

# Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 29 January 2024

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Leona Leung
Chris Bain	Paul Northcott (Cabinet Support Member)
Richard Cox (Vice-Chair (Overview))	Kath Perry, MBE
Ann Edgeller (Vice-Chair (Scrutiny))	Bernard Peters
Keith Flunder	Janice Silvester-Hall
Phil Hewitt	David Williams
Jill Hood	

**Also in attendance:** Paul Northcott

**Apologies:** Val Chapman, Monica Holton, John Jones and Ian Wilkes

## Part One

### 53. 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).

Councillor Charlotte Atkins declared as interest as the Vice president of the British Fluoridation Society.

Councillor David Williams declared an interest as an employee for the UHDB and a Governor for UHDB.

### 54. Minutes of the meeting held on 20 November 2023

The Committee agreed to make the following amendments to the minutes:

- A spelling error in item 43 should read data.
- A spelling error in item 43 should read off-site.

**Resolved** – That subject to the amendments referred to above, the minutes of the meeting held on 20 November 2023 be confirmed and signed by the Chairman.

## **55. Minutes of the meeting held on 27 November 2023**

The Committee agreed to make the following amendments to the minutes:

- A spelling error in item 48 should read root.
- A grammatical error in item 48.

The Committee also agreed to include “The Committee were advised of a number of concerns raised relating to defibrillators and should continue to work with the West Midlands Ambulance Service to address these concerns.”

**Resolved** – That subject to the amendments referred to above, the minutes of the meeting held on 27 November 2023 be confirmed and signed by the Chairman.

## **56. Access to General Practice in Staffordshire**

Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive at the ICB, Tracey Cox, Associate Director for Primary Care at the ICB & Sarah Jeffrey, Portfolio Director for Primary Care at the ICB presented the Access to General Practice (GP) in Staffordshire to the Committee.

The Committee were reminded that NHSE had released a National Delivery Plan for recovering access to Primary Care in May 2023 and the ICB, in response, had developed a System Level Access Improvement Plan. Primary Care Networks (PCN) had developed PCN Access Improvement plans which had been included in the System Level Access Improvement Plan. The Committee were advised that the System Level Access Improvement Plan was due to be signed off by the ICB in March 2024.

There were four ambitions set out in the National delivery plan for recovering access to primary care:

- Empower patients by rolling out tools to monitor own health and expand services offered by community pharmacy.
- Implement a modern general practice model so patients know on the day how their request will be handled.
- Build capacity.
- Cut bureaucracy to give practice teams time to focus on patients’ clinical needs.

The Committee received the local response to each national ambition.

It was reported that GPs in Staffordshire were offering more appointments than 2019/20. In October 2023 GP appointment activity was 12.9% higher than October 2019 and 8.5% higher than October 2022.

It was also reported that following a recent patient survey, Staffordshire and Stoke-on-Trent ICB had improved in public satisfaction rates.

The Committee noted the following comments and responses to questions:

- The Committee requested to receive the System Level Access Improvement Plan when it had been signed off by the ICB.
- There was a quality improvement framework across Staffordshire to support local areas with deprivation.
- GP contracts within Staffordshire did not have specific appointment numbers within the contract. The ICB monitored and worked with General Practices who were not offering the levels of appointments as per the recommended guidelines, however in some GPs there was not a need for a higher number of appointments due to the way that the GP operated or local demand. The Committee requested to understand specific practices which were below the recommended guideline number of appointment rates.
- The ICB worked with Local Authorities and GPs within Staffordshire to ensure that there was enough GP capacity when new houses were built and in larger housing development sites there were Section 106 agreements in place. The ICB work with local GPs to determine capacity before considering a new GP. The Committee commented on the importance of communication to residents relating to capacity at GPs in areas with a number of new build houses.
- There were a number of different services in place over the winter period to support GPs and lessen the pressure on A&E. There were over 5000 additional appointments in Staffordshire per week and bespoke hub arrangements to offer additional appointments.
- Evening GP appointments were available and there had been enhanced access to offer more appointments out of hours. Healthwatch reported that the enhanced access had been well received by the public.
- Patient participation Groups (PPG) at GPs were important and each GP was encouraged by the ICB to have a PPG. The ICB were willing to respond to questions from PPGs. The Committee discussed that the ICB should openly give information to PPGs as part of the ICB communication plan.
- There was a PCN collaborative every month which provided an opportunity for sharing best practice. There was also a webinar for GPs every month to share experiences and learning.

