



## HEALTH OVERVIEW & SCRUTINY PANEL AGENDA

**Date:** Wednesday, 3 March 2021

**Time:** 2.00 pm

**Venue:** Virtual Meeting

23 February 2021

### PART 1

1. Apologies for Absence.
2. Notification of Substitute Members, if any.
3. To Approve the Minutes of the Previous Meeting. **(Pages 3 - 8)**
4. Minutes of the Last Meeting of the Healthy Staffordshire Select Committee. **(Pages 9 - 14)**
5. Urgent Items of Business, if any. (24 hours notice to be provided to the Chairman).
6. Declaration of Interests:
  - Disclosable Pecuniary Interests
  - Other Interests
7. Questions to Portfolio Holders, if any.  
***(At least two clear days notice required, in writing, to the Proper Officer in accordance with Procedure Rule 15).***
8. Update on the Temporary Closure of Leek Minor Injuries Unit and Development of the Integrated Care Hub - Neil Carr, Chief Executive, Midlands Partnership NHS Foundation Trust. (2:10 pm)
9. Annual Update and Temporary Closure of Leek Minor Injuries Unit - Marcus Warnes, Accountable Officer and Tracey Shewan, Director of Communications and Corporate Services, North Staffordshire Clinical Commissioning Group. (2:50 pm)
10. Work Programme. (3:30 pm) **(Pages 15 - 16)**  
Any additional items to be added to the Work Programme:-
  - i) Chairman's items;
  - ii) Members items;

**MARK TRILLO**  
**EXECUTIVE DIRECTOR & MONITORING OFFICER**

Membership of Health Overview & Scrutiny Panel

Councillor B A Hughes (Chair)	Councillor J T Jones (Vice-Chair)
Councillor R Alcock	Councillor C J S Atkins
Councillor B Cawley	Councillor E Fallows
Councillor K Flunder	Councillor I Herdman
Councillor T Holmes	Councillor A Hulme
Councillor I Lawson	Councillor L A Malyon
Councillor T McNicol	Councillor D Price
Councillor J Redfern	Councillor T Riley
Councillor J Salt	Councillor L Swindlehurst
Councillor P Wood	Councillor R Ward

## STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

### HEALTH OVERVIEW & SCRUTINY PANEL MEETING

#### Minutes

**TUESDAY, 22 DECEMBER 2020**

PRESENT: Councillor B A Hughes (Chair)

Councillors C J S Atkins, M Bowen, M A Deaville, E Fallows, K Flunder, I Herdman, T Holmes, K Hoptroff, A Hulme, K J Jackson, J T Jones, L A Malyon, T McNicol, I Plant, T Riley, J Salt, L Swindlehurst, R Ward and N Yates

IN ATTENDANCE Dr Richard Harling – SCC Director of Health & Care  
Cllr. Johnny McMahon – SCC Cabinet Member  
Mr. Neil Carr O.B.E. – Chief Executive, Midlands Partnership NHS Foundation Trust  
Ms. Jennie Collier – Managing Director, Midlands Partnership NHS Foundation Trust  
Mr. Mark Trillo – Executive Director SMDC  
Mr. Linden Vernon – Senior Officer, Governance & Member Support  
Mr. Pat Trafford – Democratic Services Officer

APOLOGIES: Councillors B Cawley, D Price and P Wood

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

Councillor Yates attended as substitute for Councillor Cawley, Councillor Hoptroff attended as substitute for Councillor Price, Councillor Plant attended as substitute for Councillor Wood.

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

**DECIDED** – That the minutes of the meeting of the Health Overview and Scrutiny Panel held on 14 October 2020 be **APPROVED** as a correct record and signed by the Chair.

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

**DECIDED** – That the minutes of the meeting of the Healthy Staffordshire Select Committee held on 26 October 2020 be **NOTED**.

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

There were no urgent items.

92 **DECLARATION OF INTERESTS: Page 3**

## Health Overview & Scrutiny Panel - 22 December 2020

Agenda No.	Member Declaring Interest	Nature of Interest
Agenda Item 8 – Temporary closure of Leek Minor Injuries Unit	Cllr. T. Riley	“Other” – A family member is an NHS Employee

93 **COVID-19 UPDATE - DR RICHARD HARLING, DIRECTOR OF HEALTH & CARE SCC AND COUNTY COUNCILLORS MARK DEAVILLE AND JOHNNY MCMAHON. (2:05 P.M.)**

Cllr. Mark Deaville introduced the following visitors:-

Cllr. Johnny McMahon – Staffordshire County Councillor, Cabinet Member for Health, Care and Wellbeing; and  
Dr. Richard Harling – Staffordshire County Council Director of Health and Care.

