

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 30 January 2023

Present: Jeremy Pert (Chair)

### Attendance

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Barbara Hughes
Richard Cox (Vice-Chair (Overview))	Janice Silvester-Hall
Ann Edgeller (Vice-Chair (Scrutiny))	Mike Wilcox
Keith Flunder	

**Apologies:** Jak Abrahams, Philippa Haden, Jill Hood, Thomas Jay, Dan Maycock, Bernard Peters and Ian Wilkes

### PART ONE

#### 37. Declarations of Interest

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

Councillor Richard Cox declared a personal interest in item 5 as a relative of a former user of the George Bryan Centre.

#### 38. Minutes of the last meeting held on 28 November 2022

The Chairman highlighted a spelling error on item 33.

The Committee also requested that under item 35 the following line be added:

“The Committee received an update on the Women’s Health National Strategy and that responses were still outstanding from the Chief Medical Officer and the Chief Nursing Officer”

**Resolved** – That, subject to the amendments highlighted above, the minutes of the meeting held on 28 November 2022 be confirmed and signed by the Chairman.

### **39. Integrated Care Partnership (ICP) Strategy**

Paul Edmondson-Jones, Chief Medical Officer & Lynn Miller, Portfolio Director provided a report and presentation on the Integrated Care Partnership (ICP) Strategy. The Committee were advised that the ICP was a partnership of senior leaders across health, local authorities, voluntary sector, and other agencies to provide a united voice and single integrated strategy focusing on improving the overall health of the population.

It was reported that the Health and Social Care Act 2022 gave new statutory powers to Integrated Care Boards and Integrated Care Partnerships. It was also reported that the strategy will help to address local challenges including increased demand, longer waiting times, fragmented services, workforce issues and the significant financial deficit. The Committee noted the following comments and responses to questions:

- This strategy was an overarching strategy across the whole of Staffordshire with a focus on people and communities, whereas there are a number of Health and Wellbeing Strategies which are covering particular groups in particular areas within Staffordshire. The ICP strategy would underpin Health and Wellbeing Strategies and re-enforces them with a focus on health and social care across Staffordshire.
- There was a statutory mandate to produce the Integrated Care Partnership Strategy by 31 March 2023. The work and engagement with partners would be ongoing.
- There would also be a Strategic 5-year joint forward plan which would break the strategy down and highlight how the outcomes would be delivered.
- The strategy will remain high level.
- There was a need to adopt a different approach centred around the key themes, the Five Ps:
  - Prevention and Inequalities
  - Productivity
  - Personalised Care
  - Personal responsibility
  - People and Communities
- The relationship between the NHS and the Councils was important in the delivery of the strategy with policy/ cultural changes to focus on the residents needs first. The NHS and Council were working closely with District and Borough Councils with a focus on health inequalities and prevention. Primary Care Networks were engaging with District and Borough Councils to understand how they work with each other.

- Healthwatch had been engaging with the ICS, they were involved as part of the ICP and part of upper tier Place discussions with the City and County Council and had started to look at the relationship between housing and health, homelessness and hospital discharges.
- Partners had been working better together since the COVID pandemic with joint work such as the vaccination programme. The Fire service had also provided a fall service.
- Women's Health strategy was important; The ICS would be looking to recruit someone to lead on the women's strategy and women's health.
- In relation to 'Growing Well' priority, there was a need to determine the root cause of some of these issues and to look at the age boundaries to plan through the system and look at what is best for the individual. In the past 5 years there had been an increase in SEND needs.
- A Primary care network strategy was being developed to provide alternatives to accessing GPs and increase access to other appropriate primary care professionals.
- Any outcomes from the strategy needed to be measured to ensure the plan was making a difference. The statutory body for developing and implementing the strategy was the ICP supported by the ICB. The reporting systems will be brought back to the Committee alongside the strategic 5 year forward plan.
- The importance of public perception on the outcomes as a result of the strategy was highlighted. Members want residents to see tangible outcomes.
- The role that Primary prevention in schools could have on the delivery of the aims of the strategy in areas such as healthy eating, lifestyle, tackling childhood obesity, to prevent secondary prevention later in life such as diabetes and high blood pressure.

The Committee agreed to consider the following questions and feedback by 1 March 2023:

- 1) Do you think the 5 key current priorities are right?
- 2) Do you think the existing ICP Partner priorities are right?
- 3) Do you think the Health Inequalities "Plus Groups" are right?
- 4) Have you suggestions for key specific groups to engage with?
- 5) Would you like any further information or opportunity to engage?

**Resolved** - That (a) the Health and Care Overview and Scrutiny Committee receive the initial Integrated Care Partnership Strategy update.

(b) the Committee consider the following questions and feedback by 1 March 2023:

- 1) Do you think the 5 key current priorities are right?
- 2) Do you think the existing ICP Partner priorities are right?
- 3) Do you think the Health Inequalities "Plus Groups" are right?
- 4) Have you suggestions for key specific groups to engage with?
- 5) Would you like any further information or opportunity to engage?

#### **40. Inpatient Mental Health services previously provided by the George Bryan Centre**

Paul Edmondson-Jones, Chief Medical Officer, Helen Slater, Associate Director of Transformation and Tracey Shewan, Director of Communications and Corporate Services provided an update report on Inpatient Mental Health services previously provided by the George Bryan Centre.

The Committee were informed that the assurance stage of the process had now been completed having now received formal feedback from NHS England and the Integrated Care Board had approved the recommendations:

- 1) To formally approve
  - a) Pre-Consultation Business Case and appendices
  - b) Communication and Involvement Plan
  - c) Consultation Document
- 2) To approve the recommendation to proceed to public consultation on the single viable proposal to make permanent the 18 beds at St George's Hospital, Stafford, supported by enhanced community provision
- 3) To approve that the consultation period to be 6 weeks.