- There were a number of GP retention schemes and the ICB reported that GPs had been retained in Staffordshire.
- There was now national funding for GPs to implement the new cloud-based telephony system. The ICB were working with each GP to determine when the deadline for the new system was. The delay may have been due to cost and individual contract arrangements with telephony companies.
- Around 40% of GP appointments could have been resolved by another service such as by a pharmacist. There was a need to build public confidence in these onward services, however patient preference and continuity of care were considered by GPs.
- Concerns were raised as to the suitability of pharmacy premises to give privacy for patients. The ICB indicated that this would be considered in the future.
- There was a Mental Health Practitioner in all but one PCN in Staffordshire and GPs were aware of the services on offer. Some GPs had gone into partnership with Mental Health and Acute Trusts to provide them with a bigger staffing resource and more resilience.
- There was a system review of primary care within Care Homes and Nursing Homes to ensure that the residents get the care which they need.
- The Committee requested to receive the GP retention schemes from the ICB.

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

(b) the System Level Access Improvement Plan be shared with Committee when it has been signed off by the Staffordshire and Stoke-on-Trent ICB.

(c) the Committee consider Access to General Practice in Staffordshire at a future meeting.

## **57. Social Prescribing - Primary Care, SSOT ICB**

Sarah Jeffrey, Portfolio Director for Primary Care at the ICB, Councillor Paul Northcott, Cabinet Support Member for Public Health and Integrated Care, John Topham, Senior Commissioning Manager, Gary Jones from Support Staffordshire, and Sarah Maxfield from Support Staffordshire presented three reports relating to Social Prescribing in Staffordshire from the ICB, Staffordshire County Council and Support Staffordshire.

The Committee were advised that Social Prescribers had now been embedded in Primary Care Networks (PCN). It was reported that there was a mixed model in Staffordshire as some PCNs had employed Social Prescribers whilst others had used the voluntary sector. There were 41 FTE Social Prescribers within Staffordshire and Stoke-on-Trent, and the

NHS long term plan was to have 9000 of these posts in England by 2036.

It was also reported that in 2024/25 the ICB will work with partners to progress the following areas in 2024/25:

- Information collation for data and impact
- Supervision models for ARRS roles
- Increasing awareness of health and wellbeing services available for all ARRS roles.

Support Staffordshire reported that Social Prescribing had been a positive experience for staff and patients however highlighted the following challenges:

- The GP Directed Enhanced Services contract which governed the financial and contractual basis of Social Prescribing was yet to be published for 1 April 2024, which was creating uncertainty for providers.
- Financial challenges.
- A systemwide solution for linking functions was required.
- Social Prescribing Link Workers frequently experienced high caseloads.
- High levels of demand on Voluntary Sector organisations.

The Supportive Communities Programme at Staffordshire County Council was developed using evidence and good practice as a response to managing health and care demand. The approach complemented the local NHS Social Prescribing model that connected people to activities, groups, and services in their community to meet the practical, social, and emotional needs of people.

The Committee noted the following comments and responses to questions:

- The benefit of Social Prescribing was not measured. This may impact on the evidence base to better fund Social Prescribing. There was a national academy of social prescribing which had a good evidence base of measuring the outcomes of Social Prescribing.
- The Committee commented that there was a need to see data and benchmarking to measure the impact of Social Prescribing and how it varies in each District/ Borough.
- PCNs were now able to employ Social Prescribing roles on a permanent basis.
- The Committee highlighted the need for collaboration between the NHS, Voluntary Services and the County Council.

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

(b) the Committee recommend that the Staffordshire and Stoke-on-Trent ICB consider how to better collect data on the impact of Social Prescribing.

(c) the Committee recommend that the Staffordshire and Stoke-on-Trent ICB, Staffordshire County Council and Voluntary Sector consider how to work more collaboratively to co-ordinate the delivery of Social Prescribing.

(d) the Committee report, minutes and recommendations be sent to the Cabinet Member for Communities and Culture as part of the consultation for the Communities Strategy.

