



## HEALTH OVERVIEW & SCRUTINY PANEL AGENDA

**Date:** Wednesday, 23 June 2021

**Time:** 2.00 pm

**Venue:** Virtual Meeting

15 June 2021

### 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. Urgent Items of Business, if any. (24 hours notice to be provided to the Chairman).
5. Declaration of Interests:
  - Disclosable Pecuniary Interests
  - Other Interests
6. Minutes of the Last Meeting of the Health and Care Overview and Scrutiny Committee. **(Pages 9 - 16)**
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. North Staffordshire Combined Healthcare NHS Trust Annual Update. (Presentation) (2:10pm)  
*Peter Axon – CEO, Jonathan O’Brien – Director of Operations, Buki Adeyemo – Medical Director and Josey Povey – Associate Director (operational responsibility for Moorlands area services).*
9. Update on the Temporary Closure of Leek Minor Injuries Unit. (2:45pm)  
*Neil Carr – CEO, Adam McKeown - Head of Operations and Katie Dale – Head of Communications, Midlands Partnership NHS Foundation Trust.  
Marcus Warnes – Accountable Officer and Tracey Shewan - Director of Communications and Corporate Services, Clinical Commissioning Group.*

10. Integrated Care Hub. (3:15pm)

*Neil Carr – CEO, Adam McKeown - Head of Operations and Katie Dale – Head of Communications, Midlands Partnership NHS Foundation Trust.  
Marcus Warnes – Accountable Officer and Tracey Shewan - Director of Communications and Corporate Services, Clinical Commissioning Group.*

11. Work Programme. (3:45pm) **(Pages 17 - 18)**

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

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

**MARK TRILLO**  
**EXECUTIVE DIRECTOR & MONITORING OFFICER**

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	

## STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

### HEALTH OVERVIEW & SCRUTINY PANEL MEETING

#### Minutes

**WEDNESDAY, 3 MARCH 2021**

PRESENT: Councillor B A Hughes (Chair)

Councillors C J S Atkins, B Cawley, E Fallows, I Herdman, T Holmes, A Hulme, J T Jones, L A Malyon, D Price, T Riley, J Salt, L Swindlehurst, R Ward and P Wood

IN ATTENDANCE: G Bentley  
M Bowen  
M Gledhill  
A Hart  
K Hoptroff  
P Roberts

APOLOGIES: Councillor T McNicol

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

Councillor Roberts attended as a substitute for Councillor McNicol.

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

**DECIDED** – That the minutes of the meeting of the Health Overview and Scrutiny Panel held on 22 December 2022 be **APPROVED** as a correct record and signed by the Chair.

At this point of the meeting, it was queried whether the Chair of this Panel had raised the concerns in relation to the withdrawal of the Rapid Response Vehicle (RRV) from Cheadle at the last meeting of the Healthy Staffordshire Select Committee. The Chair advised that she hadn't attended this meeting due to technical difficulties. However, Councillor Atkins was present and confirmed that the removal of the RRV had been discussed. Councillor Jones urged members to gather evidence of instances where members of the public had received a poor level of service from the West Midlands Ambulance Service.

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

**DECIDED** – That the minutes of the meeting of the Healthy Staffordshire Select Committee held on 30 November 2020 be **NOTED**.

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

There were none.

101 **DECLARATION OF INTERESTS:**

<b>Agenda No.</b>	<b>Member Declaring Interest</b>	<b>Nature of Interest</b>
Agenda Item 8 – Temporary closure of Leek Minor Injuries Unit & Development of the Integrated Care Hub	Cllr T. Riley	“Other” – A family member is an NHS Employee

102 **QUESTIONS TO PORTFOLIO HOLDERS, IF ANY.**

**Questions received from Councillor Malyon:**

1. “Could we send a letter to all of the stations in SMDC that are facilitating the injections for COVID 19, and thank all of them for the professional way they have accomplished so much so quickly?”

**Response:**

Yes, a letter will be sent on behalf of the Panel to the vaccination stations within the Moorlands.

2. “As we hopefully come out of the pandemic, will we be giving support and help to the most vulnerable of our society, who perhaps have not been very far or even out of their home during this time with little contact, the support systems that are in place must be stretched, what actions will SMDC be taking to help?”

