

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 5 July 2021

Present: Jeremy Pert (Chairman)

Attendance

| | |
|--|-----------------------|
| Charlotte Atkins | Phil Hewitt |
| Philip Atkins, OBE | Jill Hood |
| Rosemary Claymore | Barbara Hughes |
| Richard Cox | David Leytham |
| Ann Edgeller (Vice-Chairman (Scrutiny)) | Janice Silvester-Hall |
| Keith Flunder | Ian Wilkes |

Apologies: Jak Abrahams, Martyn Buttery and Paul Northcott

PART ONE

9. Declarations of Interest

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

10. Minutes of the last meeting held on 7 June 2021

RESOLVED: That the Minutes of the meeting held on the 7 June 2021 be approved as a correct record and signed by the Chairman.

11. Restoration and Recovery

The Committee received a presentation from CCG and NHS providers to outline the restoration and recovery plans for services across three provider organisations, University Hospitals Midlands North (UHMN), University Hospitals Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT) Acute Trusts and also welcomed representatives from mental health and community health services.

The Accountable Officer for the 6 Staffordshire & Stoke on Trent CCGs assured the Committee that it was the right time to consider restoration and recovery in light of progress with the vaccine programme, he indicated that there was a need to look forward, whilst living with Covid and the pandemic to give confidence to the public to use the services available to them.

The Director of Strategy UHMN presented an overview of the current position referring to the planning guidance to stand services back up. She indicated that services had

been re-introduced in summer 2020 temporarily before second lock down resulted in services being stood down again, and that this had provided useful experience moving into this restoration and recovery phase.

The Director of Strategy presented the challenges for restoration, highlighting the demand for urgent and emergency care at the front door, capacity in critical care, work force resilience, winter pressures and mental health service demand. She indicated that the three biggest risks to recovery were workforce resilience, ability to restore activities and widening health inequalities.

It was reported that providers were starting to see increased referrals and were tackling the backlog list for procedures. All three provider organisations were looking at services that had been temporarily closed to agree what needed to happen next to stand them back up. In relation to Minor Injuries Units at Leek and Cannock which were temporarily closed due to the pandemic and staffing issues. Leek MIU was now open with limited hours, but Cannock Chase MIU remained closed. The Director of Strategic Planning & Performance at The Royal Wolverhampton NHS Trust gave a commitment to attend Cannock Chase DC to provide an update.

It was noted that the following processes were in place:

- Partners were working collaboratively across various Trusts to facilitate recovery.
- Work was ongoing to ensure existing workforce and facilities were deployed efficiently.
- It was important to look after staff, to ensure support mechanisms and communications were in place.
- Patients in need of care the most were prioritised and communication with patients on waiting lists was ongoing to advise if care could be deployed to independent sector and also to validate that patients still wanted to proceed with procedures.

Additional data was requested from each of the three provider organisations relating to:

- People waiting longer than 62 days for procedures
- Staff vacancies
- Restoration and recovery action plans
- Specialist services action plan on backlog

It was agreed that a letter be sent from Staffordshire County Council to thank the NHS for the work that had been carried out through the pandemic and to congratulate the NHS for being awarded the George Cross.

RESOLVED:

- a) That Committee note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).
- b) That additional information and documents be requested from the provider organisations University Hospitals Midlands North (UHMN), University Hospitals Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT) acute Trusts to circulate to members in relation to the following:

- Number of people waiting longer than 62 days for procedures
 - Number of staff vacancies
 - Restoration and recovery action plan
 - Specialist services back log action plan
- c) That a letter be sent from Staffordshire County Council to thank the NHS for the work that had been carried out through the pandemic and to congratulate the NHS for being awarded the George Cross.

12. Access to GP Surgeries

The Committee received a report and presentation from the Director Family Care and Medicines Optimisation Strategy and Deputy Director of Primary Care to consider access to General Practice (GP) and respond to concerns in relation to access to GP surgeries. The presentation provided context, activities and actions put in place during the pandemic to support general practice, key activities in June 2021 and a detailed action plan for general practice access updated on 1 July 2021.

It was reported that GP surgeries had remained open 08:00 – 18:30 during the pandemic and that business continuity plans were upgraded during pandemic to include extended hours and total triage. Total triage was introduced to assess, using clinical criteria, if a face to face consultation was required or whether the issue could be addressed remotely.

At the peak of the pandemic 80% of consultations had been held remotely and it was noted that the ratio between telephone and face to face appointments at that time 20-80 was being addressed, and currently in the region of 50-55% of consultations were face to face. It was reported that there had been a variety of public responses to the use of telephone consultations and remote access to services, some patients had expressed a preference for telephone consultations. Members raised issues and concerns relating to equity of remote access for some people, the cost of long waits on telephone calls and that many people wanted a face to face appointment with a GP.

