and their continued work under extreme pressure. The Director of Primary Care thanked Members for their support and offer to get the message out in their local areas.

Resolved:

1. That the update report be received and noted.

60. Covid-19 Update

The Chair congratulated the Emily Doorbar, Covid Defence Lead on the award of British Empire Medal BEM in the Queen's New Year's Honours Awards for her exceptional work relating to Covid-19 track and test programme in Staffordshire which had been shared with other Local Authorities as best practice. The Committee endorsed the Chairman's comments and congratulated her. The Covid Defence Lead thanked the Chair and the team effort to deliver the track and trace programme.

The Covid Defence Lead provided an update which detailed the current position in relation to management of Covid-19, case rates, demographics, hospitalisations, death rate and vaccination programme.

Committee noted the following comments and responses to questions:

- Staffordshire overall rate was 977.5 currently lower than the rest of the West Midlands, and slightly higher than the national rate.
- Case rates remain high but had plateaued. There were currently a lot of re-infection rates across the County.
- The legal requirement to self-isolate was to cease on 24 March 2022, but there would still be testing and enhanced infection prevention controls in the care homes.
- The Lateral Flow Test LFT supply rates were restored.
- Infection rates had reduced significantly in age range 5-10 years.
- Hospitalisations rates had peaked and were now trending downwards across Staffordshire and Stoke on Trent beds.
- Lower death rates were reported. It was clarified that death certificates detail Covid as the cause of death where a person had died because of Covid and also where they had died of other causes but also had Covid.

- As previously reported vaccinations continued through the Christmas period and residents were still coming forward for vaccinations. It was explained that the high level of unvaccinated in younger age groups would be because they were not yet eligible for the jab, also that people had a 28 day delay after testing positive for Covid before they could seek a vaccination. Members welcomed the data set and were assured that there were no current concerns, and no-one was being left behind.

The Chairman referred to the [Annual Report of the Director of Public Health 2021 - Staffordshire County Council](#) 'Covid in Staffordshire - impact and opportunities', he welcomed the report and suggested that members read it both in light of the way forward outlined and in relation to partnership working and what could be achieved. He encouraged Members to share the report with District and Parish Councillors.

Resolved:

1. That the update report be received and noted.

61. Integrated Care Hubs

The Associate Director of Communications & Strategic Partnerships outlined the report and presentation. She advised that public consultation Dec 2018 - March 2019 had informed the MPFT delivery plan to introduce Integrated Care Hubs (ICH) across North Staffordshire. The four hubs would be developed in Leek Moorlands Hospital, Bradwell Hospital, Haywood Hospital and Longton.

The Integrated Care Hubs (ICH) would be a single point of access to services with one referral form to integrate work already happening in the community. The ICHs were at this stage integrated models of provision to be rolled out prior to the building becoming a reality. The community and Members would have full involvement in developing the hubs.

The following comments and responses to members questions were noted:

- Members welcomed the report and were pleased that health colleagues were looking at future demand on services, which would potentially be a 17% increase by 2030.
- The ICHs would have flexible spaces which could be used for a range of uses, whether this be clinics or voluntary group usage.
- Voluntary sector services would be commissioned and paid for by MPFT.
- There was a need for community groups to share information protocols and take on board GDPR requirements.
- The small Public Health team within MPFT would link to ICHs. The demonstration of need for relevant services at local level was key and

Public Health colleagues were bringing population health management data into design and modelling conversations.

- Referral to community services time improvement would be made by reducing the number of referral forms from GPs and looking at self-referrals for some services including digital use, to avoid accessing through GP in the first instance.
- Each individual community service currently had an internal referral process, the service was looking to cut out the internal referral process as the multi-disciplinary teams and clinics would be in one place.
- The need for consistency of care and treatment was highlighted. Members noted that there would be differences in spoke and hub models, depending on the area in which they were based and prevalence for service need.
- It was suggested by a member that District Councils covering Leek, Biddulph and Cheadle needed to set up a work group to understand the interaction between the areas in order to future proof the hubs and ensure that patients could still get to appointments. In particular travel, bus routes, activity data for each of the GP services in the area and current usage would be useful feedback to MPFT to understand and work through to help shape ICHs. The existing consultation data was considered valid; however, it was recognised that things had moved on and there was additional demand and backlogs for services.
- Member questioned what was planned in South Staffordshire. The living well model would be across all of Staffordshire, models would be rolled out and GP referral forms would be piloted in South of the County, but at this stage a building conversion in the South had not been discussed.
- There was additional demand relating to mental health issues and more hospitalisation of people who were not identified through community services.
- MPFT was working with public health on the modelling and looking at a range of data to consider activities, lessons learned and taking digital advances into account in the building design.
- It was clarified that this consultation would not re-open discussion on decisions previously taken to close hospital beds.

Resolved:

1. That the update report be received and noted
2. That representatives from Staffordshire Moorlands and Newcastle under Lyme District Councils meet to consider the interaction between the Leek, Biddulph and Cheadle areas in the development of the Integrated Care Hubs and feed findings back to MPFT.

