

Minutes of the Healthy Staffordshire Select Committee Meeting held on 17 September 2018

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Alastair Little
Deb Baker	Kath Perry
Jessica Cooper	Jeremy Pert
Janet England	Bernard Peters
Ann Edgeller	Carolyn Trowbridge
Phil Hewitt	Ian Wilkes
Barbara Hughes	Victoria Wilson
Dave Jones	

Apologies: Alan Johnson and Paul Northcott

PART ONE

36. Declarations of Interest

Councillor Pert declared a non pecuniary interest in the Estates item on the agenda as he was involved in its planning as a Cabinet Member for Community at Stafford Borough Council.

37. Minutes of the last meeting held on 13 August 2018

Arising from the minutes, the Chairman noted that there is a NHS workforce summit due to be held on the 17th October 2018. The Chairman asked if all the Chairs from the County Health Scrutiny Committees could be invited to attend. It was agreed that this would be investigated.

RESOLVED: That the minutes of the meeting held on 13 August 2018 be approved by the Committee and signed by the Chairman.

38. Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Planned Care

Mark Seaton, Programme Director (PD) and Managing Director for North Staffordshire Clinical Commissioning Group (CCG) and Stoke-on-Trent CCG attended the meeting to present the report.

The Chairman expressed disappointment and surprise that the Senior Responsible Officer (SRO) for the programme had not attended the meeting with the officer to answer questions.

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) had published a plan consisting a range of transformational schemes designed to solve issues with the Staffordshire and Stoke on Trent Health economy. Effective and Efficient Planned Care was established as a priority Programme within the plan.

Planned or elective care was defined as; those healthcare services which are provided on a non-urgent basis. These services may be provided by primary care, including those services provided by GP's and other primary care contractors, community services (Tier 3) and services that are provided by hospitals (Tier 4).

The vision for elective care was "To deliver efficient, high quality and effective services safely in the right setting, at the right time and with the right professional". The plan for implementing the vision was split into four areas; 7 day elective centres; Local outpatient and day case provision; Efficiency-specialty focus; and Consolidate diagnostics.

The programme identified the following issues to focus on:

- Configuration of services - Reviewing current capacity and demand, patient flows and efficiencies of scale, including an options appraisal as to where services will be delivered more effectively in the future.
- Improved Productivity and Efficiency - Right Care and Getting it Right First Time (GIRFT), Model Hospital opportunities to ensure the economy is not an outlier in particular areas of care.
- Speciality focus on more streamlined and efficient integrated pathways.
- Understanding where new research can improve demand and capacity opportunities (increased pathology tests, etc.).
- Digital solutions to reduce outpatient activity (Advice and Guidance, non-face to face solutions, etc.).
- Consolidating Diagnostics - Initial focus on Endoscopy as there is an expectation of increased demand on the service.
- Review the diagnostic profile of Staffordshire and consolidating services to be more effective and efficient.

There was a discussion on the coordination of services and the need to stop duplication of services. The programme was endeavouring to bring together multi-disciplinary teams to redesign services and agree processes that deliver treatment that was both necessary and beneficial to the patient.

There was also a lot of work taking place on commissioning of services in order to give all suppliers a level playing field. An example of this was a contract for a set number of operations. A private operator would receive referrals that were routine whereas the NHS would be referred patients for the same operation but who would have complex health needs or require additional care. Both would receive the same payment but clearly the cost would be greater for the NHS provider. It was estimated that £60m each year went out of the NHS to private companies.

A question was asked on teaching hospitals and how they would be able to remain as teaching hospitals if they specialised services and couldn't offer the wide range of experience needed for students. In response, the Committee was informed that the new

way of commissioning would enable sub-contracting which would enable students to work with different providers to experience all types of procedures and care.

There was a concern that by reducing the number of providers in a local area or making people travel to services, this may result in a reduced take up of preventative services such as screening. The PD explained that the location and provision of services would be looked at on a case by case basis and would be forecasted giving consideration to technology changes which may reduce the need for certain types of medical procedures or tests.

A Member asked a question on Cancer Care and how the after care and end of life services were operating given recent changes in provider. The response was that generally the care for cancer patients was much better in the North of the County with 78 targets being met this month, whereas only two had been in the rest of the West Midlands.

