

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee

Tuesday 15 March 2022

1.0 Systemwide transformation programme reports of findings

1.1 Recommendation(s)

I recommend that:

- a. The committee reviews the content of the report and advises on any additional information that is required by members to feel assured that due process and sufficient involvement activity is being undertaken/ planned.
- b. The committee receives the update around the Transformation Programme.

2.0 Report of Staffordshire and Stoke-on-Trent Integrated Care System

2.1 Summary

2.2 What is the Overview and Scrutiny Committee being asked to do and why?

2.2.1 This report summarises the findings from a series of involvement activities, held in summer/autumn 2021, related to the system-wide transformation programme. Committee members are asked to formally receive the reports of findings.

- a. The committee reviews the content of the report and advises on any additional information that is required by members to feel assured that due process and sufficient involvement activity is being undertaken/ planned.
- b. The committee receives the update around the Transformation Programme.

4.0 Background

- 4.0.1** In 2019 the Together We're Better partnership identified a number of priorities that would require a system-wide approach to transformation. The transformation programme was paused in March 2020 to enable clinicians and staff to prioritise the response to the COVID-19 pandemic. The full 2019 report of findings can be viewed on the Together We're Better [website](#).
- 4.0.2** In summer 2021 some of these programmes recommenced, with clinicians and staff working to identify any future proposals for service change. To inform the option appraisal processes, further involvement activity was launched in summer/autumn 2021. The programmes included:
- a. **Maternity** – proposals to move to a continuity of carer model and to develop an on demand offer for the freestanding midwife-led birthing units (FMBUs) at County Hospital, Stafford and the Samuel Johnson Hospital in Lichfield.
 - b. **Urgent and emergency care** – focusing on the development of nationally mandated urgent treatment centres, which will abolish minor injury units and walk-in centres. This programme will also review the emergency departments in the area, as part of the wider urgent and emergency care system offer.
 - c. **Inpatient mental health services south east Staffordshire**. A fire at the George Bryan Centre, in Tamworth, in 2019, led to the temporary centralisation of inpatient services at the St George's Hospital in Stafford and the enhancement of community services caring for adults with dementia and low to medium mental health needs. The fire acted as the catalyst; however in line with the national best practice for mental health there was already a need to review inpatient provision, to support the national vision to deliver more care in the community.
 - d. **Difficult decisions** – A review into patient eligibility for five procedures across Staffordshire and Stoke-on-Trent. The CCGs wanted to make the eligibility criteria for these procedures consistent for everyone. The five procedures are:
 - i. Assisted conception
 - ii. Hearing aids for non-complex hearing loss
 - iii. Male and female sterilisation
 - iv. Breast augmentation and reconstruction
 - v. Removal of excess skin following significant weight loss.

- e. **Community diagnostic centres** – the system is responding to the national ambition of providing elective diagnostic services in community diagnostic centres (CDCs) as recommended by the [Sir Mike Richards' Review of Diagnostics Capacity](#). The CDCs would be created across Staffordshire and Stoke-on-Trent to support an enhanced offer, providing access to diagnostic services such as blood tests, scans, x-rays and imaging more quickly and nearer to home or work.

This was a new programme established in summer 2021 and the survey helped inform the early thinking and a bid to NHS England/ Improvement. As further guidance is shared on the requirement for community diagnostic centres our approach to further involvement will be developed.

- 4.0.3** Recognising the pause in the programme due to COVID-19, the system launched a series of refreshed listening exercises during summer/autumn 2021, to understand if there was any new insight from staff, service users, partners and public to inform the development of future proposals.

