

# Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 17 July 2024

Present:

<b>Attendance</b>	
Charlotte Atkins	Julia Jessel
Philip Atkins, OBE	John Jones
Richard Cox (Vice-Chair (Overview))	Kath Perry, MBE
Ann Edgeller (Vice-Chair (Scrutiny))	Jeremy Pert (Cabinet Member)
Phil Hewitt	Janice Silvester-Hall
Jill Hood	Steve Norman

**Also in attendance:** Baz Tameez and Jeremy Pert

**Apologies:** Chris Bain, Jason Jones, Leona Leung and Bernard Peters

## Part One

### 2. Declarations of Interest

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

### 3. Minutes of the meeting held on 18 March 2024

**Resolved** – That the minutes of the meeting held on 18 March 2024 be confirmed and signed by the Chairman.

### 4. Staffordshire and Stoke-on-Trent ICB Performance Overview

Phil Smith, Chief Delivery Officer and Paul Brown, Chief Finance Officer, from the Staffordshire and Stoke-on-Trent ICB presented the Staffordshire and Stoke-on-Trent ICB Performance Overview report to the Committee.

The Committee were presented with an overview of key underpinning deliverables in 7 portfolio headings:

- Children and Young People / Maternity
- Planned Care, Diagnostics & Cancer
- Improving Population Health
- Urgent and Emergency Care
- Mental Health, Learning Disabilities and Autism

- Primary Care
- End of Life, LTCS and Frailty

In the Urgent and Emergency Care portfolio, it was highlighted that there were challenges in capacity however there had been an improvement in performance in average Category 2 Ambulance response times. There had also been an improvement in the number of patients seen within the 4-hour target in A&E, however this was at 70%.

It was reported that industrial action had been a challenge for the ICB in emergency care and planned care deliver. It was also reported that there had been a recent spike in COVID-19 cases.

There had been significant investment to support the targets to reduce the back log of patients waiting for treatment and for diagnostics. It was reported that by September 2024 partners were working to ensure there would be no patient waiting longer than 65 weeks for treatment, however there was a risk to delivery.

The Committee noted the following comments and responses to questions:

- The Committee raised concerns that autism assessment waits for Children and Young People had increased. It was reported that autism rates were a significant challenge due to an increase in demand. The Committee requested to receive a written update from the ICB detailing the challenges, financial investment and the ICBs plan to reduce the waiting time for autism assessment. The Committee requested the update should be all-age focussed.
- The ICB had undertaken a dental equity audit to understand the local dentistry need. The dental plan was due to be launched in the Autumn and the Committee requested to receive an update on the dental strategy.
- There was a surge capacity model in the system which increases and decreases capacity throughout the year depending on surge demand.
- There will be an additional capacity of 30 general and acute beds at University Hospital of North Midlands (UHNM) from August 2024. It was reported that these beds were needed to deliver safe levels of capacity.
- In Staffordshire and Stoke-on-Trent, around 1,600 Patients were currently waiting over 65 weeks for treatment.
- West Midlands Ambulance Service (WMAS) had added additional vehicles from April 2024 following the CQC regulation 12 notice which highlighted the response times across the West Midlands. The rurality of the County and ambulance wait times were also raised by the Committee.
- SSOT ICB were developing a true single point of access to support

- navigation of patients which would be available to WMAS.
- Hospital discharges in the system and Midlands Partnership University Foundation Trust (MPFT) were working well.
  - The report was focussed towards UHNM and the north of the County and did not fully reflect the whole County. The Committee requested that future reports should be County wide.
  - Cancellations of appointments and operations were discussed. It was reported that cancellations were tracked.
  - The Committee discussed patients waiting for hospital discharge awaiting prescriptions and were informed that the ICB were trying to improve the timeliness of discharge during the day. There was now an Integrated Discharge Hub based in the hospital and discharge facilitators.
  - UHNM had recently declared a critical incident in A&E. It was reported that the ICB were looking across the critical incidents which had been raised to identify the themes.
  - Patients not attending appointments was also discussed by the Committee and the ICB were working with General Practices to address non-attendance.
  - There were regional and national ICB networks for sharing best practice.
  - Assurances were given that the ICB had robust processes in place in the event of industrial action.

**Resolved** – That (a) the performance overview be received, and the Committees comments be noted.

(b) the Committee requested a written update from the ICB detailing the challenges, financial investment and the ICBs plan to reduce the waiting time for autism assessment. The Committee requested the update should be all-age focussed.

(c) the Committee requested to receive an update on the dental strategy to Committee in January 2025.

## **5. 2024/25 System Operational Plan**

Paul Brown, Chief Finance Officer and Tracey Shewan, Director of Corporate Governance from the Staffordshire and Stoke-on-Trent ICB presented the 2024/25 System Operational Plan to the Committee.

It was reported that within the plan there were 2 key aims and 5 high level operational priorities:

Aims:

- Safe, timely and sustainable care.

