

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 17 October 2022

Present: Jeremy Pert (Chair)

### Attendance

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Rosemary Claymore	Barbara Hughes
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Mike Wilcox

### Also in attendance:

Peter Axon, Chief Executive Integrated Care Board (ICB)  
Jenny Collier Managing Director, Staffordshire & Stoke-on-Trent Care Group, MPFT  
Alex Brett, Chief People Officer, SOT and Staffordshire ICS  
Mish Irvine, Associate Director, ICS  
Tracey Shewan, Director of Communications and Corporate Services ICB  
Heather Johnson, Chief Nursing and Therapies Officer, ICB  
Alison Budd, Lead Midwife for the Local Maternity and Neonatal System, ICB  
Helen Slater, Head of Transformation SOT and Staffordshire ICB  
Nicola Bromwich, Head of Strategic Commissioning, SOT and Staffordshire ICB  
Richard Harling, Director of Health and Care, SCC  
Amy Duffy, Commissioning Officer, SCC

**Apologies:** Jak Abrahams, Patricia Ackroyd, Keith Flunder, Philippa Haden, Lin Hingley, Janice Silvester-Hall and Ian Wilkes

## PART ONE

### 22. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

### **23. Minutes of the last meeting held on 3 October 2022**

That minutes of the meeting held on 3 October 2022 be approved and signed as a correct record.

### **24. Staffordshire and Stoke on Trent ICS Workforce Update**

The Chief People Officer provided a report and presentation outlining the workforce challenges within Stoke-on-Trent and Staffordshire ICS, the report included the ICS People Plan and Annual Report for 2020/21.

Committee understood that the prevalent issues impacting on workforce were demand, and acuity of patients compared to pre-covid levels. Staffing capacity and flow had been impacted by Covid spikes, and it was of concern that Covid levels were rising again. Assurance was given that health and care services were working together to address the workforce challenges and to develop the future workforce.

The following comments and responses to questions were noted:

- Members were assured that there was wrap around support and training for volunteers and trainees working in mental health services.
- Health and care partners were working collectively to consider retention incentives for staff, what attracted people to work in health and care and what it had to offer.
  - Attractions : a national pay framework was in place, qualifications, training, pastoral care and jobs that interest people.
  - Incentive perspective: understanding what incentivised different groups of staff i.e. Qualifications, training, flexible working/ shift patterns and financial incentives (including additional shifts or out of hours working). The retire and return initiative could also offer different roles to experienced colleagues or an opportunity to take up an educational role.
- Financial wellbeing: ICS was working with Citizens Advice Bureau CAB to advise on accessing financial support. Psychological support for health and wellbeing was available as well as financial wellbeing. The biggest reason people were leaving related to work life balance and flexible working arrangements.
- In terms of international recruitment and concern about depriving countries of skilled nursing staff: Members were assured that ethical recruitment was being observed, they were not recruiting from red list countries and international recruitment was not a long-term solution. Only 100 people last year and 90 this year were international recruitments, the ethnic minority population in Staffordshire compared to inner City neighbours was lower, it was noted that East Staffordshire had a higher number of ethnic minority communities and the system worked with workforce race equality scheme plans.

Assurance was provided that the workforce was representative of the community and had outreach programmes in place.

- The people hub was a national exemplar for recruitment using lots of different approaches.
- Work force metrics: Days lost to sickness = 10% short term and 3% long term sickness: some were long term Covid cases however the two main reasons for long term absence were Musculo skeletal, and stress, anxiety, and depression - not all work related. There were challenges around sickness, but a robust offer for physio and psychological care was available to manage sickness absence and a range of support was in place to support staff for financial and other matters, providing pastoral wraparound provision.
- There was a correlation between high sickness and high turnover in pinnacle NHS services. The move to support staff with placements and pastoral care to incentivise them to a career pathway was welcomed.
- It was understood that many new recruits left in the first 10 months, with high numbers of leavers in clinical settings. Early support was important but where numbers of staff were stretched it was critical to provide day to day support to retain people in their first year. In a clinical setting it was important to provide clinical supervision, education, resilience, and career development.
- In terms of pace, the ICB had been in place since July 2022, its People Strand was key in reaching out with apprenticeships schemes and recruitment to ensure people were coming into roles in seldom heard communities. A People Strand progress report would be provided to a future meeting.
- Retire and return: Early retirement and flexible retirement. It was noted that a significant number of the staff were over 50, NHS pension rules had changed in April 2022 and more people had taken retirement since Covid. A challenge was that there were not the same numbers coming into roles as were leaving. Organisations had conducted retire and return initiatives in an ad hoc approach in the past and were now looking at alternatives and flexibility across organisations. Current schemes such as the reservist hub looked at how flexible retirement could be accommodated across the system.
- Work force challenges were regularly risk assessed and being addressed through the formation of the people hub at system level. Collectively building a contingent workforce that sat above the work force which may be mobilised across boundaries to support areas of greatest need.
- Maternity workforce was also of concern. Building a new maternity work force while retaining the existing work force included some international recruitment, midwifery apprenticeships and maternity support workers to build the workforce.