5.0 Approach to listening exercises

- 5.0.1** In 2019 the partnership launched one big conversation, aligned with the national Long-Term Plan. Recognising that the transformation programmes are at different stages of development, individual, tailored listening exercises were carried out in 2021 to seek new insight.
- 5.0.2** A range of communications channels were used to promote the listening exercises' surveys and where appropriate online events. Stakeholder mapping was undertaken for each programme to identify the appropriate channels and resources needed for each group.
- a. **Listening events:** These were structured events. They provided presentations to inform participants, and then gathered feedback on the presentations in a structured way. Participants included partners, service users, community groups and the workforce
 - b. **Community networks:** Phone calls and emails to voluntary sector, community groups and other stakeholders. The programme asked for their support to promote the surveys and events and also offered to attend any existing meetings

- c. **Promotion through partners and stakeholders:** Information packs were shared with partners to support promotion. For the larger programmes, including maternity, urgent and emergency care and inpatient mental health services, public documents (including easy read formats) were developed to communicate the case for change. These documents can be found on the Together We're Better website
- d. **Digital promotion:** using organic and where appropriate paid for social media advertising (maternity, urgent and emergency care and inpatient mental health), which aimed to reach new audiences and encourage participation.

6.0 Individual listening exercises

6.1 Maternity – 16 July – 15 August 2021

The partnership held two online events with 28 participants and a survey which received 240 responses. This aimed to understand:

- a. People's experiences of using maternity services before and during COVID-19
- b. Whether women and their partners would choose a homebirth and why
- c. People's views on two proposed new models of care: continuity of carer and an on-demand model at the County Hospital, Stafford and Samuel Johnson Hospital, Lichfield.

6.1.1 In addition to the survey and events, 212 stakeholders were contacted with 462 calls made to community groups and voluntary sector organisations to encourage promotion of the survey and to offer focus groups.

6.2 Urgent and emergency care – 23 September to 31 October 2021

The partnership held three online events with 34 participants and a survey which received 428 responses. The partnership wanted to understand:

- a. People's experiences of urgent and emergency care services before and during the COVID-19 pandemic
- b. Any new information that should be considered in the development of UTCs and the review of urgent and emergency care services locally
- c. If there is anything new that should be considered when agreeing the desirable criteria (that will be used to assess proposals).

6.2.1 In addition to the survey and events, the programme engaged with 783 stakeholders with 3,014 emails and 85 calls made to community groups and voluntary sector organisations to encourage promotion of the survey and to offer focus groups.

6.3 Inpatient mental health services south east Staffordshire – 7 to 31 October 2021

The Midlands Partnership NHS Foundation Trust (MPFT), with support from the Together We're Better partnership, held an involvement programme comprising an online survey and two events. The survey had 80 responses and the events had 29 participants in total. The programme sought to understand:

- a. People's experiences of mental health services before the fire at the George Bryan Centre, Tamworth and/or at St. George's Hospital, Stafford
- b. People's experiences of mental health services since the fire at the George Bryan Centre
- c. People's experiences of mental health services in the community
- d. People's views on the national model of care to provide more services in the community.

6.3.1 In addition to the survey and events, 783 stakeholders were contacted via 3,014 emails and 85 telephone calls to promote the involvement activity and encourage participation, with an offer to support stakeholder meetings if required.

6.4 Difficult Decisions – 13 September to 10 October

An online survey was launched that received 306 responses. The partnership wanted to understand if anything new needed to be considered since the pandemic paused this involvement work in 2020.

6.4.1 In addition to this, the programme issued more than 600 emails and contacted 15 community groups on Facebook to share the survey link.

6.5 Community diagnostics centres – 26 July to 23 August 2021

The partnership launched an online survey to understand:

- a. People's experiences of diagnostic services prior to the COVID-19 pandemic
- b. People's experiences of diagnostic services during the pandemic

- c. How people accessed diagnostic services
- d. Any barriers experienced when accessing diagnostic services
- e. People's views about future service provision, and what services could be provided from community diagnostic centres.

6.5.1 The survey resulted in 148 responses. In addition to these over 3,000 stakeholders were contacted via email and telephone to promote the survey and encourage participation. Digital channels, including owned and stakeholder-owned social media channels and

7.0 Reports of findings

7.0.1 The following section provides a high-level overview of the findings from the listening exercises. The full reports of findings are published on the Together We're Better website (links provided below).

