

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL
HEALTH OVERVIEW & SCRUTINY PANEL MEETING

Minutes

WEDNESDAY, 15 SEPTEMBER 2021

PRESENT: Councillor B A Hughes (Chair)

Councillors R Alcock, C J S Atkins, B Cawley, E Fallows, K Flunder, I Herdman, A Hulme, J T Jones, L A Malyon, D Price, T Riley and L Swindlehurst.

IN ATTENDANCE: M Bowen Cabinet Member - Communities
A Hart Cabinet Member - Property and Tourism
K Hoptroff
P Routledge

APOLOGIES: Councillors T Holmes, T McNicol, J Salt and P Wood

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

Councillor Hoptroff was substitute member for Councillor Salt.

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

DECIDED – That the minutes of the meeting of the Health Overview and Scrutiny Panel held on 23 June 2021 be **APPROVED** as a correct record and signed by the Chair.

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

There were no urgent items of business. However, at this point in the meeting Councillor Atkins raised the matter of the arrangements for meetings as some continued to be held virtually and it was the opinion of some members that meetings in person should resume. The Executive Director – (People), advised that this matter was due to be discussed shortly at a meeting of the Group Leaders, at which the approach to the next cycle of meetings would be agreed.

119 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
Agenda item not specified.	Cllr T. Riley	Other – A family member is an NHS Employee.
Agenda item 10- WMAS Review of Community Ambulance	Cllr B, Hughes	Other – Family member is training to be a paramedic.

Health Overview & Scrutiny Panel - 15 September 2021

Stations and rural provision of the service.	Cllr J. Jones	Other – Previously employed by WMAS and is an acquaintance of serving paramedics.
--	---------------	---

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

DECIDED – That the minutes of the meeting of the Health and Care Overview and Scrutiny Committee on 9 August 2021 be **NOTED**.

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

1. Question received from Councillor Salt:

“In Biddulph we host the breast screening mobile service at the Leisure Centre. The lease for that expires soon. Are the CCG planning to continue that service in Biddulph and if so have they made any plans to submit another planning / lease request to SMDC?”

Response from Councillor Bowen - Portfolio Holder for Communities and Councillor Hart – Portfolio Holder for Property and Tourism.

We can confirm that the Council has not been approached by NHS England to extend its current lease to continue to operate the mobile breast screening service from Biddulph Valley Leisure Centre.

However, the lease could be extended from the Council's perspective and Parkwood have informed us that all the signage is in place, so if a new lease is required and agreed, the service would be able to continue as it has previously from their point of view.

We have asked the responsible body, NHS England for comment on this matter, but they have yet to reply.

122 **AFTERCARE FOLLOWING DISCHARGE FROM HOSPITAL - PAUL BYTHEWAY, CHIEF OPERATING OFFICER, ROYAL STOKE UNIVERSITY HOSPITAL & JENNIE COLLIER - MANAGING DIRECTOR, MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST. (2:10 PM)**

At the request of a member, the Panel received a presentation on Acute Hospital Discharge. The following topics were explained during the presentation: -

- Acute Hospital Discharge Process
- SAFER patient flow bundle - (Senior Review, All Patients, Flow, Early Discharge, Review and Senior Review)
- Pathways (Home First, Community Hospital, care home bed, long term care home bed and end of life pathway)
- Discharge Timescales
- Outcomes from Home First
- Outcomes from D2A Beds

Health Overview & Scrutiny Panel - 15 September 2021

- Urgent and Emergency Care Improvement Programme – Discharge Work Stream

The system was under immense pressure at the moment, particularly around domiciliary care. Throughout the pandemic, the Trust had managed to sustain same day discharge for the majority of patients on Pathway One.

