

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 30 May 2022

Present: Jeremy Pert (Chairman)

Attendance

Councillor Patricia Ackroyd	Barbara Hughes
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Bernard Peters
Ann Edgeller (Vice-Chairman (Scrutiny))	Mike Wilcox
Phil Hewitt	Ian Wilkes
Jill Hood	

Also in attendance:

Apologies: Martyn Buttery, Rosemary Claymore, Richard Cox, Keith Flunder, Lin Hingley and Janice Silvester-Hall

PART ONE

1. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

2. Minutes of the last meeting held on 11 April 2022

Resolved: That minutes of the meeting held on 11 April 2022 be approved and signed as a correct record.

3. Elective Recovery

The Planned Care Lead for Staffordshire and SoT ICS and Chief Operating Officer UHNM were in attendance to provide an update report in respect of Elective Recovery across the three main provider organisations that serve Staffordshire and SoT, namely University Hospital of North Midlands (UHNM), University Hospital Derby and Burton (UHDB), and the Royal Wolverhampton Trust (RWT).

Members noted that although significantly reduced, the number of Covid patients in hospital beds continued to put pressure on the Trusts. The report outlined actions that were planned in respect of elective recovery endeavours to reduce waiting for an elective procedure, the approach as an Integrated Care System (ICS) with regard to elective recovery and an update on Cancer Service performance for the three providers as of April 2022.

Committee noted that:

- The first milestone was to eliminate the number of patients waiting 104 weeks by the end of June 2022 and 78 week waits by March 2023. Patients were waiting for complex surgery and more specialist services. Limited workforce was a challenge, particularly theatre staff, there was more flexibility with surgical staff.
- The aim was to reduce the waiting period to 18 weeks, where it had been pre-pandemic. Members suggested that an ambition for zero waiting time would be ideal, but recognised it was unlikely. Hospital Trusts were working closely with independent sector to reduce waiting times, the NHS had always worked with the independent sector and would continue to do so.
- Backlog had built up during the first wave of Covid when apart from cancer and critical surgeries many surgeries were ceased or slowed. The challenge of treating patients who had been waiting was acknowledged, conditions had progressed. There was a growing number of urgent surgeries and a reduced number of less urgent longer waits.
- Members were assured that all theatres were currently operating at 100% and new theatres were planned.
- Progress on addressing the backlog :
 - RWT was on track, it was geographically well placed and was well supported by other Black Country NHS Trusts.
 - UHNM secured some support with bariatric patients from Worcester area. UHDB was struggling with bariatric patient treatment
 - County Hospital was trying to ensure a range of procedures at hospital day surgery in the local area, major surgery would be dealt with elsewhere.
 - Cannock Hospital -Two further theatres were operational to focus on a broader range of procedures
 - Burton hospital had also invested in additional theatre space.
- Approach to elective recovery three areas:
 1. Demand management- alternatives to referral/ fit for surgery
 2. Existing capacity best use - NHS and independent sector
 3. New capacity at sites.

- Members noted that health inequalities had broadened over the course of the pandemic and that information to inform services was being evaluated.
- Patient choice – some patients had declined a date offered if it did not suit their own circumstance. Members were assured that those patients would not go to the 'back of the queue' and that patients would be managed both on urgency and time they have waited.
- Referral conversations between clinicians were increasing to ensure appointments were not made when it was not necessary, making more efficient use of clinician time and a better use of patient's time.
- Concern was raised about GP Access: triage, form filling and digital appointments which were difficult for the older population who prefer to go to the doctor's surgery. Assurance was given that there would be ways for all residents to access primary care. The pandemic had changed the way NHS worked, its aim was to have a more flexible model of communication, a discussion with the most appropriate consultant in the preferred way and for the patient a mix of digital, telephone and face to face consultations. ICS had launched the GP Access plan and was communicating to the public about ways to make contact and the different roles in practices.
- Equal access for minority communities in Burton and other areas, it was understood that lessons had been learned during the Covid vaccination roll out and would be used in future campaigns.
- Training and development of staff in technology to use digital or video routes as enablers to the public. Some staff already used digital solutions with patients, data on numbers could be provided.
- During the pandemic many staff had been redeployed to areas of need and roles that they were not employed to do, they were now returning back to their teams, for theatre staff this was having a positive impact.
- Members were assured that communications and support for staff under pressure remained in place, also wellbeing support. Staff were now working slightly differently, and more staff were being recruited. It was noted that mask wearing and other measures were still in place as Covid was an ongoing issue.
- Members welcomed an update on the recent critical incident (CI) called at UHNM by the NHS system. The flow through the hospital was exceptional. Members understood that this was not one thing that had changed, but that a number of actions from across the system had been built to an improved flow through the hospital. Members were assured that lessons learnt, and changes made would be followed in future critical incidents.

