

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.

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101 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
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

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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