

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 7 June 2021

Present: Jeremy Pert (Chairman)

### Attendance

Jak Abrahams	Keith Flunder
Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Joyce Bolton	Barbara Hughes
Martyn Buttery	David Leytham
Richard Cox	Paul Northcott (Vice-Chairman (Overview))
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall

**Apologies:** Thomas Jay, Rosemary Claymore and Ian Wilkes

### PART ONE

#### Chairs Introduction

The Chair of the Health and Care Overview and Scrutiny Committee welcomed Members and new Members to the Council Chamber at the County Buildings and officers and partners joining the meeting remotely. It was 15 months since meetings had taken place in the County Buildings due to Covid-19 Pandemic, he highlighted that a lot had happened during this time not least the loss of 128,000 lives prematurely in the UK during the pandemic, and that many people in our communities would have known someone affected by loss of friends or family.

The Chair placed on record the Committees thanks to everyone involved in supporting the response during the pandemic, in the NHS, Social Care and in the voluntary sector, and highlighted the importance of continuing to abide by Government guidance in terms of hands, face, space and open space, to ensure that these losses over the last 15 months were not in vain.

In terms of the meeting today, the Chair advised that 50% of members of the committee were new to health and care scrutiny, and as such it was appropriate to provide detail of the role, remit and scope of the committee, and to agree jointly the work programme. He welcomed Councillors Ann Edgeller and Paul Northcott in their new roles as Scrutiny Vice Chair and Overview Vice Chair.

#### 1. Apologies

Apologies were submitted on behalf of Councillor Thomas Jay, Rosemary Claymore and Ian Wilkes.

## **2. Declarations of Interest**

Councillor Ann Edgeller declared an interest in any item of the agenda that related to mental health as a Partner Governor on the Midlands Partnership NHS Foundation Trust MPTF.

## **3. Minutes of the last meeting held on 16 March 2021**

**RESOLVED:** That the Minutes of the meeting held on the 16 March 2021 be approved as a correct record and signed by the Chairman subject to an amendment to page 2 paragraph 2 line 2 to include 'in Staffordshire' in the sentence, to read 'in response to a questions the clinical lead confirmed that supplies of vaccines in Staffordshire were currently sufficient to meet needs'.

## **4. Health Scrutiny Arrangements in Staffordshire**

The Chair introduced the item and highlighted the need for members to understand the context of the role and scope of the Health and Care Overview and Scrutiny Committee, particularly its relevance in light of the Mid Staffordshire NHS Trust issue relating to excess deaths in Stafford Hospital between 2005-08. He advised that the Francis report on Mid Staffordshire NHS Trust had brought about fundamental changes to how health scrutiny was undertaken, and that it was important to be clear on health scrutiny arrangements from a District and Borough Council perspective as well as from a County Council perspective.

The Scrutiny and Support Manager provided a presentation to outline the following:

- The Health Environment
- Relationships and roles
- CCG and boundaries
- Health Scrutiny Regulations
- Powers of a health scrutiny committee
- Health bodies statutory duties
- Health scrutiny arrangements in Staffordshire
- Health and Care Overview Scrutiny Committee
- Health and Care Overview and scrutiny work
- Training and Development

The Committee noted the following comments and responses to questions:

- It was confirmed that officers were contactable via email if phone contact numbers were not operating.
- Members were pleased to hear there would be wider scrutiny of health and care services included in the work programme in addition to scrutiny of the NHS.
- In relation to scrutiny of public health in its wider sense a member made suggestions for scrutiny to consider:
  - Whether leisure centre and gym closures had an impact on health during lockdown.

- Encouraging walking and a project on the Staffordshire Way.
- Potential sport pitches on a quarry site and encouraging sports bodies to deliver on projects that help the health of people in Staffordshire.
- Healthy schools – consider healthy food and activity sharing good practice.
- The Chair highlighted the need for members to consider health and wellbeing, healthy life expectancy, living healthier longer and the role between district and county scrutiny to ensure we work closer to scrutinise the right things at the right level to add value for people in an integrated approach.
- District and County scrutiny
  - Members highlighted that the support for scrutiny in District and Boroughs was not at the same level as at the County Council and the need to make recommendations at both County and District levels was recognised.
  - The Chair suggested that members take a role as ambassador at a local level to work with County scrutiny to consider where value could be added and to consider best practice in different areas of Staffordshire. It was acknowledged that there was a need to know where scrutiny was taking place and at what level as that was a key outcome of the Francis report. The Chair highlighted the importance for Members to read the Francis report to be aware of the key themes of joint working between County and District scrutiny.
- The Committee felt it was important to scrutinise Adult Social Care matters to inform CQC Social Care assessments.
- It was clarified that there was a legal requirement for NHS to consult with the Health Committee about substantial variations, but that there was no duty for Adult Social Care to consult.
- It was confirmed that scrutiny of Health and Wellbeing Board (HWB) was within the remit of the committee, to scrutinise HWB outcomes.
- It was confirmed that Health and Care scrutiny committee would meet on 9 August and Members considered it important to meet during the summer period.