**Response:**

We are already seeing the legacy impact of Covid-19 and the measures to control it in increased levels of poverty and poor mental health for both older people, young people and working age people. We are working closely with Support Staffordshire and other voluntary groups such as Citizens Advice, Homelink, Bidduph Youth and Community Zone, Haregate Community Centre and the local food banks to share information about what is happening and work together to meet emerging needs.

Councillor Malyon was concerned about vulnerable people once the lockdown had ended. The Portfolio Holder gave assurance that the Council had worked with the voluntary organisations and would continue to do so. Assistance would be provided if requested and Councillor Malyon asked for an update on support provided by the Council at a future meeting.

**Question received from Councillor Price:**

3. “Could SMDC please seek clarification of the criteria used locally to identify adult carers to receive vaccinations under cohort 6 of the Covid-19 ‘Green Book’ in chapter 14a?”

**Response:**

The Health and Care Directorate of Staffordshire County Council has confirmed that the full national standard operating procedure for identifying carers has not yet been released. As we currently understand it will proceed in three phases:

1. Carers in receipt of carers allowance drawn from DWP lists and carers identified as such on GP lists

## **Health Overview & Scrutiny Panel - 3 March 2021**

2. Carers in receipt of support from the local authority and carers known to local voluntary and community sector carers organisations
3. Carers who self-identify as such for which there may be a verification procedure.

Councillor Price was concerned that carers who were not in receipt of carers allowance were unable to access appointments for vaccinations. Apparently, GP surgeries were not currently using the phases 2 and 3 as above.

The Panel requested for a letter to be sent to the County Council for these phases to be disclosed to GP's to expediate the vaccination of all carers.

### **Question received from Councillor Atkins:**

- 4 "According to the Centre for Governance and Scrutiny, there are four things which are essential to making scrutiny effective:

1. Provide constructive 'critical friend' challenge;
2. Amplify the voice and concerns of the public;
3. Be led by independent people who take responsibility for their role;
4. Drive improvement in public services.

How does the SMDC Health Overview and Scrutiny Panel deliver on these fundamental principles of good scrutiny?"

### **Response:**

Listening to and giving voice to the public is central to scrutiny's effectiveness. The agenda for every meeting of all of the Council's overview and scrutiny panels includes an item on the work programme. At this point all councillors can make suggestions for items to be added to future panel meetings that echo the concerns of local people and community groups. This is a fundamental part of our scrutiny process which ensures that work programmes are owned and driven by councillors. By taking this approach providers of local services can be held to account, receive constructive and honest feedback which subsequently lead to improved delivery of services as a result.

By way of a supplementary question, Cllr Atkins queried the reason Leek Health Campaign Group hadn't received a reply to emails or been invited to a meeting of the Panel. The Chair confirmed that she had replied to emails and the Chair of the Healthy Staffordshire Select Committee had also replied to the Group. Representatives from the Group were also members of this Scrutiny Panel.

Councillor Atkins stressed the importance of presentations received by the Panel being kept to a maximum length to allow for sufficient questioning and for the Leek Health Campaign Group to be heard as an important voice.

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### **UPDATE ON THE TEMPORARY CLOSURE OF LEEK MINOR INJURIES UNIT AND DEVELOPMENT OF THE INTEGRATED CARE HUB - NEIL CARR, CHIEF EXECUTIVE, MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST. (2:10 PM)**

Neil Carr explained to the Panel that the NHS was still operating at the highest level of alert due to critical pressures on both the Health and Social Care system. Infection rates had stabilised and reduced, the vaccination programme was extremely effective and fewer people had required intensive care. There was still some uncertainty around the virus over the next few months. The Trust was now in a position to make

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some conditional commitments to the Panel on the re-opening of Leek Minor injuries (MIU), when assured it can be done safely across the system.

Reopening Leek MIU will depend on the following points:

1. De-escalation of all additional bed capacity
2. Reintroduction of minor injuries at Royal Stoke
3. Opening hours

The Panel was given assurance that the MIU would re-open by the end of June, as long as certain criteria were met. Should there be another surge in the number of patients requiring treatment for Covid-19, then staff may need to be re-deployed again.

