

**Healthy Staffordshire Select Committee – 17 September 2018  
District/Borough Digest**

Under the Health Scrutiny Code of Joint Working with District and Borough Councils, Authorities have undertaken to keep relevant Partners informed of their consideration of health matters having regard to the general working principle of co-operation and the need to ensure a co-ordinated Staffordshire approach.

Therefore, the following is a summary of the business transacted at the meeting of the Healthy Staffordshire Select Committee held on 7 September 2018 - link to Agenda and reports pack:

<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=8815>

<b>Agenda Item</b>	<b>District(s)/Borough(s)</b>
<p><b>Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Planned Care</b></p> <p>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.</p> <p>The Committee raised the following questions:</p> <ol style="list-style-type: none"> <li>1. There was a discussion on the coordination of services and the need to stop duplication of services. There was also a lot of work taking place on commissioning of services in order to give all suppliers a level playing field. It was estimated that £60m each year went out of the NHS to private companies.</li> <li>2. 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 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.</li> <li>3. 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.</li> <li>4. A further question was asked on whether the Commissioning contract time line was achievable. The time line was requested.</li> </ol>	<p>All Districts and Boroughs</p>

5. The timescales for the voluntary sector commissioning changes was questioned.
6. 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.
7. 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?
8. A Member felt that improving technology was a vital area of work. The Integrated Care and Technology Strategy being developed was requested.

**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

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

All Districts and Boroughs

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.

The Committee asked the following questions:

1. How do residents fund 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.
2. How the Community is brought together and developed. They were informed that 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.
3. 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.

4. 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.
5. 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 were be an opportunity to embed social prescribing into the buildings, resulting in enhanced public health benefits. The time scales for the 20 was requested.
6. A question was asked about the possible resistance from GP's to moving into larger hubs. In response, work was taking place with NHS England on a solution.
7. 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.

Their next meeting will be held on Monday 29 October 2018.