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Simon W. Baker B.Ed MBA MISPAL
Chief Executive

HEALTH OVERVIEW & SCRUTINY PANEL AGENDA

Date: Wednesday, 13 November 2019

Time: 2.00 pm

Venue: The Council Chamber, Moorlands House, Stockwell Street, Leek

5 November 2019

PART 1

1. Apologies for Absence.
2. Notification of Substitute Members, if any.
3. To Approve the Minutes of the Previous Meeting. **(Pages 3 - 8)**
4. Minutes of the Last Meeting of the Healthy Staffordshire Select Committee. **(Pages 9 - 14)**
5. Urgent Items of Business, if any. (24 hours notice to be provided to the Chairman).
6. Declaration of Interests:
 - Disclosable Pecuniary Interests
 - Other Interests
7. Questions to Portfolio Holders, if any.
(At least two clear days notice required, in writing, to the Proper Officer in accordance with Procedure Rule 15).
8. Everyone Health - Joanne Robinson, Senior Commissioning Manager, SCC, Bethany Albutt, Service Manager and Suzanne Rhodes, Community Engagement Programme Manager.
9. Work Programme. **(Pages 15 - 16)**

Any additional items to be added to the Work Programme:-

- i) Chairman's items;
- ii) Members items;

SIMON BAKER
CHIEF EXECUTIVE

Membership of Health Overview & Scrutiny Panel

Councillor B A Hughes (Chair)	Councillor J T Jones (Vice-Chair)
Councillor R Alcock	Councillor C J S Atkins
Councillor B Cawley	Councillor E Fallows
Councillor K Flunder	Councillor I Herdman
Councillor T Holmes	Councillor A Hulme
Councillor I Lawson	Councillor L A Malyon
Councillor T McNicol	Councillor D Price
Councillor J Redfern	Councillor T Riley
Councillor J Salt	Councillor L Swindlehurst
Councillor P Wood	Councillor R Ward

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

HEALTH OVERVIEW & SCRUTINY PANEL MEETING

Minutes

WEDNESDAY, 11 SEPTEMBER 2019

PRESENT: Councillor B A Hughes (Chair)

Councillors R Alcock, C J S Atkins, B Cawley, K Flunder,
I Herdman, I Lawson, D Price, J Redfern, T Riley and
L Swindlehurst

IN ATTENDANCE: M Bowen Cabinet Member - Communities
H Sheldon MBE
M Gledhill

APOLOGIES: Councillors J T Jones, E Fallows, L A Malyon, T McNicol, J Salt and
P Wood

52 **NOTIFICATION OF SUBSTITUTE MEMBERS, IF ANY.**

Councillor Gledhill was substitute member for Councillor Salt.

53 **TO APPROVE THE MINUTES OF THE PREVIOUS MEETING.**

DECIDED: That the minutes from the meetings held on 25th June 2019 and the 17th July 2019 be **APPROVED** as the correct record and signed by the Chair.

54 **MINUTES OF THE LAST MEETING OF THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE.**

That the minutes of the meeting Healthy Staffordshire Select Committee held on 15th July 2019 be **NOTED**.

55 **URGENT ITEMS OF BUSINESS, IF ANY. (24 HOURS NOTICE TO BE PROVIDED TO THE CHAIRMAN).**

No urgent items of business were raised.

56 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
	Cllr K. Flunder Page 3	Other – David Pearson is known to the Councillor in his role as the Chair of a Parish

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Agenda Item 8 – Together We're Better		Council.
	Cllr J. Redfern	Other – Employed by University Hospitals of North Midlands.
	Cllr T. Riley	Other – Family member is employed by the NHS.

57 QUESTIONS TO PORTFOLIO HOLDERS, IF ANY.

Question from Councillor Swindlehurst:

Q1. A report compiled by Healthwatch Staffordshire, (reference below), concluded from interviews with 101 patient and staff, that there were some negative impacts on patients and staff related to waiting times for transport. This included lack of facilities for patients waiting and increased workload for staff.

The transport provider E-zec and the C.C.G. as commissioner recommend action in four areas, **communication, logistics, facilities and customer service**. The response from members of the commissioning team stated they met with E-zec on a monthly basis and reported to the Shropshire and Staffordshire Quality Surveillance Group.

What improvements have taken place since February 2019 in the four areas noted as requiring improvement?

Response:

I wish to make you aware that as this is not a service delivered by SMDC your question should be directed to the commissioning team.

Question from Councillor Atkins raised on behalf of Councillor Salt :

Q2. SMDC will only pay a max of £30000 for disablement grant to make adaptations to homes. When was the last time this figure was reviewed & what scope is there for change? A recent local case had a figure of £56000, leaving people with significant disabilities facing incredible shortfalls.