7.0.2 These reports of findings have been shared with the Clinical Commissioning Groups' Governing Body members at their Board meeting on 24 March 2022 for assurance prior to publication.

7.1 Maternity

Of the 240 survey responses, 90% of people were patients or members of the public. 75% of respondents had used maternity services in the last three years, 22% had recently given birth and 28% were currently expecting a baby or their partner was. 9% of respondents worked in the NHS.

7.1.1 A wealth of feedback was received, including people's experiences of services before and during COVID-19. 58% of respondents said that maternity staff were professional and supportive.

7.1.2 Areas for improvement include:

- a. Better support for birth planning
- b. Getting the right information to promote good choices at each stage of the journey
- c. Being listened to and treated with respect
- d. Receiving more help with breastfeeding
- e. Consistent advice and seeing the same midwife
- f. Enabling partners to attend appointments or scans (following the experience during COVID-19).

7.1.3 61% of respondents agreed with the proposed on-demand service for County Hospital, Stafford and Samuel Johnson Hospital, Lichfield. Some respondents said that they would want reassurance that staffing levels would be right and that they were concerned whether a woman might arrive at the unit before a midwife.

7.1.4 67% of respondents agreed that the continuity of carer model was a good model, as seeing the same midwives throughout the pregnancy would make them feel more supported and less anxious.

7.1.5 Link to report of finding:

<https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>

7.2 Urgent and emergency care

Of the 428 survey responses, 88% of people were patients or members of the public, 2% were carers and 8% were employed by the NHS. Respondents indicated they had used a range of urgent and emergency care services, including same-day GP services, A&E/emergency departments, NHS 111, walk-in centres and minor injury units.

7.2.1 A wealth of feedback was received, including people's experiences of services before and during COVID-19. People's experiences of urgent and emergency care services varied, with some people giving positive comments for staff and the quality of care provided.

7.2.2 Areas for improvement included:

- a. Booking process and availability for same-day GP services needs to be improved
- b. Waiting times for care and treatment
- c. Accessing help through NHS 111 – no call backs and long waits for calls
- d. Need for local services
- e. Need for adequate staffing
- f. Access to X-ray and opening hours
- g. Communication, in particular for care of the elderly.

7.2.3 65% of respondents said they fully understand the model of care for Urgent Treatment Centres. Some of the key themes on the model of care included:

- a. Consider public transport and access for rural areas

- b. Consider the needs of specific groups, for example carers, dementia patients
- c. Consider access out of hours
- d. Local and equitable access to services
- e. Patient education/signposting is needed
- f. Consider ambulance transport and referrals
- g. Provide more information on the model of care.

7.2.4 25% said they were unconcerned or very unconcerned about the move to UTCs, with 27% neither concerned or unconcerned and 48% concerned or very concerned. Some of the key themes identified, included the need to:

- a. Ensure appropriate staffing of UTCs
- b. Consider the need for local urgent care services
- c. Consider travel time
- d. Ensure location of UTCs are accessible
- e. Consider demographics of different areas, for example social deprivation and population density
- f. Consider growing populations when planning services
- g. Consider impact on workforce
- h. Consider cross-border care
- i. Utilise existing estates.

7.2.5 A further report was produced by Reach, who held Zoom focus groups with people with learning difficulties. Their feedback is summarised in the report and includes the need for more communication and challenges in accessing NHS 111 and GP services and long waits at walk-in centres.

7.2.6 Link to report of finding:

<https://www.twbstaffsandstoke.org.uk/get-involved/previous-involvement-work/improving-urgent-and-emergency-care-services-in-staffordshire-and-stoke-on-trent>

7.3 Inpatient mental health services south east Staffordshire
Of the 80 responses received, 95% responded as an individual (for example, a patient, member of the public or an NHS employee), and 5% responded on behalf of an organisation as a formal organisational response. Of the individual responses, 26% had used mental health services, 36% were members of the public and

11% were carers. Of the organisational responses, 22 percent were from NHS employees, 3% from health-related group, charity or organisation and another 3% were from other public sector organisations.