Members were advised that the Trust was now in a position to progress its own capital plans at pace and Leek Moorlands hospital had been prioritised. A senior leader had been appointed to lead on the engagement on the types of facilities at the Integrated Care Hub.

The following queries were made by councillors: -

*Royal Stoke Minor Injuries Unit* – A piece of work was being carried out with partners to look at alternatives to enable Leek MIU to re-open.

*Staffing issues, recruitment and training* – It was confirmed that the service was at full establishment, staffing was always a challenge to maintain a service which was relatively isolated and the Trust would continue to flex the provision to be able to respond to operational challenges. It was a particular challenge to recruit to urgent care, given the level of skill needed by these nurses. Existing staff were highly trained skilled employees and a work force development plan was in place.

*Opening hours of Leek MIU* – The reduction in opening hours would be at the Haywood Walk-in Centre to revert to pre-covid opening times.

*Redeployment of staff and staff retention* – A large amount of recruitment had been undertaken during the winter and the Trust had received a good response to job adverts. A significant number of qualified nurses had been recruited and a number of high quality care workers had also applied for posts. The pandemic had given the opportunity to bring in different people, work in a more agile manner, increase staff retention and advanced nurse practitioners had continued to enhance their skills. Staff sickness had reduced, staff morale had improved and a staff opinion survey would soon be publicly available. There may future requirements to redeploy staff dependent on clinical need.

Members were given assurance that there were sufficient staff to enable the MIU to re-open as planned but should circumstances change, it may be necessary to review this situation due to operational pressures.

*Breakdown of X-Ray Facility* – The officers agreed this facility should be available and diagnostic facilities would be a key element in the development of the Integrated Care Hub in Leek.

The Trust would be guided nationally around the 'R' Rate. Members were also advised that a reduction in activity had been seen in March 2020 across all of the services provided by MPFT and not just at Leek MIU.

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The Chair thanked the officers for the update.

**DECIDED:** That the update be received.

104 **ANNUAL UPDATE AND TEMPORARY CLOSURE OF LEEK MINOR INJURIES UNIT - MARCUS WARNES, ACCOUNTABLE OFFICER AND TRACEY SHEWAN, DIRECTOR OF COMMUNICATIONS AND CORPORATE SERVICES, NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUP. (2:50 PM)**

The Panel received a presentation given by Marcus Warnes which covered the following topics: -

- Consultation – Integrated Care Hub
- Decision Making
- Integrated Care Hub – Leek Moorlands
- Progress to Date

In response to a query around integration of social care at the Leek Moorlands Hub, members were advised that the ambition was to offer an integrated holistic approach to health and social care with all the staff being located at the same place. Due to the pandemic, improvements had been seen around the work with care homes and an Intensive Support Team had been created to work alongside the County Council to provide additional clinical support to care homes. Covid-19 had forced partners to work together to provide a much more integrated approach to care.

A member of the Panel highlighted the issue of patients being discharged to care homes without being tested for Covid-19. This was a key lesson that had been learned and following work undertaken with GPs and care homes, regular testing of patients was now in place. All care homes across Staffordshire had been offered the vaccination.

Given the success of the Home First Scheme, officers were asked the reason for the increase in re-admissions to hospitals. Jennie Collier explained, that the Trust expected to see a level of re-admissions across the county. Not all patients were discharged successfully and in the majority of cases Home First services would try to bring a patient home and support be provided from there, rather than wait for assessment in bed based care. 88% of patients left hospital without the requirement for long-term care and good feedback on the Home First service had been received from patients. Following recommendations from a large audit of the service, additional therapy and community support was being provided and overall a reduction in the numbers of re-admissions should be seen in the future.

From the CCG's perspective, Home First was a success and taken pressure of acute trusts.

Discussion also took place around dementia, older persons' care and the integrated care system.

Finally the Panel debated the suggestion of the Panel being renamed as the Health & Social Care Panel. Therefore, a vote was taken on this proposal but was lost.

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**DECIDED:** That the update be noted.