Patient discharge late at night – An example of an elderly patient discharged late in the evening without an appropriate care package was described by a member of the Panel. In response, the Officers advised that the Trust aimed to discharge as many in-patients as possible early in the day and Pathways were normally in place for patients between the hours of 8am -8pm. However, dependent on tests and sometimes capacity, patients could be discharged up until 10pm at night. Patients in receipt of a complex discharge pathway would always receive a visit on the first day they returned home. Work was being carried out to raise patients' awareness of what to expect when discharged from hospital whilst they were being admitted.

Cost comparatives and effectiveness of recovery at home – Officers confirmed that Home First was the most cost-effective way to support people at home and reduced the need for long-term care. An integrated Occupational Health Service supported adaptations required to homes and they were not aware of any delay issues in the Moorlands.

Use of the word care home in presentations and misinterpretation - This terminology encompassed a range of residential care providers such as residential care homes, nursing care homes, community hospital beds, and enhanced nursing home facilities.

Re-admittance following discharge – 7-8% of patients across the whole of UHMN were re-admitted to hospital within 10 days which was the average for similar acute providers.

Outcomes for specific conditions – Rather than measurements for outcomes of specific conditions, patients' initial functional needs were measured and again at the end of their Pathway to review the level of improvement achieved.

Other comments made by councillors included an underused hospital at Cheadle and a closed community ambulance station.

The Chair thanked the Officers for their informative presentation.

DECIDED: That the presentation be noted.

123 MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST ANNUAL UPDATE - NEIL CARR, CHIEF EXECUTIVE OFFICER. (2:40 PM)

Jennie Collier – Managing Director, provided the Annual Update for the Trust via a presentation, as apologies had been received from Neil Carr – Chief Executive, MPFT.

The presentation reflected on the work undertaken by the Trust over the past 12-18 months. Developments in the Moorlands were highlighted such as an online self-referral system, a collaborative Community Nursing Team which worked alongside

Health Overview & Scrutiny Panel - 15 September 2021

Park Medical Centre in Leek, the re-opening of the Leek Minor Injuries Unit and the launch of the programme to deliver integrated care hubs.

Other topics covered during the presentation included the Trust's response to Covid-19 and funding for long-covid services which were now being expanded to provide re-habilitation services for patients with this condition.

MPFT had been instrumental in terms of the vaccination programme in the area which the Trust has received praise for. This has encompassed 3 mass vaccination centres, a pop-up clinic at Leek Moorlands Hospital and support for testing programmes.

Employees and volunteers had been recognised locally for their hard work and commitment during The Big Soother Week and The Big Shout Out Event. Resources were available to staff to assist with their wellbeing and the Officer thanked all of the Trust's teams.

Finally, MPFT had been recognised nationally as it had been shortlisted for the HSJ Awards 2021 for Mental Health provider of the year, Freedom to Speak Up award in terms of patient safety and collaborative working.

Changes to the nature of services provided at Leek MIU – Members were re-assured that the MIU was open for walk-in appointments. It was thought that there were some misunderstandings as there had been no changes in terms of the provision of services. The department was open between the hours of 9am-5pm, 7 days a week. People were asked to attend by 4:30pm, to ensure they had been assessed and received treatment before the unit closed at 5pm. Further communications on opening hours and customer expectations were planned to take place.

Concern as some patients had been turned away from Leek MIU without an assessment of their health status - The Officer advised that 1441 patients had been seen at the MIU since the beginning of August and to the best of her knowledge 4 patients had been turned away. Arrangements were being put in place to ensure patients received a clinical triage before being redirected to alternative services and the number of redirected patients would be monitored. Members were encouraged to contact 111 before a visit was made to an urgent treatment centre. The 111 service also had the ability to book appointment slots at some urgent treatment centres. An App was also now available which gave real time data on waiting times at walk-in centres which may be useful to some patients when making a decision on which place to attend.

Mental health self-referral system and digital access – It was queried whether the system may be overloaded with minor issues which may deny access for those with more serious mental health issues. In response, it was confirmed that those with low level mental health issues should contact the service, additional capacity had been created and the Trust wanted to increase the number of people accessing the system. MPFT had recently carried out work to address digital inequalities as part of its 5-year Digital Strategy.