- 7.3.1** When commenting on experiences of mental health services, 29% each responded about services experienced at the George Bryan Centre and community mental health services, respectively, and 12% responded about services experienced at St George's Hospital. 39% responded that they were not responding about any of those services.
- 7.3.2** For responses about services experienced at the George Bryan Centre, 14% of respondents focused on services provided prior to March 2019; 86% focused on services experienced after March 2019. All experienced services provided from the West Wing of the George Bryan Centre.
- 7.3.3** There were differing views about the experience of services at the George Bryan Centre 76% said they were very good or good. 17% stated services were very poor or poor. Key themes included:
- a. Quality of care at the George Bryan Centre was good (patient-centred) (33% / eight people)
 - b. Staff at the George Bryan Centre were supportive and caring (29% / seven people)
 - c. Staff at the George Bryan Centre were unhelpful (29% / seven people)
- 7.3.4** When asked about their experience of services provided at St. George's Hospital, 33% focused on services provided prior to March 2019; 67% focused on services experienced after March 2019.
- 7.3.5** A total of 42% of respondents said services were very good or good. 33% stated services were very poor or poor. Comments included:
- a. Communication at St. George's Hospital requires improvement (50% / five people)
 - b. Staff at St. George's Hospital were very caring (20% / two people)
 - c. Staff at the George Bryan Centre were unhelpful (20% / two people)

7.3.6 For responses about services experienced within the community, 48% focused on services provided before and during March 2019; 52% focused on services experienced after March 2019.

7.3.7 Analysis of responses showed 38% of people responding said services were very good or good, and 31% stated they were very poor or poor. Comments included:

- a. People experienced difficulty in accessing mental health services (42% / 10 people)
- b. Quality of care was poor (29% / seven people)
- c. There was a lack of continuity of care following discharge (25% / six people).

7.3.8 When asked about the model of care, 85% strongly agreed or agreed with the principles of the model; 4% strongly disagreed or disagreed with the principles. People said they felt the principles would improve the quality of care (20% / 10 people) and encouraged MPFT/ the partnership to consider the need to implement the principles effectively (18% / nine people).

7.3.9 Link to report of finding:

<https://gettinginvolved.mpft.nhs.uk/george-bryan-centre-engagement>

7.4 Difficult Decisions

Of the 306 survey responses, the majority were about hearing aids. Feedback was received on all five procedures, but there were not as many responses as the 2020 survey. This is because people were asked not to duplicate their survey responses if their views had not changed since 2020. This new insight will be used alongside the insight in 2020 to inform any future proposals.

7.4.1 Of the respondents, 93% were white British, 81% were aged 55 and over and 64% were female.

7.4.2 The following key themes were identified as part of the report of findings.

- a. Hearing aids for non-complex hearing loss (295 responses)
 - i. 52% of respondents the NHS should fund provision of care and hearing aids
 - ii. 41% of respondents said the service should be available to anyone with hearing loss

- b. Assisted conception (12 responses)
 - i. mixed views on funding
 - ii. 25% of respondents from Staffordshire and Stoke-on-Trent highlighted the need for clear criteria for eligibility
- c. Male and female sterilisation (8 responses)
 - i. 100% of the respondents said the procedure should be available to anyone who would benefit from it
 - ii. 17% said they would likely be a service user in future
- d. Breast augmentation and reconstruction (11 responses)
 - i. 100% of respondents agreed with NHS funding of the service for breast cancer patients and clinical reasons procedure should be funded privately for cosmetic reasons
- e. Removal of excess skin following significant weight loss (17 responses)
 - i. most respondents in support of NHS funding this service
 - ii. 18% of respondents classed this as a cosmetic procedure and therefore should not be funded by the NHS

7.4.3 Link to report of findings:

<https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/difficult-decisions>

7.5 Community diagnostic centres

Of the 148 responses received, 13% were accessing diagnostic services at the time of the survey; 41% had accessed services in the six months prior to the survey. Respondents commented about how, when and why they had accessed diagnostic services, with the top locations accessed by respondents: Royal Stoke University Hospital, their local GP and County Hospital, Stafford, respectively.