105 **WORK PROGRAMME. (3:30 PM)**

**DECIDED:-** That the Panel's Work Programme be agreed, subject to the addition of the following items:-

- Rural provision of the Ambulance Service
- After care following discharge from hospital

The meeting closed at 3.40 pm

\_\_\_\_\_ Chairman \_\_\_\_\_ Date

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 16 March 2021

Present: Jeremy Pert (Chairman)

### Attendance

Charlotte Atkins (Vice-Chairman (Overview))	Jill Hood
Philip Atkins, OBE	Barbara Hughes
Joyce Bolton	Dave Jones
Tina Clements	David Leytham
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry, MBE
Richard Ford	Bernard Peters
Maureen Freeman	Ross Ward

**Apologies:** Adam Clarke, Phil Hewitt and Ian Wilkes

### PART ONE

#### 53. Declarations of Interest

County and Borough Councillor Ann Edgeller declared interests in all matters included on the Agenda as they related to Midlands Partnership NHS Foundation Trust owing to her membership of the Trust's Council of Governors.

#### 54. Minutes of meeting held on 1 February 2021

**RESOLVED** – That, subject to the addition of “Marcus Warnes (Accountable Officer, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups)” to the list of attendances in Minute No. 48, the minutes of the meeting held on 1 February 2021 be confirmed and signed by the Chairman.

#### 55. Covid-19 Vaccination Programme - Update

The Committee considered an oral report from Health updating them on implementation of the Covid-19 Vaccination Programme in the County (schedule 1 to the signed minutes).

The meeting was attended Dr. John Patrick Hannigan (Clinical Lead, Staffordshire Covid-19 Vaccination Programme), Marcus Warnes (Accountable Officer, Staffordshire Clinical Commissioning Groups) and Tracey Shewan (Director of Communications and Corporate Services, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups).

Members were encouraged to learn that:- (i) according to data recently published by the Health Service Journal, Staffordshire Clinical Commissioning Groups had the highest level of vaccination uptake in the over 65 year old age group in the Country; (ii) as of 16 March 2021 468,000 vaccine first doses and 38,000 second doses had been administered; (iii) all Care Homes residents in the County had been offered their first vaccine dose resulting in a 94% take-up rate; (iv) vaccinations were to be offered to homeless people in Staffordshire, as a priority, following recent initial roll-out in the Stoke-on-Trent City area; (v) Pop-up clinics aimed at maximising take-up in Black and Minority Ethnic (BAME) communities were also being implemented.

In response to a question from the Chairman, the Clinical Lead confirmed that supplies of vaccines in were currently sufficient to meet demand and capacity to administer doses was adequate. He also referred to a low refusal rate amongst residents although there had been some hesitancy in certain communities and groups, an issue which was being addressed though publicity campaigns and targeted initiatives. In response to another question from a Member regarding speed of roll-out to residents in the various priority groups, the Clinical Lead said that the Vaccination Programme in Staffordshire was being implemented in line with guidance from the National Joint Committee on Vaccinations and Immunisations (JCVI) and overall performance to date was comparable with other areas in the West Midlands region. However, he acknowledged various factors which might have either distorted weekly figures or suggested variability in vaccination roll-out across the County. Therefore, he undertook to investigate the feasibility of providing Members with regular bulletins on progress so that they could provide re-assurance to their constituents, as necessary.

The Accountable Officer also re-assured the Committee that Staffordshire were one of the best performing systems in the Country for implementation of the Vaccination Programme and that supplies and capacity to administer doses were currently satisfactory.

Another Member raised a local issue regarding the availability of vaccination centres in the Loggerheads/Market Drayton cross border area. In response the Clinical Lead highlighted that all GP Practices in the County had chosen to participate in the implementation of the Vaccination Programme. However, he was aware this had not been the case in all neighbouring areas. He therefore undertook to investigate whether any delays in Staffordshire residents receiving their vaccinations arising from their registration with out of County practices could be addressed so that no-one was left behind. The Accountable Officer added that the national booking system which enabled patients not served by participating practices to book vaccination appointments on-line, had recently been augmented. Therefore, this service was available to those residents highlighted by the Member, if required.

The Chairman highlighted future Covid-19 Vaccination Programmes and the lessons to be learned from 2020/21. He suggested that this topic be included as a potential item for scrutiny in their Annual Work Programme for the 2021/22 Municipal Year. He then thanked the representatives of Health present for an interesting and informative report and paid tribute to all involved in the Programme for the considerable progress which had been achieved to date.