In response to concerns raised, members were informed that practices in Staffordshire were currently dealing with a substantial increase in demand caused by a variety of issues, such as delayed demand for services and people contacting the GP when they were not able to get through to other services such as 111. The increased demand had led to an additional 100,000 phone calls a week and an additional 15,500 appointments per week across Staffordshire. The increased numbers had left some practices struggling to meet demand.

It was considered that public expectation was for access to be 'back to normal' on 19 July in terms of people receiving same day appointments and access to practices. It was reported that many GPs wanted to do more face to face consultations but there were constraints and different issues for each practice to address, such as the time taken to clean and change PPE between consultations which limited the number of consultations per day and the size of rooms when socially distancing. Members were advised that some remote access measures would remain, additional telephone lines were being

added and some surgeries were moving to cloud based solutions to reduce call waiting times.

It was explained that there were a range of healthcare professionals available at practices, other than GPs, who may better suit the needs of patients. In the last 12-18 months an additional 225 healthcare professionals had been recruited into practices in Staffordshire and patients could contact a clinical pharmacist for advice, however people preferred to see a GP. A training programme for reception staff was progressing to advise patients who was available and how to access services. There was concern that the variability in GP practices had worsened during the pandemic and that health inequalities could be widening as a result.

The Deputy Director presented the action plans detailing the action areas to develop relating to: communications, access improvement programme (Time for Care), record keeping, digital solutions, quality, variation and resilience, training and development, workload and the need to ensure progress is monitored and the data is measured but also checking against patient feedback. Work was ongoing with the communication team and information was feeding back into the action plans.

It was highlighted that there was a need to promote the NHS APP, check record keeping and guidance and to look at population size and to ensure there was not unwarranted variation across practices. There would also be engagement around patient participation, reception training and call handling, and work with local pharmacies relating to GP referral service.

The following comments and responses were noted in response to questions:

- Trends - in April 8% growth was slightly higher as people could access GP again, this had dropped to 5% growth in May and it was anticipated 5% growth monthly throughout the year.
- There was to be a refresh of the Model of Care for GP practices with key stakeholders.
- There was no data about patient preference for telephone consultation however the soft intelligence indicated that some do like the convenience of a telephone appointment.
- Patient Choice – patients do have the choice for a face to face appointment and information about changing practices was available, a quality dashboard was on the website, also information was available through CG and PALS and CCG undertook to consider how the access agenda was supported and undertook to build that into the access plan and to check the website access plan.
- A briefing note was requested on consultation feedback from Healthwatch work on patient preference and information on work in practices with receptionists on what perceptions, challenges and barriers.
- It was confirmed that GP issuing vaccinations was in addition to the normal GP practice hours.
- It was confirmed that issues with practices was being addressed and CCG was working closely with practices in Rugeley.
- Issues raised for rural areas – infrastructure for additional housing, access to surgeries, GP facing recruitment challenges and having enough telephone lines in place to manage the massive increase in calls.

Members highlighted the need to develop GP practice sites to reflect the growth of housing development in the County. The Director Family Care and Medicines Optimisation Strategy advised that there was a lot of housing being built in Staffordshire CCG had recently undertaken a utilisation study of all GP practices, to look at where levels of demand did not match practice facilities. The estates function had been taken back by NHS England and this had impacted on ability to match local capacity needs to demand. CCG were now working with the Local Authorities to develop practice sites which was something they planned to do more work on. Members highlighted that the Council Strategic Infrastructure Plan (SIP) should ensure that developers contribute to infrastructure including doctors' surgeries.

The Chair encouraged all District and Borough Members to ensure local plans included a clear statement in local plans and neighbourhood plans regarding section 106 needing to support healthcare. The Director Family Care and Medicines Optimisation Strategy gave a commitment from the CCG to respond to consultations where more than 250 homes were being proposed, to be engaged and ensure the right capacity and access to primary care. It was confirmed that the NHS was appointing to a planning officer role to lead on s106 negotiations for the CCG. The Chair requested that when available CCG provide a briefing note to advise of the process to engage and be involved with the s106 process re healthcare, in order that Members could feed back into District Planning process.

The Director Family Care and Medicines Optimisation Strategy advised that CCG was at the beginning of developing community healthcare, 26 Primary care networks had been developed and more information on this could be presented at a future meeting. It was considered by members that the wider model of care with voluntary sector and social prescribing could be integrated into future access to services in the community. It was explained that there was a care training programme which trained receptionists to refer the patient to the right place first time, however this had paused during the pandemic. The receptionists would have to refresh the training and evaluation of that training could take place.

It was confirmed that a review of the public estate would take place to ensure that where more services were in the community CCG maximised use of the public estate.