The Chairman thanked the Chief Operating Officer and Planned Care Lead for their contribution to the meeting. Committee was satisfied that there

was a clear plan to address elective recovery and progress being made to address the 104 week backlog by June 2022 and 78 week backlog by March 2023. Committee welcomed the additional increase in hospital theatre space, the drive to pull in additional staff, and recognised the improvement made and positive communications with residents.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the current position and actions being taken for the Staffordshire and Stoke-on-Trent ICS in respect of Elective Recovery.
2. That further information be circulated to members of the Health and Care Overview and Scrutiny Committee on the following matters:
 - a. A theatre plan for University Hospital North Midlands (UHMN)
 - b. The forecast for 104 week wait by specialism
 - c. The extent of digital consultation data

4. Changes to the Healthy Communities Service from April 2023

The Lead Commissioner Public Health and Prevention provided a report and presentation about proposals for the integrated lifestyle services from April 2023.

Committee was advised that the service contract had focussed on residents with most need in 148 super output areas, for a range of issues:

- weight management
- physical activity
- stop smoking
- social isolation prevention
- falls prevention
- NHS health checks

The services were reported to be good overall and had surpassed outcome targets in all areas, but the take up of services had been low due to the eligibility criteria which had made access restrictive. A third of adults in Staffordshire were classed as overweight or obese and additional Government funding for weight management last year had enabled the eligibility criteria to be opened up to anyone over 18 years which had increased take up.

Other programmes and initiatives such as the Supportive Communities Programme and Better Health Staffordshire had been developed. Communities and the voluntary sector provided support for physical activities, fall prevention and social isolation prevention. Public Health has also developed a Mental Wellbeing Programme and a range of self-help approaches including APPs and use of social media to reach out to members of the public. The range of support in communities provides

opportunity for the Healthy Community Services to focus on fewer issues, therefore increase funding for the key priorities. It can remove the eligibility restrictions to make access to services easier.

The Lead commissioner advised that proposals stemmed from recent consultation. He outlined the proposals for the new contract from April 2023 and invited members to consider what was the most effective and efficient use of resource.

Committee noted the following comments and responses to questions:

- A key issue was the eligibility criteria which had impacted on take up of some services. Members welcomed the removal of the eligibility criteria, the focus on fewer intervention activities, and considering the alternative approaches available to address the issues.
- Members endorsed the 'less is more ethos' moving forward, the need to reserve services for those that need them most and find alternative ways to promote services for all through other programmes, to achieve outcomes.
- There was concern that the weight management programme had not reached the people it needed to. Members were assured that in addition to doctor referrals community engagement officers were promoting the service and reaching out to people in the community to build the message and increase referrals to services from other sources. Many referrals were self-referrals from social media and campaigns.
- In terms of funding allocated to each service it was questioned if there had been a cost benefit analysis of smoking cessation services in terms of preventing hospital spend due to people quitting smoking. Members were assured that smoking cessation services had been very well evaluated and were cost effective locally and nationally.
- The cost of services: £500k in targeted weight management (approx. 50%) and non-targeted, £800k stop smoking services and £200k for targeted NHS health checks.
- It was noted that there was separate system in place for drug and alcohol service - the Staffordshire Treatment and Recovery Service (STAR). The Government had recently invested in drugs and alcohol services however the funding allocation had not directly benefitted Staffordshire yet, it would receive funding in the third funding cycle. The CQC inspection earlier this year had resulted in a good rating. There were gaps across the service, but it was felt that Government funding would help close the gaps. Members raised concerns about the lack of support for people with alcohol and drug problems and that they need face to face sessions to help with mental health relating to drugs and alcohol problems. Members were invited to talk to officers

outside of the meeting to feed in their comments and concerns in relation to the Draft Mental Health Strategy.

- Mental Wellbeing - Members were assured that there was a process of engaging partners across Staffordshire to focus on key priorities and to help to engage with public and raise awareness of services. Mental Wellbeing was not part of Healthy Community Services discussion today.
- A concern was raised about weight management reaching minority communities in Burton East Staffordshire, where there was a high risk of obesity in ethnic minority communities. Members were reassured where communities were at greater risk eligibility criteria had been lowered. The service was embedded and reaching out to communities and workplaces to talk about weight management and other services available. Officers agreed to meet with East Staffordshire Members to discuss the specific needs of that area to be reflected in the tender.
- It was clarified that the reference to diabetes in the presentation should specify type 2 diabetes.
- In terms of pathways into schools, members were advised that there was a separate Families Health & Wellbeing (0-19) Service tender which included weight management and other services for young people.
- A member highlighted the need to encourage residents to focus on nutrition, and weight management, all related to their diet. There was concern that people opted for fast food rather than cook for themselves.
- District and Borough Councils (DC/BC) have a key role to play, Chief Executives from DC/BC had been asked to nominate a link officer. County and District Council officers were developing good relationships.
- It was clarified that the outcome targets were set having regard to data research, benchmarks, and good practice experience of partners in other areas, and that the key measure of quality was feedback from clients which had been built into the programme.
- It was confirmed that the Joint Strategic Needs Assessment contained data for all Districts and Boroughs and that when requested it would be possible for officers to provide ward data for Tamworth area.
- Service commissioning – It was clarified that the Council used a prime provider model rather than have several specialists working together. The prime provider was commissioned to have contractual arrangements with the Council and could sub-contract to specialist providers e.g. weight management commissioner could sub-contractors to specialist provider such as slimming world or weight watchers. The Chairman questioned the commissioning model, indicating there may be some specialist providers that may not sub-contract and suggested that officers could re-look at the