**RESOLVED** – (a) That the oral report be received and noted.

(b) That Health investigate how elected Members could be better informed of progress (including relevant statistics) in the Covid-19 Vaccination Programme and implement any improvements in communication, as necessary.

(c) That Health investigate any issues which might exist with the implementation of the Covid-19 Vaccination Programme in cross boundary communities (including those which had been highlighted in the Loggerheads/Market Drayton area) and report back to the Committee regarding any remedial measures required, as necessary.

(d) That 'Future Covid-19 Vaccination Programmes and lessons learned from 2020/21' be included in the list of possible items for scrutiny in their 2021/22 Annual Work Programme.

## **56. The Journey towards an Integrated Care System - Stakeholder Engagement**

The Committee considered a joint report and presentation of Staffordshire Clinical Commissioning Groups' Accountable Officer regarding the development of an Integrated Care System (ICS) in Staffordshire (schedule 2 to the signed minutes).

The meeting was attended by Simon Whitehouse (Director, Together We're Better); Anna Collins (Head of Communication and Engagement Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs)) and; Dr. Alison Bradley (Clinical Chair, North Staffordshire CCG).

The NHS Long Term Plan (LTP), published in January 2019, set out how the organisation intended to respond to future pressures (financial, staffing and demographic etc) in the decade ahead whilst building on the positive achievements of the past in order to ensure continued improvements in patient care and health outcomes for the general population. In response to this Plan, Together We're Better (The Staffordshire Sustainability and Transformation Partnership (STP)) had developed a five-year Delivery Plan (FYDP) setting out their priorities and commitments going forward. In addition, the STP's Designation and Development Plan (D&DP) outlined how the Staffordshire and Stoke-on-Trent health and care system would continue to collaborate and strengthen partnership working in order to tackle the various challenges identified in the LTP and FYDP whilst continuing to respond to the Covid-19 pandemic.

In February 2021 the Secretary of State for Health and Social Care published a White Paper entitled, "Integration and Innovation: Working together to Improve Health and Social Care For All". The proposals sought to establish a statutory ICS in Staffordshire (and other areas) made up of an ICS NHS body and separate ICS Health and Care Partnership to bring together Partners from the NHS, Local Government and other sectors.

Having regard to the above-mentioned developments, the STP considered it necessary for the development of the ICS to seek to merge the six existing Staffordshire and Stoke-on-Trent CCGs into one strategic body. Accordingly, following a vote by all 147 Staffordshire General Practices which indicated 84% were in favour, it was agreed that the CCGs should merge. A request was made to NHS England and Improvement (NHSEI) who approved the merger in principal on 16 February 2021. However, whilst

formal consultation was not required under the Local Authority Health Scrutiny Guidance 2014 the STP had agreed a detailed Communications and Engagement Plan setting out how key stakeholders were to be consulted and giving them the opportunity to comment. Subsequently, the six existing CCGs published, "Our journey to becoming a single strategic commissioning organisation" (copy appended to the report), on 22 February 2021 which, whilst not seeking stakeholder agreement to the merger, enabled them to have their say through an on-line survey.

It was anticipated that a formal application to merge would be made by the STP to NHSEI by 26 March 2021 and that an in-year merger would take place on 1 October 2021. However, this date had yet to be confirmed and the default position was that merger would be achieved by 1 April 2022.

During the full and wide-ranging discussion which ensued, the Committee emphasised the need for the above-mentioned changes to achieve real improvements in healthcare provision for local residents and sought details of how this would happen. In response the representatives of health explained the importance of a holistic approach in achieving the best outcomes for patients through delivery of services at a local level. They also outlined the national funding arrangements to be adopted for ICSs contrasting them against the piecemeal approach which had previously existed. However, it was unclear at this stage whether any significant additional funding streams would be made available to the new ICSs.

Members stressed the importance of the accessibility of local facilities to patients and communities in Staffordshire without which the benefits of integrated working in health would be undermined. They also cited the negative effects of funding cuts. In response the representatives agreed that accessibility to services was key and that the development of the ICS would help maximise the effectiveness of every Pound spent. Discussion then turned to mental health and the STP vision which included, "Give mental health equal priority to physical health and wellbeing. They queried how this would be achieved through the new arrangements. In response the representatives cited the work of the Mental Health Programme Board which sought to develop services across the County. The single integrated commissioning body would promote further joined-up working through the removal of barriers and better co-ordination so that patient pathways could be improved.