The Chair advised that documents from the meeting today and a range of other useful reference material for Health and Care Overview and Scrutiny Members would be added to a resource library for Members. Also contained in the resource centre would be the Joint Strategic Needs Assessment (JSNA), acronyms, definitions, performance information and other key documents for members to access.

**RESOLVED:** That the presentation be received, and comments of the Health and Care Overview and Scrutiny Committee be considered under item 5 work programme planning.

## **5. Work Programme Planning 2021/22**

The Chair introduced the presentation and advised that the work programme planning report had been circulated with the agenda for members to consider.

The presentation highlighted the statutory role for NHS scrutiny and its role to scrutinise Adult Social Care, Public Health and Health and Wellbeing Board and it provided an outline of the work planning process for the Health and Care Overview and Scrutiny Committee. The Chair advised that when setting the work programme members should

consider the time to scrutinise matters, different ways to scrutinise and to consider what to scrutinise in more detail.

The Chair highlighted that there were major changes for the health landscape and encouragement from Government for partners and the Council to integrate and work more closely. He invited presentations from NHS and County Council.

The Accountable Officer for 6 Staffordshire & Stoke on Trent CCGs welcomed the opportunity to join the meeting as a hybrid meeting. He provided an overview of the NHS in Staffordshire.

- It was confirmed that the NHS family locally had a commitment to scrutiny.
- It was confirmed that there were some significant national changes happening around the way NHS was organised and where various responsibilities sat, and that the NHS in Staffordshire was split into 'Commissioners' and 'Providers'.
- Commissioners overview
  - In 2018 the 6 Clinical Commissioning Groups (CCGs) had been encouraged to merge on the basis of Integrated Care System (ICS) footprint. At the beginning of the year 147 member GP practices voted to merge (84% majority). There would be no more CCG merges due to the pending legislation for the ICS. In the interim CCGs were using the time that would have been spent planning CCG merges to work with partners around the creation of the ICS.
  - As a result of the 2018 restructure there was a reduced leadership structure with one accountable officer over 6 CCGs, one executive team and a single management team. A management of change process had also taken place in 2018. Many of the benefits of having a single CCG had already been delivered through streamlining arrangements. There were 6 Governing bodies that met in common and there were shared roles across CCGs (executive, clinical and lay member roles). All CCG committees met in common.
  - The benefits of the merger included that running cost savings were delivered over 2 years and that CCGs were well placed to make the transition from CCGs into ICS.
- Provider organisations
  - The main acute provider was University Hospitals of North Midlands UHNM with bases in Stoke and Stafford County hospital. Staffordshire and Stoke on Trent areas were unusual in that about half of acute activity (people who need to go to hospital for operation, cancer services, diagnostic or emergency appointments) tended to go outside of Staffordshire and Stoke on Trent, which meant CCGs were working closely with neighbouring authorities in terms of care. Whilst Queens hospital Burton was within Staffordshire it was part of the University Hospitals of Burton and Derby, which was part of the Derbyshire ICS. CCGs worked closely with neighbouring systems in terms of the care and services that residents receive.
  - The main community provider was Midlands Partnership Foundation Trust (MPFT) which also delivered a range of services in Shropshire and delivered mental health and learning disabilities services in the South of the County. In the North of the County there was the North Staffordshire Combined

- Healthcare NSCH which provided services for mental health and learning disabilities.
- Legal Responsibilities:
  - The legal responsibility for consulting the public in any major service changes sat with the CCGs, this would become the responsibility of the ICS. All other statutory duties would be assumed by the ICS from 1 April 2022, this would result in significant change nationally and across Staffordshire and Stoke on Trent.
- The relationship between CCGs and Overview and Scrutiny Committee was important.
  - The CCG had previously been referred to Secretary of State by Stoke and Staffordshire, this was a reminder of the importance to consult with the public and with scrutiny. Scrutiny decided what substantial variations the NHS should be consulting on.
  - The Scrutiny and Support Team, the Chair and the Director of Communication and Corporate Services work closely together to consider emerging issues and matters for inclusion in the work programme, which worked well.
  - Pre-Covid, a major consultation had been planned regarding the reconfiguration of services across Staffordshire and Stoke on Trent, as part of the Sustainability and Transformation Plan. This had been paused early in 2020 due to Covid, the consultations would commence in summer 2021 on some of the significant proposals as part of the transformation.
- White Paper and the ICS
  - The White Paper had significant implications for the organisation of the NHS and was the most change to structure since the 2012 legislation.
  - This would be a significant period of change for the organisation and for the way care is provided across Staffordshire and Stoke on Trent

