

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 24 July 2023

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Monica Holton
Philip Atkins, OBE	Jill Hood
Chris Bain	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Paula Stanton (Substitute)

Apologies: Val Chapman, Phil Hewitt, John Jones, Leona Leung and David Williams

Part One

10. 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).

11. Minutes of the last meeting held on 12 June 2023

Resolved – That the minutes of the meeting held on 12 June 2023 be confirmed and signed by the Chairman.

12. Integrated Care Partnership (ICP) Operating Plan

Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent ICB presented the Integrated Care Partnership Operating Plan to the Committee. The Committee were reminded that the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) developed an operational plan each year which detailed anticipated activity and performance across the full spectrum of areas of responsibility.

It was reported that the plan set out the key priorities as a system for 2023/24 and a collective aim to reduce the number of Category 2 and 3

ambulance calls. The four system level priorities were identified:

- Urgent and Emergency Care
- Tackling backlogs
- General Practice
- Complex individuals.

The Committee noted the following comments and responses to questions:

- The SSOT ICS was focused on Frailty however this was not a national objective. The Committee agreed to work with Healthwatch to review the patients journey for the frail and elderly into the care system.
- Children Mental Health Services and Autism access and diagnosis was increasing demand and assurance was given that this was a priority.
- The Committee were advised that the ICS was considering how to enhance data sharing between the ambulance service, voluntary sector, and other partners so that the patient's views would be considered when treating patients for hospital admission. It was reported that 45% of Staffordshire residents die in hospital which may not be the patients wish.
- The responsibility for commissioning NHS Dental practices was now within the ICB and work was underway to increase provision. Dentistry would be considered by the Committee in November 2023.
- The Integrated Care Hubs business cases was still being built, but were still ongoing. It was reported that the Integrated Care Hubs would not be built within 2023/24.
- The importance of pharmacies was discussed, and it was reported that pharmacies were key in the plans for primary care. Healthwatch reported that one of the key concerns raised by the public was around primary care access and were currently working with the ICS to help signpost the public to pharmacists.
- Related to Primary Care Access there were new roles to help a resident have their needs met without necessarily meeting a GP. It was reported that Healthwatch were currently looking at primary care from a resident's perspective. The Committee agreed to work with Healthwatch on the scoping of this deep dive into primary care. Jill Hood, Ann Edgeller, Bernard Peters, Jeremy Pert & Keith Flunder volunteered.
- The ICS was looking at the future and preventative work and awareness to prevent hospital admissions.
- The concept of virtual wards where patients can be safely cared for in their own home was discussed.
- The Committee discussed the need for timelines and outcomes from the operational plan.

Resolved – That (a) the final version of the Staffordshire and Stoke-on-Trent Integrated Care Board Operating Plan 2023/24 be received.

(b) the Committee work with Healthwatch in their scoping of a deep dive into primary care.

(C) the Committee work with Healthwatch to review the patients journey for the frail and elderly into the care system.

13. System Performance

Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent ICB presented the System Performance to the Committee. The Committee received the Performance Overview Dashboard from 2022/23 and an overview of the approach and progress to date in developing the Staffordshire and Stoke-on-Trent ICB Performance Report for 2023/24.

The Committee noted the following comments and responses to questions:

- Assurance was given that over time there was development and rotation of Key Performance Indicators (KPIs). The Longer term KPIs were not included in the performance report and would be considered by the ICB. The Committee discussed that it should include health prevention.
- Both Type 1 and Type 2 Diabetes was measured separately.
- Data reliability was improving through the use of shared data.
- Virtual wards were still establishing and nationally there was not a clear definition of a virtual ward for collecting data.
- There was a new system which would bring in live data from across the ICS so that pressure points could be identified. Early warning performance indicators could be a combination of trends.
- It was reported that from learning from COVID the ICB now worked more closely with community and faith groups. There were a number of KPIs relating to public opinion.
- The Committee discussed a wider input in the data from Social Care and agreed that the performance be brought back to Committee in three months time.

Resolved – That (a) the Committee note the Performance Overview Dashboard which provided a year end position of 2022/23 ICB performance against key standards and targets.

(b) the Committee note the Development of the 2023/24 Performance Report which provided an overview of the approach and progress to date in developing the Staffordshire and Stoke-on-Trent ICB Performance Report for 2023/24.

(c) the Committee receive the first quarter performance update in three months' time.

14. System Pressures

Phil Smith, Chief Delivery Officer presented the System Pressures to the Committee. It was reported that the Staffordshire and Stoke-on-Trent ICS developed a full system winter plan to manage winter 2022/23 however the position in Staffordshire was challenged with high levels of pressure and cumulative factors contributed to the system declaring a Critical Incident from 29 December 2022 to 12 January 2023. It was reported that there were three key components which exacerbated pressure:

- Workforce
- Demand
- Supply

The Committee were informed that the ICB agreed that a priority action would be to carry out a thorough assessment and review of the plans effectiveness in March 2023 and a lessons learned workshop event was held with all constituent system partner organisations. The key themes covered by the event were:

- Winter Plan Development Process and Delivery;
- Workforce and recruitment;
- System Escalation Planning and Clinical Risk Sharing;
- System Critical Incident & Early Warning signs;
- Test adherence to the ICS Leadership Compact;
- Finance – 2022/23 allocation and spend & anticipated 2023/24 funding;
- 2023/24 opportunities

The Committee were advised that the Urgent and Emergency Care Improvement Plan had been agreed. The Committee were updated on current performance of 111, Ambulance Activity, ED Activity, Medically Fit for Discharge and Discharge pathways.