Members went on to question how community care would work when certain areas were struggling to recruit GPs into practices and how could the STP have the same targets across the whole of Staffordshire when the areas were so different and had different GP establishments. The response was that this was a national issue and there was acknowledgment that some areas did have a shortage of GPs but advertising campaigns continued and the proposed hubs offered incentives to GP's who could share back office services and economies of scale.

A Member felt that the presentation and the written report had not matched in detail and there was concern that the vision of the health economy being "financially sustainable" by 2020 was quite hopeful as this was only 15 months away. In response the PD explained that Staffordshire was below average on elective surgery so he was not expecting vast savings to be achieved. However, services could be delivered more efficiently. Given the scale the NHS deficit, organisations could be using the commissioning pound more wisely.

A further question was asked on whether the Commissioning contract time line was achievable as it was felt that the Committee kept having the same conversation but don't seem to move forward. Concern was expressed that there was nothing tangible that could be measured in terms of outcomes for the Committee to monitor if the programme had been successful.

The timescales for the voluntary sector commissioning changes was questioned. The PD explained that the Commissioning intentions would be published at the end of this month and that it was hoped that changes would commence in April 2019 but this may be challenged which could cause delay. There was a piece of work around voluntary sector commissioning and looking at awarding longer term contracts so that there is more stability in some organisations.

A Member asked where the eye clinic had moved to in Stafford. They were informed that the University Hospital North Midlands (UHNM) had required the use of the part of the County Hospital that the eye clinic was held in. The provider had therefore moved to Cannock. It was felt that this may not be a permanent move and the service could be reconfigured.

There was concern that the recruitment and retention of staff was having an effect on all the services and this could lead to services being unable to deliver. In response the Committee was informed that Burton and Derby Hospital Trust was working with the UHNM which should create a short term solution. It was hoped that the continued advertising campaigns and the development of roles such as practice nurses, may help to elevate shortfalls over time.

The Chairman expressed concern that the SRO was also the main provider of planned care which was, by and large, the only profit making area of work. There was concern that this was a conflict of interest and wondered what the incentive would there be to collaborate with other providers?

A Member felt that improving technology was a vital area of work, as systems failed to communicate between organisations and test results for example were still not being emailed or transferred electronically which would save both time and anguish. In response the committee heard that there was an Integrated Care and Technology Strategy being developed and it was suggested that the Committee requested sight of this.

A Councillor felt that waiting times targets were sometimes misleading and sometimes people waited for so long, that patients either didn't wait and left without seeing consultants or got so irritated that their conditions worsened. This had an effect on the Do Not Attend figures. More detail was needed in order to properly scrutinise if services have changed or improved.

The Chairman summed up and asked for the following information:

RESOLVED: That the STP provide the following information to the Committee:

- a) A breakdown of the Cancer treatment targets for the whole of Staffordshire
- b) The Voluntary Sector Commissioning Contract time line and how this would be measured in terms of outcomes.
- c) Results of the Collaboration piece and evidence to substantiate it.
- d) Workforce update which would be looked at through the STP work streams
- e) Integrated Care and Technology Strategy

39. Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Estates

Becky Jones, STP Estates Programme Director (PD) for both Staffordshire and Shropshire STPs and Phil Brenner the STP Estates Project Lead (EPL) attended the Committee to present the report.

The Chairman expressed disappointment and surprise that the Senior Responsible Officer (SRO) for the programme had not attended the meeting with the officers to answer questions.

The programme was aimed at rationalising the estate through looking at community need rather than short term location of services. It should also enable self-sufficiency and resilience to grow within communities.

The approach was one of prevention and wellness, building on communities, developing resilience and reducing the future costs of care with a focus on housing. This is based on the principles of the Northfields Health Village in Stafford. Five further schemes had been proposed throughout Staffordshire, each scheme would be bespoke to the needs and geographical circumstances of the area and population.

A Member of the Committee asked how residents funded the social housing on the Northfields Village. The response was that each of the sites would have different housing options which could include renting, buying or social housing. The cost of the services depended on the needs of each individual and funding would depend on their personal circumstances and their health needs, with the possibility of various partners contributing. The provider will work with the Borough/District Councils involved and estimate local need and demand and to identify the right people with the right needs. The Villages enable care to change and develop with changing needs of residents. Community is at the heart of the projects.