The ICS Director for Staffordshire and Stoke on Trent provided an overview of ICS in Staffordshire and Stoke:

- In terms of the hybrid approach for meetings the ICS Director welcomed locking in learning and working differently, he looked forward to continuing working in this way.
- Restoration and recovery of services: There was a need to recognise that the scale of change to a number of services had been significant over the last 12-18 months when responding to Covid, these included the closing down of some services, the fundamental changes to how services were accessed and that services had continued to be delivered, but in different ways.
- Restoration and Recovery: An important element was about the workforce, recognising the way staff had responded and worked over the last 18 months, supporting staff to recover, during the recovery of services, supporting staff to move forward in light of the expected high level of demand on staff in the transformation.
- System perspective - high level focus items were:
  - Frailty
  - Health Inequalities
  - System transformation and system savings

- Primary Care - GP Access and getting the focus on the right secondary care services
- Delivering outpatients, how to embed the changes in the best way for the population and healthcare needs
- Maternity Services – The Ockenden report had implications for how to deliver maternity services across Staffordshire and Stoke on Trent.
- NHS Reform – Scrutiny needs to be on delivering outcomes for the population across a range of services not on structures.
- How we come out of Covid response in a better way to meet health inequalities that exist in Staffordshire and Stoke on Trent

### NHS Challenges

- The Impact of Pandemic
- Recovery of services and delivering the vaccination programme
- Financial Recovery - The NHS had a role to play in socio economic recovery
- Workforce recruitment and retention

The Director outlined the four main areas ICS would have an impact on:

- Improving outcomes in population health and healthcare
- Tackling inequality
- Enhancing productivity and value for money
- NHS supports the broader social and economic development

The Director ICS advised that Partnership working had been significant over the last 18 months in working together to face the challenges to really tackle the healthy outcomes and do the best for the population and Staffordshire.

The Chair thanked the Accountable Officer for 6 Staffordshire & Stoke on Trent CCGs and the ICS Director for Staffordshire and Stoke on Trent for their comments which had set the scene for shaping the work programme, he particularly recognised that staff in the NHS and social care had faced significant challenge through the last 15 months.

The Director for Health and Care provided a presentation of the County Councils Adult Social Care and Public Health functions. He advised that the responsibilities were provided under the Health and Social Care Act 2012 and the Care Act 2014, involving:

- Health protection – protecting the population against communicable diseases such as Covid-19, measles, other non-communicable threats to health, such as environmental hazards and assurance such as vaccination programmes and screening programmes.
- Health improvement and promoting wellbeing – by influencing the environment in which people live and also people’s personal behaviours, such as smoking, diet and exercise.
- The statutory duty to assess people’s needs for care and support under the Care Act, eligibility was determined by a combination of their own circumstances and their financial means, where people were eligible the Council had a duty to meet those needs in a way that that was appropriate to the individual and cost effective for tax payers.

- The duty to safeguard adults at risk from abuse or neglect, the Council had a duty to provide care and support to the most vulnerable people in the community.
- To manage the Care Market to ensure where vulnerable people do need services for care and support that they are available at a price for service users to afford.

#### Priorities for the Council:

- To protect the population from Covid and other threats to health.
- To build a healthy Staffordshire with an environment and communities that promote wellbeing.
- To offer extra support for those people who need it, to maintain their health and independence, and help them get back on their feet at times of crisis.
- To safeguard adults with care and support needs from abuse and neglect.
- To maintain long term care services, so that quality services are available and affordable when required.
- All of the above with in the budget that is available in the Medium-Term Financial Strategy MTFS, plus other sources of external income.
- To showcase some of the good practice that was happening in Staffordshire.

#### Challenges to the Council:

- The ongoing pandemic.
- The long-term impact of the pandemic on health and wellbeing – both direct impact of Covid and the indirect impact of isolation during lockdown.
- Rising demand for adult social care.
- Sustainability of Care providers.
- Funding needs to be commensurate with demand.

The Chair thanked the Director Health and Care for the presentation and acknowledged that there were some significant issues for Members to consider in greater detail.