- The People Plan aimed to make the NHS an attractive place to work and have career pathways for a lifelong career in health, where staff were valued, supported, and led. It was stressed that there was a need to ensure the pathways were for both health and social care.
- Leaving interviews: A small project team had been gathering intelligence monitoring, collating, and analysing leaver data across the system to find out why people were leaving. The data would be presented to senior managers to make change and to understand how to offer alternative opportunities and retain experienced staff.
- Industrial action: Trade unions were balloting staff across the NHS, which would impact in the winter period if it went ahead. This was a real risk. Patient safety was paramount and contingency plans were in place.
- School engagement pilot schemes were taking place developing a range of resource and materials about NHS services for children, using both media and in person sessions, engaging with a range of professionals to interact with young people. Currently there were five pilot schools to develop information packs that could be rolled out wider when complete.
- Mental health: Mental health issues were on the increase and was the second highest sickness reason in NHS. The psychological wellbeing hub at system level was in addition to wellbeing support from individual organisations.
- Career pathways between Health and Social Care was an area of focus particularly around entry level apprenticeship roles and trainee nurse associates. Members welcomed the award recently received by ICS for best practice. It was understood that the apprenticeship offer was to give apprentices an insight to NHS and care roles, and awareness of the different roles developing in nursing homes from care worker to health care worker. Members were re-assured that the NHS will continue to work with social care to show different and exciting opportunities available in care role. Raising awareness and advertising roles and opportunities available.

The Chairman thanked partners for their contribution to the meeting and for the work being done to mitigate and respond to workforce pressures in the system. He welcomed the £4 million saving on redundancies in the system.

The Chairman congratulated the ICS team on its regional award for work on apprenticeships and wished them good luck for the national award.

**Resolved:**

1. That the Health and Care Overview and Scrutiny Committee note the Workforce overview for the Staffordshire and Stoke-on-Trent

Integrated Care System (SSOT ICS).

2. The ICS be requested to provide an update in 6 months' time to consider the action plans that sit under the strategy and to invite the Non-Executive Director People to attend.

## **25. Workforce Planning - Health and Social Care**

The Cabinet Member for Health and Care introduced the report. She highlighted the current challenges on workforce in care, the importance of an attractive recruitment process and retention of staff. She thanked people who work in social care for their efforts and commitment to the people they look after.

The Cabinet Member indicated the need to raise the status of social care and the importance of working together with NHS partners to have coherence and to develop the caring industry. She clarified that NHS staff were employed by the NHS directly and that Adult Social Care workforce were employed by private independent employers and were dispersed in the community and in care homes.

The Cabinet Member stressed the increasing demand on care resources, the need to make best use of resource, to look at assistive technology and digital technology for records to help streamline processes, and to work with care companies on routes and care packages across the County. The Director of Health and Care and the Commissioning Officer responded to questions and provided further context.

Committee noted the following comments and responses to questions:

- A third of carers had been in the sector for ten or more years. According to the Skills for Care Survey in 2021-22 the number of leavers remaining in the care sector had dropped from 64% to 59% equating to approximately 3000 people leaving the sector. It was acknowledged that post pandemic the wider economy was opening up and people who had been furloughed and working in care were finding other employment.
- Feedback from the workforce highlighted rates of pay and support in expenses as the main factors for leaving. Career progression was not often identified as a factor.
- Staffordshire County Council (SCC) was working with NHS colleagues to develop career pathways and explore job roles that could span apprenticeships and working across independent sector, care and NHS.
- The Midlands Partnership Foundation Trust (MPFT) hosted the Social Work Learning Academy on behalf of SCC. It supported recruitment and retention of social worker roles and had received positive feedback.