In response to a question from a member Health explained that the proposed placed based Integrated Care Partnerships (ICPs) would cover the North Staffordshire (Newcastle-under-Lyme Borough, Staffordshire Moorlands District and Stoke-on-Trent City), South-East Staffordshire (Burton-on-Trent, Lichfield and Tamworth) and South-West Staffordshire (Stafford Borough, Cannock Chase District and South Staffordshire District) areas. However, the importance of cross boundary arrangements with Health Trusts outside Staffordshire were recognised and would be maintained through joint working with neighbouring systems. Guidance regarding senior managerial appointments to the ICS was expected in April 2021 and would include single Accountable Officer and Chief Executive posts.

The Committee also sought re-assurance regarding the processes in place for managing risk as referred to in, "Our journey to becoming a single strategic commissioning organisation". In response Health highlighted the CCGs Risk Assurance

Framework and Risk Register which identified appropriate controls and mitigations. However, whilst they acknowledged the many risks facing the NHS as a whole and the additional risks associated with the above-mentioned changes at this time, they were confident that merger would help management system-wide rather than promoting risk shunting between Partners. Management of financial risks and achieving efficiencies whilst improving patient outcomes was a top priority going forward.

In response to a question from the Chairman the representatives of Health explained that they hoped to retain some of the existing national funding formula for CCGs so that areas within the new ICS system were not disadvantaged by their merger with other areas currently in greater financial deficit than themselves. Continuing they said they were confident funding of the ICPs would reflect need and ensure each received their fair share of budgets available. However, they were fully aware of the underlying financial difficulties currently existing across the Staffordshire health economy.

The Chairman then thanked the representatives of Health present for an interesting and informative presentation and looked forward to further engagement with them during continued development of the Staffordshire ICS.

**RESOLVED** – (a) That the report be received and noted.

(b) That the decisions of the Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' General Practices to support their merger into a single strategic commissioning body, be noted.

(c) That Health continue to engage with the Committee on the development of an Integrated Care System for Staffordshire, as necessary.

(d) That further scrutiny of health be undertaken at the appropriate time to ensure the adoption of an Integrated Care System for Staffordshire has led to tangible improvements in health care provision for residents across the County, as necessary.

## **57. Together We're Better - Digital Programme Update and Key Learnings from COVID-19 Pandemic**

The Committee considered a report of the Director, Together We're Better (Staffordshire and Stoke-on-Trent's Sustainability and Transformation Partnership) updating them on the roll-out of NHS's Digital Programme in Staffordshire and key learnings from the 2020/21 Covid-19 pandemic (schedule 3 to the signed minutes).

The meeting was attended by Stuart Lea (Chief Information Officer/Digital Programme Director, Together We're Better).

Members heard that the STP's Digital Strategy which focused on the priority areas of:- (i) Empower Patients; (ii) Digitised Care; (iii) Population Health Infrastructure and Service; (iv) Capability and Innovation and; (v) Invisible Boundaries had been given an 'interim' prioritisation following the outbreak of Covid-19 in May 2020. This was to enable the Digital Programme Board to focus on key priority areas including:- (i) Use of Virtual Consultations; (ii) Total Digital Triage; (iii) Infrastructure and End Use Devices; (iv) Reporting and Intelligence Tools to Support the Covid Response; (v) Implementation

of the Personal Record Application; (vi) Care Homes Digitisation and; (vii) Local Health and Care Record Connectivity.

However, to continue to support the Digital Strategy whilst supporting the response to the on-going health emergency, the Programme Board had recently agreed that their work programme for 2021/22 should focus on the following four priorities:- (i) Patient Facing Digital Services; (ii) Local Health and Care Records Connectivity and; (iii) Population Health Management and (iv) Integrated Care Planning. In addition, they agreed a further three areas in which partnerships should be developed and funding sought to support Digitally enabled transformation ie:- (i) Care Homes; (ii) Remote Monitoring and (iii) Digital Inclusion.