Before moving into discussion about the work programme, the Chair provided some pointers for members to consider when prioritising items for the work programme:

- What needs to change or to improve.
- When is the best time to scrutinise.
- Why we are scrutinising - Is it an opportunity to shape policy using pre decision scrutiny.
- How will we scrutinise the topic.
- What value can scrutiny add.

The Chair highlighted that scrutiny was member led and that members would decide what would be on the work programme 2021-22. He encouraged members to use their own experience and knowledge of their local areas and the wide range of information available to them to research and look into an issue. He highlighted the different mechanisms that could be used to carry out scrutiny of a topic, such as thematic Inquiry days to get into the detail and to understand the issue, or to request specialist briefings to invite independent people to provide other perspective and good practice to the scrutiny work.

The Chair invited Members of the Committee to consider items for inclusion in the work programme.

The following matters and comments were noted:

- **Mental Health:**
  - Community mental health projects and approaches to mental health
  - Acute mental health, the shortage of Children's acute mental health beds.
  - Children's mental health may become acute if not identified early. Practitioners in schools were ideally placed for picking up on children's health and also family issues. Children's mental health in schools coming out of Covid. Mindful of targeted work in a Stoke on Trent pilot scheme of practitioners in schools, to pick up issues found in schools re-Mental health issues and potential roll out to other schools and areas, the VC Overview leading on review work.
- **Dentistry** – as part of the STP work, to consider what was happening around prevention, routine dental assessment, and lack of access to orthodontics.
- **Focus** - There was a need to target what was scrutinised and when, as this was a wide agenda. Also, that scrutiny needed to look at what work Parishes were doing.
- **Awareness** - The preparations for this meeting were welcomed, recognising the breadth and the scope was very useful.
- **Access to GP surgeries** – how data was measured and published. It was clarified that CCG do monitor performance, have a range of indicators and report through the Primary Care Committee, to which there is a public live stream to the committee for members to view. It was confirmed CCG would provide a report to a future meeting.
- **Wellbeing and outreach programme** in terms of how they engage with Educational facilities in the community.
- **Women's Health Strategy**, how they engage with the female population.
- **Loneliness** - particularly for older residents. **Social isolation** for all age groups, volunteering had encouraged people asking for help, the reduction of volunteers, digitally isolated as well as socially isolated.
- **Environment - air pollution**. This could be broadened into **Climate Change** and what are the NHS employers doing to deliver on the Commitment to NET Zero.
- **Diabetes and obesity** – particularly children's obesity. Understand what the situation is and what can change, including how obesity can lead to other health issues and mental health.
- **Healthy schools programme** – Members can signpost to [www.healthyschools.org.uk](http://www.healthyschools.org.uk)
- **Application system for funding for Adult Care** – process and completing forms for blue badges and adult social care. The assessment for care and support was mainly national, the Council does have discretion to adjust and streamline as necessary. Members were not concerned with eligibility but the speed of completing and determining applications. The Director of Health and Care to contact members to discuss outside of the meeting and if there is a wider remit bring into the work programme.

The Chair led the discussion to consider items for inclusion and removal from the draft work programme based on items raised during discussions in the meeting today, items listed on the draft work programme and items brought forward from 2020-21 work programme.

The following points were established during consideration of items for the work programme:

- To identify matters to be scrutinised by Vice-Chairs outside of scheduled meetings.
- The need to filter items highlighted for inclusion in the work programme during discussion, and to focus on the priority items for the ten scheduled meetings and two additional meetings.
- To agree a work group and inquiry sessions that had been suggested during discussion on the work programme.
- The need to focus on the next meetings and to retain flexibility in the work programme.
- To include Maternity services (Samual Johnson), George Bryant Centre – proposals with the unit, and future delivery of residential care services in Staffordshire for July meeting.
- To include recommissioning of Care Home services, A&E add Dentistry to August meeting, subject to capacity.
- To include Mental Health and the streams of mental health highlighted in discussion at an Inquiry session in September.
- To consider Health and Care priorities in the Corporate Plan in September, as a single item agenda to focus on integration of care.
- To include a session for difficult decisions (STP merger of CCGs).
- To include the wider determinants of health Inquiry session in October (to include obesity, potentially an all-day session)
- To have regard of the forward plan and any Cabinet decisions relating to health.

The Chair thanked all involved for their contributions and suggested taking the draft away to work with Vice-Chairs on the detail and bring the work programme back to the next meeting.

**RESOLVED:**

- a) Agreed to include dentistry for August meeting, subject to capacity.
- b) That the Chair and Vice-Chairs take account of themes discussed in the meeting and prepare a revised work programme for approval of Health and Care Overview and Scrutiny at its meeting on 5 July 2021.