The Associate Director of Transformation outlined the consultation process to be undertaken. It was reported that it was anticipated that the consultation would begin on 9 February 2023.

The Committee noted the following comments and responses to questions:

- Prior analysis indicated that around 5 patients a month would be admitted to the George Bryan Centre would it have remained open.
- The Business Case was shared with the Committee on 1 August 2022, all resources and documentation would be published online, and more recently at the ICB meeting on 19 January 2023 all documents were published on the ICB webpage. During the consultation, members of the public would be able to access all resources in different languages and formats on the ICB website,

which will be linked to the MPFT website. People would be able to feedback and request further information as part of the consultation.

- An equality and inequality impact assessment had been completed.
- A report of findings as a result of the consultation would be published and be brought back to the Committee.

The Committee considered the recommendations in the report and discussed that as the number of patients requiring in patient service who would be impacted by the proposal would be around 5 people per month, Members were not minded to view the proposal as a substantial change to services in the area.

Assurance was provided that there would be reviews of the process throughout the consultation and should any alternative proposal be received that had not previously been considered, it would be reviewed and given due regard, and if deemed necessary the consultation could be extended.

**Resolved** – That (a) the update around the programme of work be noted.

(b) the contents of the communications and involvement plan be received and noted.

(c) in the context of all the NHS services provided in Staffordshire, Members did not deem the proposal to be a substantial change to services in the area.

#### **41. Developing Integrated Care Hubs in the context of changes to NHS capital arrangements**

Clare Trenchard, Associate Director for Communications provided an update report on Developing Integrated Care Hubs in the context of changes to NHS capital arrangements.

The Committee were reminded that North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups undertook a 14-week public consultation between December 2018 and March 2019 which informed a decision-making business case, which resulted in the plan to introduce 4 Integrated Care Hubs (ICH) across North Staffordshire.

These hubs would be developed at:

- 1) Leek Moorlands District Hospital
- 2) Bradwell Hospital
- 3) Haywood Hospital
- 4) Longton

The Health and Care Overview & Scrutiny Committee appointed an Integrated Care Hubs Working Group to be Chaired by Councillor Richard Cox.

The Committee were informed that since the Decision-making business case was approved national changes to the Capital Departmental Expenditure Limit had resulted in NHS England setting capital spending limits for Foundation Trusts which therefore meant that Midlands Partnership Foundation Trust (MPFT) were no longer able to access cash reserves which were held for the purpose of implementing the Hubs.

It was reported that NHS England's position was that a strategic outline case would need to be developed for each hub in order to bid for money. MPFT had agreed to develop a strategic outline case for each proposed ICH.

Richard Cox, as Chairman of the Integrated Care Hub Working Group advised that the Group had undertaken site visits at the proposed sites and highlighted the individual challenges at each site. He also highlighted the transport issues of each site and expressed concern that, due to the funding change, one of the sites would not be delivered.

The Committee noted the following comments and responses to questions:

- There was the potential to develop more than one hub at a time.
- The criteria to determine the order in which each site would be developed was still to be determined.
- MPFT was still committed to all 4 sites.
- MPFT would have a better understanding of the timescales in June 2023.
- The strategic outline case was a technical document required by NHS England. The document would be shared with the Working Group in due course.
- The Working Group included District and Borough Councils from Staffordshire Moorlands and Newcastle Under Lyme who attended the site visits and the briefing meetings.

The Chairman advised that it was not the role of the Integrated Care Hub Working Group to be involved in prioritising services, he went on to say that the national changes resulting in capital limits for foundation trusts were disappointing and disadvantaged Staffordshire residents. The Committee agreed to write to NHS England to express its disappointment and highlight that any ongoing projects should be allowed to continue.

**Resolved** – That (a) the update provided on the implementation of the clinical commissioning groups decision making business case that

proposed a model of integrated care hubs in North Staffordshire and Stoke-on-Trent be received.

(b) a letter be sent from the Committee to NHS England to express its disappointment in the national changes to the Capital Departmental Expenditure Limit resulting in NHS England setting capital spending limits for Foundation Trusts and that any ongoing projects should be allowed to continue.

#### **42. District and Borough Health Scrutiny Activity**

The Committee received the District and Borough Health Scrutiny activity update report.

Councillor Mike Wilcox, Chair of Lichfield District Council's Overview and Scrutiny Committee informed the Committee that he had taken the Developing Healthier Communities report to Lichfield District Council who were looking to embed the principles of the report in the District.

The Chairman informed the Committee of the executive response relating to the recommendations for Developing Healthier Communities.

"The key will be for districts and boroughs to review the recommendations in the context of their own organisation/locality and determine how they want to proceed. SCC public health officers are available to help shape these plans and provide advice and guidance, if needed.

I also want to make sure Members are aware that a paper has been submitted to the district CEOs group on 26<sup>th</sup> January 2023. The paper was sponsored by Dave Heywood and Tim Clegg, and included some similar recommendations for high impact action on health inequalities (one of the Leader's Board priorities), which will tie in with the recommendations identified here."

The Chairman endorsed the update from Councillor Wilcox and requested that the District/Borough representatives raise the recommendations within the report with their Councils to review the recommendations in the context of their own organisation.

Councillor Charlotte Atkins highlighted that the West Midlands Ambulance Service attended Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel and expressed her concern on waiting times for ambulances.

**Resolved** – That the report be received.

### **43. Work Programme 2022 - 23**

The Chairman indicated that the Committee will be considering a report from the Integrated Care System on lessons learned from the Winter period in the Summer.

**Resolved** – That the Work Programme be noted.

**Chairman**