

# Public Document Pack



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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 1 July 2022

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 11 July 2022**; at **County Hall, Matlock, DE4 3AG** the agenda for which is set out below.

Yours faithfully

A handwritten signature in black ink that reads 'Helen E. Barrington'.

**Helen Barrington**  
**Director of Legal Services**

## **A G E N D A**

### **PART I - NON-EXEMPT ITEMS**

1. Apologies for absence  
To receive apologies for absence (if any)
2. Declarations of Interest  
To receive Declarations of Interest (if any)

3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 7 March 2022. (Pages 1 - 4)

4. Public Questions (if any) (Pages 5 - 6)

30 minutes maximum for this item. Questions may be submitted to be answered by the Scrutiny Committee or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure (below) for the submission of questions.

5. Enhanced Access to Primary Care Services (Pages 7 - 32)

6. The Tobacco Dependency Project (Pages 33 - 38)

7. ICS People and Communities Strategy (Pages 39 - 42)

8. Committee Work Programme (verbal report)

PUBLIC

**MINUTES** of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 7 March 2022 at County Hall, Matlock, DE4 3AG.

## **PRESENT**

Councillor J Wharmby (in the Chair)

Councillors M Foster, D Allen, E Fordham, P Moss, G Musson, L Ramsey and P Smith.

Apologies for absence were submitted for Councillor A Sutton.

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

### **7/22 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **8/22 MINUTES**

**RESOLVED** – to confirm the non-exempt minutes of the meeting of the Improvement & Scrutiny – Health held on 17 January 2022.

### **9/22 PUBLIC QUESTIONS**

There were no public questions.

### **10/22 MENTAL HEALTH CRISIS SERVICES**

Mick Burrows gave a presentation, the slides of which had been circulated in advance of the meeting, providing an update on Crisis Alternative developments for adults with mental health needs, children and young people and services for people with learning disabilities and/or Autism.

A Safe Haven service was set-up in Derby in November 2020 and provided alternative provision to A&E out of hours. It was accessed via the Mental Health Helpline and provided a listening, support planning and de-escalation service with good outcomes for users. Following an engagement process during 2021, the Service was planning to introduce a similar provision in Chesterfield in the form of Crisis Cafés. These would provide drop-in facilities, out of hours services and somewhere that was “safe”. It was anticipated that these would be up and running by the Autumn of 2022.

The Derbyshire response to Children and Young People (CYP) in crisis service was looking to enhance their service “to successfully wrap care around our CYP in their time of need, described as ‘getting risk support’” which would include an increase in support hours, multi-agency response and care planning, particularly around CAMHS.

Local Intensive Support teams were being expanded around services for those with learning disabilities and Autism, by commissioning ‘crisis inreach’ and ‘crisis accommodation’ services, working alongside the Suicide Prevention Partnership, helping to ensure all services were accessible to those with learning disabilities and autism.

Committee members asked a number of questions and asked for more details on the funding of the Safe Havens project. This would be provided to the Committee by the CCG.

**RESOLVED** - to note the progress made.

**11/22 NEW MENTAL HEALTH IN-PATIENT FACILITIES - RESULTS OF CONSULTATION AND NEXT STEPS**

Andy Harrison introduced the report, which had been circulated in advance of the meeting, providing the outcome of a consultation on the relocation of Older People Mental Health Inpatient Rehabilitation Service.

The report listed the new facilities and those that were being refurbished, in the Chesterfield and Derby areas. Inpatient rehabilitation services engagement was also underway around Audrey House, based at Kingsway Hospital in Derby and which was temporarily closed in April 2020, to become the permanent base for the county’s new Acute Plus facility providing enhanced support to women.

The report went on to give details of the engagement process and work on the sites. On the whole, feedback through the engagement process and from staff and carers. A final business case would be ready for May 2022, final approval was expected in August 2022 with commencement of works expected in September 2022.

Committee members raised concerns around the increasing demand of beds and the number being made available. They also expressed their huge disappointment in the small number of respondents (23) to the consultation. This was not seen to be representative of people in the county and therefore the robustness of the process was questioned.

Committee members requested that substantial improvements be made in encouraging more and diverse respondents to future consultations and also requested that all wording in reports was correct and clear what

Members were being asked to do.