7.5.1 Respondents were asked about any barriers they had experienced when accessing diagnostic services, with key themes identified across access (distance to travel, public transport or location) (46% / 33 people) and parking (lack of parking or high cost) (24% / 17 people).

7.5.2 When asked about what had worked well, quality of care (41% / 34 people), access to services (close to home or adequate parking) (30% / 25 people) and communication (ensuring timely sharing of test results) (13% / 11 people) were key themes.

7.5.3 People said they would be willing to travel a range of distances to access diagnostic services, with 75% / 99 people citing a willingness to travel over five miles, and 25% / 33 people willing to travel less than five miles.

7.5.4 People shared a range of ideas about what could be provided from community diagnostic centres, including:

- a. Consider provision of imaging services (e.g. CT, MRI, X-ray) (20% / 22 people)
- b. Consider provision of screening services (e.g. cancer screening, breast screening) (15% / 17 people)
- c. Consider provision of women's health service (e.g. smears, mammograms, coil fitting, maternity checks, menopause tests) (15% / 17 people).

7.5.5 People also suggested a range of locations for community diagnostic centres:

- a. Consider primary care settings (e.g. medical or health centres, GP surgeries, local clinics) (25% / 31 people)
- b. Location should be accessible (e.g. close to home, good public transport) (21% / 26 people)
- c. Consider community hospitals for a community diagnostic centre (18% / 22 people)

7.5.6 Link to report of findings:

<https://www.twbstaffsandstoke.org.uk/get-involved/previous-involvement-work/community-diagnostic-hubs>

8.0 Approach to analysis

8.0.1 NHS Midlands and Lancashire Commissioning Support Unit were commissioned to independently analyse the responses to the survey and events.

8.0.2 The surveys used a combination of 'open text' questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a list of pre-set responses.

8.0.3 To analyse the open text questions a sample of open responses are read and from this a code frame of themes is developed. Following this all open text responses received are read and coded against the code frame. The code frame is updated during the coding process as new themes are identified or existing themes are amended. The

code frame of themes is then grouped into overarching ‘main themes’ for reporting purposes. All responses are coded against the code frame of themes, and this enables a frequency of theme mentions to be calculated.

8.0.4 The reports of findings include all open and coded closed questions cross tabulated against the full demographic profile of respondents.

9.0 Continuous involvement

9.0.1 These listening exercise reports, alongside the initial findings in 2019-20, provide a wealth of information and experiences to help inform any future service change. However, the programme recognises that an approach of continuous involvement is required, as we continue to develop proposals and seek further opportunities to work with seldom heard groups.

9.0.2 Although attempts were made to reach seldom heard/protected groups during the listening exercises, response rates from some groups, for example the Gypsy and Traveller Liaison community and ethnic minority groups, remain low. We aspire to reach higher numbers of respondents from these groups. We will continue to build relationships with trusted advocates for these groups, over the coming months, to understand their specific needs and support them to get involved in any future involvement activity.

10.0 Next steps: maternity

10.0.1 The proposals in 2021 outlined the system’s proposal for all midwife-led units to work as an on-demand service, to support the national continuity of carer model.

10.0.2 The report of findings was received on 6 September 2021 and providers are now working within their own organisations to review the report and refine their proposals based on the feedback.

10.0.3 Both providers (University Hospitals North Midlands NHS Trust (UHNM) and University Hospitals Derby and Burton NHS Trust (UHDB) are working to restore services, however due to the ongoing workforce challenges the providers are unable to give a date for when the FMBUs at Stafford and Lichfield can accept patients. Both providers remain committed to the proposals of reopening the Stafford and Lichfield FMBUs as an on-demand service, when the workforce challenges are resolved. The providers are undertaking proactive recruitment and are modelling the

workforce requirements for the on-demand model, to inform the next steps for this programme.

