

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 11 July 2022 at County Hall, Matlock, DE4 3AG.

PRESENT

Councillor J Wharmby (in the Chair)

Councillors D Allen, E Fordham, P Moss, G Musson, L Ramsey, P Smith and A Sutton.

Apologies for absence were submitted for Councillor M Foster.

Officers present: Juliette Normington (Democratic Services Officer) and Jackie Wardle (Improvement and Scrutiny Officer).

14/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

15/22 MINUTES

RESOLVED – to confirm the non-exempt minutes of the meeting of the Improvement & Scrutiny – Health held on 7 March 2022.

16/22 PUBLIC QUESTIONS

Question posed by Keith Venables:

“What is the difference between the current CCG and, from 1st July, the new Derbyshire ICS? Do they have different powers?”

Response from the Derbyshire Integrated Care Board:

Integrated Care Boards, Integrated Care Partnerships and Integrated Care Systems

Integrated Care Boards (ICBs) will replace Clinical Commissioning Groups from 1 July 2022 under the Health and Social Care Act. Integrated Care Partnerships (ICPs) will be established at the same time. The ICB and ICP are what will make up the legally-constituted Integrated Care System (ICS).

The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England’s commissioning functions. It will also be

accountable for NHS spend and performance within the system. Commissioning responsibilities for additional primary care services will transition to ICBs. Currently, this sits with NHSE, but primary medical care services have been successfully delegated to CCGs for some time. ICBs will become responsible for the commissioning and arranging of primary medical services, dentistry (primary, community and secondary services), community pharmacy and general ophthalmology from April 2023 with NHS England retaining a more limited oversight role.

Each area will also have an ICP, a joint committee which brings together the ICB and their partner local authorities, and other locally determined representatives (for example from health, social care, public health; and potentially others, such as social care or housing providers). The ICP will be tasked with developing a strategy to address the health, social care and public health needs of their system, and being a forum to support partnership working. The ICB and local authorities will have a legal duty to have regard to ICP strategies when making decisions. The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWSs) produced by HWBs.

A supplementary question was asked:

“To what degree does the Health and Care Bill allow private companies onto committees and sub-committees?”

Response:

The Bill does not cover that in detail however, all work on committees must be open and transparent. Any future privatisation would have no affect on NHS services.

17/22 ENHANCED ACCESS TO PRIMARY CARE SERVICES

Emma Prokopiuk introduced the report, which had been circulated in advance of the meeting and was supplemented by a presentation, providing assurance that engagement was taking place on the Enhanced Access Services (EAS), which was due to commence on 1 October 2022 and that the engagement process would be included in the PCN Plan for delivery.

It was noted that this was not to introduce a new system but to provide services already available in a different way and which had run since 2016.

Committee members asked a number of questions and requested further data on the survey and a breakdown of the results, together with the PCN national document.

RESOLVED to note the engagement process was going ahead.

18/22 **THE TOBACCO DEPENDENCY PROJECT**

Angela Deakin and Samantha Robinson introduced the report, which had been circulated in advance of the meeting, informing the Committee of the NHS 3-year Tobacco Dependency Treatment (TDT) Programme and which was aimed at offering all people admitted to hospital plus maternity and Mental Health patients who smoked, NHS funded tobacco treatment services, by 2023/24.

Disease prevention had been recognised as vital to managing costs and sustaining the viability of the NHS in the future. Delivery of smoking interventions had been consistently and widely recommended throughout all areas of clinical practice by NICE. The NHS Long Term Plan (LTP) Prevention Programme aimed to deliver commitments to address behavioural risk factors and tackle health inequalities, which had been exposed and exacerbated by the Covid-19 pandemic.

Committee members asked a number of questions around the new programme and requested data on the impact the programme had on patients how many returned to smoking.

RESOLVED to:

1. Keep the Committee informed of the direction of travel for the effective delivery of the Tobacco Dependency Treatment Programme; and
2. Ensure that the programme was delivering a consistency approach across its Integrated Care System.

19/22 **ICS PEOPLE AND COMMUNITIES STRATEGY**

Sean Thornton, Deputy Director Communications and Engagement with NHS Derby and Derbyshire Integrated Care Board (ICB) introduced the report, which had been circulated in advance of the meeting seeking support for the approach to community engagement as set out in the Communities and Engagement Strategy.

The presentation highlighted elements of the report and the evolving document, which was agreed in May 2021. This was a statutory

requirement following the enactment of the Health and Care Bill and NHS England's set requirements for all prospective ICB's to submit its strategic approach to implementing these principles as proof of its 'readiness to operate'.

The strategy had been developed collaboratively across health, care and voluntary sector partners who sought to ensure principles and initiatives were at the heart of the development of the Strategy. It had also been reviewed and approved by the Derbyshire Engagement Committee. The presentation went on to list its strengths and areas for development.

The Committee welcomed the Strategy. It also requested benchmarks for comparison and for Mr Thornton to attend the meeting in November to provide an update.

RESOLVED to:

1. Receive the strategic approach in its current form;
2. Note the iterative status of the document; and
3. Comment on the Strategy to help inform future developments.

20/22 COMMITTEE WORK PROGRAMME

Jackie Wardle, Scrutiny Officer introduced the item and provided an update on the Work Programme.

The Derby and Derbyshire Clinical Commissioning Group (CCG) had transformed to the Derby and Derbyshire Integrated Care Board (ICB) on 1 July, on the enactment of the Health and Social Care Act 2022. As well as the ICB, an Integrated Care Partnership (ICP) had been established and these would work together to facilitate a robust and efficient Integrated Care System (ICS) across the county. The Committee would continue to receive reports from the Integrated Care Board on changes to NHS services.

The Committee's review of Section 75 Agreements was on-going, with further working group meetings scheduled over the next few weeks. Working group members had also received examples of current or draft Section 75 Agreements between the Council and local health providers and were now looking at the monitoring and reporting processes for arrangements where Section 75 Agreements were utilised. It was anticipated that a final report would be brought to Committee in November.

RESOLVED to:

1. Note the update on the Work Programme; and
2. Invite the Integrated Care Board Lead officers to the November meeting to report on the progress of implementing the new system of ICB and ICP and how these bodies continue to support the local ICS.

The meeting finished at 3.20 pm