**RESOLVED** to:

1. AMENDMENT: The Committee was content that the developments covered by the public consultation can proceed;
2. Note the outcome of the consultation findings; and
3. Note the ongoing work as described in the issues and mitigations section.

## **12/22 REVIEW OF SECTION 75 AGREEMENTS - PROGRESS**

Jackie Wardle gave a progress report on the Section 75 Agreements review. The working group had met with officers from Derbyshire Community Health Services (DCHS) in February, where a large amount of information was discussed. All were in agreement that Section 75 Agreements provided a more streamlined process for parties to develop, commission and provide services. The review working group would also meet with the Director of Public Health and consider the financial implications of Section 75 Agreements.

The Working Group was expected to give a progress report to this meeting on 16 May 2022. If the final report was accepted by Committee at a meeting in July 2022, any recommendations would be reported to Cabinet, by the Committee Chairman, at the next available Cabinet meeting.

## **13/22 COMMITTEE WORK PROGRAMME**

Jackie Wardle introduced the report, which was circulated in advance of the meeting, informing Members of the proposed work programme for the Committee.

During the response to COVID-19 pandemic, measures were put in place which affected the provision of a large number of NHS services and saw the implementation of new ways of working. Changes to how services were provided would be brought to the Committee when appropriate and would dictate a large part of the Committee's work programme.

**RESOLVED** - to note and agree the Committee's proposed work programme.

The meeting finished at 3.51 pm

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## **Procedure for Public Questions at Improvement and Scrutiny Committee meetings**

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

### **Order of Questions**

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

### **Notice of Questions**

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12 noon three working days before the Committee meeting (ie 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to [democratic.services@derbyshire.gov.uk](mailto:democratic.services@derbyshire.gov.uk)

### **Number of Questions**

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

### **Scope of Questions**

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

## **Submitting Questions at the Meeting**

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (ie.5 pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

## **Supplementary Question**

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

## **Written Answers**

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.





**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**11<sup>th</sup> July 2022**

**Report of the Derby and Derbyshire Integrated Care Board**

**Enhanced Access Services Engagement**

**1. Purpose**

- 1.1 To provide assurance that engagement is taking place on the Enhanced Access Services which are due to commence on 1<sup>st</sup> October 2022

**2. Information and Analysis**

- 2.1 The Network Contract DES sets the requirement for PCNs to deliver an Enhanced Access Service 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. A minimum of 60 minutes of appointments per 1,000 PCN adjusted populations should be provided per week during the Network Standard Hours.
- 2.2 The patient survey is being pushed by most practices; a small number have chosen to do their own version. The responses will be available to PCNs to help shape their plans.
- 2.3 It should be noted this service is already being provided and that there are no major changes for patients, the main changes are: moving from hub to a PCN delivery model (some PCN's have already moved to this model) and there will no longer be a requirement to deliver on a Sunday or Bank Holiday as per the national specification.

### **3. Alternative Options Considered**

3.1 Not applicable - PCNs will be delivering to a national specification.

### **4. Implications**

4.1 On-going engagement.

### **5. Engagement**

5.1 This paper outlines the engagement timetable.

### **6. Background Papers**

6.1 Background information on the Enhanced Access Service is provided with the papers.

### **7. Appendices**

7.1 Appendix 1 – Background information regarding Enhanced Access Services

7.2 Appendix 2 – A copy of the patient survey

### **8. Recommendation(s)**

That the Committee:

a) Notes the engagement process is going ahead.

### **9. Reasons for Recommendation(s)**

9.1 The engagement process will be included in the PCN Plan for delivering this service from 1<sup>st</sup> October 2022.

**Report Author: Angela Lee**

**Contact details: [angela.lee5@nhs.net](mailto:angela.lee5@nhs.net)**

## **Implications**

### **Financial**

1.1 No financial implications – part of a National Specification

### **Legal**

2.1 Non identified

### **Human Resources**

3.1 N/A

### **Information Technology**

4.1 N/A

### **Equalities Impact**

5.1 Quality and Equality Impact assessment (QEIA) undertaken for this consultation. Currently in the process of being reviewed and will be published with the consultation report. Further and review of current QEIA assessments will be undertaken as required.