- 10.0.4** Providers are actively recruiting to support the continuity of carer model. Due to the pressures of the COVID-19 pandemic and the need to recruit more midwives to support these proposals, this programme has been unable to progress further at this time.
- 10.0.5** The providers' business cases will be reviewed by the Clinical Commissioning Groups before any final decisions are made. We will continue to keep the Committee informed of progress on this programme.
- 10.0.6** Maternity services are continuing to keep patients informed of their choices, based on their clinical needs, as they develop individual birthing plans.

11.0 Next steps: Option appraisal process

- 11.0.1** The options appraisal process commenced in 2019-20 (except for community diagnostic centres) and recommenced in autumn 2021 following the COVID-19 pause. Technical experts, including medical directors, clinicians and executive leads from partner organisations are reviewing the evidence and issues presented against a series of essential criteria. The essential criteria, includes meeting national and local strategies, meeting population needs and clinical sustainability.
- 11.0.2** The reports of findings from the 2019-20 and 2021 involvement activity have been shared with these technical experts, to inform the development of future proposals.
- 11.0.3** The programme is committed to continuing to involve staff, service users and other interested groups to inform the development of proposals. A tailored approach to further involvement will be taken for each programme, as appropriate. The programme continues to work with the Consultation Institute to take a best practice approach.
- 11.0.4** For the more complex programmes, including Urgent and Emergency Care, inpatient mental health and Difficult Decisions, reference groups are being established. These balanced groups will include service users, workforce and members of protected characteristic groups. The programme is currently recruiting to these groups and further information can be found on the Together We're Better website.

11.0.5 Further information on the emerging proposals will be shared with these groups, with an opportunity to comment, share any new insight and highlight any potential impact (positive and negative) that should be considered by the technical groups before further analysis is undertaken.

11.0.6 The output of these groups will inform the technical groups, as they develop shortlists of proposals for service change. This process will identify the viable options that should be considered.

11.0.7 This is an important milestone in a critical programme that will help the CCGs and system to tackle the clinical and financial challenges we face collectively as a system.

11.0.8 At this point in the process, no decisions have been made and there is further work to be done to develop detailed business cases and impact assessments (including travel and equality analysis) on any viable options. This process is likely to take several months as it is important that we take the time to get this right.

11.0.9 Any preferred options will be outlined within the business cases, which will be shared with partner organisations and the CCGs for assurance. This will then be subject to assurance by NHS England/Improvement and the West Midlands Clinical Senate.

11.0.10 The assured business cases will then be considered by the CCGs, as the statutory decision makers, to inform any future involvement activity.

11.0.11 We will want to involve service users, carers and staff on this journey, as we develop proposals and before we make any future decisions.

11.0.12 We will keep the committee informed of the progress in developing future business cases, and to inform our approach to any future involvement activity.

12.0 Link to Strategic Plan

12.0.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

13.0 Our purpose

- a. If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- b. Through local services we will help you to live independently and stay well for longer.
- c. When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

14.0 Link to Other Overview and Scrutiny Activity

14.0.1 Since 2016 the partnership has attended committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery and transformation to the committee was in October 2021.

15.0 Community Impact

15.0.1 Refer to CIA guidance on the [Learning Hub](#)

16.0 List of Background Documents/Appendices:

17.0 Contact Details

Director: Dr Jane Moore, Executive Director – Strategy, Planning and Performance, Staffordshire and Stoke CCGs

Helen Slater, Head of Transformation/Acting Deputy Director of Strategy, Planning and Performance, Staffordshire and Stoke CCGs

Telephone: 01785 907763
Mobile: 07841 802150
Email: helen.slater@staffsstokeccgs.nhs.uk

Jenny Fullard, Communications and Engagement Service Partner, NHS Midlands and Lancashire Commissioning Support Unit

Mobile: 07740454988
Email: jenny.fullard@nhs.net