Impact on MPFT due to a lack of face-to-face GP appointments - The Trust had been impacted at the beginning of the pandemic but as Primary Care services had begun to re-open this had lessened. MPFT had good working relationships with Primary Care providers and further work was required around virtual and face-to-

Health Overview & Scrutiny Panel - 15 September 2021

face appointments. It was suggested that the Primary Care Team could be invited to the Panel to give further information around this.

Consultation on services provided at Leek Integrated Care Hub – No further formal consultation was planned but engagement events would be held during the Autumn to enable the community and councillors to have an input on the types of services they would like to be available at the Hub.

Integrated Care Boards and community involvement/representatives – It was suggested that the Integrated Care Team could be invited to a future meeting to address this issue at a future meeting.

The Chair thanked Jennie Collier and gave her thanks to all NHS staff for their work during the pandemic.

DECIDED: That the update be received.

124 **WEST MIDLANDS AMBULANCE SERVICE - REVIEW OF COMMUNITY AMBULANCE STATIONS & RURAL PROVISION OF THE AMBULANCE SERVICE) - MARK DOCHERTY, DIRECTOR OF CLINICAL COMMISSIONING & STRATEGIC DEVELOPMENT/EXECUTIVE NURSE. (3:10 PM)**

In advance of the meeting, members had received a briefing note and general statistics from the WMAS.

Mark Docherty gave a verbal update to the Panel which included the key points below:-

- Given the past year, the workforce was tired and staff morale was very low. There was no ability to reduce opening hours or the level of service provided to patients. Staff were regularly late off duty which had a knock-on effect the following day. The Trust has moved to REAP 4 (the highest level of concern) for the first time in its history.
- The Service was well prepared to deal with the pandemic as there were no vacancies, had all of the necessary PPE, a fleet of new vehicles and 86% of staff are now fully vaccinated.
- WMAS had a Vision and Strategy for many years to introduce large hubs as this gave the opportunity to work more effectively and efficiently. Paramedics rarely returned to the stations, unless they had the opportunity for a meal break. The money saved from not having the Community Ambulance Stations (CAS) could be invested in additional staff and ambulances.
- To illustrate the high demand for the WMAS the Officer gave real time data to the Panel.
- A major issue was the number of lost hours due to delays handing over patients at hospitals.
- WMAS was looking to develop a Community Response Model and had recently introduced a Clinical Validation Desk.
- More defibrillators were required to save lives.

A detailed statement from the Leader was read out on her behalf by the Vice-Chair. To summarise, the closure of CAS would put lives at risk and residents of the

Health Overview & Scrutiny Panel - 15 September 2021

Moorlands would not receive the service they deserved. A copy of the statement would be brought to the attention of the Trust Board.

Members were very concerned about a reduced level of service currently seen by patients in the area and were worried that the removal of the CAS would lead to further reductions. It was thought that ambulances would be deployed to urban areas before attending calls in the rural areas. Members queried the success of the Integrated Care System if there were such issues when patients were transferred to hospital. It was also noted by members that Community First responders were demoralised.

The Officer agreed waiting times were unacceptable, the demand for ambulances had increased significantly and this was an issue for the whole of the region. The Trust did not have the resource to cope with the demand and members felt that these issues needed to be brought to the attention of the County Council and the Government.

The Chair thanked the Officer for his explanation and attendance at the meeting.

DECIDED:

- 1) For the information to be noted.
- 2) For the matter to be escalated to the Health and Care Overview and Scrutiny Committee as the issues impacted the whole of the County.

125 **WORK PROGRAMME. (3:40 PM)**

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

- Access to GP Appointments (Primary Care Team)
- Community Involvement with Integrated Care Boards
- Details of the Social Care Plan given the recent increase to National Insurance contributions and the quality of care in the Moorlands/Midlands

The meeting closed at 4.45 pm

_____ Chairman _____ Date