### **Corporate objectives and priorities for change**

6.1 This service change is part of a National Specification within the Network Contract DES.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

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Derbyshire - Enhanced  
Access Services  
Scrutiny Committee  
July 2022

# Background/Context



- The forming of Primary Care Networks: Primary Care Networks (PCNs) are a key part of the [NHS Long Term Plan](#), with general practices being a part of a network, typically covering 30,000-50,000 patients; within these networks GP practices work together with community, mental health, social care, pharmacy, hospital and voluntary services . The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.
- PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve.
- [Investment and Evolution](#) (2019), confirmed the intention to **bring together current extended access services and funding streams – including extended hours access under the Contract DES, the CCG commissioned extended access services** and funding contained within the global sum - into one, single funding stream under the Network Contract DES, to support delivery of a new model of Enhanced Access.
- There will be little change from the current services for patients, the main difference is moving from a hub to a PCN delivery model (some PCNs have already moved to this model) and there is no longer a requirement to deliver the service on a Sunday or Bank Holiday.
- This was originally to commence in April 2021, but it was agreed that this would be delayed until April 2022 due to the pandemic and then further delayed until October 2022 to avoid disruption over winter and support core general practice capacity.

- [Plans for PCNs for 2021/22 and 2022/23](#) confirmed that commissioners should ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service to commence from October 2022.
- Page 13
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The national GP Access Team is offering a range of support and guidance in the run up to October 2022, to help PCNs and commissioners deliver the specification and develop their plans.

# Network Contract DES Enhanced Access Service - key dates



- **31 March 2022:** [Network Contract Directed Enhanced Service Contract specification 2022/23 – PCN Requirements and Entitlements](#) published
- **April – July 2022:** PCNs develop their plans through engagement with local patients, taking into account local population needs
- **31 July 2022:** PCNs submit their plans to ICSs for approval
- **August 2022:** ICSs review and sign off PCN plans
- **August – October 2022:** PCNs prepare the service for go live
- **October 2022:** new Enhanced Access service goes live



# Enhanced access service requirements



The Network Contract DES sets out the following requirements for the Enhanced Access service

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## A more standardised offer for patients

- 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (the 'network standard hours')
- A minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week during the network standard hours
- GP cover during the network standard hours
- Appointments must be bookable in advance and same day
- PCNs must actively communicate availability of enhanced access appointments to patients
- Must deliver a mixture of in person face to face and remote (telephone, video or online) appointments
- Sites at which face-to-face services are to be provided must be at locations convenient to access for patients

## **A consistent and more digitally enabled offer**

- Support all modes of consultation, so there is no difference in the digital maturity of the EA services and core hours
- make the EA appointments available for booking a minimum of two weeks in advance
- make the enhanced access appointment book accessible by the member practices
- make same-day online booking for appointments available
- operate a system of enhanced access appointment reminders
- provide patients with a simple way of cancelling an enhanced access appointment at all times
- have in place appropriate data sharing and, where required data processing arrangements
- Appointment data for that PCN can be incorporated into the General Practice Appointment Data (GPAD) set
- A PCN must ensure, when available, appropriate telephony and IT interoperability will operate between the Core Network Practices within the PCN

## Enhanced access service requirements (continued)



<b>A more integrated offer with IUC</b>	<ul style="list-style-type: none"><li>• Must make available to NHS 111 any unused on the day slots during the Network Standard Hours</li></ul>
<b>An improved routine (planned care) and multidisciplinary offer</b>	<ul style="list-style-type: none"><li>• PCNs must deliver general practice services, including appointments for planned care like screening, vaccinations (including COVID-19 vaccinations and boosters) and immunisations, health checks and PCN services</li><li>• Appointments must be delivered by a multi-disciplinary team of healthcare professionals</li></ul>
<b>Focused on addressing access inequalities</b>	<ul style="list-style-type: none"><li>• The EA funding will be distributed using PCN adjusted populations based on the CCG Primary Medical Care weighted populations</li><li>• PCNs should utilise population health management and capacity/demand tools and engage with their registered population to ensure the range of services offered take account of patient preferences</li></ul>

# Enhanced Access in Derbyshire



Enhanced Access in Derbyshire will equate to\*:

- Approximately 7,000 10-minute appointments
- Which equates to approximately 30,000 monthly 10-minutes appointments

\*based on Oct 21 weighted population figures – so they may change slightly

# Patient Engagement



A patient engagement survey for the Enhanced Access Services has been distributed. A copy can be found in Appendix 2.

Page 19 As of 22/06/2022 1079 responses to the survey have been received so far.

