

Minutes of the Healthy Staffordshire Select Committee Meeting held on 18 September 2017

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Alastair Little
Mike Davies	Paul Northcott
Janet Eagland	Kath Perry
Ann Edgeller	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Ross Ward (Vice-Chairman)
Alan Johnson	Ruth Wright
Dave Jones	

Apologies: Jessica Cooper, Andrew James, Janet Johnson and David Leytham

PART ONE

23. Declarations of Interest

Councillor Ms Ruth Wright declared an interest in the matters on the Agenda arising from her previous employment by South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The Chairman declared an interest in the matters included on the Agenda arising from his previous role as Clinical Lead for the “Transforming End of Life Care in Staffordshire Project”.

24. Minutes of meeting held on 7 August 2017

With regard to minute No. 16, the Chairman clarified the distinction between NHS Trusts’ Cost Improvement Programmes (CIP) and Capped Expenditure Programmes (CEP).

RESOLVED – That the minutes of the meeting held on 7 August 2017 be confirmed and signed by the Chairman.

25. South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke-on-Trent Partnership NHS Trust Enhanced Partnership Arrangements

The Committee considered a report and received a presentation (slides attached at Appendix A to the signed minutes) by the Chief Executive of South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) and Interim Chief Executive of Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) regarding their “Better Together” initiative which set out proposals for a merger of the two organisations by acquisition.

The meeting was also attended by (i) Mr. Steve Grange, Director of Commercial Development, SSSFT; (ii) Mr. Abid Khan, Clinical Director SSSFT and; (iii) Mrs. Jo Cowcher, Director of Social Care, SSOTP.

During his presentation, the Chief Executive highlighted (i) the pressures on the NHS in terms of demand, expectations and workforce; (ii) the local health and care system; (iii) the values and goals of SSOTP and the services they currently provided; (iv) the work of SSSFT and; (v) the benefits of integration as seen by SSSFT in terms of quality, workforce, infrastructure and finances. He explained that whilst the health economy in Staffordshire was in major financial deficit, the primary goal of the proposed merger was to improve patient care. However, ‘Better Together’ foresaw synergies between the two Trusts and opportunities to achieve significant economies of scale.

Although the expectation was that mergers by acquisition between NHS Trusts would be completed within 90 days, this timeframe was unrealistic in this case owing to the need to achieve full cultural alignment. It was therefore hoped the merger would be completed by 1 April 2018 i.e. after due process.

With regard to the work of SSOTP going forward, the Chief Executive said that their aim was to support and strengthen primary care (i.e. healthcare provided in the community), signpost service users away from secondary/acute providers and reduce admissions to hospital through the ‘shift left’ agenda, towards prevention. Furthermore, it was intended to reduce patients’ contact with a myriad of different healthcare professionals by integrating systems and providing care navigators who would build working relationships, help solve problems and support patients whilst accessing health care services. SSOTP’s Director of Social Care spoke of the Discharge to Assess (D2A) initiative currently being rolled out across the County by the Trust which would also help improve patient care.

During the discussion which ensued, a Member asked how the Trusts aimed to ‘re-patriate’ residents currently receiving care outside the County, back into Staffordshire, stressing the importance of this issue to the Committee. Whilst the Director of Social Care acknowledged Members’ concerns, she explained that the number of patients in this category was relatively small when compared to the total. The Member went on to emphasise the importance of avoiding a ‘postcode lottery’ in social care whereby residents in some areas of the County received a lesser service than those in a different location. The Chief Executive agreed and said that he was fully aware of the challenges faced by social care Trusts in reducing admissions.

The Director of Social Care outlined how the merger would improve dementia care in the County.

A Member referred to the various challenges previously set out by 'Together We're Better', the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership. They queried (i) what progress had been made since the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP) had been published; (ii) what evidence had been identified to support of the Trusts' proposed changes; (iii) how the proposed new model of care would address staff recruitment and retention issues and; (iv) sought clarification of the timescale for implementation of the locality offers referred to in the report.

In reply, the Chief Executive referred to the recently published Partnership Progress Dashboards which indicated that Staffordshire and Stoke-on-Trent had been rated as 'Needs Most Improvement'. With regard to service delivery, a new model of care was required and the national evidence suggested that greater collaboration and integration between Trusts improved performance by eg enabling a greater focus on the needs of the patient rather than their fit into an individual service. The combined Trust would also offer greater opportunities for career progression and the expectation was that the locality offers would be in place in 12-24 months' time.

However, the Member challenged the Chief Executive to provide specific evidence in support of the case for merger of the two Trusts.