Cllr. Deaville confirmed that the local response to the pandemic was the best response, stressing the importance of communication via the Outbreak Control Board in both directions.

Cllr. McMahon advised that the Staffordshire Moorlands’ virus, virologists rate was currently 243 per 100,000 population, having peaked at 339 in mid November and then dipped to 192 before reaching the current level. Newcastle-under-Lyme was broadly in line, while the current Stoke-on-Trent figure was 319.

The “Hands – Face – Space” message was paramount and thanks went to communities for maintaining the message. A main concern was for the Over 85’s, with Lateral Flow Testing (LFT) being introduced in Care Homes for Patients and Staff, initially at the rate of 1 to 2 times per week increasing to daily in an effort to bring the care home rate down.

With the recent emergence of a new strain of the virus, virologists considered that the vaccine already being administered may only need to be tweaked in order to cope. The NHS had the responsibility to administer the vaccine, but SCC were able to help with locations and personnel where required.

Dr. Richard Harling gave a presentation by way of ‘Shared Screen’ with a summary as follows:-

1. New strain of the virus had emerged and was spreading rapidly in London and the South East of England;
2. Staffordshire case rates were increasing across all districts and boroughs;
3. Hospitals locally remained under pressure, around 350 beds were occupied by Covid-19 patients at UHNM;
4. Around 900 incidents were being managed countywide – these were cases, clusters and outbreaks in a range of settings;
5. Testing demand was rising as Christmas approached;
6. Asymptomatic community testing continued to be rolled out in a range of settings;
7. Vaccination had started in small numbers;
8. Staffordshire was in the ‘Very High Alert’ Tier 3;

## Health Overview & Scrutiny Panel - 22 December 2020

9. Important that everyone continued to follow the rules to minimise the spread of the virus.

Members raised queries which gained the following clarification:-

LFT tests – False negative results were given in between 23% and 50% of cases. This was explained to people at the test site. PPE was needed when visiting Care Homes even if the result was negative, though this was not compulsory. Deaville agreed to raise this point at the Outbreak Control Board meeting later the same day. No actual timescales for vaccination had been seen yet. The estimate was that, if the Astra Zeneca vaccine was approved soon, most high-risk people would be vaccinated by the end of March. However glitches in the supply chain had already been experienced.

Schools had responded magnificently. Regular briefings were held with teachers and support given where cases arose, advising who needed to self-isolate. There were currently 432 incidents being managed.

Patients with allergies were able to be vaccinated, though a longer period of observation was necessary to monitor any potential adverse reaction.

If bad weather etc prevented a patient from attending their 2<sup>nd</sup> appointment, a 2 to 3 day delay was ok. If the delay was any longer than that the patient may have to start again.

In the event of this area moving into Tier 4, travel was to be limited as much as possible. The journey itself was not the problem, but any ‘mingling’ at the destination most certainly was.

It was seen as very likely that we would go into national lockdown in the very near future.

Data collected from the testing process was improved recently over earlier in the pandemic, though no occupation information was collected.

Anecdotal evidence had been collected that people were travelling to test centres from other areas. This situation would be monitored to see if it happened at scale. The alternative was to have further I.D. checks at test centres which may deter people from attending.

Weekend test sessions were planned over the Christmas / New Year and attempts were being made to staff sessions in the evenings.

Mobile Testing Unit (MTU) locations were a closely guarded secret.

Parish Clerks would be contacted where possible when MTU's were being set up.

GP's held the clearest, most accurate information to establish who should be prioritized for vaccination.

The Chair thanked Cllr. McMahon and Dr. Harling for their attendance and for the information they had given.

94 **TEMPORARY CLOSURE OF THE LEEK MINOR INJURIES UNIT - NEIL CARR, CHIEF EXECUTIVE & JENNIE COLLIER, MANAGING DIRECTOR, MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST. (2:45 P.M)**

The Chair opened the item by stating that SMDC Health Overview & Scrutiny Panel was taking the lead on scrutiny of the temporary closure of the Leek Minor Injuries Unit (MIU) only. Scrutiny on all other aspects, including anything permanent, remained under the Staffordshire County Council's Healthy Staffordshire Select Committee.