- Meeting the capacity challenge

High Level operational priorities:

- Eliminate delays in access to treatment and long waits for care
- Improving access to high quality sustainable primary care
- Delivering joined up proactive and preventative support and care across all pathways
- Delivering compassionate care of the frail and elderly.
- Supporting Care Home Residents

The operational context of the operational plan was presented to the Committee.

The Committee were advised that the report was a 1-year plan, however linked to the ICBs medium-terms plans with proactive and preventative support offers for the population.

The ICB had agreed a financial recovery programme which was a core part of the operational plan and was essential in the return to a sustainable financial position for the system. It was reported that the deficit for 2023/24 was £91million.

The Committee noted the following comments and responses to questions:

- There was a £300million legacy deficit on the ICB balance sheet. There had been recent advances and innovation within the health service which needed investment in Staffordshire to reduce the deficit longer term. The Committee noted the targets within the plan and sought assurances that the deficit would be reduced. In response, the ICB advised that there was greater partnership working with local services.
- There was an access improvement plan in primary care which was considered by the Integrated Care Board in May 2024. It was reported that Primary Care would be considered by the Committee in January 2025.
- The ICB were working with Care Homes so that there was more support for care homes to prevent hospital admissions.
- It was reported that the ICB will use Getting it Right First Time (GIRFT) to ensure that there was an appropriate medical bed base for demand which would be supported by the opening of a larger Same Day Emergency Care unit.
- The ICB will extract savings from underutilised estate and selling surplus assets to generate capital receipts. Sites identified for sale would be determined by levels of utilisation.
- The Committee endorsed that Womens health was identified within the report.

- In Staffordshire more people were discharged into bed-based care rather than getting them home. It was reported that there were statistics to suggest a loss of capability in elderly patients an after being in hospital for 72 hours which resulted in a discharge to bed-based care.
- Communications of the operational plan were discussed by Committee. The Committee agreed that it was important that the public felt the outcomes of the plan.

**Resolved** – That the report be received, and the Committees comments be noted.

## **6. Urgent and Emergency Care (UEC) Strategy, lessons learned from winter, and Urgent Treatment Centre (UTC) designation**

Phil Smith, Chief Delivery Officer and Helen Slater, Associate Director of Transformation from the Staffordshire and Stoke-on-Trent ICB presented the Urgent and Emergency Care Strategy, Lessons learned from winter, and Urgent Treatment Centre (UTC) designation report to the Committee.

The Committee were advised that as a recurrent part of the ICS Winter Surge Planning process it was agreed that a thorough assessment and review of the plan's effectiveness post winter would take place. It was reported that a system wide lessons learnt workshop event was held on 17 April 2024. The primary points of learning, key actions and outputs from the workshop was shared with the Committee.

The Committee were also advised that in July 2017, NHS England produced Principles and Standards to be achieved for the formal designation of Urgent Treatment Centres. System partners had developed recommendations for designating Urgent Treatment Centres across Staffordshire and Stoke-on-Trent aligning with the Urgent and Emergency Care Strategy. It was reported that the promotion of engagement activity events would begin in July 2024 for 10 weeks.

The Committee noted the following comments and responses to questions:

- The Committee discussed and agreed that the best time to consider the System Pressures was in December 2024.
- Cannock Chase Minor Injury Unit (MIU) was still temporarily closed. The ICB informed the Committee that it had reviewed the activity which had been through Cannock MIU prior to closure and there were ongoing conversations with the local Primary Care Network. In 2021/22 the ICB had attempted to procure an MIU however could not find the clinical space to deliver the service, the Clinical Strategy from the Royal Wolverhampton Trust had identified that there would not be an MIU in Cannock Chase. The Committee requested to

- receive an update on Cannock Chase MIU in the Autumn 2024.
- As part of the engagement for UTCs, there would be discussions about the sites which did not meet the UTC specification and the future model of services.
  - The ICB had developed a robust communications and involvement plan to support an open dialogue with key stakeholders. Consultations would include District and Borough Councils.
  - There were financial restraints on Capital.

**Resolved** – That (a) the report and updates be received, and the Committees comments be noted.

(b) System Pressures be added to the Work Programme for consideration in December 2024.

(c) the Committee receive an update on Cannock Chase Minor Injury Unit in Autumn 2024.

## **7. Work Programme**

The Committee received the Overview and Scrutiny Committee Work Programme.

The Committee discussed that, where possible, Committee meetings should be held in the Oak Room.

The Committee received the Executive Response for:

- Staffordshire's Joint All-Age Carers Strategy 2024-29.
- Adult Social Care Enhanced Assurance Working Group Report

The Committee discussed the need to continue to scrutinise the Adult Social Care Enhanced Assurance.

**Resolved** – That (a) the Work Programme be received.

(b) the Executive Responses listed above be received.

(c) the Committee continue to scrutinise the Adult Social Care Enhanced Assurance.

**Chair**