## **58. SSOT ICB Primary Care Dental Overview**

Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive at the ICB & Tracey Cox, Associate Director for Primary Care at the ICB presented the update on the current dental position relating to access in Staffordshire and Stoke-on-Trent to the Committee.

The Committee were reminded that dental commissioning was delegated to the ICB from 1 April 2023 which created the opportunity to provide better support for Staffordshire residents to ensure dental services met the local need.

It was reported that the main issues preventing recovery in terms of access to dental care were a national shortage of dentists and contract hand backs by providers as a result of their dissatisfaction with the dental contract. It was reported that there had been ministerial commitments for dental contract reforms and dental plan, however this had not yet been received.

The Committee were advised that the ICB were supporting a range of initiatives to improve dental access along with other West Midlands ICBs including:

- Children’s Community Dental Services Support Practices to support the management of children within a local dental practice.
- Redistribution of recurrently handed back activity to other providers.
- Extended repayment plans implementation for 2023/24 to support contractors in financial difficulty and to prevent further contract hand backs.
- Development of a Dental Strategy for the West Midlands ICBs to include the Staffordshire and Stoke-on-Trent ICB.

The Committee noted the following comments and responses to questions:

- The ICB did not have access to the overall picture of NHS dentistry provision and gaps of services within Staffordshire. It was the responsibility of the NHS dentist to update the NHS website as to if they were currently taking on NHS patients.
- There were 129 NHS dental contracts within Staffordshire. The national dental contract constrained local ICBs and the ICB needed greater freedom. It was reported that changes to the national dental contract were being considered.
- The ICB recognised the challenge and lack of dentists within Staffordshire taking on NHS patients.
- The ICB were undertaking a dental health equity audit in Staffordshire which will look at health determinants, access to services and outcomes for patients and will identify NHS dentist gaps which will inform the Dental Strategy which will identify priority areas for any redistribution of services. The health equity audit was due to be published in March 2024.
- The ICB were supporting the Public Health agenda through the Integrated Care Partnership Strategy. The ICB had supported prevention related to dental hygiene in children.
- Workforce schemes were being considered and recruitment and retention was within the dental strategy. The Committee had written to Keele University to support proposals for a dental school at Keele University. The Committee agreed for the Chairman to write a follow up letter to Keele University to determine any progress made.
- Members fed back that NHS 111 were not well-informed relating to the current dentistry provision.
- The Children and Vulnerable Adults team were available to attend care homes to provide dental and oral healthcare, however this was not consistent across the County. Oral healthcare for the elderly residents and those with severe mental illness would be a priority within the dental recovery plan.
- Due to lack of provision of dentists within some areas in Staffordshire, some children did not have access to dentists. There was oral health promotional work and supervised brushing taking place within early years settings in Staffordshire. Teaching dental hygiene within school settings would form part of the dental strategy.
- The Committee requested to receive the dentistry complaints data when the Committee next consider dentistry.
- There were orthodontic waiting list challenges, however the detail was held by the individual dental practices. The Committee requested to understand what happened to a child on the orthodontic waiting list when they reach 18 years of age.
- Assurance was given that dentistry was a top priority at the ICB.

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

(b) the Committee write to Keele University to determine any progress made for a proposed dental school at Keele University.

(c) the Committee receive the dentistry complaints data when the Committee next consider dentistry.

(d) the Committee receive information as to what happens to a child on the orthodontic waiting list when they reach 18 years of age.

## **59. District and Borough Health Scrutiny Activity**

The Committee received the District and Borough Health Scrutiny activity update report.

The Committee were advised that the Joint Strategic Needs Assessment was currently being refreshed and will be shared with the Committee and District and Boroughs in the Summer.

The Committee were also advised that the Chairman of the Safeguarding Overview & Scrutiny Committee was due to write to District and Boroughs around licencing and vaping.

**Resolved** – That the District and Borough Health Scrutiny activity update report be received and noted.

## **60. Work Programme**

The Committee agreed to hold an inquiry day to further look into the processes in place regarding Defibrillators at West Midlands Ambulance Service.

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

(b) the Committee hold an inquiry day to further look into the processes in place regarding Defibrillators at West Midlands Ambulance Service.

**Chair**