## Health Overview & Scrutiny Panel - 22 December 2020

Neil Carr O.B.E. – Chief Executive, and Jennie Collier – Managing Director of the Staffordshire and Stoke on Trent Care Group, attended the meeting from the Midlands Partnership Foundation Trust.

Neil Carr confirmed that he had the lead for Staffordshire's Covid-19 vaccination programme, with 1 box of vaccines (975) already used in the Werrington and Cheadle areas. Vaccinations in Leek and Biddulph were due to start on 13 January 2021 providing that the vaccines were available. 260 volunteer vaccinators and marshals had been recruited.

Jennie Collier clarified that the closure of Leek MIU was most definitely temporary and was entirely due to the Covid effect. A number of staff had been self-isolating at different dates, meaning that it was impossible to re-open in a safe manner. Cover was therefore consolidated to the Heywood Hospital in Burslem. There were very positive discussions taking place regarding the release of funding to re-develop the Leek Moorlands Hospital including a walk-in facility, with work due to commence in 2022.

During Member discussion, the following clarifications were given:-

1. There were no plans to change urgent care provision;
2. This was an opportunity to think about what was required in the 'Integrated Care Hub' (ICH), for which a business case would need to be developed as soon as possible, currently standing at between £12 - £15m;
3. The ICH was all about bringing physical and mental health together. Whatever services were provided would need to be done at scale;
4. The fact that moorlands residents had to travel a considerable distance was appreciated. Time and expense involved, particularly in the case of injuries, meant extra strain. However the 111 service had very experienced staff and if there was ever any doubt how to deal with a situation, always call 999;

Discussion then took place around whether there was a need for extra consultation involving district councillors and the MPFT. Cllr. Flunder proposed this but following discussion agreed to withdraw the proposal. Members agreed that this subject should be discussed again at the next meeting of the Panel.

**AGREED** – That the Panel write to Neil Carr requesting further clarification on what input was required from SMDC in the consideration of what was required in the Integrated Care Hub at Leek Moorlands Hospital.

### 95 QUESTIONS TO PORTFOLIO HOLDERS, IF ANY. (3:20 P.M)

**Question received from Councillor Atkins:**

1. *“What assessment has the SMDC made of the services available in Leek for those who use hearing aids in terms of regular appointments for hearing loss, essential maintenance of hearing aids and the local provision of batteries?”*

**Health Overview & Scrutiny Panel - 22 December 2020**

**Response:**

As Staffordshire Moorlands District Council is not responsible for the delivery or oversight of this service the Council has not made such an assessment for this service. Scrutiny of this aspect of the service rests with the Healthy Staffordshire Select Committee at Staffordshire County Council. Following enquiries made with the North Staffordshire Clinical Commissioning Group I understand that, although face to face contact is being reduced where possible due to Covid-19, if people do require a face to face appointment they should get one.

Cllr. Atkins requested that a more pro-active approach should be taken by SMDC and requested that a letter be issued to the Clinical Commissioning Group.

**AGREED** – That the Panel write to Marcus Warnes, Accountable Officer for the North Staffordshire Clinical Commissioning Group and also Cllr. Jeremy Pert, Chair of Staffordshire County Council’s Healthy Staffordshire Select Committee, asking that the free service be re-instated in Leek for hearing loss, essential hearing aid maintenance and the provision of hearing aid batteries.

96 **WORK PROGRAMME. (3:30P.M)**

**DECIDED:-** That the Panel’s Work Programme be agreed, subject to the addition of the following item:-

Discharge from hospital late at night of vulnerable patients and those unable to self-medicate, resulting in a lack of care.

The Chair wished everyone present a merry Christmas.

The meeting closed at 4.25 pm

\_\_\_\_\_ Chairman \_\_\_\_\_ Date

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## Minutes of the Healthy Staffordshire Select Committee Meeting held on 30 November 2020

Present: Jeremy Pert (Chairman)

### Attendance

Philip Atkins, OBE	Janet Johnson
Tina Clements	David Leytham
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry, MBE
Phil Hewitt	Bernard Peters
Jill Hood	Ross Ward
Barbara Hughes	

**Apologies:** Julie Cooper, Maureen Freeman and Ian Wilkes

### PART ONE

#### 38. Quorum

The Chairman verified that the meeting was quorate.

#### 39. Declarations of Interest

County Councillor Janet Eagland declared an interest on all matters included on the Agenda as they related to Midlands Partnership NHS Foundation Trust owing to her membership of the Trust's Council of Governors.