62. Care Home Update

The Cabinet Member Health and Care introduced a detailed report on the care homes situation in Staffordshire and the support provided from Government and the County Council. She highlighted the challenges to care homes during the pandemic, including the introduction of infection control measures; the impact on residents and carers; staff absence, recruitment and retention rates and a drop of occupancy rates bringing financial challenge. She indicated that care homes had been supported by the Council throughout this period, in particular with managing outbreak control measures.

The Cabinet Member advised that new pressures had impacted on care homes capacity to accept new referrals, this impacted on the wider Health and Care system in terms of delayed discharge from hospital and a lack of choice of homes available for residents. There was some recent recovery of occupancy numbers and additional Government funding to address pressures and support care homes but where no progress or improvement was made, action would have to be taken. There was ambition to improve the standard of care by assisting care homes to use more technology and a range of activities and initiatives. The Director of Health and Care indicated that the commissioning initiatives outlined in the report would help to ensure the sustainability of care homes into the future.

The Cabinet Member highlighted that access and affordability were important to individuals' family and carers and that the Council would continue to pursue value for money and stability for home care market by increasing the number of block booked beds and continuing to use dynamic purchasing system. A report to Cabinet in Summer 2022 would consider the review of Council owned nursing care homes capacity.

The Director of Health and Care gave thanks to all care homes and their staff for the extraordinary efforts they had made to look after some of the most vulnerable residents over the course of the pandemic. The Chairman and Committee echoed these comments.

The following comments and responses to members questions were noted:

- Approximately 20% of Staffordshire County Councils funded placements were in care homes rated inadequate or required improvement.
- Locally and nationally, more was needed to understand the costs coming through the reforms in the Social Care Act. The three main element of reforms in the Social Care Act:
 - a. A cap that the individual pays towards cost of care in their lifetime (£86,000).

b. A rise in capital assets individual allowed to have before starting to pay for their care from £23,350 to £100,000.

c. A fair cost of care principal which would effectively equalise the amount that self-funders and Local Authorities pay for care.

In relation to (a) the cap: It was understood that self-funders paid more for care but there was no information about how much more. Self-funders would be given the right for the Local Authority to purchase their care, over time that would have the effect of equalising the care costs, which would create financial pressure for the Local Authority.

In relation to (b) & (c): the care cap and capital thresholds would create an increase in assessment needs. This would require new social workers and administration of new funding forms, this would increase the cost of assessments for the Local Authority.

- Purchase of 200 block booked beds aimed to give stability of price and quality for self-funders and the Council, greater stability to the market, and provide value for money.
- Members highlighted that residents and staff mental wellbeing had been impacted through the pandemic, some restrictions were now reducing, and members hoped restrictions would decrease more.
- The 450-place decrease in occupancy rates for 2020-21 during the pandemic was for a variety of reasons, including death rates, that care homes were less desirable place to be, and that people chose to stay in their community. Occupancy level had increased by 250 places, but were still 200 places down from pre-covid levels. Demand for Adult Social Care was currently quite high, but demand was unsettled, there would be a clearer picture of demand and capacity by the Autumn 2022.
- Out of County placements were necessary where specialist care not available in Staffordshire was required, however the most common reason for out of County placements was people's choice to move closer to their family.
- Partners were working closer together and had joint teams with NHS to monitor and support quality improvement and quality assurance in care homes across the County. There may be opportunity for deepening integrated care arrangements to consider joint purchasing arrangements and to think about commissioning and contracting for placements and to make best use of purchasing power across the County Council and the NHS.
- Assurance was provided that access to care home placements was timely and that there were three standards for finding home care placements: highest priority referral (1 day), urgent referral (7 days) and routine cases referral (28 days). Collectively 85% of placements were achieved in timescales for December. In January due to Covid outbreaks 61% were placed within timescales. Care homes that were closed for admissions peaked at 75 a few weeks ago and were now

down to 50. Members were assured that the data demonstrated the right direction of travel.

Resolved:

1. That the update report be noted and a further update be requested to a future meeting.

63. District and Borough Health Scrutiny Update

District and Borough representatives presented update reports on matters being considered at District and Borough meetings.

Resolved:

1. That the District and Borough Updates be noted.

64. Work Programme 2021-22

The Chairman introduced the work programme. Members considered matters planned and associated scrutiny work taking place in the District and Boroughs.

Resolved:

1. That Committee note the work programme update
2. That Committee note the change of date of the 19 April 2022 meeting which has been re-scheduled to Monday 11 April 2022 at 10.00am.
3. That officers circulate the Stafford Borough Council Covenant of Mental Health which was to be launched on 4 February 2022 to District and Borough Councils. To request that members share the Covenant with Cabinet Members to consider signing up to develop a Countywide Covenant for Mental Health.
4. That officers circulate the link to the Health and Well Being Board Priorities consultation to all District and Borough Councils to consider HWB priorities in their areas.
5. That the relevant members from Borough and District Councils meet to consider planning a response to the consultation for the Integrated Care Hubs in North Staffordshire.
6. That officers circulate the recent work carried out by Staffordshire Moorlands Council relating to SEND work in schools with the Committee for information.

Chairman