Response:

The £30,000 limit on Disabled Facilities Grants is set by the Government nationally and was last reviewed in 2012. This limit is for mandatory grants which can be claimed as a right by eligible clients. Since the Housing Regulatory Reform Order of 2002 Local Councils have been able to set Housing Assistance Policies that enable the use of discretionary funding to top up the mandatory grant limit or provide additional assistance over and above the standard grant eligible works. At SMDC,

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we currently offer a maximum grant of £35,000 to all eligible clients as a matter of course, and we have the option of providing additional top up funding in cases where clients require large scale adaptations but do not have the means to contribute to the balance between the maximum grant and the overall cost of the works. Bearing in mind that DFG Funding is public money, grant authorities are held accountable for the decisions they make around additional funding and so each case must be considered on its merits and we must balance the applicant's ability to pay with the harm that would arise from the adaptation not proceeding for lack of funding. We have recently come to an agreement with our Service Provider, Millbrook Healthcare Ltd that the Council will consider any proposal for additional assistance where the costs of the work far exceed the grant limit, following a fair assessment of the applicant's means and a confirmation that the additional works are grant eligible and will meet the client's needs not just now, but for the foreseeable future. This can be a significant cost-effective solution, as it means that all the necessary works can be completed in one go and there is subsequently less likelihood of a second or third grant application in the future. When you consider that there is no limit to the number of applications an eligible client can make, and that each application can be up to £35,000, it makes perfect sense to spend an extra £20-25k on the first application.

It is not the intention of the grant authority to unreasonably deny any eligible client the means by which they can remain living independently in their own home. If members are aware of any cases where disabled residents may be disadvantaged by the significant costs of larger adaptations, then the Private Sector Housing Team in Environmental Health will be happy to review the case with our service provider.

Cllr Atkins has asked the following additional questions:-

1. What percentage of eligible clients require top up funding?
2. Has the Council made representations to Government to raise the minimum amount of funding available, to be at least in line with inflation?
3. Have there been any cases of hardship due to the maintenance bills for the equipment, which the user is responsible for?

A response to these questions would be provided after the meeting.

58 TOGETHER WE'RE BETTER HEALTH AND CARE IN STAFFORDSHIRE AND STOKE ON TRENT - DAVID PEARSON (VICE CHAIR). (PRESENTATION)

The Panel received a presentation delivered by David Pearson (Vice Chair) of the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership, which covered the following topics:-

- An Explanation of Together We're Better
- Five Major Service Areas
- Integrated Care System (2021)
- Our Journey
- Why Change is Needed
- Challenges and Opportunities
- Services Which Could be Delivered Differently
- One Conversation and Summary of Activities
- Emerging Themes – What's Worked Well and to be Improved
- Next Step and Discussion Points for Members

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A member of the Panel suggested that engagement with the public could be improved by attendance at community groups which already met. This helpful point was noted and the Officer advised that this type of engagement would happen in the future.

The Panel asked questions relating to the financial deficit, preventative work, dentistry, deaths attributed to drug abuse, mental health support for people after they had left prison and services being brought together. Discussion also took place around addiction to prescribed drugs and how this was audited.

In terms of the finances, the whole system had experienced unprecedented demand and it was vital for efficiencies to be delivered. The deficit had reduced and there had been some additional funding.

Details on the work stream relating to the Prevention Programme and Dentistry would be provided to members after the meeting.

David agreed with the concept of teams of medical professionals being brought together to provide holistic care and advised that strategies were being worked on. He advised the Panel that integrated care partnerships were the responsibility of the Clinical Commissioning Groups.

The point was raised that more services should be available to patients at the hospital in Cheadle and the Officer advised this was subject to another consultation however, the views on the types of services residents would like to see at this hospital had been established. It was also felt that there should be more services available locally for children with learning difficulties. In particular, there was a level of concern around the transitional period to adult services. Public transport from the Moorlands area to the main hospitals was highlighted as an issue. The Panel was of the opinion that generally better medical facilities were required in the area. David confirmed that transport was one of the key issues identified at the listening events and consideration needed to be given to this matter. He agreed that he wanted to see good community services in the area and gave assurance that the Moorlands wasn't being ignored. Work was required around the transition to adult services and Child and Adolescent Mental Health Services.

The importance of early intervention, prevention and well being was highlighted to members. David advised members that he would return to a future meeting of the Panel to present the completed plan and operational delivery plan.

DECIDED:

- 1) That the presentation be noted;
- 2) For further detail on the Prevention Programme, Dentistry and drug related deaths to be emailed to members.

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DECIDED: That the Panel's Work Programme for 2019/20 be agreed, subject to, the West Midland Ambulance Service being invited to a meeting of the Panel, in relation to the level of service provided at Biddulph.