#### 40. Minutes of meeting held on 26 October 2020

**RESOLVED** – That, subject to the correction of the following typographical errors, the minutes of the meeting held on 26 October 2020 be confirmed and signed by the Chairman:-

- Minute No. 34 'serge' change to 'surge';
- Minute No. 34 'Cabinet Member' change to 'Health'.

#### 41. West Midlands Ambulance Service University NHS Foundation Trust - Reconfiguration of Staffordshire Community First Responders Scheme - Update

The Committee considered a presentation/report (Schedule 1 to the signed minutes) of the Chief Executive of West Midlands Ambulance Service University NHS Foundation Trust (WMAS) updating them on the operation of the Community First Responders (CFR) Service in the County. This followed scrutiny of decisions taken by the Trust in April 2020 to make changes to:- (i) vehicles used by CFRs; (ii) range of drugs routinely

carried by CFRs in their voluntary capacity and; (iii) training received, and qualifications attained by CRFs, at their meeting in June 2020.

The meeting was attended by Mark Doherty, Director of Nursing and Clinical Commissioning and Vivek Khashu, Strategy and Engagement Director from the Trust together with Paul Sergeant and Jane White from the Staffordshire CFR Team.

The Committee submitted the following questions to the Trust in advance of the meeting to facilitate their key lines of enquiry:-

- “The changes to the Staffordshire CFRs came into place in April 2020, has there been any appreciable change in the level of Staffordshire’s Community First Responders supporting the West Midlands Ambulance Service in the period between April and November”?
- “Are there any surveys undertaken on engagement/volunteer satisfaction and have the results of these changed significantly between April and November”?
- “Have there been any significant changes in the number of hours supported or in the percent of calls that the Staffordshire First Responders have attended”?
- “Is there anything relevant to anyone who might have had their lives and life-chances affected by the implementation of these changes”?
- “Has the development of a Staffordshire Community First Responder training and development plan been created and has this been launched with the Staffordshire Community First Responders”?
- “What is the assessment of the changes implemented from back in April 2020”?

The representatives of Staffordshire CFRs also provided Members with a PowerPoint presentation (slides attached at Appendix A to the signed minutes) which outlined the impact of the above-mentioned changes from their perspective.

During their presentation, the representatives of the Trust provided the Committee with answers to the above-mentioned questions. They said that 37 CFRs had resigned from the scheme since April 2020 for various reasons. However, a further 92 applications from prospective volunteers had been shortlisted for consideration which, if successful, would result in a net increase in operational CFRs in the County. Whilst the Trust had previously undertaken Staff Satisfaction Surveys, these had not included CFRs although they said they had been captured in other consultation and engagement initiatives. They confirmed that volunteer hours provided by CFRs were not currently recorded by the Trust. However, their contributions had provided valuable assistance in meeting and maintaining required service standards. It was expected that a new nationally accredited training and development course for CFRs would be implemented in 2021.

The representatives also outlined the Trust’s response to the 2020 Covid-19 Pandemic which they said had been robust. They spoke of various innovations currently being implemented with the aim of improving healthcare provision, notwithstanding the pandemic, including the use of electric vehicles. However, they referred to serious

concerns regarding significant delays in transferring patients from ambulances at acute hospital Trusts, which had arisen since their previous attendance at the Committee.

During their presentation the representatives of the CFRs gave Members background to the operation of the Scheme in Staffordshire including an insight into those who had volunteered. The Scheme had charitable status and raised funds in a variety of ways including sponsorship from local businesses, donations from Parish Councils and other community groups etc. Besides responding to medical emergencies, CFRs work also included checking Community Defibrillators, delivering training and giving demonstrations to community groups. Continuing, they expressed their great disappointment at the lack of consultation by the Trust prior to the changes being implemented and refuted some of the explanations and justifications which had been put forward to the Committee at their meeting in June 2020. They also expressed concern over the long-term impact of the changes on the morale of CFRs and operation of the scheme.

In the full and wide-ranging discussion which ensued, the Trust re-affirmed their firm commitment to the scheme which they said would continue as an integral part of their service to Staffordshire residents. They highlighted their performance against national key indicators which had been maintained notwithstanding the changes and additional pressures arising from the 2020 Covid-19 Pandemic. They explained that the key role of CFRs was to provide a first response to medical emergencies rather than services which would otherwise be provided by fully equipped ambulances crewed by trained paramedics. In response to the concerns expressed both by the Committee and representatives of the CFRs, the Trust sought assistance in compiling evidence/examples of occasions where these standards had been compromised as a result of the above-mentioned changes. They also undertook to provide further detailed performance metrics for rural areas of the County by postcode so that individual Members could be given assurance that their areas had not been adversely affected.