A Member sought clarification of Trusts' early intervention services for people with Autism and the enhancements to be expected in this area from the merger. In reply the Chief Executive and Clinical Director outlined the services currently available in the north and south of the County. Whilst those in north Staffordshire required improvement, the provision in South Staffordshire was better following the establishment of a new Section 136 Place of Safety Suite at St Georges Hospital, Stafford. Whilst the majority of people with Autism did not require in-patient care, NHS England's Transforming Care initiative aimed at improving quality and reducing inappropriate hospital admission. Continuing, the Chief Executive confirmed that the Trust were looking to increase funding for specialist services and the economies of scale envisaged by the merger would help in this respect.

Members sought assurances over the long term financial viability of the Trusts following the merger having regard to recent issues concerning the operation of SSOTP. In reply, the Chief Executive referred to anticipated savings from consolidating back office functions. Continuing, he explained that whilst the financial projections for 2018/19 were encouraging, those for the following year were less so. However, SSSFT were well placed to ensure that the transformational changes necessary in order to achieve a sustainable financial position were carried through. In addition, the financial standing of SSSFT was such that the likely pressures of merging with SSOTP could be contained within existing budgets.

Discussion then ensued on the need for a place based system of care in the County and removal of barriers which currently existed between health organisations/partners. A Member commented that there was little evidence so far of the locality teams referred to in 'Together Were Better'. In reply, the Chief Executive acknowledged the challenges currently faced by the Staffordshire Health Economy. However, he referred to the work of Staffordshire Community Hospitals in helping to reduce pressure on acute hospital beds during times of high demand and went on to explain that the Sustainability and Transformation Partnership were seeking to improve staff/student training in order to promote an ethos of joint working and co-operation between organisations.

In response to a comment from the Chairman regarding the shortcomings of the STP system arising from competition between areas, the Chief Executive spoke of the enhanced career opportunities which would be provided by the merger of the two Trusts. Whilst Staffordshire was already an attractive place to work, the opportunities for career progression by clinicians were currently greater in Birmingham. However, the new organisation would help to address this by improving both financial and operational performance.

In response to another question from the Chairman regarding the operation of the Section 75 Agreement under the NHS Act 2016 currently in place between the County Council and SSOTP for the provision of integrated health and social care services, the Chief Executive confirmed that the Partnership working between the two organisations had improved since the new Agreement was signed in April 2017. However, he was confident the proposed merger would further assist in this respect through sharing SSSFT's experience in achieving transformational change.

A Member expressed concern regarding the long delays currently being experienced by people awaiting mental health assessments. They went onto say that this situation was unacceptable and asked how the proposed merger would help to improve waiting times throughout Staffordshire. The Chief Executive explained that the activity referred to was not in south Staffordshire. In many cases Staffordshire was grouped together with other areas which was misleading. He indicated that SSSFT now had average waiting time for routine assessments of 48 hours. He also referred to reductions in waiting times for appointments with psychologists which had helped in improving access to other mental health services. The Medical Director added that the Trust had strengthened their early intervention services and confirmed that suicide trends were at the national level in Staffordshire.

The Chairman then thanked the representatives of SSSFT and SSOTP for their attendance at the meeting and providing Members with an interesting and informative presentation. He then requested that representatives of the Trusts attend their meeting in March 2018 to report on progress with regard to the 'Better Together' proposals and specifically on (i) achieving cultural alignment between the two organisations; (ii) the implementation of the Discharge to Access initiative and (iii) the 'shift left' prevention Agenda.

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

(b) That representatives of South Staffordshire and Shropshire NHS Foundation Trusts and Staffordshire and Stoke-on-Trent Partnership Trust attend the meeting in March 2018 to report further on the various matters as set out above.

26. District and Borough Health Scrutiny Activity

The Committee considered a report by the Scrutiny and Support Manager giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Councils under the standing joint working arrangements, since their previous meeting.

27. Healthy Staffordshire Select Committee Work Programme 2017/18

The Committee considered their updated rolling work programme for 2017/18.

In the discussion which ensued it was agreed that (i) 'Community Hospital Services' and (ii) 'D2A - Discharge to Access' would be considered at their meeting on 6 November 2017, as listed in the Programme. However, with regard to 'All Age Disability Strategy' it was agreed that this topic be put back to a later meeting if required. In addition, owing to the volume of other items on the Programme it was agreed that a further meeting of the Committee be arranged for a date in October 2017.

In response to concerns expressed by a Member regarding the timing of the End of Life/Cancer Care Programmes, it was agreed that this topic be included on their Agenda at an early stage.

RESOLVED – (a) That the Work Programme be noted.

(b) That the Committee's Work Programme be amended as set out above.

28. Exclusion of the Public

RESOLVED - That the public be excluded from the meeting for the following item of business which involved the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) indicated below.

PART TWO

29. Exempt minutes of Meeting held on 7 August 2017

(exemption paragraph 3)

The exempt minutes were confirmed.

30. Homecare Contingency Planning

(exemption paragraph 3)

The select Committee received an exempt report of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing regarding Homecare Contingency Planning and noted the progress which had been made.

Chairman