The Committee welcomed the NHS App and other ways of introducing technical solutions, such as appointment booking on line and cloud based solutions to resolve some of the issues relating to incoming calls. The NHS App could be used as a mechanism for individuals to look at personal medical records and to make GP appointments.

In terms of population growth in Staffordshire the Primary Care Strategy had reduced the number of practices but increased the practice footprint to around 10,000 patients per list, this made practices more resilient and data could be accessed around number of patients each GP has on its list against doctor numbers.

The Chair welcomed an opportunity to meet with officers to consider the data available in the CCG dashboards which had been developed to consider holistic system approach and regional practices in Staffordshire to be able to see diagnosis levels across different areas. The Director Family Care and Medicines Optimisation Strategy indicated that

this related to health outcomes and health inequalities. She advised that there was a programme of work in primary care variation and inequality to look at where there were poorer outcomes and why, whether it was a deprivation issue, an access issue or potentially an issue with a GP, and a programme of work was being developed.

The Chair thanked officers for the comprehensive update on GP Access.

RESOLVED:

a) That the report be noted, and further information be circulated to members in relation to the following:

- CCG provide a briefing note to advise members of the process to engage and be involved with the s106 process relating to healthcare.
- CCG provide feedback from Healthwatch work with residents and general practices on 'what patients prefer - perceptions, challenges and barriers'.
- Chair to meet with officers to consider dashboards and data.

13. Covid-19 Vaccination Programme Update

The Programme Director Vaccination Programme presented an update report and presentation on the progress of the phases of the COVID-19 Vaccination Programme and the latest position.

The Programme Director highlighted that the programme was moving toward the end of first phase of the programme, 83% adults had been vaccinated and two thirds of all adults had been fully dosed. She provided detail on the response to the new variant, the work with Public Health to identify outbreaks and measures in place to deliver the vaccinations, such as targeted vaccination service, walk-in weekend, locations and second doses pulled forward to 8 weeks.

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

- Inequalities were particularly relevant in relation to the difference in uptake rates and access.
- Targeted vaccination for homeless people in Staffordshire – The CCG carried out vaccinations of homeless people earlier than national guidance advised, they were carried out as part of the winter plan and took place in sheltered accommodation before people dispersed. The second vaccine dose data for homeless people was lower, and this was because they could not be located.
- A vaccine webinar was planned for all members across Staffordshire on 8th July 2021 to provide a COVID Vaccination update.
- A report relating to the Winter Flu and vaccine booster programme was scheduled for a meeting of this Committee 13 September 2021.

The Chair thanked officers for an excellent representation of the vaccine programme and he encouraged all Members to share this widely.

RESOLVED:

That the COVID-19 Update be noted.

14. Future Delivery of Residential Replacement Care Services in Staffordshire (learning Disabilities)

The Cabinet Member Health and Care presented the report highlighting that the report outlined the commencement of an options appraisal for the future provision of replacement care services for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which would be presented to Cabinet in the third quarter of 2021.

The Cabinet Member indicated that this was an opportunity to review and redesign services and carry out an options appraisal to find the best model for the future for people with learning disabilities. She advised that the report highlighted the process to be followed, the severe restriction of the premises and that the CQC had highlighted the need to review the care service at Douglas Road.

In response to questions the following comments and responses were noted:

- SCC aspire to support as many people as possible to live at home and independently.
- There may come a time when it was impossible for some people to stay on their own and it was no-longer viable to provide care from in-reach services or from relatives. At this time options would need to be looked at for their care, but care homes would be as a last resort.
- For people with learning disability that required a care home place, it would be in a main stream facility with specialist beds, rather than specialist homes.
- There was a lot of analysis to do in the future to consider the wider care market. A report was included in the committee work programme to look at the issue.
- In terms of the Community Impact Assessment, there was a need for regular engagement in the community and with relatives to move forward, to consult, talk, help parents and carers, and to help them to make a decision.
- Page 49 of the report – there was a table that indicated variability of cost between Woodlands Road and Silver Birch, the next report would carry a full impact assessment. Whichever option was the preferred option should be affordable.
- The costs were disproportionately high at Douglas Road due to the significant reduction in capacity but the need to carry paying the full overhead costs.

RESOLVED:

1. That the Health and Care Overview and Scrutiny Committee endorse the commencement of an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

15. District and Borough Health Scrutiny Updates

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

RESOLVED: That the update report was noted.

16. Work Programme 2021-22

The work programme 2021-22 was presented and the following changes to work programme noted:

- The item relating to Care Market – Care Home Services would be presented to Health and Care O&S Committee in January 2022.
- There would be an additional meeting in July 2021 to consider health impacts arising from Walleys Quarry, the meeting will be held in Newcastle under Lyme.

Chairman