The Trust went onto acknowledge the criticisms expressed by the representatives of CFRs regarding the lack of prior consultation over the above-mentioned changes, which had left volunteers feeling disrespected and devalued. They therefore assured the Committee of their intentions to work towards a more constructive/inclusive relationship with CFRs in the future which included seeking views on a review of their Standard Operating Procedure for deployment. The Committee remained concerned about the apparent lack of dialogue and potential impact on service delivery in the County and offered to facilitate further informal meetings between the parties, as necessary, to cover such matters as training and development and implementation of the Standard Operating Procedure going forward.

The Chairman then thanked the representatives of health for interesting and informative presentations and the opportunity to give meaningful scrutiny to their work for the benefit of residents of the County.

**RESOLVED** – (a) That the reports/presentations be received and noted.

(b) That Members provide evidence/examples of occasions where required service standards had been compromised as a result of the above-mentioned changes to the

Community First Responders (CFR) Scheme and that further scrutiny be given to the matter, as necessary.

(c) That further details of West Midlands Ambulance Service University NHS Foundation Trust's (WMAS) performance in respect of response times by area be provided to individual Members on request.

(d) That the Trust consider:- (i) including CFRs in future Staff Satisfaction surveys in the interest of inclusivity and; (ii) reviewing the existing four mile radius from incident for deployment of CFRs in their Standard Operating Procedure, following consultation with volunteers.

(e) That the Staffordshire CFRs be thanked on behalf of the Committee for their valuable contribution to the work of the Trust in delivering essential health services to the residents of Staffordshire.

(f) That further informal consultation and engagement meetings between Staffordshire CFRs and WMAS be brokered by the Committee, as required, in order to promote dialogue, co-operation and a more effective working relationship between the parties.

#### **42. Digital Inclusion/Exclusion**

The Committee considered a report of the Cabinet Member for Finance and Resources (Schedule 2 to the signed minutes) regarding work being undertaken by the County Council to tackle digital exclusion in Staffordshire and improve access to health services.

Digital exclusion is a continuing unequal access and capacity to use Information and Communications Technologies (ICT) that were essential to fully participate in society could be broken down into the following three key barriers; (i) Connectivity (infrastructure/access to the internet; (ii) Accessibility (for all including low income homes, people with disabilities etc and; (iii) Digital Skills (being able to use computers and the internet).

Whilst the level of digital exclusion nationwide had been decreasing prior to the 2020 Covid-19 pandemic, it was still an issue of concern. Five cohorts of people had been identified as most likely to be excluded ie:- (i) older people; (ii) disabled people; (iii) low income households (iv) women and (v) people who had left education at an early stage. In Staffordshire, 4% of premises did not have access to superfast broadband and three Districts were identified as having a medium likelihood of digital exclusion (ie East Staffordshire, Newcastle-under-Lyme and Stafford).

Analysis of emerging national trends on the impact of Covid-19 had shown an increased use of digital across all sectors. However, whilst digital exclusion had reduced in some areas following efforts to support people at risk, the impacts on those who remained digitally excluded was likely to become more severe without action. Lack of access to affordable devices and internet packages were recognised as key issues, particularly for older people and low-income households.

In Staffordshire, a considerable amount of work had already been undertaken to provide digital support and information for communities during lockdown to assist with them in accessing services such as health including, supplying digital equipment to vulnerable residents and families, flexible Community Learning opportunities and support to voluntary, community and social enterprises.

In addition, following various consultation and engagement initiatives, a draft 2020/21 Digital Inclusion Action Plan had been prepared by the County Council with the aim of addressing barriers to digital inclusion by:- (i) ensuring as many people as possible can connect to the internet where they live and work, especially in rural areas; (ii) enabling access to the internet, digital devices and / or digital support for everyone, in particular older people, people with disabilities, low income families and people in rural areas; (iii) helping residents to have the right skills and the confidence to use the internet and digital devices to access the support they need, especially during the social distancing restrictions in place due to Covid-19 and; (iv) Communicating as effectively as possible the benefits of using digital and the support available to those who may be excluded. In addition, engaging with residents and reviewing data to ensure the issues surrounding Covid-19 were understood an approach developed accordingly.