commissioning model. It was explained that the 7 year contract allowed relationships to form between contractor, sub-contractors and partners overtime to create stability.

- Better Health Staffordshire, focus was on weight management and obesity. Historically there had been a lack of coordination and collaboration to communicate what information, guidance and advice was available to the public about services and how to access them. Mapping demonstrated that the public had many opportunities and options to exercise and eat well, sports clubs, community activities etc., as such there would not be a requirement for specialist providers in this area.
- The role for the ICS relating to obesity. Public health and ICS work in partnership. Prevention is public health role under the public health funding arrangements, where intervention is failing or people have not been picked up through the prevention pathway, the ICS provide bariatric services and some specialist nutritional services.

The Chairman thanked the Lead Commissioner Public Health and Prevention for the presentation and responses to questions. He welcomed the increased focus on priority service, the focus on outcomes, improved impact in communities and he highlighted the importance of starting prevention early in schools.

Resolved:

- 1) That Health and Care Overview and Scrutiny Committee note the report detailing the changes to Healthy Communities Service from April 2023.

5. District and Borough Health Scrutiny Activity Update

The Chairman advised that officers were reviewing the Joint Code between County and District Councils to reflect the way of working in health scrutiny.

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

- The Lichfield District Representative raised an issue relating to maternity services and the temporary closure of Samuel Johnson Hospital in Lichfield, he advised that some facilities in Burton Maternity Unit were also temporarily closed. He requested an update report relating to the re-opening of the unit at Samuel Johnson Hospital. The Chairman advised that the Transformation of Maternity Services would be considered at a meeting on 11 July 2022.

- The Cannock Chase District Representative Cllr Philippa Haden would be invited to attend a briefing relating to the Cannock Minor Injuries Unit MIU.

Resolved:

1. That the District and Borough Updates be noted.

6. Work Programme 2022-23

The Chairman introduced the draft work programme item and indicated that planning the work programme was an opportunity to prioritise and focus on what items to consider through the year.

The Chairman highlighted the need for the Committee to develop a formal way of scrutinising issues. For example - look in depth at issues based on the risk to residents or auditing the processes that the NHS go through in relation to a patient's journey. He highlighted the importance of challenge, if the committee had done enough detailed scrutiny to be assured by evidence provided and responses given.

The Chairman advised that a framework for Health Scrutiny was being developed which he would share for comments. Committee members would use the framework when prioritising topics, focussing on the issues, and developing lines of enquiry.

Members considered the draft Work Programme and suggested items for inclusion of the work programme 2022-23.

- **Dental Health** – Focus on access to NHS dentistry
- **Health Visitor Service** – Current service position
- **West Midlands Ambulance Service** – Public concerns about service. System problems and impact on WMAS
- **Women's Health** – The breadth of matters to be covered necessary to establish a working group to agree key lines of enquiry. Members appointed – Councillors Janice Sylvester Hall, Patricia Ackroyd, Barbara Hughes, and Ann Edgeller.
- **Innovation** - The Chairman suggested the Committee ask Staffordshire University to host an innovation day to invite suppliers to present innovations to improve patient and partners journey and invite partners to attend.
- **NHS Visual Impairment Services** – Good practice in District and Boroughs
- **Thinking healthier in all we do** - Wider Determinants
Members identified areas:
 - **Housing** - key role to play in District and Borough Councils

- **Lack of litter** –District Council members give planning permission take aways and off licences – map out and compare numbers of off licences and take aways in relation to obesity
- **Healthy life expectancy**
Wider determinants workshop on 21 June 2022 at 2pm.
- **Mental Health Strategy** – awaiting timelines for the report to be released.

Next meeting of the Health and Care Committee takes place on 11 July 2022. Items on the agenda:

- ICS & ICB update
- Primary Care update
- Transformation Programme – maternity services

Resolved

1. That the matters identified be included in the Health and Care Overview and Scrutiny Work Programme 2022-23

Chairman