Members were updated on the progress made in the above-mentioned seven key priority areas and noted that the pandemic had accelerated the pace of change with regard to the use of digital technology by Health. They also noted the many valuable lessons which had been learned eg that stakeholders were more tolerant of change than had been thought although sustaining change long-term could be more challenging. However, owing to the extensiveness of the Board's focus for 2021/22, they decided that consideration of any further scrutiny required should be deferred until their Work Programme Planning Session for the 2021/22 Municipal Year.

The Chairman then thanked the representative of Health present for an interesting and informative presentation and looked forward to further engagement in respect of Digital during 2021/22, as required.

**RESOLVED** – (a) That the report be received and noted.

(b) That the NHS's Digital Programme in Staffordshire be included in the list of Suggested Items for scrutiny in their Work Programme for 2021/22 Municipal Year.

## **58. Care Homes for Older People: Implications of COVID for Council Strategy**

The Committee considered a report of the Cabinet Member for Health, Care and Wellbeing regarding the impact of Covid-19 on the County Council's strategy for provision of care homes for the elderly in Staffordshire (schedule 4 to the signed minutes).

The meeting was attended by Dr. Johnny McMahon (Cabinet Member for Health, Care and Wellbeing); Andrew Jepps (Assistant Director, Care Commissioning) and; Helen Trousdale (Lead Commissioner Older People & PDSI).

Prior to the pandemic the Authority had implemented various measures in order to support the development of the care home market, increase supply and ensure that the needs of older people could continue to be met at a cost-effective price. However, whilst the immediate impact of Covid-19 was now abating, long-term issues such as:- (i) the continued need for enhanced infection control measures; (ii) ongoing sporadic outbreaks of the virus; (iii) difficulties in recruitment and retention of care home staff and; (iv) lower bed occupancy rates, were expected to further increase costs and reduce the commercial viability of homes. Therefore, projections of future demand were to be

remodelled during Spring 2021 with a view to publishing a revised approach to influence the market later in the year.

In the discussion which ensued, Members sought clarification of various aspects of the Authority's existing commissioning arrangements including the effect of block booking on the market and Care Quality Commission's ratings for Staffordshire's Homes (35% of which were rated either 'Requires Improvement' or 'Inadequate'). They noted their intentions regarding the forthcoming review and undertook to give further scrutiny to the revised approach, at the appropriate time, with a view to ensuring necessary improvements in service provision were achieved.

The Chairman then thanked the Cabinet Member for his attendance at the meeting and looked forward to further engagement with him in respect of Care Homes for Older People and the County Council's strategy, following the above-mentioned review, at the appropriate time.

**RESOLVED** – (a) That the report be received and noted.

(b) That the County Council's future Strategy in respect of Care Homes for the Elderly be included in the list of Suggested Items for scrutiny in their Work Programme for 2021/22 Municipal Year.

#### **59. District/Borough Health Scrutiny Activity**

The Committee considered a report of the Scrutiny and Support Officer giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Council's under the standing joint working arrangements, since their previous meeting (schedule 5 to the signed minutes).

**RESOLVED** – That the report be received and noted.

#### **60. Work Programme 2020/21**

**RESOLVED** – (a) That their rolling Work Programme for 2020/21 (schedule 6 to the signed minutes) be received and noted.

(b) That the items not yet considered, as set out in the report, be included in their Work Programme for 2021/22 Municipal year under "Suggested Items" for scheduling at their next meeting, as appropriate.

#### **61. Date of Next Meeting - Monday 7 June 2021 at 10.00 am, Virtual/on-line**

**RESOLVED** – That their next meeting be held on Monday 7 June 2021, 10.00 am at a venue to be confirmed.

**Chairman**



**Health Overview & Scrutiny Panel  
Work Programme 2021/22**

Date	Items for Agenda
23 June 2021	
	North Staffordshire Combined Healthcare NHS Trust Annual Update
	Update on the temporary closure of Leek Minor Injuries Unit.
	Integrated Care Hub
15 September 2021	
15 December 2021	
9 March 2022	
TBC	Regular updates on the temporary closure of Leek MIU - MPFT
	Rural provision of the Ambulance Service
	After care following discharge from hospital
	Mental health first aid training for staff and councillors
	Dementia Care Working Group Update Report
	Provision of defibrillators
	How the Council can empower people to take responsibility of their health and wellbeing
	Collaborative Working/Primary Care Networks and Self-Care Model - MPFT

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