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**Enhanced Access Services Survey**

Primary Care Networks are groups of GP Practices working together as a network, in which they are commissioned to deliver Enhanced Services. Enhanced services are provided by practices, over and above the 8am-6.30pm contract. Primary Care Networks have been asked to undertake patient engagement to ensure any new services meet the needs of the local population. It is proposed that any changes to services outside of the core 8am-6.30pm contract will be in place by October 2022.

Your GP Practice or Primary Care Network may already offer Enhanced Services and if this is the case then this survey will be an opportunity to check that the services offered best meet the needs of the local population.

We would be most grateful if you could take the time to complete this short survey.

**Which of the following would you find the most useful?**

*Please feel free to choose more than one option if appropriate*

**Appointment times outside of core 8am-6.30pm hours**

- Morning (7am – 8am)
- Evening (6:30pm – 8pm)
- Saturdays
- Other (please explain below)

\*text box\*

**Appointment type outside of core 8am-6.30pm hours**

- Chronic Disease Management (such as Asthma and Diabetes)
- Minor Illnesses
- Screening (for example smears)
- Immunisations (for example flu)
- General health
- Other (please explain below)

\*text box\*

**Consultation type outside of core 8am-6.30pm hours**

- Telephone call
- Video calls
- Face-to-face

[PCN LOGO HERE]

- Same Day
- Pre-bookable (2 weeks in advance)
- Other (please explain below)

\*text box\*

**Location**

- Only at my local GP Practice
- Any local GP Practice within a 10-mile radius
- A centralised hub in my local area
- Other (please explain below)

\*text box\*

**Do you experience any barriers to accessing GP Practice core services which are 8am-6.30pm?**

*Please feel free to choose more than one option if appropriate*

Please choose from the following:

- Getting through to the practice on the telephone
- Appointment availability
- Waiting times for an appointment
- No access to online booking
- Unable to attend during core hours (8am-6pm)
- Currently do not experience any of the barriers listed above

Other (please explain below)

\*text box\*

**Is there anything else you would like to tell us about services outside of core 8am-6.30pm hours?**

\*text box\*

**What GP Practice are you registered at?**

*Please find your GP Practice from the lists below. Your Practice will be listed with others in your local area.*



**Glossop PCN**

Howard Street Medical Practice  
Manor House Surgery  
Lambgates Health Centre  
Cottage Lane Surgery  
Simmondley Medical Practice  
Hadfield Medical Centre

**High Peak PCN**

Sett Valley Medical Centre  
Stewart Medical Centre  
Thornbrook Surgery  
Buxton Medical Practice  
Elmwood Medical Centre  
Goyt Valley Medical Practice  
Hartington Surgery  
Arden House Medical Practice

**Derbyshire Dales PCN**

Ashbourne Medical Practice  
Brailsford & Hulland Medical Practice  
Hannage Brook Medical Centre  
The Surgery Clifton Road  
Baslow Health Centre  
Bakewell Medical Centre  
Imperial Road Surgery  
Darley Dale Medical Centre  
Eyam Surgery  
Tideswell Surgery  
Evelyn Medical Centre  
Lime Grove Medical Centre  
Ashover Medical Centre

**Chesterfield & Dronfield PCN**

The Surgery at Wheatbridge  
Newbold Surgery  
Whittington Moor Surgery  
Chesterfield Medical Partnership  
The Brimington Surgery  
Chatsworth Road Medical Centre  
Inspire Health  
Calow & Brimington Practice  
Royal Primary Care  
Dronfield Medical Practice

[PCN LOGO HERE]

Oakhill Medical Practice  
Stubley Medical Centre

**North East Derbyshire PCN**

Barlborough Medical Practice  
Killamarsh Medical Practice  
The Springs Health Centre  
The Valleys Medical Practice

**North Hardwick & Bolsover PCN**

Shires Healthcare  
Welbeck Road Surgery  
Emmett Carr Surgery  
Craggs Health Care  
Castle Street Medical Centre  
Friendly Family Surgery  
Cresswell & Langwith Surgeries

**South Hardwick PCN**

Limes Medical Centre  
Staffa Health  
The Village Surgery  
Royal Primary Care – Clay Cross  
Clay Cross Medical Centre  
Wingerworth Medical Centre  
North Wingfield Medical Centre  
St Lawrence Road Surgery  
Blackwell Medical Centre