**6. Covid-19 Vaccine Programme Update**

The Committee considered the report and a presentation from the Programme Director Vaccination Programme and Clinical Lead Vaccination Programme relating to the Covid-19 Vaccination Programme update.

The presentation detailed the following information:

- Progress so far – the statistics for number of vaccines delivered and percentages for uptake were presented. There was high vaccine uptake in Staffordshire and Stoke on Trent, everyone over 50 (92%), in next cohort (86%) and in 330 care homes all residents had received vaccines (100%). Housebound people were being visited in their homes and the Programme Director was particularly proud of the delivery to harder to reach residents and people with learning disability. Staffordshire had been selected as one of 16 sites nationally to deliver the Moderna vaccine, Tunstall now

delivered three vaccines on site Moderna, AstraZeneca and Pfizer Vaccines. The vaccine supply had been sporadic, but it was confirmed that no vaccines had been wasted.

- Phases of the Vaccination Programme – there were four phases to the programme, there would also be a refresh of the programme structure and modelling roll out to include flu vaccine, possible booster vaccine and secondary school children age 12-18. In the long term there would be a strategy for flu and Covid vaccines and immunisations.
- Responding to the new variant and priority areas – it was confirmed that second doses had recently been moved forward from 12 weeks to 8 weeks. Double doses were more effective against new variants.
- Ongoing work with Public Health to identify outbreaks of new variants. It was identified that there had been a low uptake in areas of Stoke on Trent and Burton, which were being specifically targeted. They were extending the vaccination in Leek to include everyone over 18 (cohort 12) and it was confirmed that there was sufficient moderna vaccine to facilitate this with no impact on programme delivery.
- Second doses – There were enough vaccines available to deliver.
- Site locations – There were 23 local vaccination centres, managed by GPs in Primary Care Network (PCN), 1 pharmacy site and three large scale vaccination centres, and some were delivered via GP surgeries. There was good local access to vaccines. Some PCN sites had opted out of cohort 10-12 younger age groups.
- Targeted vaccination service – This was about working differently with partners, Staffordshire Fire and Rescue take NHS teams to sites, mosques, fruit farms, afro Caribbean society, and some large employers to put on pop-up clinics. Also, Universities have been targeted before students leave for the summer. There was focussed work on inequalities due to lower uptake in Bangladeshi communities and other groups, which was showing an increase in uptake.
- Myths and challenges – Vaccine hesitancy amongst some of the population. They were working to respond to questions raised, such as impact of vaccine on fertility, pregnancy and similar concerns, also work was ongoing to encourage hesitant people to get vaccination. There has been a lot of myth busting, but as an approach it was working.
- AstraZeneca – Risk of blood clots – It was reported that the blood clot risk was a fraction of the risk of taking oral contraceptive, about 4 cases per million doses.
- Staffordshire and Stoke on Trent Covid-19 Vaccination Programme – The system and partnership working had been hugely enjoyable and a productive experience. There had been work across the boundaries which had been a mutually beneficial experience. There was work around inequalities, not leaving people behind, where the programme had reached 100% of people across Staffordshire. It had taken effort, focus and a good communication strategy that met the needs of the different group to achieve it. This was a great example of Health, Care, and the public sector pulling together.
- Although there were fewer cases in care homes now, the message was don't let your guard down keep the guidelines of hands face space and outdoor space.

The Committee noted the following comments and responses to questions raised:

- Inequalities were particularly relevant.

- Vaccine webinar – 16<sup>th</sup> June 2021 for all members across Staffordshire to provide a Covid Vaccination update.
- Currently in Leek vaccinations were being booked on event brite, 600 slots per day were published for over 18s to book. People had to take proof of residency or school when attending for the vaccination. It was noted that although currently this was outside of the national programme, the national booking system would open to cohort 12 later that week.
- In relation to a question about time to receive test results and surge testing in Leek, it was agreed to request the test and trace team to respond to the member following the meeting.
- Early conversations with the Midlands Combined Health Partnership (MCHP) were ongoing to consider provision of vaccines in schools for 12-18 year old cohort.

**RESOLVED:**

1. That the Covid-19 Update be noted.
2. That the Committee expressed its support and gratitude for the work being carried out by the Vaccine Programme Team, Partners, and volunteers across Staffordshire.

**7. District and Borough Health Scrutiny Activity**

The report was submitted, there were no updates provide verbally at the meeting.

**RESOLVED:** That the update report was noted.

**Chairman**