The meeting closed at 3.35 pm

_____Chairman _____Date

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Minutes of the Healthy Staffordshire Select Committee Meeting held on 9 October 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Julie Cooper (Sub for I Wilkes)	Kath Perry
Janet England	Carolyn Trowbridge
Ann Edgeller	Victoria Wilson
Phil Hewitt	
Barbara Hughes	

Apologies: Tina Clements, Richard Ford, Maureen Freeman, Alan Johnson, Janet Johnson, David Leytham, Jeremy Pert, Bernard Peters and Ian Wilkes

PART ONE

27. Declarations of Interest

There were no declarations made.

28. Minutes of the last meeting held on 16 September 2019

RESOLVED: That the Minutes of the Meeting held on the 16 September 2019 were approved as a correct record and signed by the Chairman.

The Chairman informed the Committee that the Primary Care/GP Services workshop discussed at a previous meeting was being arranged.

The six Clinical Commissioning Groups (CCG) recent decision not to merge, raised the issue of different commissioning practices again, particularly the hearing aids policy in North Staffordshire. It was felt that this was part of a bigger issue of inequalities across the whole of the County and the way the CCGs worked together. The CCG would be invited to attend the Committee.

29. A Stoke-on-Trent and Staffordshire Approach to Children and Young People's Emotional Wellbeing and Mental Health 2018-2023 - Update

Councillor Mark Sutton, Cabinet Member for Children and Young People; Karen Coker, Senior Commissioning Manager; Natasha Moody, Strategic Commissioning Lead; and Sarah Newton, Commissioning and Development Officer attended the meeting to present the report and answer questions. Unfortunately, a representative from the Clinical Commissioning Groups (CCGs) had not been able to attend.

The Children and Adolescent Mental Health Service (CAMHS) Transformation Board had set out its intentions for a whole system and partnership approach to transformation, to align to the vision within the pan-Staffordshire Emotional Wellbeing and Mental Health Children and Young Peoples Strategy, via a Project Initiation Document and Project Plan. The Strategy had been considered by the Select Committee in the past and had been endorsed by all parties, including all six CCG's, Stoke on Trent City Council and the County Council. The report provided an update on what had happened since then and informed Members that the Cabinet meeting on 18 December would be requested to authorise the new commissioning model.

The Plan consisted of 3 priorities; delivery of the strategy; improving pathways and whole system approach; and better access for those children and young people who require specialist intervention.

Information was also provided on the national mental health trailblazer (Wave one) which covered North Staffordshire and the Moorlands and included 31 schools (primary, secondary, colleges and alternative providers). Four Mental Health Support Teams (MHSTs) have been established, two in Stoke on Trent and two in North Staffordshire. Educational Mental Health Practitioners (EMHPs) would provide support with low level, early intervention mental wellbeing needs. More recently, East Staffordshire had also been confirmed as a Trailblazer site in wave 2. This would include up to 30 schools.

Following a question on why North and East Staffordshire had bid for trailblazer funding but not the central areas of Staffordshire such as Stafford, the members were informed that it had been the CCGs who had chosen the areas and bid for the funding and that other CCGs could bid in future rounds.

The Committee was informed that currently there were two services which provided support which included four Tier two contracts commissioned by the County Council valued at £301,016 per annum, and a bespoke jointly commissioned contract to deliver a service for Looked After Children (LAC) and care leavers, with an annual contract value of £584,259. The contracts would come to an end on the 31 March 2020 and the funding from both the County Council and the CCG's had been pooled to enable a new service to be jointly commissioned. One lead provider would be in a better position to ensure consistency and a simple pathway into services.

The new service will have a robust performance framework. The two trusts (MPFT and North Staffs Combined Healthcare) would want to capture the softer outcomes along with what they need to report on to DfE regarding the Trailblazer pilots.

The consultation process was outlined, the result of which had led to the remodelling of the service. The 2020 Emotional Health and Wellbeing Service would offer: Digital support; Direct support; Preventative work; Risk Management (Intense support for high risk children and young people); and a clearer pathway into other services such as Adult services or Acute care. All the services would run alongside those offered by schools.

The LAC and Mental Health pilots were for 5-11 year olds, who had spent three months or more in a Staffordshire County Council foster care placements. This pilot would focus on carrying out improvements to assessments that ensure they:

- Are good quality, enabling accurate identification of need

- Occur at the right time
- Are needs focussed and person centred.

Following a question on the number of children the LAC pilot was aimed to support, the Committee was informed that due to the relatively small amount of funding received, 30 to 40 children in care would benefit. It was explained that this was one of six waves of trailblazers and there would be more opportunities to bid for more funding in the future. The results of the pilots would be analysed by the Department for Education (DfE) and could be used to mainstream services in the future

There was concern that support was being centred around schools which were already struggling to meet demand.