**Heanor, Alfreton and Ripley PCN**

Ivy Grove Surgery  
Jessop Medical Practice  
Somercotes Medical Centre  
Park Surgery  
Kelvingrove Medical Centre  
Brooklyn Medical Practice  
Parkside Surgery  
Ripley Medical Centre  
Crich Medical Practice

**Belper PCN**

Arthur Medical Centre  
Whitemoor Medical Centre  
Appletree Medical Practice  
Riversdale Surgery

**Erewash PCN**

Moir Medical Centre  
The Aitune Medical Practice  
Adam House Medical Centre  
Golden Brook Medical Practice  
College Street Medical Centre  
Park View Medical Centre  
Gladstone House Surgery  
Eden Surgery  
Dr Purnell & Partners  
Littlewick Medical Centre  
Old Station Surgery  
Dr Webb & Partners  
West Hallam Medical Centre

**Swadlincote PCN**

Newhall Surgery  
Swadlincote Surgery  
Heartwood Medical Practice  
Woodville Surgery  
Gresleydale Healthcare Centre  
Overseal Surgery

**Derby City North PCN**

Horizon Healthcare  
Wilson Street Surgery  
Friar Gate Surgery  
Osmaston Surgery  
Macklin Street Surgery  
Derwent Medical Centre

**Derby City South PCN**

Village Surgery  
Alvaston Medical Centre  
Hollybrook Medical Centre  
Willington Surgery  
Haven Medical Centre  
Melbourne & Chellaston Medical Centre  
Wellbrook Medical Centre  
Parkfields Surgery

**Greater Derby PCN**

Vernon Street Medical Centre  
Derwent Valley Medical Centre

[PCN LOGO HERE]

Park Lane Surgery  
Mickleover Medical Centre  
Park Farm Medical Centre  
Chapel Street Medical Centre  
Mickleover Surgery  
Derby Family Medical Centre  
Peartree Medical Centre  
Brook Medical Centre  
St Thomas Road Surgery

**Oakdale Park PCN**

Park Medical Practice  
Oakwood Surgery  
Overdale Medical Practice

**PCCO PCN**

Lister House Chellaston  
Lister House Surgery

**Thank you for completing this survey.**

**Look out for further information about enhanced services at your GP Practice.**

**We would be most grateful if you could now complete a short demographic survey. The information that you provide below will support us in understanding who has completed the survey, if any groups are missing or if there are any issues experienced or any ideas for improvements by a particular group or community.**

**About you**

**Our Commitment to Data Privacy and Confidentiality Issues**

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

**Employment Status**

- Employed Full-Time
- Employed Part-Time
- Self-employed
- Not employed but looking for work
- Not employed and not looking for work
- Homemaker
- Retired
- Carer
- Prefer Not to Answer
- Other (please explain below)

\*text box\*

**Preferred method of travel**

- Car
- Bus
- Taxi
- Cycle
- On-foot
- Prefer Not to Answer
- Other (please explain below)

\*text box\*

**Age**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or Above
- Prefer Not to Answer

**Gender/Sex**

- Male
- Female
- Transgender Male

[PCN LOGO HERE]

Transgender Female

Non-binary

Prefer Not to Answer

Other (please describe below)

\*text box\*

**Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?**

(Please select all that apply)

Vision (such as due to blindness or partial sight)

Hearing (such as due to deafness or partial hearing)

Mobility (such as difficulty walking short distances, climbing stairs)

Dexterity (such as lifting and carrying objects, using a keyboard)

Ability to concentrate, learn or understand (Learning Disability/Difficulty)

Memory

Mental ill-health

Stamina or breathing difficulty or fatigue

Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)

No

I'd prefer not to say

Any other condition or illness, please describe:

\*text box\*

**Do you look after, or give any help or support to family members, friends, neighbours, or others because of either:**

Long-term physical or mental-ill-health/disability

Problems related to old age

No

I'd prefer not to say

Other, please describe:

\*text box\*

**Ethnic Group**

**White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

\*text box\*

**Mixed/multiple ethnic groups**

[PCN LOGO HERE]

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background, please describe:

\*text box\*

**Asian/Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please describe:

\*text box\*

**Black/African/Caribbean/Black British**

African

Caribbean

Any other Black/African/Caribbean background, please describe:

\*text box\*

**Chinese**

Chinese

**Other ethnic group**

Arab

Any other ethnic group, please describe:

\*text box\*

**I'd prefer not to say**

**Please choose your preferred language option for communicating and interpreting information**

English

Arabic

Bengali

BSL (British Sign Language)

Chinese

Farsi

Gujarati

Hindi

Pashtu

Polish

Portuguese

[PCN LOGO HERE]

Punjabi

Slovak

Somali

Turkish

Urdu

Any other preferred language, please describe:

\*text box\*

Draft Email to PCN leads \*suggest sending from [ddccg.engagement@nhs.net](mailto:ddccg.engagement@nhs.net) as this will allow for any responses to be logged and dealt with ASAP and shared across the team\*

To all PCN Directors

As part of the Enhanced Access DES there is a need to engage with your local population. We would like to offer to support you with this piece of work.

We have produced an online survey that can be used by all PCNs with a set of essential and relevant questions which will not only allow you to meet the requirements of the DES but also meet legal duties around patient and public involvement (S14z2 of the Health and Social Care Act 2012) and the need to have Due Regard to protected characteristics (Equality Act (2010)). This will also be important evidence that your patient population were engaged in any changes if you receive any legal challenges. It is proposed that the questionnaire is launched as soon as possible once agreed at PCN Directors meeting on 7<sup>th</sup> June and it will run until Friday 22<sup>nd</sup> July. On Monday 25<sup>th</sup> July each PCN Director will receive the survey feedback for their PCN which can then be included in the DES plans.

In addition we will be happy to run, with support from PCN Directors, at least two virtual discussion sessions which your patients can attend.

It is recommend that you have a discussion with your PPG and strongly consider a text to all your patient population about how they can feedback on extended access for your Practice.



**[PCN LOGO HERE]**

There will be some communication materials such as posters available as resources from NHSEI which we will ensure are made available to you.

We are recommending that the online survey (open until Friday 22<sup>nd</sup> July 2022), discussion sessions and you having a discussion with your PPG are a minimum. If you would like to do anything in addition then of course you are welcome to and please do get in touch to discuss and we can share any good practice.

Kind regards  
Katy Hyde  
Involvement Manager

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**11 July 2022**

**Report of the Integrated Care Board**

**Tobacco Dependency Treatment Programme**

**1. Purpose**

- 1.1 Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. Those with mental health conditions die, on average, 10-20 years earlier than the general population. Smoking is the single largest cause of this gap in life expectancy. Smoking in pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes. Around 1 million smokers are admitted to secondary care settings at least once a year across England.

Disease prevention has been recognised as vital to managing costs and sustaining the viability of the NHS in the future. Delivery of smoking interventions has been consistently and widely recommended throughout all areas of clinical practice by NICE.

The NHS Long Term Plan (LTP) Prevention Programme aims to deliver commitments to address behavioural risk factors and tackle health inequalities, which have been exposed and exacerbated by the Covid-19 pandemic. The NHS LTP commitment for tobacco dependency is to support people to quit smoking using an evidence-based treatment model based on the Manchester CURE and aligned to NICE PH48 guidelines.

**2. Information and Analysis**

- 2.1 NHS England/Improvement are rolling out a 3-year Tobacco Dependency Treatment (TDT) Programme in line with the NHS Long Term Plan

commitments for treating tobacco dependence by 2023-/4. The tobacco aim is that by 2023/24 **all** people admitted to hospital who smoke (acute and mental health) will be offered NHS funded tobacco treatment services. This will include pregnant women and their partners and high-risk mental health outpatient; interim targets were set for 2021/22 but due to the covid pandemic and recruitment timescales the targets have not been met.

- 2.2 Patients at UHDB were only referred to Smoking Cessation Services (SCS) from Respiratory wards, Impact +, Community Midwifer<sup>7</sup> and Out-Patient Lung cancer team. Therefore, a large gap to bridge to work with all admitted patients on the opt out Tobacco Dependency Treatment programme. The British Thoracic Society smoking cessation audit 2019 for Royal Derby Hospitals showed that 32.8% of patients admitted they were current smokers. 30% were referred to smoking cessation and 20% were offered NRT.

There is an electronic opt-out referral process to Smoking Cessation Services in place at UHDB and CRH, so referral is automated. Pregnant women are provided with Very Brief Advice (VBA) regarding smoking at their first appointment and referral can occur at any subsequent maternity appointment.