Following a question on how the Community is brought together and developed, Members were informed that the voluntary sector, alongside all partners, work with volunteers to build services which can be accessed by people outside the village. Every project has a set of outcomes which it has to meet and can include things such as local transport into the hub, which can encourage wider community buy in.

The Committee asked if there were any figures to demonstrate a saving in the extra care budget. The PD agreed to look into the availability of such information.

A Member of the Committee felt that the hub in the South Staffordshire area of the County was difficult to access as there were no public transport and relatives can't get there to visit relatives. It was felt that future developments must be in better locations. In response, the PD informed Members that work with the Local Council had taken place and the transport options would have been taken into account when a sight was taken. The PD agreed to contact South Staffordshire District Council and ask if the work was done prior to the development.

The Committee asked how the outcomes for each project were set and did they include ones to develop outreach into the community. Members felt that they were unclear as to what the priorities of the programme were, so struggled to see if they had been delivered.

The Chairman emphasised that in his opinion, the STP programme is a 'left ward shift' and that collaboration was essential. He felt that there was an element of the first five developments that could be seen as a distraction to the main STP business and main plan. In order to deliver what the STP is really about, it may be better to concentrate on its core business. With regard to the other 20 estate projects proposed, they would be an opportunity to embed social prescribing into the buildings, resulting in enhanced public health benefits. The time scales for the 20 was requested.

A Member explained that in their area the Hub had worked wonderfully and the voluntary sector provided transport from the rural areas which added a great deal to the community offer.

A question was asked about the possible resistance from GP's to moving into larger hubs and without their support it would be difficult for the whole system to work effectively. In response, the Committee were informed that they were working with NHS England on a solution. Work was taking place to explain the long term vision and the need for sustainability in the system.

The Chairman informed the Committee that GP's no longer want to own premises and that salaried and locum positions were now more popular. He felt that there was a whole piece of work for the STP on how to address this strategically.

A Member of the Committee asked, if the Voluntary sector were to pull out of the Community Care programmes, would this potentially mean the projects would fail? In response the EPL agreed that potentially they could, but the aim was to build community facilities that were resilient and supported by local people.

RESOLVED: That the STP provide the following information to the Committee:

- a) The savings to the Extra Care budget.
- b) Information requested on transport analysis for the Codsall site requested by the local member be sent directly.
- c) The timescales for the next proposed 20 estates projects.

40. District and Borough Health Scrutiny Activity

The Scrutiny and Support Manager presented the report which outlined the activity of Borough and District Councils since the last meeting.

In addition to the report, the following verbal updates were provided;

- **Cannock Chase District Council** - Nothing further to add and their next meeting was scheduled for November and would be considering Obesity.
- **Lichfield District Council** – the last meeting was held on 12 September where they had received a presentation from the new disabilities provider; Health and Wellbeing Strategy delivery plan; Housing allocations scheme; ways of funding the voluntary sector.
- **Staffordshire Moorlands District Council** - At their last meeting on 12 September, the Committee had considered a presentation on diabetic eye tests; Mental Health of young People with eating disorders; Leek Hospital update; Dementia Working Group
- **Newcastle Borough Council** - At their last meeting on 10 September, the Committee had considered CCTV in Newcastle and Mental Health provision.

A question was asked on the East Staffordshire Borough Council's review into domestic abuse. Will the review look at the effect of the movement of service provider from County Council and the Police and Crime Commissioner to other providers? The Scrutiny and Support Manager agreed to ask this question and report back to the Committee.

RESOLVED: That the report be noted.

41. Healthy Staffordshire Select Committee Work Programme 2018/19

The Scrutiny and Support Manager presented the Committees Work Programme Report.

Members were reminded that they had been invited to participate in the meeting with Wolverhampton City Council on the 23 October to consider the mortality rates at Royal Wolverhampton NHS Trust.

An informal Joint Health Scrutiny Committee with Stoke on Trent City Council had been arranged for 25th September to gain background information prior to the formal consultation exercise with Health Partners on the reconfiguration of Health services in North Staffordshire.

The next scheduled meeting of the Committee was 29 October 2018. The meeting may be followed with a workshop to consider the Modernising Adult Social Care Programme Blueprint and Business Case.

RESOLVED: That the report be noted.

Chairman