The Committee noted the following comments and responses to questions:

- The voluntary sector was crucial to support people to stay in their own homes and assist in discharges from hospital. The ICB was working with voluntary sector to provide this support.
- Urgent treatment centres would play a role moving forwards and the designation of these centres would need to be agreed by the ICB at the end of 2023/24.

- The Workforce Staff mobilisation process had been in place since COVID to encourage staff to move to the areas of highest need. There was now a People Hub to replace this and include social care provision.
- Prevention for the Frail and Elderly, particularly around care homes was discussed. A high proportion of ED admissions and end of life were from care homes and preventative community-based services such as the Fire and Rescue Service providing a falls service and GPs in care homes were being considered.
- In developing the winter plan, the UHNM, UHDB and RWT were engaged for residents who were treated out of county.
- The reablement offer should be consistent throughout the County and re-admissions to hospital were monitored.
- There had been an improvement for community rapid intervention service, designed for the emergency response patients. 111 and Ambulance services had signposted to the service to prevent hospital admissions.
- In Q1 there had been improvements in 4-hour A&E performance. Ambulance response times were closely monitored by the ICB. In the most recent data, it was reported that Category 2 response times in the County were adhering to the national target of 30 minutes.
- It was reported that more rural areas may see longer ambulance response times. The Committee were informed that these variations were monitored, and a breakdown of the category 2 response times would be shared with the Committee.
- The Committee requested to receive the full plan before winter 2023/24.

Resolved – That (a) the system pressures update for the Staffordshire and Stoke-on-Trent Integrated Care System population be noted.

(b) a breakdown of the Category 2 ambulance response times be shared with the Committee.

(c) the full Winter Plan 2023/24 be brought to Committee before Winter 2023/24.

15. Update on Elective care performance and recovery

Mark Seaton, Portfolio Director for Planned Care presented the update on Elective care performance and recovery to the Committee. The report covered three areas of care:

- Elective care
- Cancer services
- Diagnosis

It was reported that COVID had a significant impact on the delivery of Elective care and as a result there were significant backlogs of patients awaiting treatment. The Committee were informed that NHS England required all 104-week waiters to have been treated by March 23 however in Staffordshire there were 10 patients awaiting treatment, although 9 of these patients would be treated in July. It was also reported that the NHS England had set a target to treat all patients who had been waiting more than 78 weeks by June 2023, however there were still a number of patients awaiting treatment. The NHS operational planning guidance for 2023/24 required local ICS to have treated all 65-week waiters by the end of March 2024.

The Committee were advised that Cancer services were prioritised during the pandemic.

The Committee noted the following comments and responses to questions:

- There had been external review of the UHNM waiting list management process to identify why the numbers of patients waiting for elective surgery wasn't reducing.
- There had been some impact on elective surgeries due to industrial impact.
- Communication with patients was important although had improved.
- It would take 4 to 5 years for the waiting times to reduce to pre-pandemic levels.

Resolved – That the report and actions being taken to reduce waiting times and access to services be noted.

16. SSOT ICS People, Culture and Inclusion Annual Report and update

Mish Irvine, ICS Director of People presented the SSOT ICS People, Culture and Inclusion Annual Report and update to the Committee. It was reported that the report was developed in collaboration with ICS clinical workforce leads alongside partners across the system.

It was reported that workforce KPIs were monitored and there was a vacancy rate of 12.9% in May 2023. Staff turnover had decreased to 10%.

The Committee noted the following comments and responses to questions:

- The NHS Long term Workforce plan articulated how to increase the workforce required by 2035.
- The ICS had a project to reach out to communities and schools to

promote careers in health. There were work experience opportunities. During COVID there was a virtual work experience, and the next phase of the project was to physically have work experience.

- There were a number of systemwide apprenticeships which targeted diversity programmes. It was reported that the ICB was working to increase the diversity of the workforce by reaching to the seldom heard communities and individuals who may not have the educational attainment and had created a traineeship for those individuals.
- The ICB was operating the journey to work approach and explained that there was a route into working in health and social care for anyone.

The Committee were reassured that this was a comprehensive plan and work was progressing well, the employee centric focus provided more chance for the plan to be delivered and the Committee looked forward to revisiting workforce at its meeting in October.

Resolved – That (a) the contents of the report on the delivery of People, Culture and Inclusion programmes and the progress in addressing the workforce challenges across the integrated care system be noted.

(b) the current strategic workforce context, including recently published Long Term Workforce Plan be noted.

(C) the proposed future activities facilitated by the ICS People team be noted.

17. Work Programme

The Committee received the Work Programme and acknowledged that the following items be added:

- 1st quarter ICS performance
- the full Winter Plan 2023/24

Resolved – That the Work Programme be updated and noted.

Chair