- The applicant tracking system supported people through the recruitment process, it sent reminders and kept them involved in their application progress.
- Working in social care was a satisfying vocation for former NHS staff because they could work flexibly and build up relationships with people they cared for.
- In relation to progressing the development of pathways, the need to create a framework in the independent marketplace and to work with employers was important and potentially a way to improve the quality of care homes. Assurance was given that there was both commitment and support to move forward with this.
- Incentives had been extended to care staff and a strategy was being developed from an adult social care workforce perspective, working in tandem with eight key themes, including building career pathways, exploring social care academy, training and development offer for nurses, managers etc., the strategy would be available in February or March 2023. A key success would be that there would be a partnership approach, with the independent marketplace working alongside the Council.
- Members understood they had a valuable role feeding their local knowledge into developing the care sector and stressed the need for career progression in the care profession.
- When seeking to understand why people were not going into the care sector, officers working on the strategy and the care market development team found that professional development and pay and benefits were not always known about, an attraction was that people saw the role making a difference to people's lives and getting job satisfaction.
- It was found that carers were not all aware of opportunities and benefits already available to them such as access to the blue light card, HWB Hub, VIVup, Thinkwell and NHS discount. Committee agreed to raise awareness of incentives for care workers to make it more attractive.
- Driving: When advertising posts, local home care providers often stated it was desirable for applicants to be able to drive. SCC was considering a range of ways for non-drivers to be ready to access carer jobs :- have access to ebikes, supporting people to learn to drive and volunteers to drive carers.

The Chairman thanked the Director for the presentation and staff and carers for the work being done. He complemented the Director on the clarity and detail in the report and indicated that the information in the report gave opportunity for the Committee to interrogate the data and provided Members with an understanding of the actions plan that sat behind the data.

Resolved:

- 1) That Health and Care Overview and Scrutiny Committee note the progress report.
- 2) That a progress report be requested to a future meeting.

## **26. Ockenden Report**

The Chief Nursing and Therapies Officer, ICS provided an update on the Ockenden Report and Maternity Services. She advised that a further report relating to maternity services was due to be published and actions from all reports would be taken into account when developing maternity services.

The Lead Midwife for Stoke on Trent and Staffordshire ICS outlined the detail in the report. The first publication of the Ockenden Report had fifteen immediate and essential actions, the second publication outlined a further seven immediate and essential actions with further work lying beneath them. The report to Committee provided an update on the initial fifteen actions and outlined areas where there was still work to do.

Committee noted the following comments and responses to questions:

- Workforce in Maternity Services was the main issue. There were currently 10-15 midwife vacancies, which was a similar vacancy rate as pre-pandemic, the difference now was that following the Ockenden report a review had increased staffing numbers.
- Feedback from staff highlighted that the Ockenden Report actions had made it harder to practice as a midwife due to scrutiny and added pressure.
- There were more midwives leaving after a few years of qualifying, more newly qualified midwives were finding additional pressure, those near retirement age were taking up the retirement offer. Some clinically experienced midwives were working more flexibly.
- Technical simulators on the birthing ward were used for training students and for multi-disciplinary training. The simulators were not currently used in demonstrations to attract people to the profession, but that suggestion from Committee would be looked into.
- Dates to re-open Samuel Johnson and Stafford Hospitals Free Maternity Birthing Units (FMBU) were not available at this time due to the need for a risk-based assessment of the facilities for patients' safety.

The Chairman thanked officers for the report, he acknowledged the importance of scrutinising the Ockenden report actions to ensure they were being implemented. The Committee was re-assured and pleased that improvements were being made.

Resolved:

1. That Health and Care Overview and Scrutiny Committee receive the update report.

## **27. Inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia**

The Head of Transformation and Head of Strategic Commissioning outlined the report which provided responses to questions and requests for further information at Health and Care Overview and Scrutiny Committee on 1 August 2022. The Draft Standard Operating Procedure for Transport was not attached to the report but would be circulated to Members once comments were received from stakeholders.

Committee noted the following comments and responses to questions:

- It was agreed that figures would be included in future performance indicator updates.
- Transport and support for relatives (standing operating procedure): Members had raised Tamworth resident's concerns about getting to St Georges Hospital and that digital calls would not substitute for face-to-face visits from friends and family. The Clinical team agreed to provide advice on the offers for flexible visiting and support available for relatives with travel expenses. It was explained that a self-declaration form would be submitted through the ward manager for car, public transport, or train costs to access St Georges.
- MPFT and ICB agreed to strengthening the statement of its commitment to community mental health services, it was noted that funding for mental health was ringfenced.
- It was confirmed that the voluntary sector was formally commissioned as part of the community mental health transformation and were integral part of service delivery.
- There was no further information about the use of the George Bryan Centre, this would be part of a different process.
- Use of the Sexual Health Clinic in Tamworth as a temporary venue was considered to be an inappropriate, this would be reported back to MPFT. The Clinical Senate had made a recommendation to look for other local facilities in Tamworth and Cherry Orchard was identified as a community mental health venue to ensure easy access to families and their carers in centre of Tamworth. Discussions were ongoing in relation to clinical space available and how the space would be utilised. No timelines were available at this stage.
- NHS England had provided feedback of the business case for inpatient mental health services in September 2022, and it was anticipated that the NHS England Assurance Process would take place in November 2022. An update would be provided to a future Committee meeting.



Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the update report.

**Chairman**