**Smoking at the time of delivery in 2020/21:**

UHDB: 1,250 pregnant women smokers (10.95%)

CRH: 488 women smokers (14.2%)

- 2.3 NHS England Saving Babies Lives was developed for reducing perinatal mortality, with one aspect being reducing smoking in pregnancy. This is a practical approach and will be achieved by offered carbon monoxide (CO) testing for all women at the antenatal booking appointment, and as appropriate throughout pregnancy, to identify smokers (or those exposed to tobacco smoked) and offer them a referral for support from a trained stope smoking adviser.

### **3. Alternative Options Considered**

- 3.1 Due to the increased costs for NRT/Pharmacotherapy the Tobacco Dependency Treatment Board agreed to explore the costs of providing patients with an e-cigarette or e-burn as an alternative.

It is recommended that patients will be offered the full-range of nicotine containing products and the use of e-cigs as part of their treatment programme if this agreed. All options will be fully discussed with patients and the service will be guided by patient choice in terms of product use.

At this stage of costing for e-cigs it is uncertain when and how the e-cigs will be utilised as part of the patient Tobacco Dependency Treatment programme; this needs to be further developed within the pathway as the aim of the programme initially supporting inpatients including mental health and maternity patients.

Approval for further work has been provided by NHS Derby and Derbyshire CCG and Derbyshire County Council for more investigative work on the use of e-cigs. Approval is being sort from Derby City Council.

#### **4. Implications**

- 4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

#### **5. Consultation**

- 5.1 A system approach has been utilised in the development of the programme to gain buy in from all providers. A wide range of stakeholders have been involved in developing the service. Nearly all staff will be engaged in VBA to notice any signs for nicotine withdrawal and offered very brief advice training.

As mentioned above this a new service to be offered for inpatients, maternity, and Mental Health patients therefore there is limited evidence on patient experience. The Tobacco Dependency Programme has taken evidence from the Greater Manchester CURE project to develop the process. The project team regularly uses the Futures Forum to gain advice and knowledge, along with sharing good practice and learnings. There is a monthly Board meeting where issues and risks are raised to enable continuous improvement. NHSE have shared a report from the Early Implementer sites around lessons learnt. Patient experience feedback will be sought once the service is established.

Communication plans have been developed to ensure that all staff are aware of the new programme. As of yet communications about the programme to patients has been minimal, a soft launch was mentioned on national no smoking day, that this is a new service.

This is a new service and should not impact with existing services. It will remove the necessity for secondary staff to refer to a community smoking cessation service and ensure the patient is seen timely at the bedside whilst admitted.

#### **6. Background Papers**

6.1 Please refer to the [NHS Long Term Plan](#)

## **7. Appendices**

7.1 Appendix 1 – Implications.

## **8. Recommendation(s)**

That the Committee:

- a) is kept informed of the direction of travel for the effective delivery of the Tobacco Dependency Treatment Programme; and
- b) is ensured that the programme is delivering a consistency approach across its Integrated Care System (ICS).

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### **Implications**

#### **Financial**

1.1 The Tobacco Dependency Treatment Programme is a NHSE funded programme of work. There is a risk of increased costs for NRT/Pharmacotherapy due to the expected increase in patients being referred to smoking cessation services and offered NRT/Pharmacotherapy costs associated with the alignment of smoking cessation services to enable provision of Tobacco Dependency Treatment medication across the County for up to 12 weeks as a minimum. Therefore, system partners are considering alternative costings such as e-cigarettes.

#### **Legal**

2.1 There are no legal aspects at present.

#### **Human Resources**

3.1 Due to the impact of the Covid Omicron outbreak, delays occurred in the recruitment of staff to the TDT programme. Staff are now recruited through the Local Authority, Live Life Better Derbyshire and will work at NHS providers operating with an Honorary Contract.

#### **Information Technology**

4.1 All System Providers will be committed to collecting the data required for the programme and report this to NHS Digital. The aggregate data collection template has been shared with all providers. NHSE will develop a data dashboard.

#### **Equalities Impact**

5.1 The Tobacco Dependency Treatment is a new service. For every programme of work a Quality and Equality Impact Assessment is completed to address health inequalities and wider implications of the project.