During the discussion which ensued Members highlighted the need for closer scrutiny of the various initiatives included in the draft Digital Exclusion Action Plan 2020/21 to ensure that they were fully aligned with the County Council's aims and objectives with regard to health. They also drew attention to changes announced in the Government's Spending Review which might impact on the roll out of Broadband connectivity to those communities not currently served. The Committee recognised that connection speed and broadband width were key to ensuring digital inclusion in health and care. However, whilst both factors were not always within the County Council's control, wider digital infrastructure requirements had been included in the Plan for co-ordination with Partners, as necessary.

Members also expressed concern about the level of intergenerational support available for residents who were not currently IT savvy. They recognised the valuable contribution that the younger generation could make in sharing skills and knowledge and looked forward to a time when schools could re-engage for the benefit of the wider community and in the interest of health promotion.

The above issues were acknowledged by the Cabinet Member for Finance and Resources who reassured them of his commitment to the on-going development of the Action Plan. In addition, an all Member virtual seminar would be held during the early part of 2021 in which they could contribute further having regard to their health remit. The Cabinet Member also spoke of the County Council's participation in 'NHS X' which involved the trialling of mobile portals in residential care settings in order to support the digital transformation of care and reduction of social isolation.

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

(b) That further engagement with Members of the Committee be undertaken during the development of the County Council's Digital Exclusion Action Plan having regard to their knowledge of issues in the health arena.

#### **43. District/Borough Health Scrutiny Activity**

The Committee considered a report of the Scrutiny and Support Manager (schedule 3 to the signed minutes) giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Council's under the standing joint working arrangements, since their previous meeting.

Members noted that no update on the work of Cannock Chase District Council's Wellbeing Scrutiny Committee was available at the meeting.

With regard to Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel, it had been agreed that they would take the lead in scrutinising the temporary closure of Leek Minor Injuries Unit by Midlands Partnership NHS Foundation Trust. However, they would seek assistance from the Healthy Staffordshire Select Committee if necessary, having regard to their expertise, Terms of Reference and Code of Joint Working in Health.

**RESOLVED** – That the report and further updates set out above be received and noted.

#### **44. Work Programme 2020/21**

The Committee considered a rolling Work Programme for 2020/21 (Schedule 4 to the signed minutes).

During the discussion which ensued a Member drew attention to South East Staffordshire and Seisdon Peninsular's Clinical Commissioning Group's (CCG) 2019/20 rating as 'Inadequate' under the NHS's new Oversight Framework and requested inclusion of an appropriate item in the Work Programme. In reply, the Chairman highlighted the Code of Joint Working with Health and said that the Committee should confine themselves to scrutiny of County-wide issues only. Therefore, the matter of the CCG's performance was principally a local issue for scrutiny by the appropriate District/Borough Council(s). However, he undertook to liaise with the Member further regarding this matter following conclusion of the meeting.

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

(b) That subject to the following amendments, the updated Work Programme 2020/21 be approved:-

- 'Integrated Care System' additional meeting to be scheduled for a date/time to be arranged in January/February 2021;
- 'Wider Determinants of Health – Inquiry Day' to be postponed until further notice.

#### **45. Date of Next Meeting - Monday 1 February 2021, 10.00 am, Virtual/On-line**

**RESOLVED** – That the date, time and venue of the next meeting be noted.

**Chairman**

**Health Overview & Scrutiny Panel  
Work Programme 2020/21**

Date	Items for Agenda
22 July 2020	Special Meeting - Coronavirus Health Data
14 October 2020	CCG & MPFT – Covid-19 & Community Hospitals Tony Bullock - Public Health Initiatives - Drugs and Alcohol Overview for Members
22 December 2020	Covid-19 Update - Dr Richard Harling, Director of Health & Care SCC and County Councillors Mark Deaville and Johnny McMahon Temporary Closure of the Leek Minor Injuries Unit - Neil Carr, Chief Executive & Jennie Collier, Managing Director, Midlands Partnership NHS Foundation Trust.
3 March 2021	Update on the Temporary Closure of Leek Minor Injuries Unit and Development of the Integrated Care Hub - MPFT Annual Update and Temporary Closure of Leek Minor Injuries Unit - North Staffordshire Clinical Commissioning Group
TBC	Collaborative Working/Primary Care Networks and Self-Care Model - MPFT Mental health first aid training for staff and councillors Dementia Care Working Group Update Report – TBC Public Health Initiatives – Mental Health Trailblazer – Nicola Bromage Provision of defibrillators How the Council can empower people to take responsibility of their health and wellbeing Mental Health– North Staffordshire Combined Healthcare NHS Trust - invited Hospital Discharge

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