

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