#### **Corporate objectives and priorities for change**

6.1 Smoking is linked to over 500,000 hospital admissions each year, with smokers being 36% more likely to be admitted to hospital than non-smokers. Smoking tobacco is linked to over 100 different conditions, including at least 15 different types of cancer, 9 mental health conditions and numerous

respiratory, cardiovascular, and other disorders. By introducing the Tobacco Dependency Treatment Programme, information will be shared with patients to understand if they were to quit smoking that they would see an improved response to cancer treatments, faster recovery after surgery, fewer exacerbations of cardiovascular disease, slower decline in lung function, lower pharmacotherapy costs (for mental health patients) and a beneficial impact on long-term levels of depression and anxiety.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

Joined-Up Care Derbyshire will adhere to all NHSE guidance. The Tobacco Dependency Treatment Programme has clear arrangements in place to ensure at every stage the programme delivers within the governance frameworks.

Provider/Workstream Task and Finish groups report into the Tobacco Dependency Board, this subsequently feeds into the ICS Board.





**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**11 July 2022**

**Report of the Derby and Derbyshire Integrated Care Board**

**Strategic Approach to Engaging with People and Communities**

**1. Purpose**

- 1.1 This paper is presented to committee for discussion and aims to highlight the strategic approach being taken to engage with people and communities by the Joined Up Care Derbyshire Integrated Care System. The purpose of the paper is to outline JUCD's strategic approach to engagement with people and communities, including key principles and frameworks that will underpin our ways of working. It sets out how we will listen consistently to, and collectively act on, the experience and aspirations of local people and communities within JUCD. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

**2. Information and Analysis**

- 2.1 Joined Up Care Derbyshire (JUCD) agreed a Communications and Engagement Strategy in May 2021. The main principles were those of continuous engagement and co-production, building on existing approaches and relationships rather than creating new things.
- 2.2 The Health and Care Bill, which establishes a legislative framework that supports collaboration rather than competition, has created a statutory ICS arrangement, and brings fresh opportunities to strengthen our work

with people and communities, building on existing relationships, networks and activities.

- 2.3 As part of the establishment of Integrated Care Boards, legally formed on 1 July 2022, NHS England issued guidance on the principles it expected to be adopted by Integrated Care Systems when engaging with people and communities. NHS England set a requirement for all prospective ICBs to submit its strategic approach to implementing these principles as proof of its 'readiness to operate'.
- 2.4 The paper presented is the current iteration of that strategy, as was submitted to NHS England on 20 May. It remains an evolving document and continues to be developed through discussion with local stakeholders.

### **3. Alternative Options Considered**

- 3.1 Not applicable.

### **4. Implications**

- 4.1 A central principle of the Integrated Care System is the involvement of local citizens in the development and implementation of local plans and priorities. The absence of such engagement would be a breach of our legal duties, but at least as important is the moral and philosophical desire to ensure we are serving local people by enabling them to work with us to co-create priorities and solutions. Our solutions will be far richer for securing deep and broad engagement, and we will be much more successful in achieving our desired outcomes through working in partnership.

### **5. Consultation**

- 5.1 The strategy has been developed collaboratively across health, care and voluntary sector partners and continues to evolve. Members will hopefully reflect the breadth of opportunities and initiatives contained within the strategy as coming from a range of partners. This can be further strengthened, and a partnership group from health, local authority, the voluntary and community sector alliance and Healthwatch Derby & Healthwatch Derbyshire have recently met to seek to ensure these principles and initiatives are at the heart of the development of the local Integrated Care Strategy.

We have also shared our thinking on this strategy with public groups, including the East Midlands Patient and Public Involvement Senate and

at a recent Derbyshire Dialogue session. The strategy has also been reviewed and approved by the Derbyshire Engagement Committee, which reports to the previous CCG Governing Board and Joined Up Care Derbyshire Board. The next iteration of this committee – the Public Partnership Committee – will hold its inaugural meeting in August and report to the new Integrated Care Board initially.

## **6. Background Papers**

6.1 Not applicable.

## **7. Appendices**

7.1 Appendix 1 – Joined Up Care Derbyshire People and Communities: Strategic Approach to Engagement 2022-23.

## **8. Recommendation(s)**

That the Committee:

- a) Receives the strategic approach in its current form;
- b) Notes the iterative status of the document; and
- c) Comments on the strategy to help inform future developments

## **9. Reasons for Recommendation(s)**

9.1 To seek support for the approach to community engagement set out in the strategy.

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