There had also been an increase in the need for support in the form of medical assessments which were taking up to 3 months to access. The number of beds commissioned out of the County was also questioned. It was informed that the Tier four services provided by the CCG's were part of another contract but information on the number of out of county child placements used would be requested from the CCGs.

It was felt that the digital offer was not a replacement for face to face contact even though there was a place for simple low level information being available online. It was hoped that the new approach and dealing with one provider (contract) would help to improve the service and streamline services. Digital, was part of this offer and particularly benefited children placed out of the county who could still access the Digital Offer regardless of their location.

The Committee felt that there was a lack of information on the timescales involved; how social media would be tackled; and the link between physical and emotional health. It was confirmed that more work needed to be done on linking physical and emotional health, but Members were reassured that the services did recognise this. In terms of social media, the feedback received from consultees had been positive and this had been used to educate and encourage dialogue with young people. Timelines between referrals and receiving support was estimated to remain the same.

A Member felt that there was a missed opportunity in ensuring that partners and agencies were digitally linked, and information shared automatically. Officers informed the committee that often young people wanted to remain anonymous so information couldn't be collected or shared. There would still be opportunities to change the specification of the contract if needed.

The services provided under this contract were low level Tier one and two. Partners should provide a whole family approach and should be looking at early intervention to prevent children requiring services in the first place.

Healthwatch informed the Committee that from the work they had done in schools there was concern that reduced funding was affecting the ability to offer support. In response, Members were informed that the budget for the Emotional Health and Wellbeing service had not reduced and if problems were identified earlier these may be dealt with by the family, the community and the organisations who already knew the young people first before needing additional help from a service.

There were also other initiatives/boards in place such as the Maternity Transformation Programme Board (MTPB) whose remit was aligned to emotional health and wellbeing. The MTPB has a subgroup regarding Perinatal mental health and the Families Health and Wellbeing Service which includes emotional wellbeing as a high impact area within the contract. This new service was meant to compliment not duplicate the support already available through existing services / support.

Figures reported in the Local Transformation Plan for 2017/18 in relation to 'Total number of individual CYP aged 0-18 receiving treatment from CAMHS services in the reporting period' were explained. There had been an historical lack of understanding regarding the algorithm for the new indicators. It had been a national problem that had been rectified and meant more accurate data would be available from this year. It was expected that the data for 2018/19 would be accurate and would be formulated in the same way as the previous year.

When discussing the effects of social media on children's mental health the Five Rights Foundation was highlighted as good practice.

RESOLVED:

- a) The Select Committee supported the new approach subject to the following being addressed;
 - timescales needed to be clearer
 - more support into the prevention of negative consequences of social media
 - the link between physical health and its relationship with mental health being included in the plan.
- b) The Committee also asked for service provision to include exit interviews; more digital links with partners; and emphasis on early years identification prior to services being needed.

30. District and Borough Health Scrutiny Activity

The Scrutiny and Support Manager presented the report which outlined the activity the Borough and District Councils since the last time it was reported. The following updates were in conjunction with the report:

South Staffordshire District Council had cancelled their last meeting and had nothing to report.

Lichfield Borough Council had appointed a new Chairman. Their next meeting would look at the issues of Homelessness.

Newcastle Borough Council would meet on the 14 October to discuss CCTV and a call-in.

Staffordshire Moorlands District Council reported that they had difficulty getting information from the West Midlands Ambulance Service (WMAS) over the proposed reduction in rapid response unit in Biddulph. The Scrutiny and Support Manager offered his help in contacting WMAS to gain information. The Committee was informed that the

County Council held the Health Scrutiny Powers and that District and Boroughs could only ask the partners to attend meetings, but they were not obliged to attend.

RESOLVED: That the report be received.

Chairman

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**Health Overview & Scrutiny Panel
Work Programme 2019/20**

Date	Items for Agenda
22 May 2019	Overview & Scrutiny Briefing Healthwatch Staffordshire Dementia Care Working Group Update Report
25 Jun 2019	Proposal for a Single Strategic Commissioning Organisation
17 Jul 2019	Questions to Portfolio Holders
11 Sept 2019	Together We're Better Health and Care in Staffordshire & Stoke on Trent
13 Nov 2019	Public Health Initiatives (Everyone Health) – Joanna Robinson
12 Feb 2020	Midlands Partnership NHS Foundation Trust – Neil Carr, Chief Executive Public Health Initiatives – Mental Health Trailblazer – Nicola Bromage Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust – Tracey Bullock - CEO
22 Apr 2020	
TBC	Mental Health – Invited Combined Health Care West Midlands Ambulance Service - Invited Public Health Initiatives Drugs/alcohol – Tony Bullock - Invited

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